Invitation to Tender for the Evaluation of the Volunteering for Health Programme

July 2024

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CW+ NHS CHARITIES TOGETHER NHS England

1. KEY DETAIL

Name of Project: Volunteering for Health Programme Evaluation

Client: CW+ on behalf of 'the Partnership' (NHS England, NHS Charities Together, CW+)

Description: Volunteering for Health will provide grants of up to £550,000 for three years to 15 partnerships organisations that involve or have a strategic interest in 'health and care volunteering', recognising that collaboration and effective partnership working across and between organisations is central to the development of volunteering infrastructure. We require an evaluator to work alongside and across the programme, for three years.

Contract Value: £500,000 inc. VAT over three years (see later section for Gantt chart)

Closing Date: Friday 30th August, 17:00

Management: Kate Heywood, CW+

2. BACKGROUND & CONTEXT

2.1. About the Partnership

Overview

The partnership of NHS England, NHS Charities Together and CW+ was established in 2023 specifically to deliver the Volunteering for Health programme.

NHS England

NHS England (NHSE) leads the National Health Service (NHS) in England and promote high quality health and care for all through the NHS Long Term Plan.

NHSE supports NHS organisations to work in partnership to deliver better outcomes for patients and communities and provide value for taxpayers.

To deliver the NHS Long Term Plan, NHS England will balance national direction with local autonomy by supporting local decision making, and empowering local NHS leaders to make the best decisions for their local populations.

Through national work and seven regional teams, NHSE supports local integrated care systems (ICS) (see glossary) to improve the health of the population, improve the quality of care, tackle inequalities and deliver care more efficiently.

NHS Charities Together

NHS Charities Together is the national charity for the NHS, working with over 230 NHS charities across the UK to support hospitals and mental health, ambulance and community health services.

We believe in a future with a thriving NHS and the best possible healthcare for everyone, and our mission is to mobilise the collective power of NHS charities and the nation to help the NHS go further for patients, staff and communities – ensuring extra support goes where it's most needed and enabling the NHS to advance in a rapidly changing world.

People have been donating money to health services since well before the NHS was created, and charities have played an important role in supporting the NHS throughout its history. Today, NHS charities collectively give over £1 million to the NHS every day – so that people can stay well for longer and get better faster.

Most NHS charities focus on helping our health services do more by improving patient experiences and outcomes. From supporting research and innovation, to brightening up hospital environments and donating state-of-the-art equipment.

They raise funds and mobilise volunteers, making a huge difference to the lives of millions of people at their most vulnerable. During the pandemic, this focus shifted to meet the immediate practical and emotional needs of staff and patients and help take pressure off an overstretched health service.

By working together, we help the NHS go above and beyond what would otherwise be possible, so that everyone has access to the best health and care possible.

CW+

CW+ is the official charity of Chelsea and Westminster Hospital NHS Foundation Trust.

Their vision is to enable every patient to receive outstanding care, in our Trust's community of more than a million people and beyond.

Their mission is to work with our Trust to create world-class facilities, drive innovation and research, and enhance patient and staff wellbeing. Using our expertise in partnership building, arts in health and healthcare innovation, we develop creative solutions to support an evolving NHS. CW+ deliver a number of regional and national programmes ranging from capital developments through to young peoples mental health.

Their values reflect the positive, supportive culture at CW+ and underpin the work we do. We are:

- Community-focused – we put people at the heart of everything we do
- Respectful of differences – we embrace diversity, equity, inclusion and belonging
- Impact-driven – we learn, we share, we grow
- Collaborative – we are stronger when we work together

2.2. Volunteering for Health Programme

Volunteers and volunteering have always played an integral role in the NHS, and the role of volunteers in the Covid-19 pandemic highlighted the potential and willingness of volunteers to support health and care services in their communities and local health settings.

