

ANNEX A - Specification/ Project Brief

London Digital Mental Wellbeing – Evaluation

1. SUMMARY

The London Digital Mental Wellbeing (LDMW) programme aims to deliver an online mental wellbeing service which will promote good mental wellbeing and encourage self-care.

The intention is to offer a mental health and wellbeing support service 24/7 to Londoners, particularly those adults of working age who suffer from common mental health issues but do not get support from public services.

The programme will be undertaking a limited soft launch in May 2017, and a Londonwide soft launch in September 2017. The evaluation will run for 2 years from April 2017 to cover the development and build of products, as well as testing and live status.

2. BACKGROUND INFORMATION

The London Health Commission set out in its report, *Better Health for London*, an aspiration to put London at the centre of the global revolution in digital health, which includes supporting Londoners through digital wellbeing services.

The key aim is for London to be the first city in the world to develop a digital mental wellbeing service at scale to support London's population.

The service aims to:

- improve mental wellbeing and reduce the burden of demand on a range of health and care services and have other desirable outcomes of value to Londoners and key partners
- target adults of working age affected by a common mental health problem (with or without diagnosis) such as low mood, stress, anxiety, sleep difficulties, unhappiness and loneliness
- seek to find those who are not currently engaged with services through routes that avoid medicalisation, focussing on symptoms rather than conditions
- use digital marketing and social listening to identify where this unengaged are discussing their symptoms and challenges
- build an evidence-based triage tool to direct users to appropriate digital content to help them
- quality assess digital content, and provide a safe, assured resource store
- provide an evaluation of the service through an academic research project to examine short, medium and long-term benefits on a range of user defined outcomes, the impact on other services and changes in demand/behaviour

No pre-defined set of key requirements for the service have been agreed, we will instead be using agile principles to test a wide variety of products, approaches and pathways to ensure that everything included within the final product suite will be fit for purpose, with very high levels of user acceptability. Requirements will therefore emerge as the programme develops towards the articulated vision/ end state, as set out above.

We are principally interested in outcomes for users, both in terms of impact on common mental health problems and in terms of how far any solution met the user's self-defined needs. Suppliers should concentrate on this aspect, whilst recognising the other elements of process are important.

A central aspect of the programme is that we see the evaluation as an integral part of the development process, fully involved as concepts are tested and products emerge. From this perspective, the service is being designed and built as we go, and we will be constantly learning, adapting and iterating from each phase, which will pose particular methodological problems. The evaluation supplier will need to be working closely working with the delivery team to address these.

2.1 Why is this service important and how it will benefit users?

Mental health is now recognised as being profoundly important to your growth, development, learning and resilience. Having good mental wellbeing protects you from the impact of life's stresses and traumatic events, helps you to adopt a healthy lifestyle and manage any long-term illness.

Too many Londoners are suffering alone with common mental health conditions, and are not getting help from public services. For example, over 900,000 adults in London are affected by a mental health disorder such as anxiety or depression. 75% of people with depression and anxiety do not receive any form of treatment at all. The equivalent figure for people with diabetes is 8%. Londoners also have lower than the national average levels of life satisfaction and feelings of self-worth.¹

Not giving Londoners enough support for their mental health is putting pressure on our public and private services, and the economy. For example, it is estimated that mental ill health costs the London economy £26 billion a year.²

We want to see if online tools can help Londoners improve and maintain good mental health.

The online service will provide much needed support to the NHS. It is in line with the NHS Five Year Forward View for Mental Health and is linked to Healthy London Partnership, a programme to take London from seventh in global healthy city rankings to the number one spot. It will also make a vital contribution to the London Mental Health Roadmap.

This is about secondary prevention: reducing the impact of mental health issues by helping people detect problems early, and giving them online tools and support to manage it themselves.

2.1.1 Behaviour change

In addition to our primary goal, to help Londoners to find digital content and other interventions that will improve their mental health, we are also keen to explore a second goal, to encourage behaviour change in users. This is hard to extract from the primary goal, but we are really looking to understand what behaviours contribute to better mental health and help-

¹ The London Mental Health Fact Book, Cavendish Square Group, 2015. *The Cavendish Square Group is a collaboration between the ten London Trusts responsible for mental health services.*

² **The London Mental Health Report: The Invisible Costs of Mental Ill Health: GLA 2014)**
<https://www.london.gov.uk/priorities/health/publications/london-mental-health-the-invisible-costs-of-mental-ill-health>

seeking. If we can build in mechanisms to sustain positive behaviours, and change negative ones, the benefit to users will be tangible. Learning from this aspect of the programme might have a greater public health impact, beyond the programme itself.

