Rapid evidence review of social innovation labs: Strategic consultancy services

**Contact:**

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The Health Foundation

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About the Health Foundation

* 1. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.
  2. Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people’s lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.
  3. We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.
  4. We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people’s skills and knowledge, we aim to make a difference and contribute to a healthier population.

Background to project

* Q is seeking external expertise to help review and build understanding of the evidence base for social innovation, policy and system change labs as an approach to tackle complex shared challenges. This is to update and further develop an internal evidence review completed in February 2020.
* It is intended that this evidence review will be used to inform the development of the Q Lab UK approach (applying a social innovation lab approach to health and care improvement in the UK and Ireland).
* It is intended that this review will be published externally.

**About Q and the Q Lab network**

* Q is a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care. Q is delivered by the Health Foundation and supported and co-funded by partners across the UK and Ireland.
* Q Lab UK uses creative and collaborative approaches to bring people together to make progress on complex challenges facing health and care in the UK and Ireland.
* Its design was based on evidence and learning from other social innovation labs across the world. It also draws heavily on the approaches to, and context of, quality improvement in the UK and Irish health and care systems.
* The approach was developed in 2015 as part of the co-design of Q.
* Q have since delivered three Q Lab UK projects and set up Q Lab Cymru within Improvement Cymru.
* Q Lab UK have refined the approach based on learning from the delivery of the first two projects.

**About this evidence review**

* An internal evidence review was completed in February 2020. This was used to support the further development of the Lab’s theory of change and the creation of Q Lab Cymru in late 2019/early 2020. This evidence review is considered internally to be useful however it was not written with an external audience in mind.
* We would now like to further develop and update this evidence review and publish it so that we can share it more widely with our partners and other interested parties.
* An example of evidence reviews can be found in the references of Appendix B.

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| **Details of the work** | Aims and Objectives | To enable the Q Lab UK and Q Lab Cymru teams to connect back into the wider evidence-based underpinning the Lab approach, to help us to test and validate our assumptions, and build understanding of how to design the Lab’s work to have an impact (particularly at organisational and system level).  To update and enhance the evidence on building capabilities for collaborative change (at individual, organisational and system-level) and the context in the UK and Ireland health and care systems.  To enhance our understanding about different approaches to social innovation and systems change, and Q’s (current and potential) contribution.  To provide an accessible and credible document, that will sit underneath our theory of change, that we can share externally as we seek to engage new stakeholders and build the credibility of Q’s work. |
| Overview of the work required | The overarching question informing this review is: Do innovation labs work for improving health and care services?  More specifically:  1.Are social innovation/systems change labs effective for achieving sustainable individual, organisational and system change? How and why/why not? We’re interested in exploring the critiques, tensions and assumptions underpinning the approach, as well as the evidence of what is working.  2.How does a ‘lab approach’ work with approaches to improvement in health and care?  3.How does a ‘lab approach’ work within the context of collaborative change in health and care in the UK and Ireland?  4. What are the critiques of social innovation/policy labs and systems change labs and their collaborative approach? What are the tensions? What doesn't work? What are key assumptions?  5. How is the impact of labs evidenced? What are the different methods and approaches for evaluating the impact of labs? Where are the evidence gaps?  The review should:  •Use our internally produced evidence review as a starting point, and build on/update that, and fill in any gaps.  •Prioritise literature about, or directly relevant to, the UK and Ireland.  •Prioritise literature about, or directly relevant to, achieving change in health and care.  •Note the strength of the evidence discussed in the literature and to ensure that it is appropriately weighted.  •Prioritise reviews and analysis with the strongest evidence.  •Highlight existing gaps in the evidence base which could shape future research in this area.    Types of evidence  •We are interested in academic literature and grey literature and research. The evidence will be diverse, and potentially under-developed. We are interested in understanding the strongest evidence on the topic, and the key gaps.  •We understand the academic literature on this topic is not well developed, and that much of the evidence comes from outside the UK. We are interested in literature that will be applicably read across to the UK and Ireland.  •We appreciate that emerging practice may not be documented and dialogue/informal interviews (or another relevant mechanism for additional information) may be appropriate to fill in gaps in the published literature, and signpost to relevant unpublished reports or bodies of work.  •We can provide a copy of the internal evidence review for interested candidates.  Inclusion criteria  Exploring the research question should specifically include:  •Policy and operational context in which Q Lab Cymru is operating (any distinctions between the context between Q Lab UK and Q Lab Cymru). (A ‘deeper dive’ into the context in Wales may involve stakeholder interviews to identify relevant evidence and organisations to explore).  •Social innovation, policy or system change lab approaches applied to health and care in the UK and Ireland.  •Prioritise recent evidence (since 2016) |
| **Delivery** | Delivery requirements | Deliverables  •An inception meeting with the project team to align around the approach, deliverables and timescales  •A quality assured written report, that is suitable for external publication on the Q website.\*  •Summary of stakeholder interviews (if included).  •Evidence review/reference list  •Optional: collaborative sensemaking / external events to share learning.  \*Note: We are prioritising topic expertise and expertise conducting evidence reviews. Please provide examples of previous similar outputs you’ve created or indicate in your application if you would require copy editing support. |

