European Union
European Regional Development Fund

Invitation to Tender

Bidder Instructions and Specification For

The Provision of Summative Assessment of the

ERDF Research and Innovation Health Accelerator Programme

On behalf of

Health Innovation Manchester
(Academic Health Science Network for Greater Manchester)

(AS COMMISSIONER)

Issue date: 12/07/2022

Closing Date: 05/08/2022 by 17:00

NORTHERN POWERHOUSE

Health Innovation Manchester

The purpose of this Invitation to Tender (ITT) is to provide Bidders with sufficient information to enable them to compile a Bid that meets the requirements for the Provision of a final evaluation leading to the Summative Assessment of the (European Union Development Fund) ERDF funded Research and Innovation Health Accelerator Programme.

Procurement Process and Timescales

The below table provides a summary of the main procurement activities and the current timetable. Bidders should note that whilst the Contracting Authority does not intend to depart from the timetable provided, it reserves the right to do so at any time.

Table 1: Timeline for Submission

ITT issued	12th July 2022
Submission of Bidder clarification questions by	Noon on 22nd July 2022
Responses to clarification questions circulated by	29th July 2022
Submission of Bids by	5pm on 5th August 2022
Evaluation of bids	8th Aug- 19th August 2022
All Bidders informed of outcome	w/c 22nd August 2022
Indicative contract signing date	w/c 22nd August 2022
Service Commencement Date	5th September 2022

Responses must be submitted by 5pm on Friday 5th August 2022. Late bids may not be accepted and it is entirely the responsibility of Bidders to ensure that bids are received on time in the format requested.

In order to ensure equality of treatment of Bidders, anonymised details of all Bidder Clarification Questions and the Contracting Authority's clarification responses will be published to all Bidders on the Health Innovation Manchester website .

All Bidder Clarification Questions must be made solely via email: IN@healthinnovationmanchester.com. No other route to submit Clarification Questions is to be used and will not be responded to. Bidders are advised to ensure that such clarifications are made well in advance of the deadline for clarifications to ensure a response. The Contracting Authority will not be bound to respond to Bidder Clarification Questions after this deadline but does reserve the right to do so.

In order to ensure equality of treatment of Bidders, anonymised details of all Bidder Clarification Questions and the Contracting Authority's clarification responses will be made available on the Health Innovation Manchester website.

European Union
European Regional Development Fund

The ERDF Research and Innovation Health Accelerator Programme

The R&I (Research and Innovation) Health Accelerator project works with Greater Manchester (GM) SMEs to accelerate the development and improve commercialisation of innovative health & care products and services within the life sciences sector. Building on in-depth knowledge and experience of health innovation, underpinned by world-class research, the programme engages SMEs across the spectrum from early to late stage product/service development (TRL 3-9) to address barriers to adoption and establish lasting collaborations with the research base with a focus on TRL 5-9.

The project is led by Manchester University NHS Foundation Trust (MFT) which hosts Health Innovation Manchester (HInM), with The University of Manchester (UoM), Manchester City Council, Bionow and UM Innovation Factory as delivery partners as well as working closely with the other three GM HEIs – Manchester Metropolitan University (MMU), University of Salford (UoS) and University of Bolton (UoB).

The health & care market is complex and highly regulated, creating significant challenges for SMEs in bringing new products and services to market. The process can be lengthy (historically 10-17 years for drugs and medical devices) and expensive. It is also R&D-intensive at all stages: from product/service development through to generating the evidence needed to meet regulatory requirements and demonstrate real-world value. Often, the pathway is poorly understood by SMEs, and they lack the multidisciplinary R&D skills necessary to address all the steps on the journey to successful commercialisation.

As GM's Academic Health Science and Innovation System, HInM and its partners, provide researchers, clinicians, and industry with a simplified pathway for translating innovative healthcare products and service ideas into practice, supporting commercialisation and providing enhanced assurance of widespread adoption in the sector.

Building on this, the project is extending, significantly, the support that can be offered to GM SMEs, assembling a multidisciplinary team with capacity, specialist insight and proven expertise in health & care need, health innovation practice, health economics, business models, and the health & care market. Coupling this with ground-breaking R&D expertise and access to pilot implementation sites, SMEs will receive comprehensive support to progress innovative health & care products and services towards adoption and commercialisation, establishing in the process fruitful long-term relationships with University and NHS researchers.

The project is engaging with SMEs across a range of health & care products and services, but with a particular focus on AI & digital technologies, medical devices, biosensors, genomics & precision medicine, diagnostics, biopharmaceuticals, and applications of advanced materials.

The project's activities started on October 2020 and will run until June 2023 . The practical completion date will be six months after the end of activity date.

NORTHERN POWERHOUSE

Health Innovation Manchester

Section A

Specific Activities

Appendix 1 provides an overview of the SME journeys that will be supported by the project.

Appendix 2 provides the Logic Model for the project

Appendix 3 Blank Application Form

Following recruitment and conditional entry into the programme, overseen by a multidisciplinary Management Committee, SMEs will be able to access two levels of support, both with a menu of support activities that can be mixed and matched to meet their specific needs.

At Level 1, SMEs at TRL 3-9 will have access to 12 hours of advice and support to help progress their products and services towards adoption in the health and care system and explore the potential for deeper engagement. At Level 2, SMEs with potential to introduce products to market or new products/processes to the SME will be provided with opportunities for in-depth collaboration with researchers and other stakeholders in the health and care system to further accelerate progress towards commercialisation .

Activities will give SMEs the opportunity to collaborate with world leading research facilities to bring products forward and address the gaps that have been highlighted in the Industrial strategy and the Greater Manchester Independent Prosperity Review in Global Competitiveness and Innovation (March 2019

SME Recruitment and Qualification

HInM, UoM, and BioNow will work closely to identify and recruit GM SMEs to the project, building on an existing list of over 300 qualifying companies in the health innovation sector, drawing on the extensive experience of the partners, and using a range of existing communication channels. Partners of this project have considerable unrivalled and complementary expertise in the sector built over more than 20 years, coupled with a very strong network and excellent track record or collaborating with industry, including SMEs.

These will be augmented with proactive approaches delivered using ERDF resource, including project-specific marketing materials, web presence, showcase/recruitment events and one-to-one SME engagement. We will aim specifically to widen the scope of participation beyond SMEs already operating in the health and care space, targeting particularly digital SMEs looking to apply their technologies in the sector.

As part of the SME registration process, alongside basic information required to establish eligibility for ERDF support, we will explore companies' needs and areas of interest, as a basis for establishing fit to the package of support offered by the project. This may result in referral to other forms of support. For SMEs likely to benefit from support from the project, following an eligibility check, we will agree an individual action plan for Level 1 support.

Level 1: Support Zone

At level 1, SMEs will receive 12 hours of support, drawn from the menu of activities set out below, with a view to helping to progress their products and services towards adoption and commercialisation in the health and care system, whilst exploring the potential for progression to Level 2.

- Navigating the Health & Care System. The project team will support SMEs in understanding the complexities of the health and care system, and the key steps involved in achieving adoption and commercialisation at scale, bringing together expertise in health innovation, technology, and clinical practice.
- Developing Value Propositions. The project team will work with SMEs to develop clear healthcare-relevant value propositions for their products or services, bringing together expertise in health economics, business modelling, and clinical practice.
- Matching Innovations to Healthcare Needs. The project team will work with SMEs to understand their areas of expertise, products and/or services, exploring opportunities to match their capabilities with significant unmet health and care needs.
- Ethics & Regulatory Advice. The project team will work with SMEs to analyse their need to seek ethics approval and/or meet regulatory requirements, providing practical support and signposting sources of specialist advice on the journey to commercialisation.
- Signposting HEI Collaboration Opportunities. UoM will develop a publicly accessible catalogue of over 200 health innovation projects, highlighting those that have reached a level of maturity where collaboration with business would help them progress along the translational pathway. HInM will replicate this across other GM HEIs - MMU, UoS and UoB.
- Access to University Expertise. SMEs will have access to University expertise across a range of technical, clinical, social and organisational disciplines, with a view to informing progress towards commercialisation and adoption and identifying opportunities for further collaboration .
- Brokering, Networking and Events. The team will broker SME partnerships with clinicians, care providers and researchers to support progress towards adoption and commercialisation. We will also organise events to share knowledge and advice and provide networking opportunities.
- Collaboration Workshops . We will offer themed collaboration workshops that bring together SMEs, UoM researchers, the broader health innovation community, and other stakeholders (e.g., NHS, Social Care) to share knowledge, explore synergies , and co-develop proposals for collaborative R&D projects that address key commercialisation challenges.
- Co-designing a bespoke support package. The project team will work with SMEs interested in deepening their engagement to develop a bespoke support package, drawing from the menu of options available at Level 2.

Level 2: Collaboration Zone

At level 2, SMEs will have the opportunity to increase their level of engagement, developing formal collaborations with the project partners and other stakeholders. This will be underpinned by a Memorandum of Understanding (MoU) between each participating SME and one or more of the research partners, committing the parties to:

- an explicit set of shared R&I objectives
- an agreed joint action plan

- an intention to review and renew the collaboration on a regular basis

Each SME will have a bespoke support package, drawn from the menu of activities set out below. Activities in this zone will be catalysed by the availability of innovation vouchers and UoM research resource (see Innovation Catalyst section below). It is our intention to build a community of practice with Level 2 participants at its core, and for the collaborations and community to persist beyond the end of the project.

- Co-developing R& D Proposals. The project team will support SME-researcher teams to work up R&D proposals co-developed in Level 1 collaboration workshops to a point where they can be pitched to a Dragon's Den for access to UoM research resource. To be eligible, projects will need to be SME-led, and designed to accelerate commercialisation of health & care products or services. The support will focus on developing robust value propositions and achievable project plans.
- Collaborative R&D Project. SME-led collaborative R&D projects supported by a substantial commitment of ERDF-funded UoM research staff (typically 4-5 months of post-doctoral research assistant (PDRA) time). Access will be via a competitive 'Dragons' Den' process, with a multidisciplinary/multisector panel of 'Dragons'. Selection will be based on: potential impact on commercialisation of a product or service, achievability, and appropriateness of the project team. These projects will be able to draw on expertise across a broad range of disciplines including: clinical medicine, data science and AI, medical devices, biosensors, genomics & precision medicine, diagnostics, biopharmaceuticals, advanced materials, health economics, study design, and applied health research. ccess to University Facilities. Where it would add value, SMEs will be given access to UoM research facilities. This might be in the context of a supported R&D project, but might also be agreed on a stand-alone basis. Where appropriate, SME staff will also be offered honorary UoM contracts, providing access to the world-class University Library.
- Supporting Study Design & Costing. The project team will provide support for SMEs in designing and costing experimental studies (including real world validation studies - see below) to ensure they deliver robust evidence.
- Supporting Real-World Validation . Obtaining evidence of real-world value is often a critical step in progressing towards adoption and commercialisation. The project team will work with SMEs to identify evidence needed to inform decision making from investors and healthcare commissioners, design and help to deliver appropriate studies, and facilitate access to relevant clinical and care provider evaluation partners.
- Health Economic Analysis. SMEs will be offered bespoke health economics analysis as a key input to developing robust value propositions, together with advice on cost-benefit analysis, and commercialisation plans. The health economists will also develop and test self-evaluation materials that will be made available to participating SMEs, allowing them to embed health economic thinking in their product/service development pipeline.
- Facilitating Patient & Public Engagement. Public and patient involvement and engagement (PPIE) in product and service development are recognised as key to developing acceptable and effective health & care innovations, and are thus critical to successful commercialisation. The project team

will offer SMEs expertise and support to carry out PPIE studies, and will facilitate access to relevant patient groups.

- Ethics & Regulatory Support. The project team will provide SMEs with support in seeking ethics approval for studies and other activities involving patients. They will also support SMEs in preparing applications for regulatory approval, ensuring that evidence and data gathered in studies is suitable for supporting regulatory submissions.
- Brokering Partnerships. The project team will broker a range of partnerships for SMEs with clinicians, health & care providers, academic researchers and other companies to help build the multidisciplinary teams typically required to progress innovative products and services towards commercialisation in the health & care sector.
- Bespoke Events. Alongside a structured programme of events, we will organise bespoke events to meet the specific needs linked to the commercialisation of individual products/services from SMEs or groups of SMEs, for example to bring communities together and provide engagement opportunities.
- Networking & Peer-Peer Support. An effective and supportive ecosystem is a critical factor in stimulating business growth and ensuring successful commercialisation of products and services. To support community-building, participating SMEs will receive a regular e-newsletter, with targeted information on new collaboration and funding opportunities, and will be invited to regular networking events (typically evening/breakfast) at which new opportunities will be showcased, participants' needs will be explored, and ample opportunity will be provided for peer-peer support. This will allow SMEs to share learning, helping them to overcome the challenges they will face in commercialising their products and services in the health and care market. This addresses directly one of the indicative actions in the call.

Innovation Catalysts

Progress at Level 2 will be catalysed by two types of intervention designed to accelerate progress: innovation vouchers and dedicated access to UoM R&D capacity. Both schemes will be competitive, but SMEs will be supported to develop proposals to access them.

Innovation Vouchers. Innovation vouchers will be offered to SMEs to fund access to support from organisations not directly involved in delivery of the project. Small Innovation Vouchers (24 @ £2,499) will be offered to SMEs to fund access to specialist expertise from organisations and individuals able to provide market insights, contract research services, clinical and applied health research advice, expertise in NICE processes etc, where this would support progress towards adoption and commercialisation - including the design of follow-on collaborative projects. Follow-on vouchers (5 @ £20,000) will support more substantial developments, wholly or partially funding collaborative projects to progress towards key adoption and commercialisation milestones.

Particularly important will be real-world validation trials conducted in collaboration with GM NHS organisations and HEIs, where ERDF funds could be used to cover costs including establishing ethical governance, monitoring, researcher time, and clinician time which are critical costs SMEs may have to absorb to kickstart a collaboration for commercialisation. These vouchers may also be used to access local HEI facilities such as the Simulation Lab at UoS, 3D printing facilities at MMU, and similar facilities

at UoB. Details of the funding flow for the voucher scheme can be found in the 'Supporting Documents' folder, in document 'Voucher Funds Flow and Detail'.

Access to R&D Capacity. ERDF funding will be used to support UoM researchers to work directly with SMEs on substantial co-developed R&D projects. Projects selected through the 'Dragons' Den' process (see above), will typically be given dedicated access to 4-5 months of UoM PDRA time, with associated academic supervision, consumables and access to facilities. The aim is to deliver collaborative R&D that addresses a problem or opportunity facing the SME in commercialising products or services , bringing to bear multidisciplinary expertise

from within the University. This engagement will contribute directly to commercialisation and bringing new products and services to market in several different ways.

1. SME engagement with UoM researchers will strengthen their involvement in R&D, underpinning the development and commercialisation of new products and services through establishing long-term R&D collaborations with the University.

2. The Cooksey Report (2006) identified a critical gap in the health innovation translational pathway (mapping roughly onto TRLs 3-5), which leads to significant market failure. Bridging this gap involves combining business insight and capacity with deep knowledge from the research base, often from a range of disciplines (difficult for SMEs to cover internally) and represents a critical step towards commercialisation. Collaborative R&D Projects will help to bridge this gap. In some cases (e.g. digital health) such collaborations will result in products brought to market within the lifetime of the project; in others it will result in substantial progress towards commercialisation; in most cases it will establish long-term SME-University relationships.

3. University researchers will help to design and conduct studies that, although they do not contribute directly to the development of products or services (which may already be at a high TRL), will provide evidence that proves crucial to their commercialisation. Examples include: health economic modelling (providing evidence of cost-benefit), patient involvement (providing evidence of usability/acceptability), and real-world validation studies involving applied health researchers (providing evidence of real-world benefit).

Project Delivery Partners and Governance Structures

Manchester University NHS Foundation Trust (MFT) hosts HInM and is the legal entity and accountable body for the project. Within this structure, HInM will ensure project performance and compliance with ERDF regulations, supported by UoM, its wholly owned limited company UMIF , MCC and Bionow as delivery partners.

Some HInM staff are also employed by UoM. Although hosted by MFT, HInM retains full financial control and operational control of its own business. We also benefit from the experience and expertise from MCC in delivering other European and government funds and we utilise this experience and their appropriate standards to ensure excellence in administration of the project. MCC have allocated a project administration team that provides direct administration and compliance support to the project.

The project governance structure includes:

1. A Project Strategic Steering Group: Comprising senior representatives from all partners (including HInM, MCC, UoM, The University of Manchester Innovation Factory and Bionow). This group meets on a regular basis to assist HInM in managing overall project performance, including dealing with strategic and some key operational issues. Any issues requiring escalation are overseen by this group. It also provides

guidance on the overall policy and direction of the project, ensuring achievement of the project's aims and objectives. These meetings are chaired by HInM with deputy chairs from UoM.

2. A project management and delivery group: comprises by the project delivery team and meets monthly to ensure that the project delivery is running smoothly on a day to day basis. It reviews developments and any concerns as they arise, enabling swift resolution of any problems. It provides progress updates and escalate concerns to the project steering group. This group is chaired by HInM
3. SME Management committee. A committee formed by representatives from HInM, Bionow and UoM which meet on a weekly basis to review progress, assess SME registrations, make decisions on acceptance for project support or, where appropriate, refer SMEs to other programmes.

Requirements

The Research and Innovation Health Accelerator project is part funded through Priority Axis 1 (investment of the European Regional Development Fund (ERDF). An ERDF grant has been approved and the total project value (including match funding) is £4.2 million.

As the project is funded via ERDF, the Contracting Authority (as the accountable body for the ERDF funding) is required to produce a Summative Assessment Report at the end of the project. This report must be fully compliant with the Summative Assessment requirements published by the Department for Communities and Local Government (DHLUC). The guidance can be accessed here. The full Summative Assessment will need to be signed off and submitted to DHLUC as part of the project closure procedure.

The Contracting Authority is looking for proposals from suitably qualified Suppliers to conduct an interim evaluation and develop this ERDF Summative Assessment which will comply fully with DHLUC's requirements.

By the nature of the project, the Delivery Partners and supported SMEs are based in the Greater Manchester region. Suppliers may utilise telephone or online meetings where suitable, but if arranged, face-to-face meetings and interviews should be conducted in Greater Manchester , and that the Supplier may need to travel to these meetings.

The Supplier must assign any copyright in the overall Interim Evaluation Report and the Summative Assessment to the Contracting Authority.

The Supplier must seek the Contracting Authority's permission to publish or reproduce any of the deliverables, materials or outputs developed as part of this work, other than is necessary to carry out the Supplier's obligations under this contract.

We envisage that the research and analysis to inform the Summative Assessment will be undertaken in one phase, outlined below.

Instructions to Bidders

Introduction

These instructions are designed to ensure that all Bidders are given equal and fair consideration. Therefore, it is important that Bidders provide all of the information asked for and in the format and order specified.

Failure to provide all information required or comply with the terms of the ITT may lead to the rejection of a Bid by the Contracting Authority. All material issued in connection with this ITT shall remain the property of the Contracting Authority.

The information contained in this document is presented in good faith but does not purport to be comprehensive or to have been independently verified.

The Contracting Authority reserves the right to cancel or withdraw from the Procurement process at any stage and not to award a contract.

Bidders (or any of their subcontractors, agents or advisors) must neither disclose to, nor discuss with any other potential Bidders (whether directly or indirectly), any aspect of any response to any of the Contracting Authority's procurement documents.

Neither the Bidder, nor any of their agents, advisors or intended subcontractors shall make contact with any employee or agent of the Contracting Authority or the GREATER MANCHESTER RESEARCH AND INNOVATION HEALTH ACCELERATOR Delivery Partners who are in any way connected with this Procurement during the period of the Procurement, unless instructed otherwise.

All documentation and communication shall be in English and prices shall be in GB pounds Sterling.

Bidders must obtain for themselves, at their own responsibility and expense, all information necessary for the preparation of Bids. All Bidders, sub-contractors, and any of their respective agents or advisers shall be responsible for all costs incurred by them in connection with all stages of this procurement.

Under no circumstances will the Contracting Authority be liable for any costs or expenses incurred by a Bidder, its sub-contractors, and/or any of their respective agents or advisors arising directly or indirectly from the procurement process or termination thereof, including, without limitation, any changes or adjustments made to the procurement process or documentation, or disqualification of a Bidder.

The Contracting Authority reserves the right to seek clarification from Bidders where there appear to be errors or omissions in the information submitted. If, in the opinion of the Contracting Authority, the Bidder fails to provide an adequate response to one or more points of clarification, or fails to respond in a timely manner, the Bidder may be excluded from progressing further in the Procurement.

In accordance with the obligations and duties placed upon public authorities by the Freedom of Information Act 2000 (the 'FoIA'), Bidders should be aware that a request for disclosure of information relating to this procurement may be made by members of the public pursuant to the FoIA.

Bidders are therefore asked to clearly identify any information within their submission that they consider to be commercially sensitive. If a FoIA request is received involving this, Bidders will be asked to explain the potential implications of disclosure and justify why it should remain confidential.

The Contracting Authority shall review the Bidder's justification alongside the information submitted in commercial confidence to apply the Public Interest test as in section (2) 43 Commercial Interest and other FoIA non-absolute exemption clauses.

Bidders shall not undertake (or permit to be undertaken) at any time, whether at this stage or after execution of Contracts, any publicity activity with any section of the media in relation to the Procurement other than with the prior written agreement of the Contracting Authority.

Summative Assessment Research and Analysis

This will provide the evidence and analysis to inform the preparation of the Summative Assessment report. The Summative Assessment report will need to be submitted to DHLUC, in the required format.

It is expected that the Summative Assessment will be produced and signed off in two stages:

- Preliminary report
- Final Report

The preliminary report will ideally be produced to ensure all outputs provided by the programme are captured. The Final Report should incorporate considerations or missing information that may have not been captured in

the preliminary report and the final report would be due by 31st of December 2022. In anticipation of any summative assessment guideline changes, the project reserves the right to review these changes and the impact these will have on the assessment and the procurement. It would therefore be prudent for the bidder to include a contingency budget in the event that any changes significantly alter delivery of the summative assessment.

Time is of the essence in delivering the Full Summative Assessment within the agreed timescales to ensure that the Contracting Authority meets the terms of its project and secures the agreed ERDF funding.

The overall purpose of the Summative Assessment is to provide a comprehensive analysis of the performance and impact of the R&I Health Accelerator project. The final report should provide detailed insights into how the project has performed, reliable evidence about the efficiency and effectiveness of all work packages and an assessment of the value for money that the project has created. It should also identify which of the project's delivery activities have worked well (or less well) and the factors that explain this.

The specific objectives for the Summative Assessment are outlined in the table below.

Table 2: Summative Assessment Objectives and Research Questions

1: Critically Assess Project Rationale and Context	The final Summative Assessment report should provide a full critical analysis of the project logic model including the appropriateness of the project's design, given its objectives and the rationale for investment. The evaluators should build upon the analysis prepared during the interim evaluation phase to provide: Analysis of whether and how the project's context has changed during implementation, identifying any for the project's delivery and performance and the likely realisation of outcomes and impacts. Clear and evidenced conclusions about whether the R&I Health Accelerator project can reasonably be expected to perform well against its targets, bearing in mind any weaknesses in the original project design and any changes in context since the project began.
2: Assessment of Performance Against Contractual and Internal Targets	The final Summative Assessment report should clearly outline whether the R&I Health Accelerator project has delivered what it set out to in terms of spend and outputs. This should focus on the core ERDF indicators but also include internal project KPIs and relevant output measures. The assessment should: Project the likely final outturn in terms of all contractual ERDF targets, taking account of changes to the project budget and deliverables. Consider the contribution of each individual work package and delivery partner to the final achievements of the project. This analysis should take account of the performance of each delivery partner against internal KPIs as well as their contribution towards overall project targets. Identify the factors which explain any over or under performance against expectations, for individual delivery partners as well as the project as a whole.
3: Review Project Delivery and Management	In addition to identifying what the R&I Health Accelerator has achieved, the Summative Assessment should also explore how effectively the project was delivered. The analysis here should explore all aspects of project governance, management and delivery and consider the following in particular:

	Was the project well managed and were the right governance and management structures in place to manage the delivery partnership? Which factors influenced how effectively the governance and management structures worked in practice? Did all of the work packages perform as they were expected to and what was the impact of this on the project's overall delivery performance? Have all of the project's activities been delivered to an acceptable standard and was this standard consistent across the work packages? Was the case management / collaborative working approach successful in practice? Could this has been improved in any way? Could the quality of any aspect of project delivery be improved in any way? Were the right procedures and approaches in place to ensure the project engaged with the right beneficiaries and stakeholders? Did the project identify, engage with and provide assistance to the right number and type of beneficiaries to achieve its objectives? How is the project and its activities perceived by stakeholders and beneficiaries? What are their perceptions about the quality of activities and delivery?
4: Identify Project Outcomes and Impacts	The Summative Assessment needs to draw clear and well evidenced conclusions about whether or not the project has made a difference to the challenges / problems it set out to address and how it has contributed to the results being sought by Priority Axis 1a of the ERDF programme. The assessment should identify and where possible quantify the attributable outcomes and impacts of the R&I Health Accelerator project for all direct and indirect beneficiaries. The specific research questions here include: What are the main mechanisms by which project activities create outcomes and impacts for direct and indirect beneficiaries? What progress has the project made towards achieving the outcomes and impacts (for all beneficiary groups) set out in the impact indicator framework? What further progress can be expected in the future? To what extent are the changes in these outcome and impact measures attributable to the project's activities? What are the gross and net additional economic, social and environmental benefits which have arisen as a result of the project? Who are the main beneficiaries / recipients of these impacts? And to what extent do these benefits contribute to achieving ERDF result indicators? What contribution have individual work packages made to the achievement of these outcomes and impacts? What will the lasting / legacy effects of the project be?