Key will be the recruitment of users from the place where they are discussing their mental health issues, be it a forum, or other social media space. We need to understand how to best move them from there towards our space, where our tools can determine the best form of intervention. We hope also to then seek to embed help-seeking behaviour for them in the future.

Our approach will be based on best practice in behaviour science, and latest theories of behaviour change, including com-b, the behaviour change wheel and the person-centred approach.

2.2 Why digital?

This project is an opportunity to deliver a truly innovative service that really meets the digital mental wellbeing needs of Londoners. The collaborative approach to commissioning, design and development also provides the opportunity to shape a culture of digital innovation.

- The digital mental wellbeing field has great potential because it fills a need traditional services are not fully able to address.
- Digital services can be accessed immediately 24/7 from any location with an Internet connect and a device - traditional services can be slow to react, high threshold for entry, long waiting times and no response out of hours.
- Patients want services to be readily accessible and available, 24/7, supportive, free, anonymous and empowering.
- A digital platform enables peer-to-peer support.
- People want to look after their own wellbeing, but they'd prefer to talk to other people like themselves before getting help from public services. This is also known as peer-to-peer support. For peer-to-peer support to work effectively it needs to:
 - be offered at a scale. For example, across London rather than just in one borough.
 - be moderated by mental health professionals to ensure that people are being helped appropriately
 - be able to link people to public services if they need them
 - be available 24 hours a daybe accessible in a lot of languages, as London is one of the most diverse places on the planet
- The agile approach that we are using will ensure that the products forming the final service will truly be those that all co-producers (users, clinicians, digital experts) have advocated.

2.3 Support from other bodies

The pilot is championed by the London Health Board, which is chaired by the London Mayor. All London clinical commissioning groups and the majority of London councils have helped to fund it, and the Greater London Authority, academic health science networks, NHS England London and Public Health England London are all involved.

NHS Tower Hamlets Clinical Commissioning Group is leading on delivering the work.

It will be a world first: nowhere else have so many people and organisations come together to support such an ambitious digital mental health project. The capital is leading the way by offering Londoners different routes to mental health support, starting with self-help and peer-to-peer support, in line with policy aspirations.

The project to deliver this service has been shaped through wide consultation with over 200 individuals and organisations, including potential users and those with lived experience. Academic advice and input has been taken throughout the project lifecycle.

2.4 Why evaluate?

This work is based on a business case that more than 200 people helped to shape. Research said too many Londoners are suffering alone with common mental health conditions. So we are testing a theory that giving Londoners access to a 24/7 online service could help to improve their quality of life, reduce pressure on local services and save our city money.

Everybody we spoke to told us there are some important gaps to fill. People want to look after their own wellbeing, but they'd prefer to talk to other people like themselves before getting help from public services. This is also known as peer-to-peer support.

London aims to be the first city in the world to develop this type of digital service at scale, as such, the opportunity presents itself to validate the impact of this service innovation and potentially extrapolate learning to the development of other digital wellbeing services.

The partnership supporting this project is committed to evaluation, and it was universally agreed on enrolment to the pilot that the lifecycle of the live service would be supported by an independent study from reputable organisations capable of producing reports of a calibre for peer-review that also informs commissioners.

It is expected that an evaluation of the service will demonstrate the validity of digital interventions in terms of user defined outcomes but more broadly, will evidence any economic and social benefits gained through improved mental wellbeing on a pan-London scale, which would then feed into a process of continuous improvement of the service and monitoring of key outcomes and quality improvement, should further funding to continue the service be secured.

2.5 Programme management and evaluation approach

From initial market engagement with around 30 IT/tech suppliers last year through to working with commissioning and digital colleagues from Dept. of Health, PHE, NHS Alpha, NHS Choices and the Government Digital Service, a number of key themes have emerged to influence the service development:

- 2.5.1 **Use a digital ecosystem model, where we show people where to go and collect data to identify any gaps.** There is a wealth of online and offline mental wellbeing resources out there: we will connect people with those helpful resources and, all the time, gather data to identify where there are gaps. We will then use this data to create innovative new digital content and tools to help plug those gaps. Better data means better prevention, better policies, and better treatment. Ultimately, it means healthier, happier Londoners.
- 2.5.2 **Use a distributed model, where we'll give people information and support in the places they already visit.** For example, through Mumsnet, Facebook, YouTube and Instagram. Reaching out to people through their own online communities means we can reach large but targeted groups of people with empowering messages and self-help tools, and link them with health professionals and other Londoners who might be experiencing similar issues.