Instructions for tender responses

#### Budget

* Not to exceed £20,000 including VAT
* Detailed budget and expenses – to be completed in accompanying template

#### How to apply

Please provide your proposal in the template below outlining:

* Your interest and motivations for supporting and delivering this work
* Your proposed approach – summarising your understanding of the aims and questions, the search strategy and inclusion criteria, the selection process, the summary and extraction of evidence, the quality assurance/weighting as well as the synthesis. All of which will be finalised at the inception meeting.
* Your experience and expertise in the topic area
* Your experience and expertise delivering evidence reviews and stakeholder interviews
* Your availability to deliver the work, timeline of your proposal
* Detailed budget and expenses – to be completed in accompanying template

Main contact: Jen Morgan Head of Design and Collaboration/ Q Labs Network (Interim)

Other key contacts will include:

* Jo Scott, Q’s Insight Manager
* Jess Shivji, Marketing and Communications Manager, Q
* Des Brown, Q Lab Cymru Programme Lead
  1. The Health Foundation reserves the right to adjust or change the selection criteria at its discretion. The Health Foundation also reserves the right to accept or reject any and all responses at its discretion, and to negotiate the terms of any subsequent agreement.
  2. This work specification is not an offer to enter into an agreement with the Health Foundation, it is a request to receive tenders from third parties interested in providing the deliverablesoutlined. Such tenders will be considered and treated by the Health Foundation as offers to enter into an agreement. The Health Foundation may reject all tenders, in whole or in part, and/or enter into negotiations with any other party to provide such services whether it responds to this specification and request for response or not.
  3. The Health Foundation will not be responsible for any costs incurred by you in responding to this specification and will not be under any obligation to you with regard to the subject matter of this specification.
  4. The Health Foundation is not obliged to disclose anything about successful tenders, but will endeavour to provide feedback, if possible, to unsuccessful organisations.
  5. Your tender is to remain open for a minimum of 180 days from the tender response date.
  6. You may, without prejudice to yourself, modify your tender by written request, provided the request is received by the Health Foundation prior to the tender response date. Following withdrawal of your tender, you may submit a new tender, provided delivery is affected prior to the established tender response date.
  7. Please note that any tenders received which fail to meet the specified criteria contained in it will not be considered for this project.

Selection criteria

* 1. Responses will be evaluated by the Health Foundation using the following criteria in no particular order:
* How the approach will meet the needs of the Health Foundation
* Clarity of the proposal and understanding of the research questions
* Appropriateness of methods, project plan and risk assessment
* Experience and expertise in the topic area
* Capacity to deliver
* Value for money
  1. It is important to the Health Foundation that the chosen provider can demonstrate that the right calibre of staff will be assigned to the project; therefore, the project leader who will be responsible for the project should be present during the panel interviews if you are selected.

Selection process

* 1. Please email electronic copies of your full tender plus any accompanying documents Submit proposals to [Jen.Morgan@health.org.uk](mailto:Jen.Morgan@health.org.uk) by 5pm on Tuesday 6 September 2022.

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| Deadline for Proposals |  |  | Tuesday 6 September 2022 (5pm) |
| Decision on supplier |  |  | 14 September |
| Contracting |  |  | End of September |
| Orientation and inception meeting |  |  | Early October |
| Conduct review |  |  | October – Mid November (4-6 weeks) |
| First draft report received |  |  | Mid November |
| Quality review |  |  | End of November |
| Final draft report |  |  | Early/ Mid December |
| Publication readiness |  |  | Early January |
| Publication |  |  | January/February 2023 |

Confidentiality

* 1. By reading/responding to this document you accept that your organisation and staff will treat information as confidential and will not disclose to any third party without prior written permission being obtained from the Health Foundation.
  2. Providers may be requested to complete a non-disclosure agreement

