**HBYW Evaluation Partner Questions & Responses**

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| **1,Do VRU know which 5 hospitals they want the evaluation partner to work in, or should we propose 5 based on our experience/network in the bid, or do MOPAC decide at project start-up and the bid should not reference specific sites** | The sites are listed in Appendix 1 (map of VRU hospital delivery). The VRU will work with the Evaluation partner to select sites to focus the evaluation following award of the contract. |
| **2,What is the HBYW’s target audience: MOPAC  website details as 11-25yrs, but this is not mentioned in the ITT?** | The target audience is 11-25 year olds, this is highlighted in Annex 1 - the A&E provider specification which provides details of the model. |
| **3,Appendix 1 is missing - are you able to share this with suppliers?** | Appendix is attached and is on Page 15 of the specification (Volume 2 Service Spec) please find all documents here:  https://www.contractsfinder.service.gov.uk/Notice/f4601aec-61a7-44b4-80e7-02ca33223839 |
| **4,From ITT “The VRU and MOPAC currently fund in hospital youth work services within all 4 MTCs in London and 7 A&E departments. See appendix 1 for a map of hospital sites delivering this service.”** | The detail of this is attached in the Appendix 1 please find this on Page 15 of the Specification document. |
| **Procurement timeline: can you please confirm the current timeline? The timeline in paragraph 3.5.1 is materially different from the timeline set out at the end of your email of 19th June.**  **5,In particular the dates for clarifications and submission are respectively 18th July and 8th August (from the ITT) and 30th June and 18th July in the email. Which is correct?** | The documents on contract finder has been updated and the deadline for returning of the tender is now 8th August at 12pm. Please see the link below to the contract finder notice and all the updated documents you can see here;  https://www.contractsfinder.service.gov.uk/Notice/f4601aec-61a7-44b4-80e7-02ca33223839 |
| **6,Can you kindly send a copy of the embargoed report, MOPAC Evidence & Insight (2023), “An Evaluation of Hospital Based Youth Workers”(FORTHCOMING).** | Yes - applicants should email RMEL.VRU@london.gov.uk to be sent an embargoed copy. |
| **7,My colleague, attended the Market Warming Information event. He obtained useful information from that, but can you circulate a copy of that too?** | The Market Warming slides have been added to the following link and can be downloaded from here;   https://www.contractsfinder.service.gov.uk/Notice/f4601aec-61a7-44b4-80e7-02ca33223839 |
| **8,Can the Evaluation Partner make a profit, or are only full economic costs permitted?** | Yes they can make a profit |
| **9,Can the Authority confirm if tables, diagrams and images will be included in the word count? The ITT states in 4.1.5.4 they must fit within the page limit, however the proposal template states word limit. Can the Authority confirm if hyperlinks are permitted?** | Diagrams and images are permitted, words in the tables will be considered as part of the word limits |
| **10,To respond to this tender, we understand the Authority would like us to complete the Technical Questions Response Template. Is there a requirement to keep this in landscape format or can it be shifted to portrait?** | Portrait is acceptable. |
| **11,Can the Authority please confirm if in Volume 1 - Standard-Selection-Questionnaire HBYW Evaluation Partner, page 3-31 are intended to be blank - and bidders should leave it this way?** | This has now been adapted please see link to the contract finder notice for the relevant documentation. <https://www.contractsfinder.service.gov.uk/Notice/f4601aec-61a7-44b4-80e7-02ca33223839> |
| **12,Would the Authority consider increasing the word count for Q6 Team and Q7 Social Value to 600 or 800 words so we can fully demonstrate relevant abilities, goals and understanding?** | We agree to increase the word count of Q6 Team to 600 words. Please note that CVs can also be included in this response. |
| **13,Volume 2, Annex 1 and 2, the hyperlinked specifications for the A&E Provider and Learning Partner are not working, can they be sent separately?** | This has been corrected on the online pack here- https://www.contractsfinder.service.gov.uk/Notice/f4601aec-61a7-44b4-80e7-02ca33223839 |
| **14,The 24 months contract value for the initial 24 months is £250,000”. I was wondering if you could clarify whether the initial duration of the contract is 22 or 24 months?** | 24 months |
| **In addition to this, within the “Volume 2 HBYW Evaluation Partner Service Spec” document it says that the final report (impact) is due in Winter 2025 – this does not align with the June 2025 end of contract stated earlier in the same document.**  **15,With this in mind would you be able to clarify the timeline?** | The timeline in Volume 2 HBYW Evaluation Partner Service Spec is correct. |
| **16,Is the ongoing Learning Partner procurement the first, or will they be replacing a recent/incumbent?** | This will be the first Learning Partner commissioned to support the programme. |
| **17,Does VRU anticipate publishing the HBYW’s ‘Outcomes Framework’ within this opportunity’s bidding window? (referenced in Volume 2 HBYW Evaluation Partner Service Spec)** | We are not planning on publishing the outcomes framework in advance of the closing of the bidding window. However, the key outcomes from the framework that apply to the programme are outlined on p3 of Volume 3 HBYW Evaluation Partner Service Spec & are also included within the logic model (appendix 2). |
| **18,Could the VRU confirm whether they have any relationships with hospitals who are not currently delivering the programme?** | No, the VRU doesn’t have any significant relationships with hospitals outside of the programme. Please note however that our ADViSE programme is being piloted in two sites, Homerton Hospital and Imperial College Healthcare Trust. |
| **19,Does MOPAC expect any disruptions to the service during the re-procurement of the A&E Implementing Partners, and/or start of the new financial year?** | No, service will continue as usual. |
| **20,Would MOPAC be open to a phased roll-out for a stepped wedge approach, or other variation in implementation within or across hospitals?** | We are open to creative approaches; however, we would caution bidders that delivery is currently on-going across all sites and there is limited scope for variation in implementation. |