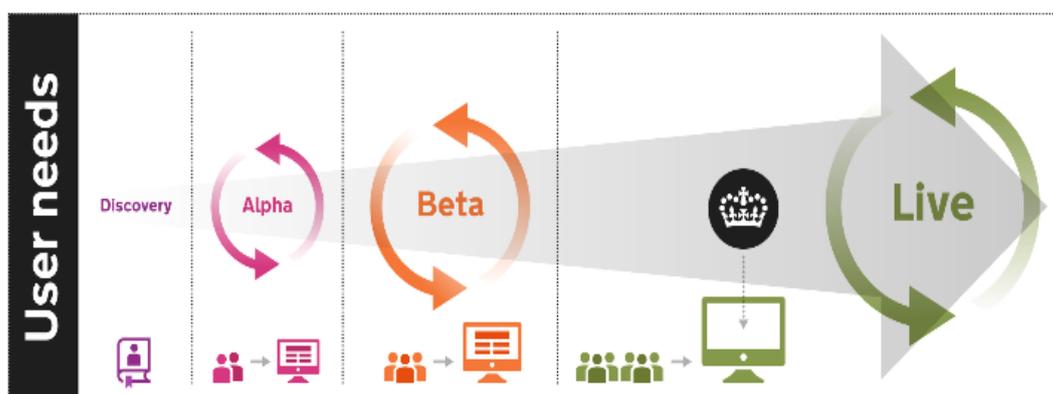
2.5.3 Use an agile development process, where we learn and improve based on feedback

The service will be rolled out in phases. The first version will be very simple, and it will be developed over time based on the feedback we get from people who test and use it. This is best practice for IT projects and is in line with Government Digital Standards. It means we can build in any new and innovative discoveries along the way, and we should end up with a fantastic service that works well for the Londoners who use it. The agile approach will also help us to grow the service and build its capacity in a safe and cost effective way as demand increases.

These themes and in particular the principle of iterative learning and development will require the provider to be equally agile in adjusting the scope of the evaluation throughout the two year period of live service.

Evaluation considerations will be taken into account within the specification for the procurement of the supplier to build the agreed service model and the testing within both the Alpha and Beta test environments, which adhere to the Government Design Service design principles (see Figure 1).

Figure 1. The DMW design, build, test and go-live process



The evaluation will commence to align with the beginning of the development phase of the digital products (pre-alpha), for a period of two years, with the expectation that early findings will be published ahead of the full report.

The provider will also produce a clear strategy for communication of early and final findings to audiences ranging from users and commissioners to digital service providers and academics. Despite the communication of early findings, the provider must maintain independence, while remaining a 'critical friend'.

There is also a requirement that the provider be integrated with the programme delivery team, and that emerging findings form part of the ongoing discovery phase of the agile process. For this reason, some element of action research may be valuable to include within the evaluation methodology.

2.6 Description of evaluation

The development and delivery of the digital products and distributed digital ecosystem present a rich opportunity to extract findings, both interim and final, from what will be a large digital data set, and it is hoped that both qualitative and quantitative research methods will be utilised to evaluate:

- The extent to which the programme has improved defined outcomes,

- Its contribution to improving the mental health and wellbeing of users in defined areas, either by geographical area, social and/ or ethnic group or condition
- Its impact on the utilisation of other mental health services, and
- Its cost-effectiveness, as we expect greater impact and cost savings from operating at scale.

Given the paucity of evidence in this field and the speed of change in digital technology, there would be a requirement on the successful provider to deliver findings more quickly and with less participant burden and cost than traditional approaches.

It is key that an organic, collaborative approach drives both the service and evaluation designs. The successful provider must therefore be involved in the service design at the earliest opportunity to ensure the design will enable the evaluation activity to gain the correct information and data in a timely manner.

With user involvement, the evaluation provider will be expected to define appropriate measures in order to:

- Examine the process – How is the service being delivered and is it being delivered as planned? What service aspects work well and what aspects do not? (i.e. user feedback and/or number of hits on particular area of the site)
- Examine the inputs - What resources are being used or are needed?
- Examine the outcomes – Does the using the service lead to improvements in user’s wellbeing and their ability to self-manage? Does the intervention work? At what cost per outcomes? (i.e. users surveyed on entry and exit point of each session on the service)
- Examine the effect on other services (i.e. the economic impact of supporting users in this and other health/ social care settings).