Conflicts of interest

* 1. The Health Foundation’s conflicts of interest policy describes how it will deal with any conflicts that arise as a result of the work that the charity undertakes. All organisations intending to submit tenders to the Health Foundation should familiarise themselves with the contents of the policy as part of the tendering process and declare any interests that are relevant to the nature of the work they are tendering for. The policy can be found and downloaded from the Health Foundation’s website at the following location: [Policy on conflicts of interest](https://thehealthfoundation98.sharepoint.com/:w:/r/sites/thf_site/staff_area/declarations/Shared%20Documents/4.Policy%20%26%20Blank%20Form/Policy%20%26%20Blank%20Form/Conflicts%20of%20interest%20policy%20and%20procedure%20%20(updated%20November%202020).docx?d=w71a7967c6d6f4619a9f2866753e6e215&csf=1&web=1&e=dCgfNi)

Specification Response

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| Response to: | Rapid evidence review of social innovation labs - Strategic Consultancy Services |
| Name of organisation submitting tender: |  |

**Contents:**

1. About your organisation
2. Tender
3. Management and communications
4. Details of team members
5. Resources
6. Contract

About your organisation

*Organisation details*

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| Organisation name |  |
| Type of organisation (if you are a private individual / sole trader, see section 1.1 below) |  |
| Company or charity number |  |
| VAT number (if applicable) |  |
| What was your organisation’s income in the most recent financial year? *(Not applicable for public bodies/universities)* |  |
| Address |  |
| Registered address (if different) |  |
| Website address |  |
| Primary contact name including position and title (to whom all correspondence will be addressed) |  |
| Phone numbers (office and mobile) |  |
| Address |  |
| Email address |  |

* 1. If you work under a personal service company you should be aware your tax status will need to be assessed under our IR35 protocols for each separate engagement with the Health Foundation.  If you work as a private individual or as a sole trader we will need to look at your tax status under the wider off-payroll working rules to assess whether each engagement is that of someone who is self-employed for this engagement, and paid by invoice, or whether the engagement looks like that of an employee where tax would need to be paid on an engagement through an umbrella company.

*Organisational description*

* 1. Please provide a brief description of the organisation in terms of its activities/services and the organisational governance and management structure

Tender

* 1. Please use this section to provide an overview of your tender

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* 1. Please give us the details of your proposed approach remembering to refer back to the Project Specification. Your tender must include detailed plans ensuring the following issues are addressed:
  2. How will your tender meet the needs of the Health Foundation?
  3. Your approach and methodology
  4. Your relevant experience and expertise
  5. Capacity to deliver and value for money
  6. Environmental sustainability, Diversity & Inclusion and Safeguarding – detail which of these areas you have an organisational policy on, and how your work for the Health Foundation will take each of these into account.

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* 1. Any other relevant information

Management and communications

* 1. Please use this section to describe how you envisage working with the Health Foundation and the other stakeholders in this work. Additionally, please give details of how you will ensure we are kept informed of the project's progress

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* 1. Please provide a project management plan.
  2. Please consider any risks in relation to the tender and how you will mitigate against these.

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Details of team members

* 1. Please provide details of the key members of your team who will be working on the programme of work. Please copy the table below to include additional team members.

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| Name | **Title** | **First name** | **Last name** |
| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

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| --- | --- | --- | --- |
| Name | **Title** | **First name** | **Last name** |
| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

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| --- | --- | --- | --- |
| Name | **Title** | **First name** | **Last name** |
| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

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| --- | --- | --- | --- |
| Name | **Title** | **First name** | **Last name** |
| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

Resources

We require full costing of your tender. Please fill in the budget template and submit it alongside this tender.

* 1. The Health Foundation wishes to maximise the return it provides to beneficiaries and obtain best value from external providers.
  2. What is the total cost of your tender? Please include VAT in your costing.

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* 1. Please provide full justification for your costs, including the time spent on the project by each member of your team and all other relevant costs. Please note that it is a requirement that all of your staff engaged on providing deliverables to the Foundation are paid at least the living wage.

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Provider references

* 1. Please note that if you/your organisation has not worked with the Health Foundation before we will be contacting your references if you are shortlisted for interview or if you are the only provider.