| **21,What level of service in A&E departments have implementers provided during the weekends until now?** | Redthread have operated a weekend and bank holiday service from 09:00 – 17:00 at all their hospitals – St George’s, St Mary’s, King’s, Croydon, Lewisham, Homerton, Queen Elizabeth.  There has been no weekend service at Whittington, Newham, North Middlesex and St Thomas’ hospitals to  date. |
| **22,We note from the guidance for Q1 that MOPAC is seeking an quasi-experimental approach. Is there any scope for a randomised trial? Or are there logistical, ethical or contractual reasons why randomisation has been ruled out?** | There are considerable ethical and logistical issues that have been encountered in previous evaluations of similar programmes. We have not ruled out randomisation and are open to suggestions if bidders can successfully address these considerable challenges in a comprehensive way. |
| **23,Has consent from CYP who have already gone through the service been secured for their data to be used by the Evaluation Partner?** | We have been advised that there is a lawful basis for processing data based on substantial public interest pursuant to the Anti-social Behaviour, Crime and Policing Act, or for research purposes. This would include those that have already received the intervention. However, we intend to create a new consent process for participation in the evaluation. |
| **24,What criteria did the VRU use to select the original 12 HBYU sites in the A&E/MTU that are hosting the HBYW?** | A number of factors were considered: volume of incidents in the borough where hospital is based as well as within a 5km radius, volume of department attendees as recorded by ED staff and LAS and proximity to Major Trauma Centres (MTCs) and other type 1 Emergency Departments. Social demographics (Index of Multiple Deprivation and percentage of young population) as well as the presence of active gangs in the ED’s borough were taken into consideration. The analysis was been conducted on three independent datasets: London Ambulance Service, Accident & Emergency (A&E) data and Metropolitan Police Service. The data was selected to reflect incidents where injury has been caused by knife or classified as such. Furthermore, only victims under the age of twenty-five were selected (with exception of A&E data that do not include victims’ demographics). |
| **25,Can you please provide the information referred to in Appendix 6 of Volume 2 (the Evaluation Partner Specification.  It refers to examples of MTC and A&E Monitoring Returns.** | This can be found in Appendix 6 of the bidding pack for the Hospital Based Youth Work Learning Partner specification: https://www.contractsfinder.service.gov.uk/notice/6c8a7dd0-d430-4881-8db9-47a39f27bfcf?origin=SearchResults&p=1 |
| **26,In paragraph 3.13 of the Specification document, you state that: “it is anticipated that to maximise sample size and better understand organisational change, the impact evaluation will run for around approximately 2 months after the funding has ceased”. Could you please clarify the period that corresponds to “2 months after the funding has ceased”?** | In this case, this would refer to November 2025 as funding will cease in September 2025. Please note that all timelines are indicative. |
| **27,In Section 5 of the Specification document, milestones 5 and 6 are required to take place in Winter 2024 and 2025, respectively. Could you please clarify what do you mean by “Winter”? Does Winter 2024, for example, refer to December 2024?** | We provisionally anticipate that these products would be delivered in Late November/ early December. All timelines are indicative. We have used 'winter' to reflect that there may be some flexibility depending on mobilisation and research timelines. |
| **The end of the initial 24 months period is September 2025 which we understand to be before the time the Final Report (milestone 6) needs to be delivered, i.e. Winter 2025. We wanted to confirm that this timeline is correct.** | As per paragraph 3.13 of the specification document, the impact evaluation may run for slightly longer to maximise sample size. Therefore we may extend the deadline of the final report to winter. All timelines are indicative. We have used 'winter' to reflect that there may be some flexibility depending on mobilisation and research timelines. |
| **In the pricing schedule, you refer to five time periods: (1) October 2023 - March 2024; (2) April 2024 - March 2025; (3) April 2025 - September 2025; (4) October 2025- March 2026; and (5) April 2026 - September 2027.**  **28,Are there any specific deliverables that you require in each of these five periods? For the last two periods, the extension periods, we understand that these could be used to evaluate long-term impacts. Are there any other workstreams expected during the extension period?** | The specific deliverables and timeframes expected are set out in Section 5 'Timelines & Payments' of the specification document. While the extension period is primarily to focus on long-term impacts we would expect bidders to consider other areas where value could be added. |
| **29,Regarding the data collection, we understand that delivery providers will be responsible for reporting on intervention performance and for engaging and collecting primary data from young people. The data will cover information on referrals, intervention uptake and service user profiles and admissions history, as well as outcomes monitored over time (e.g., at the start of the intervention, 3 months after, 6 months after etc). Is this correct?** | Yes. |
| **30,According to the ITT, the supplier is expected to "triangulate with administrative data sets to demonstrate impact" and demonstrate "experience working with sensitive health & police data". What are the datasets (including individual-level data) that MOPAC expects us to use in this evaluation? Are there any of these datasets that we should expect the commissioning authority to support us in accessing? Alternatively, does MOPAC expect that we will make separate arrangements to get access to such datasets ourselves?** | We expect the evaluation partner will require access to crime/ health data. We invite suggestions from providers on what data can be utilised. The VRU will work with the evaluator an our partners to facilitate access insofar as possible to relevant datasets. |