The provider must collect sufficient data to deliver appropriate findings and reports at points during the evaluation of the programme to be agreed with the delivery team.

3. INDICATIVE TIMETABLE

Key actions	Dates
Issue Request for Quotes	10/03/2017
Closing date for clarification questions	23/03/2017
Tender return deadline and initial review/ evaluation of tenders	31/03/2017
Initial evaluation of tenders	TBA
Presentations/ interviews	TBA
Contract award	TBA
Evaluation commencement date	May 2017

4. REQUIREMENTS

During the evaluation period, as a minimum, the following outcomes will be achieved.
<p>Stakeholder engagement</p> <ul style="list-style-type: none"> • Working with the programme’s communications team, identify and engage with all key stakeholders and delivery partners to determine what needs to happen to ensure buy-in/ engagement in the short, medium and longer term. • Participate in creating a shared understanding of the key challenges, hopes, concerns and ambitions from the perspective of key user/ stakeholder groups and an effective evaluation approach. • Contribute to the culture of innovation existing within all aspects of the programme, including close working with delivery partners and those involved with the co-

design of products at a range of online and face-to-face workshops and events in both the build phase and throughout the two year period of live service.

User insights/ data mapping

- Develop and maintain an evolving logic model to describe the evaluation of the programme
- Be sufficiently flexible in delivery of the evaluation to keep in synchronisation with the development of the delivery programme as it follows its agile, iterative, unplanned pathway to the final product suite
- Obtain in-depth knowledge about stakeholder priorities i.e. end users and commissioners, to clarify the outcomes that are most important to them and thereby determine the scope of the evaluation.
- Demonstrate knowledge of a suitable underpinning methodological theory, and of a suite of suitable methods (qualitative or quantitative) and the most appropriate measures to use to deliver robust findings that reflect user and stakeholder priorities while aligning the evaluation scope to reflect multiple and parallel cycles of learning and iterative development.
- Undertake investigative work for short, medium and long term delivery components, using appropriate methods and analyses
- Demonstrate the ability to focus research on specific parts of the user journey within suitable theories of change
 - Initial awareness and online engagement – What helps and what prevents people from becoming aware and first interactions with the service (in distributed online environments)?
 - Sustained action – What helps and prevents people from following through and taking action to adopt self-help behaviours?
 - Informed choice – what helps or prevents people from seeking ‘outside’ help (peer and/or professional) and developing positive help-seeking behaviours?

Behaviour change

- Demonstrate a knowledge of behavioural science/ behavioural psychology through previous successful work/ publication
- Develop and apply a suitable behaviour change framework to the programme, to enable clear demarcation of sustainable and changeable behaviour in users
- Model likely user behaviour to facilitate identification of potential substitute behaviours and unintended consequences
- Apply the behaviour change framework to users, as well as potentially organisations and care staff

Literature review

- Critically appraise evaluations of comparable digital tools, services and initiatives with analysis of key learning points derived from the choice of methodologies and the resulting outcomes presented.

Service model

- Participate in the co-design of the emerging, iterative service model, as appropriate, and make key decisions to enable data capture to deliver a robust evaluation.
- Provide input to the specification/blueprint for each iteration of service delivery models to enable data capture for the delivery of a robust evaluation.
- Provide options for data capture requirements during the all service development phases.

<ul style="list-style-type: none"> • Work with the delivery team to ensure evaluation needs are understood and represented within the key features of a Minimum Viable Product (MVP) • Demonstrate robust mechanisms to identify and communicate key risks, issues and barriers to progress during the evaluation programme • Be able to identify opportunities for research and testing within the evaluation programme, and be able to submit a proposal for further research to the steering group (there will be a reserve research fund available for such projects) • Be able to demonstrate understanding of the agile process method, and methods to ensure the evaluation team is embedded within it • Demonstrate and deliver flexibility and a credible approach to partnership in innovation via a creative approach to innovation
<p>Action research</p> <ul style="list-style-type: none"> • Be able to articulate, develop and deploy an action research methodology as part of the evaluation proposition • Be able to demonstrate an understanding of how action research and agile processes can cohere to form a cohesive approach to evaluation
<p>Success factors</p> <ul style="list-style-type: none"> • Be part of the development of a shared understanding of what success looks like for each key stakeholder for each part of the programme, with a clear methodology for defining, measuring and evidencing success. • Obtain consensus with the project sponsor and key stakeholder on what a 'gold standard' evaluation will look like and in particular how users would define both a high quality experience and a good outcome. • Make clear recommendations on the current and likely trends in usage of the service to inform service development and future commissioning.
<p>Communications strategy</p> <ul style="list-style-type: none"> • Establish principles for communication as part of the interim and final findings to enable an accompanying narrative to be developed for a wide ranging audience (users, commissioners, academic community) accessed via a range of channels i.e. project microsite/blog and/or use of social media. • Ensure all communication is undertaken in collaboration with the programme broader communications function