Name, address, phone number and email address of first referee:

Name, address, phone number and email address of second referee:

## Appendix A Additional background detail

#### **Definitions of key terms**

* **Collaborative change:** this encompasses different approaches to working collaboratively to achieve change (at individual, organisational or systems level). Different approaches include systems convening; network leadership; communities of practice; action learning; formal partnership working.
* **What do we mean by ‘improvement’?** We believe a long-term, integrated, whole-system approach is needed to ensure sustained improvements in health care quality. Several factors are required to drive and embed improvements in a health care organisation or system, including: leadership and governance, improvement culture, behaviours and skills, external environment. Improvement draws on a wide variety of approaches and methods, although many share underlying principles, including:
  + identifying the quality issue
  + understanding the problem from a range of perspectives, with a particular emphasis on using and interpreting data
  + developing a theory of change
  + identifying and testing potential solutions; using data to measure the impact of each test and gradually refining the solution to the problem
  + implementing the solution and ensuring that the intervention is sustained as part of standard practice.
* **Why does Q use the phrase ‘improvement’ and not quality improvement?** Quality improvement is often understood to describe specific approaches and methods, particularly the Model for Improvement, but also potentially Lean and Clinical Microsystems or Experience Based Co-Design. We use the phrase Improvement as it more inclusive of multiple methodologies and can signal a more blended approach where people draw from a range of approaches to support improvement work.
* **Sustainable change:** longer term outcomes and impact that last beyond the ‘intervention’ period of the lab, and/or reaches people not directly involved in the lab.

#### **Examples of important terms**

Creative, collaborative change; transformation; system change; QI; social innovation; policy change; systems thinking; design thinking.

## How we intend to apply the learning.

* The Q Lab UK and Q Lab Cymru team will reflect on the implications of this evidence, and will consider:
  + What do we know about whether and how a lab approach can work for improving health and care services?
  + What do we know about whether and how a lab approach can develop capabilities for working collaboratively to achieve change at system level?
  + What is the context for the work of Q Lab UK and Q Lab Cymru? How does the work of the Q Labs network meet with the work of others? (e.g. what are others doing that are similar? How does it complement the work of others?)
  + What does the evidence suggest about Q Lab UK’s impact on practice?
* To engage people in more detail with the findings, and help progress our thinking, we may want to consider how we could use this as an opportunity to develop a community of practice for other Labs - including those in particular working in health and care systems; or take a role as a ‘thought-leader’ on this approach and its application to health and care system priorities.

## Appendix B: evidence examples

#### **Social innovation labs**

* Fuller M, Lochard A. Public policy labs in European Union member states. Publications Office of the European Union. 2016
* Kieboom M. Lab Matters: Challenging the Practice of Social Innovation Labaroratories. Kennisland; 2014
* Carstensen HV, Bason C. Powering collaborative policy innovation: Can innovation labs help. The Innovation Journal: The Public Sector Innovation Journal. 2012 Mar 1;17(1):1-26
* Westley F, Laban S, Rose C, McGowan K, Robinson K, Tjornbo O, Tovey M. Social innovation lab guide. The Rockefeller Foundation. 2015:1-00
* Bridgespan Group and Rockefeller Foundation. Social innovation labs how social innovation labs can advance your work. October 2014
* Hassan Z. The social labs revolution: A new approach to solving our most complex challenges. Berrett-Koehler Publishers; 2014 Feb 3.

#### **Collaborative improvement**

* Health Foundation. Effective networks for improvement Developing and managing effective networks to support quality improvement in healthcare. Learning report'. The Health Foundation; 2014
* Malby B, Mervyn K. Social networks: an additional brief literature review for the Health Foundation. Centre for Innovation in Health Management, University of Leeds: Leeds, UK. 2012
* Perera K, Hunt R, Bevan H. Q Learning Theory. Review of the evidence about what helps people to learn how to improve health and care and achieve large scale change. NHS Horizons for Q; 2017.
* De Silva D. Improvement collaboratives in health care. London: The Health Foundation. 2014.
* Lucas B, Nacer H. The habits of an improver. Thinking about learning for improvement in health care. Health Foundation; 2015.
* Gabbay J, le May A, Connell C, Klein JH. Skilled for improvement? Learning communities and the skills needed to improve care: an evaluative service development. The Health Foundation; 2014
* World Health Organization. Framework for action on interprofessional education and collaborative practice. World Health Organization; 2010

#### **Quality improvement**

* Horton, T., Illingworth, J., & Warburton, W. (2018). The spread challenge. Health Foundation
* Dixon-Woods M, Martin GP. Does quality improvement improve quality? Future Hospital Journal. 2016 Oct 1;3(3):191-4

#### **Q Lab UK development – unpublished**

* Proposal for Q improvement labs
* Q Improvement Labs: report on development during design phase of Q
* Q Labs design story