	How do the impacts of each work package combine to create the overall project impact? What are the main sources of Strategic Added Value that the project has created?
5: Value for Money	Drawing on the impact analysis, the Summative Assessment should provide an analysis of value for money. This should encompass all relevant impact measures which have been quantitatively assessed by the evaluation. As a minimum, this should include the outcomes and impact types which are most relevant to the ERDF programme. Depending on the impact assessment approach agreed during the interim evaluation, this might also include consideration of benefits for wider groups including (i) patients (ii) city region residents. The Assessment should seek to identify other projects with similar aims and objectives against which to benchmark the performance of the R&I Health Accelerator project, accepting that there will inevitably be difficulties in directly comparing between projects.

The Summative Assessment report must follow the standard format, prescribed by DHLUC in the Summative Assessment guidance. The concluding section of the report should provide a well-evidenced set of conclusions and lessons for the future. These lessons should be specifically tailored for the various audiences for the Summative Assessment. That is, separate lessons should be provided for:

Partners involved in the delivery of the project

Those designing or implementing interventions with similar objectives in the future

Policy makers, including DHLUC

Bidders should carefully consider the requirements set out above and propose a suitable methodology to deliver the insight required. We encourage Bidders carefully review the Summative Assessment guidance, taking particular note of the requirement to consider the feasibility and desirability of counterfactual impact evaluation methods as part of this piece of work.

Please note, the maximum budget for the Summative Assessment is **£22,000 including VAT** and all expenses. Any bids over this amount may be disqualified.

The Supplier is being commissioned to provide the specified services and deliverables on a Fixed Fee basis by certain deadlines. As such, Bidders are responsible for working within the overall Bid Price and project timescales and managing any risks that may cause these to overrun.

For the avoidance of doubt, the Contracting Authority shall not be liable for any additional costs or expenses beyond those included in the Bid Price.

Note that bids will be evaluated using a Value For Money (VFM) calculation involving both the total Bid Price and the corresponding quality score total from Section C. See below for further explanation.

European Union
European Regional Development Fund

Section C

Value of the contract: **£22,000**

Contract start date: **September 2022** Contract end date: **30th December 2022**

Closing date for applications: **5pm on Friday 5th August 2022**

Scoring of each question shall be on the basis of the following table and each of the first 7 (qualitative) questions shall be equally weighted with a score of 10% each.

Link to Blank Application Form

Confidence Score	Percentage awarded	Commentary
Excellent Confidence	100	The bidder has addressed the question in its entirety. Their response has been tailored specifically to the question and includes significant additional information.
Very Good Confidence	80	The bidder has addressed the question in its entirety. Their response has been tailored specifically to the question and includes some additional information.
Good Confidence	60	The bidder has provided a response which demonstrates that they meet the criteria and have suitably addressed the question.
Minor Concerns	40	The bidder has provided a response covering most aspects of the question, however minor gaps in the response are evident.
Concerns	20	The bidder has provided a response covering some aspects of the question but fails to demonstrate they meet the criteria.
Major Concerns	0	The bidder has failed to respond or provided a response covering minimal aspects of the question.

The last two (financial) questions shall be scored 25% for question 8 and 5% for question 9.

Question 8 will be scored by weighted differential with the terms offered being used to arrive at an assumed weekly cost based on 5 days' work including add-ons related to travel and accommodation. The lowest value offer will score full 25% with higher value offers being scored a lower % based on the % higher their proposal is (i.e. a bid that is 10% higher will score only 15%, whereas one that is 25% higher will score 0%).

Question 9 will be scored based on 5% awarded for the strength of discounts and VBL proposals.

Link to Blank Application Form

If you have any queries please contact:

ERDF Commercial Programme Manager
Health Innovation Manchester
IN@healthinnovationmanchester.com

NORTHERN POWERHOUSE HM Government

Health Innovation Manchester