5. AREAS FOR FURTHER CONSIDERATION

Governance

Multi-layered governance arrangements are in place which includes reporting to the London Health Board and Tower Hamlets CCG Mental Health Programme Board. Discovery outputs are required to demonstrate clearly the rationale for key recommendations/decisions to enable the timely progress.

Innovation

The need for a flexible, innovative approach to evaluation must be established. The aim is to encourage and support opportunities for creativity and innovation to flourish in all aspects of the process. However, it is acknowledged that stakeholders may have different ideas and motivations with regards to evaluation.

It is important for the DMW project to be firmly positioned in the digital/social innovation space to support the ambition for 'digital health' articulated in *Better Health for London: Next Steps* and to generate support for new ideas and different ways of thinking, co-designing/developing services.

Scalability

The vision is about making an impact by reaching people in large numbers through digital tools and services with a sustainable business model with demonstrable social return on investment. The initial steps and development stages need to 'bake in' effective strategies to enable sustainable growth and scalability further along the process.

APPENDIX 1, ANNEX A

TENDER RESPONSE FORM, EVALUATION CRITERIA AND WEIGHTS

1. PROPOSAL & EVALUATION

You are required to respond to **ALL** of the questions below. To enable evaluation of your proposal, please ensure you clearly cross-refer your responses to the assigned numbers. Any relevant supporting documentation must also be clearly identifiable by a question number.

Initially we will evaluate your proposal against the **minimum PASS/FAIL CRITERIA** set out below.

Bidders who do not pass all the Pass/Fail criteria (A-C) below will be excluded from further consideration in the competition (i.e. their proposals will not be evaluated further and will be excluded from the competition).

Pass/ fail criteria

The supplier contact and referees should be prepared to speak to the commissioning client as required to confirm the accuracy of the information provided.	PASS/FAIL
<p>A.i) The provider to have a minimum of three years relevant experience successfully delivering similar evaluations which demonstrate core competencies listed below.</p> <p><i>Please provide evidence of three years' experience of undertaking similar evaluations (similar in scale, value and complexity) with 2 supporting references. (max 750 words)</i></p> <p><i>References</i></p> <p><i>It is your responsibility to provide references with name, job title and professional relationship with a statement outlining the quality of the work you carried out. Your referees must be people who have commissioned your services.</i></p>	
Response to A.i	
<p>A.ii) Ability to commence work during April 2017 and dedicate adequate resources to ensure the evaluation is designed and then implemented during a two year period from April 2017 – March 2019, with delivery of the final report in March 2019.</p> <p><i>Please provide a statement describing how you will meet this requirement and any related risks identified. (max 750 words)</i></p>	

Response to A.ii	
<p>iii) Evidence of the following core competencies within your organization and indicative of the expertise available for deployment on the proposed project. (750 max words)</p> <p><i>Core Competencies</i></p> <ul style="list-style-type: none"> • Mental health/ wellbeing – demonstrate understanding and experience of mental health/ wellbeing • Health and wellbeing/social innovation – experience of understanding and evaluating innovative solutions delivered by a wide range of stakeholders in the health and wellbeing, social care, public health and/or mental health field. • User research - experienced and expertise in defining agile research methodology to examine behaviour, motivation and how this relates to needs and wants of target groups in the context of evaluating a digital service. • Design – range of design skills i.e. <ul style="list-style-type: none"> a) research design and proven ability to capture qualitative and quantitative analytics data to respond to respond to user-defined outcomes on the efficacy of the service and contribute to the commissioning case, b) expertise in process evaluation/qualitative interventions as well as modelling. • Building Digital Products and Services – an appreciation/ skills in the complexities of understanding how individuals interact with digital services to impact acceptability and uptake. • Communications Strategy – experience of communicating to a wide range of stakeholders through a variety of channels throughout the evaluation process. • Events – creating and running engaging, high-impact events. • Delivery – delivery of interim reports at key points throughout the evaluation process and the final report by April 2018. 	
Response to A.iii	

