**Clarification questions**

**Evaluation Partner for the Evaluation of Adult Service Models and Care Pathways in Northamptonshire.**

**06/12/24**

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| **Question** | **Response** |
| On pages 7/8 of the specification it talks about a recent evaluation which has taken place.  Who completed this work – the Authority or a contractor? | The SPRING Social Prescribing programme has been evaluated by academics at the University of Northampton, and this evaluation will be available to the provider. SNN has recently been independently evaluated by a Public Health Research and Evaluation Manager |
| On pages 7/8 of the specification it talks about preliminary service mapping and description that has already been undertaken.  Who completed this work – the Authority or a contractor? | Preliminary work has been undertaken by colleagues in the NHS and Local Authorities, and this will be made available to the provider. |
| Which Stakeholders form the Operational Steering Group for the Proactive Care Transformation programme? | The Operational Steering Group for the Proactive Care Transformation Programme includes: NHS Population Health (AD level), ICB GP reps, Urgent and Emergency Care (AD level), Local Authority Public Health Teams in North Northamptonshire Council and in West Northamptonshire Council (DPH level), Senior LA managers in North Northamptonshire Council and West Northamptonshire Council (AD level) local VCSE Chief Execs and leads for some of the programmes, Programme Director for SPRING Social Prescribing Programme. |
| Probably most fundamentally, I’d like to ask whether this project is, strictly, an evaluation? I’d expect an evaluation to ask questions about the impact of the projects in scope: whether they’ve been implemented as intended; whether they’ve achieved the intended outcomes; what’s facilitated and hindered successes; whether there have been unexpected effects; what learning can be derived from the experience of implementation. That doesn’t appear to be the main focus of this specification, which addresses much more a forward planning task- proposing a new costed plan for preventative services for the areas in question. My question is therefore – what proportion of the work effort is expected to be given to evaluation of historic impact, and what proportion to future planning? | We are anticipating that the main focus of the work will be on technical business case development, to provide a strategic approach to prevention / "Proactive Care" across the local health and social care system. It is not to re-evaluate programmes but to review those evaluations in the round to inform the business case |
| Especially given the dual nature of the project, the timescale appears very tight – only a little over two months, allowing for drafting and review at the end. Is there any scope at all to propose a longer timeframe? Or to propose a perhaps simpler project which could be delivered by the end of March? | We recognise that the timeframe for this work is very tight, and so we are anticipating an initial report by end of March 2025 with any final reports that may be required to be delivered subsequently. |
| Are the project’s outputs required to be presented in a single report covering both local authority areas, or in two separate reports? | We are seeking an approach at a whole system level but recognise that this may need to be operationalised in different ways to meet local requirements in each local authority area. Hence the comment above that an initial outline report is required by end of March 2025, with whatever subsequent refinements that may be required to be provided thereafter. |