The Volunteering for Health programme is designed to help deliver the recommendations of the NHS Volunteering Taskforce (a coalition of VCSE organisations, volunteers, clinicians, civil servants and policy makers), which concluded that the NHS nationally and locally could do much more to maximise the benefits of volunteers, incorporate volunteering into decision-making, and improve volunteer experiences. It also highlighted a need for investment in the "infrastructure" for volunteers and volunteering across the NHS, recognising that in many local areas it is piecemeal, under-resourced and often outdated.

Amongst other recommendations, the Taskforce set out a five-year vision that "by 2028 volunteering should be recognised equally across England, with investment to ensure the maintenance of appropriate volunteering infrastructure. Barriers to volunteering will have been reduced so that anyone who wishes to volunteer will be able to do so while maintaining a safe experience for everyone."

Volunteering for Health is part of a range of programmes and initiatives that together deliver the Taskforce ambitions. They include improved NHS volunteer data collection, a national NHS volunteering portal, and the NHS Volunteer Responders model. Volunteering for Health grant recipients will work with NHS England and the wider programme team to develop and embed relevant national programmes locally.

3. SPECIFICATION

3.1. Introduction

Volunteering for Health will provide grants of up to £550,000 for three years to 15 partnerships of organisations that involve or have a strategic interest in 'health and care volunteering', recognising that collaboration and effective partnership working across and between organisations is fundamental to the development of volunteering infrastructure, which is the central focus of the funded partnerships.

We recognise that different areas will be at differing stages of maturity in terms of their partnership and local volunteering infrastructure. We are funding well-established and developed partnerships as well as partnerships with less well-developed infrastructures. We intend to accelerate change in geographic areas that have seen under-investment in volunteering, and help high-performing systems (see glossary) to go further and pioneer new ideas.

Grant funding will be paid in six-monthly instalments. A development phase will run from July 2024, during which the selected grant recipients will refine and develop their partnerships, plans and budgets. Successful completion of the development phase is expected to vary from September 2024 to March 2025, whereupon partnerships will move into full delivery.

Additional to grant funding, partnerships will participate in shared learning and support, to build the capabilities of organisations and partnerships and strengthen the impact of grant funding, to develop NHS volunteering infrastructure to realise the potential of volunteering.

The Theory of Change for Volunteering for Health defines its overall aim as:

- Nationally, volunteers will play, and are seen to play, a more central, transformative role in healthcare experience and outcomes, and are better placed to support and enhance healthcare.

This will be achieved through two high-level outcomes:

- Volunteering becomes more integrated into healthcare practice and delivery whilst infrastructure around volunteering becomes more coherent, effective and sustainable.
- Volunteering becomes a more integrated, prominent and better supported element of healthcare nationally and locally.

The Partnership is seeking an evaluator to increase the understanding of the conditions needed within health systems (see glossary) to achieve the programme aim and outcomes described above, developing the programme's existing Theory of Change and contextualizing this at a micro and macro level – broadly aligned with a local and national approach. We also anticipate a meso level, in which learning can be synthesized and shared within emergent thematic or regional groupings. We want the evaluator to be in place for the lifetime of the programme, and are seeking a flexible, iterative and evolving approach to the evaluation. We envisage a mixed methods developmental evaluation approach, with learning partner support to local partnerships (who will have a single point of contact experienced in monitoring & evaluation – more detail later), evolving to outcome evaluation when data becomes available. The evaluator will also need to support partnerships to implement the tools to collect consistent outcomes data – and to begin to tell the story of impact as the programme progresses.

3.2. Evaluation Overview

3.2.1. Why the evaluation is needed

It is critical that we understand at a macro, meso and micro level the critical success factors for the programme through the lens of transformation and innovation, considering local, regional and national context, strategy and policy. We want the evaluator to be in place for the duration of the programme, and both collect insight, as well as enable partnerships to implement the tools to collect consistent outcomes data.

3.2.2. Who it is for

There are a range of audiences for the evaluation. These are as follows:

Primary

- Funded partnerships, to inform project development and share learning;
- ICBs and other local influencers within health and care systems, including VCSE Alliances and NHS Charities, to inform decision-making, including commissioning, at place or system level (see glossary). This includes systems that are not amongst those funded.
- Strategic partners (NHSE, NHSCT and CW+), to inform ongoing programme development, future policy/strategy, and make the case for continuing collaboration to advance volunteering infrastructure and integration of volunteering into health and care decision-making

Secondary

- Organisations with health and care volunteers, including NHS bodies and VCSE organisations, to understand what excellent volunteering infrastructure looks like in a variety of settings and contexts, and how best to achieve it. Unsuccessful partnerships will be included in some strands of shared learning.
- Wider healthcare sector including thinktanks, government departments and Public Health, to understand policy implications

Level	*Audiences*
Micro	Local Partnership
Meso	Dependent on nature of emergent thematic or regional groupings, possibly including ICBs and NHS regional leads
Macro	Public Health / Think Tanks [e.g. Kings Fund, Health Foundation] / Government / Other Charities
Programme	The Partnership (NHS England, NHS Charities Together, CW+)

3.2.3. What it will measure

Our overarching aim for the evaluation is to increase the understanding of the conditions needed within health systems to achieve the programme's objective: that nationally, volunteers play, and are seen to play, a more central, transformative role in healthcare experience and outcomes, and are better placed to support and enhance healthcare.

Formative and summative evidence and insight on the development of volunteering infrastructure will contribute to learning around key outcomes, including how more coherent, effective and sustainable volunteering infrastructure contributes to an expanded and more prominent integration of volunteering into healthcare delivery.

This will lead to contextual recommendations at micro (local), macro (national) and meso (thematic/regional) levels, at defined time points and through defined channels (more detail in outputs section). Furthermore, each of these levels will have its own defined aims:

At the micro level, the key aim is for the commissioned evaluator to connect with and support the local learning partners, enabling them to implement the programme-level monitoring and evaluation

framework via local Theories of Change, to help establish data collection for relevant volunteering delivery, and to help with identifying specific place-based learning and insights for wider sharing.

Partnerships will be provided with separate support to work on Theories of Change linked to the programme ToC early in the development phase. The role of the evaluator will be to help them to embed relevant monitoring across their partnerships, and help to identify improvements over the delivery phase. Where partnerships include volunteering activity as part of their proposals, they will be required to collect individual data, including national metrics: The NHS Volunteer Data Collection scope and metrics - NHS England Digital. The role of the evaluator will be to provide support where needed, and to gather insights and feedback on the feasibility and value of data collection across a health system (see glossary).

It is important to note that at a local level, the learning partner (single point of contact for the evaluator) is required to support the Volunteering for Health programme evaluation. They may either be an evaluator commissioned by the partnership (who will build the asks from this evaluation into their own activities); an existing MEL professional working in-house in the partnership (for example, a Head of Impact or M&E Manager); or an independent, external consultant, specifically commissioned for this role. Guidance has been provided to the partnerships that articulates this. In some instances, the learning partner may not be an evaluation specialist, so the selected evaluator may need to be provide additional support.

At the meso level, the key aim is to connect together the micro and macro evaluation activity through the identification and exploration of emergent thematic and regional commonalities – for example, drawing together themes from the local partnerships that cross-regions, translating to regional priorities and strategy, or translating national themes and applying these to regional and local context. The expectation is also that there will be rich thematic information from peer learning events, groups, and online communities of practice, on which the evaluator will draw.

At the macro level, the key aim is to bring together insight and learning from the regions in order to tell a national story, and influence transformation across national policy/strategy.

Outputs will be expected at each of these levels, with further details given later.

Some of our key research questions (to be further refined in project inception/setup phase with the evaluator) are as follows:

- What does “excellent” look like in terms of volunteering infrastructure for health and care experience and outcomes, in funded places/systems, and what different ways can this be achieved?
- What are the underlying weaknesses in volunteering infrastructure in funded places/systems, and how are these best addressed?

- What is the evidence for what works and what doesn’t work in terms of developing volunteering infrastructure for health and care outcomes?

- What lessons are there from funded projects for national NHS volunteering initiatives (e.g. passporting, digital tools, volunteering standards)?

- What enablers and barriers can be identified to scaling and replication of effective volunteering infrastructure for health and care outcomes?

- What is the contribution made by the programme to volunteering infrastructure in funded systems?
- What are the cost benefits/ fiscal impact/ SROI of new volunteering infrastructure in funded places/ systems?
- How can volunteering data be captured and utilised at a system level including wider partnerships beyond NHS providers?

The evaluator may want to consider the NHS England’s criteria for scalability of innovation, where innovation is identified in volunteering infrastructure. These are:

- Is it addressing a priority?
- Is it decreasing friction?
- Is it removing pathway steps or streamlining a process?
- Is there a cost saving within one year once established?
- Can it generate evidence / is it generating evidence?
- Is it increasing accessibility and therefore reducing inequalities?

3.2.4. How and when it should take place

The total evaluation budget is £500,000 inc. VAT over three years – this is of a total programme budget of £10,800,000.

We envisage the need for a flexible, iterative and evolving approach to the evaluation. However, we expect that the evaluation framework will need to account for micro, meso and macro activity – as well as bespoke activity (as identified earlier) at the local level.

We suggest the evaluator adopts a mixed methods developmental evaluation approach, with learning partner support to local partnerships, evolving to outcome evaluation when data becomes available. In addition, the commissioned evaluator will work with NHS Charities Together to ensure that the evaluator is connected in with the learning network that will connect the partnerships.

Further information on outputs can be found in the section below.

A Gantt chart for the evaluation is provided, which will need to be developed in detail by the evaluator.

	July	Aug	Sep	Oct	Nov	Dec	2025	2026	To Sept 2027
Invitation to Tender (ITT) goes live									
Proposals submitted									
Scoring & interviews									
Evaluator appointed & kick-off									
Inception & setup									
Year 1									
Year 2									
Year 3									

3.3. Our Requirements

We welcome proposals from partnerships of individuals, sole consultancies and/or consortiums, provided there is experience, knowledge and skills in:

- Evaluation of complex multi-year programmes, centred on systems change
- A breadth of qualitative and quantitative methodologies to respond flexibly and adapt as the programme develops
- People and facilitation skills alongside qualitative rigour, to support a culture of group working, open-ness and continual formative learning
- Understanding of the health and care landscape, made up of cross sector organisations that support the NHS to deliver effectively

- Understanding of volunteering infrastructure at a local, regional and national level
- Use of cost benefit analysis methodologies
- Creative and critical thinking, and an ability to respond to new and emerging themes in real time.

3.3.1. Key Deliverables

The following are key deliverables for the evaluation:

- An inception report, including full project plan, by the end of 2024;
- Updates to the national Theory of Change in light of what emerges from the local partnership Theories of Change.
- A programme update quarterly with the programme group – accounting for slow infrastructure change and faster policy evolution;
- Programme evaluation reports for public dissemination, at the end of 2025, 2026, and September 2027, including emerging findings with relevance to new or emerging government health policy (to be advised)
- *Micro*: A rolling programme of summary reports on insights and learning from the individual partnerships, synthesising emergent themes and learning.
- *Meso*: Summary reports on emergent thematic and regional groupings, forming the basis for reporting to NHS Regional Leads and ICBs where relevant;
- *Macro*: National summary reports, forming the basis of influencing nationally (e.g. with Public Health / Think Tanks [e.g. Kings Fund, Health Foundation] / Government / Other Charities), including the sharing of findings to support submissions to DHSC and inform national policy developments;
- Bitesize learning events throughout the grant period, including insight updates through the learning network;
- A set of criteria that outlines the traits of good volunteering infrastructure at a micro and meso level. This ideally would be in the form of a self-assessment/maturity tool that can be used by partnerships to assess their strengths and support future development and investment. This tool would be used by partners to help assess, spread and scale approaches beyond the programme.
- Recommendations on what a good system level volunteering data set could look like and how it might be gathered.
- An assessment of the impact of the learning and development offer.

Accessibility of reports is expected to be considered at design and each stage of development.

4. SUBMISSION DETAILS

4.1. Commissioning Timeline

- **Deadline for Submissions**: Friday 30th August, 17:00
- **Interviews Dates (Expected)**: w/c 16th September.
- **Appointment Date**: 1st October 2024

4.2. Budget

£500,000 inc. VAT over three years

4.3. Submissions

Please submit your bid to volunteeringforhealth@cwplus.org.uk

Submissions after this deadline will not be considered.

Prospective applicants can submit questions/requests for clarification/further information, to volunteeringforhealth@cwplus.org.uk

Written responses must be in Arial font size 11 and must not exceed 10 pages. Alternatively, a 10 slide PowerPoint deck will also be suitable. Please cover the following points in your submission:

Understanding of Requirements

- Your understanding of the requirements as outlined.

Experience and Expertise

- Please outline your relevant experience, skills and knowledge. Please focus on your experience and expertise in relation to:
    - Evaluation of complex multi-year programmes, centred on systems change
    - A breadth of qualitative and quantitative methodologies to respond flexibly and adapt as the programme develops
    - People and facilitation skills alongside qualitative rigour, to support a culture of group working, open-ness and continual formative learning
    - Understanding of the health and care landscape, made up of cross sector organisations that support the NHS to deliver effectively

- Understanding of volunteering infrastructure at a local, regional and national level
- Use of cost benefit analysis methodologies
- Creative and critical thinking, and an ability to respond to new and emerging themes in real time.

- Please provide details of team members involved in the project, their relevant qualifications, experience, and expertise. **Please note**: All team members who will have direct contact with volunteers, patients or other groups considered to be at risk of harm, must have an up-to-date Enhanced DBS check, as well as relevant safeguarding training.
- Where possible, we would like to see examples of the evaluation outputs referenced in this section as your experience, which will be reflected in our scoring of this element. These should be supplied as links or annexes to the proposal.

Approach and Methodology

- Please outline the approach and methodology you would expect to use, taking into account any observations made around how the evaluation should be delivered in this ITT. Specifically, please include:

  - An overview of the approach and methodology, and the rationale for this.
  - What the output(s) may look like from the evaluation, and the rationale for this.
  - What you would recommend (and why) in terms of consultation, debrief and dissemination.
  - How you propose to align with the timeline included in the previous section, and further detail on your activity across the timeline of the project. **Please include a detailed Gantt chart of project activity.**
  - Any potential risks that you foresee and how you will mitigate those risks through your approach.
  - Explanation of how your approach is informed by learning from previous experience

Capacity

- Please demonstrate that you have sufficient capacity over the course of the project to undertake this evaluation, including specific roles and responsibilities and workload distribution.
- Please indicate what flexibility you can offer in relation to potential peaks and troughs of programme demands, and how you will take account of potential staff turnover.

Research Ethics, Safeguarding and Governance

- Please provide your organisation's policy on research ethics, safeguarding and governance. This should specifically include your approach to working with and safeguarding people with vulnerabilities.
- Please explain, if working in a partnership or consortium, how this will be governed, including a lead who will take full responsibility for delivery.

Budget and Value for Money

- A full indicative budget breakdown in a similar format to the image below. Expenses should include costs for travel, accommodation and subsistence. **If the project requires incentives for participants, please detail this on a separate line.** Please describe how your organisation offers good value for money and what added value you can provide.

Day Rate	£850.00	£750.00	£650.00	
Activity	Name	Name	Name	**Total**
A	1	1	0	2
B	2	0	1	3
C	0	3	3	6
D	4	4	4	12
E	2	1	2	5
F	1	1	1	3
Days	10	10	11	31
Cost	£8,500.00	£7,500.00	£7,150.00	£23,150.00
			Expenses	£500
			Total Cost (exc. VAT)	£23,650.00
			VAT	£4,730.00
			Total Cost (inc. VAT)	£28,380.00

4.3.1. Scoring Criteria

Scoring Criteria

All proposals received will be assessed according to the following weighted scoring criteria:

- Understanding of Requirements (10%)
- Experience and Expertise (25%)
- Approach and Methodology (20%)
- Capacity (15%)
- Research Ethics, Safeguarding, and Governance (10%)
- Budget and Value for Money (20%)

Annex 1: Selected Glossary of Terms

Health and care volunteering

Volunteering for Health uses the definition of 'health and care volunteers' agreed by the NHS Volunteering Taskforce:

'*Health and care volunteers form an essential part of the community of support that ensures the best experience for people in need of health or social care support. They provide their time and talents, freely and unpaid, for people beyond their close family.*

'Health and care volunteers are organised by the NHS, public and voluntary sector partners, and community groups to deliver individual or collective actions. They have clearly defined roles that often include some degree of selection, training and supervision and are deployed where their role and contribution are valued and respected.'

Integrated Care Board (ICBs)

NHS England established forty-two statutory integrated care boards (ICBs) following the Health and Care Act 2022. Each ICB is a statutory NHS organisation. In collaboration with NHS trusts/foundation trusts and other partners within their health system, ICBs are responsible for developing a plan for meeting their population health needs, managing the NHS budget and arranging for the provision of health services in their defined area.

Integrated Care Systems (ICSs or "local systems")

ICSs are partnerships of NHS bodies and local authorities, working with other relevant local organisations, which come together to plan and deliver joined-up health and care services to improve the lives of people in their area. See: https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/integrated-care-systems-health-and-care-act

Integrated Care Partnerships (ICPs)

ICPs operate as statutory committees, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care. ICPs include representatives from the ICB, the local authorities within their area and other partners such as NHS providers, public health, social care, housing services, and voluntary, community and social enterprise (VCSE) organisations.

NHS Volunteering Taskforce

The NHS Volunteering Taskforce was set up in January 2022 to stimulate transformational change in volunteering and strengthen links between volunteer programmes in and outside the NHS in England. Recommendations were published in June 2023: https://www.england.nhs.uk/long-read/nhs-volunteering-taskforce-report-and-recommendations/

Place

In relation to integrated care systems, this refers to a town or district within an integrated care system, often (but not always) within the same boundaries of a council or borough, typically covering a population of 250–500,000 people. It is at this level that most changes to clinical services will be designed and delivered, and where population health management will be used to target interventions to particular groups.

Volunteering infrastructure

Volunteering infrastructure is defined, for this programme, as the structures and capacity needed to maximise the potential of volunteering in different settings (e.g. NHS Trusts, systems, community etc):

'An enabling environment, operational structures, and implementation capacities to promote volunteerism, mobilise volunteers and support them in their work. The enabling environment includes the body of policies and laws that protect volunteers and provide incentives for volunteer action. Operational structures include schemes through which volunteers are mobilised, deployed, and supported. Implementation capacities include functional and technical resources of volunteer organisations to adapt to changing circumstances, function at high standards of efficiency and achieve results.' – Global Trends in Volunteering Infrastructure (2018).

Through this programme we will increase understanding of the conditions we need to maximise the impact of volunteering on health and care experience and outcomes and what excellent volunteering infrastructure looks like. As a starting point we identify three key elements:

- **Enabling environment**: cross-sector approaches to volunteering such as shared commitment, agreed prioritisation, seeing volunteers, and volunteering as integral to delivering on health and care priorities and developing the conditions for volunteers to play their role and flourish.
- **Recruitment and induction:** clear processes to support the recruitment and onboarding of volunteers, such as ID checks and adequate training for volunteers (including key modules in safeguarding, health, and safety)
- **Implementation:** ongoing volunteer support for roles, expenses policies, volunteer recognition and monitoring of impact and outcomes.

Annex 2: Volunteering for Health Theory of Change