Pass fail criteria B	
Bidder has submitted a complete tender that accords with every instruction and requirement set out in this RFQ. The pass mark for each scored question is 50%.	Pass/Fail
Pass fail criteria C	
The Bidder's Total Costs in Table A do not exceed £150,000 in total for the delivery of the DMW evaluation. Bidders whose costs exceed this amount will be excluded from further consideration in the process.	Pass/Fail

- Bidders who fail on any pass/fail criteria will be excluded from the process and their scoring questions will not be evaluated.
- After the evaluation of the scored questions, up to a maximum of three bidders will be shortlisted to the presentation and interview stage of the process. This shortlisting will be based on the highest three scores.
- Your proposal will be scored out of 100% of the marks will be allocated to your response to the 'quality of proposals' questions below. Each question will be scored using the methodology in Annex A.

Answering scored questions - instructions for bidders

Please answer the questions (in the 'scored questions' table below) in writing, keeping to the word counts. You may use other supporting materials such as photos and diagrams if you wish.

Submit your response in a separate document. Please also clearly number questions/answers and include a word count for each question.

Complete your price and breakdown of costs using table A in **appendix 1, annex B**.

Complete the contact details form in **appendix 2, annex B**.

	SCORED QUESTIONS	Weight
1	Quality of Proposal	70%
1.1	Please set out your proposal for meeting all of the outcomes set out in section 4.REQUIREMENTS. Drawings on learning from previous work, provide the rationale and methodology for your proposals that respond to the requirements and additional points for consideration. <i>(1500 words max)</i>	15%
	Response to 1.1	
1.2	Please outline your evaluation delivery plan with indication of key milestones and tangible products you are proposing to deliver to ensure required outcomes are fully met. <i>(1500 words max)</i>	15%
	Response to 1.2	

1.3	Please provide details of the team you propose to carry out the work including their expertise and an explanation of why they are suited to the role. In addition please demonstrate how you will ensure you have adequate resources to meet requirements. <i>(1000 words max)</i>	15%
	Response to 1.3	
1.4	Demonstrate how you will monitor quality, comply with the evaluation delivery timescales and align the evaluation scope with current learning and development cycles. Please identify the risks to delivering this evaluation to time and budget and your proposals for mitigating them. <i>(2000 words max)</i>	15%
	Response to 1.4	
1.6	Demonstrate how you will work collaboratively and communicate effectively with the LDMW delivery team and other stakeholders, particularly given the demanding time scales. <i>(1000 words max)</i>	10%
	Response to 1.6	
2	Price	20%
3	Presentation/interview	10%
	Quality of proposal + price + presentation/interview	100%

APPENDIX 1, ANNEX B

Table A

Schedule of Charges

Bidders must complete the schedule of charges **Table A for the *evaluation*** below estimating the number of days and travel and subsistence costs associated with their bid. The total price will be **inclusive of VAT** and shall not exceed £150,000.

TABLE A: EVALUATION (Budget: Not to exceed £150k)		e.g. project manager/ director	e.g. service designer/ /researcher	Project support/eq uivalent	Total days	Total fees
		e.g. £500	e.g. £300	e.g. £200		
	Quantity					
Inception meeting to agree plans and finalise requirements with the commissioners	1	e.g. 0.5	1	1.5	3	850
Other (insert additional rows to include other deliverables as per your proposal)						
Expenses						
Travel and subsistence						
Other (non-staff) costs – <i>Please specify</i>						
<i>[Add as necessary]</i>						
Sub-total						
VAT						
Total costs excluding VAT and expenses (this figure will be used for the purposes of allocating your score for the price and must cover the cost of meeting all our requirements)						

APPENDIX 2, ANNEX B

Company Details	
1.	Registered company name:
2.	Company registration number:
3.	Main operational address for the service:
	Tele:
	Email:
4.	Address for all contractual correspondence – (If one of the above, please specify)
5.	Address for all service management correspondence (If one of the above, please specify)
6.	Contacts:
	a. Responsible person for the contract
	Tel:
	Mobile:
	Email:
	b. Responsible person for the service: (If different to the above)
	Tel:
	Mobile:
	Email:
7.	VAT registration number (if applicable)
8.	Payment details
	Account Name:
	Bank Name:
	Address:
	Sort Code:
	Account Number: