# Invitation to tender: evaluation partner

## Impact on Urban Health and NHS South East London Equity Partnership Portfolio: Re-building Trust, shifting power, & reducing health inequalities

Impact on Urban Health and NHS South East London (NHS SEL) have partnered to improve health outcomes and experiences for Black communities across maternal and mental health services in south east London (Lambeth, Southwark, Lewisham, Greenwich, Bexley and Bromley); two areas where health inequalities and inequities are well-documented. At the heart of this partnership is a new way of working to build trust in the health service.

We are seeking an accomplished evaluation partner with experience and expertise in researching and evaluating health outcomes, access and experiences on a population and system level to support the sustainability of new models of care, aimed at addressing health inequalities across maternal and mental health services. You will join a multi-partnership approach working alongside Black-led and community organisations, and the healthcare system to shape service improvements across these health services.

We will take a collaborative approach to developing the final evaluation proposal, but we would expect you to have skills and competencies in different evaluation approaches and methodologies, as well as knowledge and understanding of working with marginalised communities and anti-racist approaches.

## The key areas of focus:

- Understand the effectiveness of new models of care in improving healthcare access, experience and outcomes for patients, Black communities and the wider system across Maternal and Mental health services.
- Investigate the success of the partnership's approach to rebuilding trust in the health system with Black communities and improving patient experiences.
- Identify barriers and opportunities to creating long-term systems change and embedding sustainable models of care.

## Details of the opportunity:

**Maximum budget available:** £250,000 inc. VAT

**Contract Length:** March 2026 – September 2029

# What we want to learn and why

Working across the Black Maternal and Mental Health programmes, the evaluation partner will support the partnership to evidence the success of the co-creation of new models of care at achieving healthcare improvements and improving patient experiences, and rebuilding trust in the healthcare system. In addition to this, the evaluation will be used to support the recommissioning of projects across the system.

We have identified the following key learning questions:

| Learning questions |
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| What impact have the interventions had on healthcare access, experiences and outcomes for Black communities' in south east London in maternal and mental health? |
| How effective has this work been at building trust in the healthcare system? |
| How effective was the co-creation approach at meaningfully including Black participants' voices and ideas in this work? |
| What are the opportunities and barriers for scaling this work? |

# Project background and aims

An urgent need for action has been recognised nationally to address health inequalities and improve outcomes within Maternal and Mental Health services, with a particular focus on Black Communities. The 'Re-building Trust, Shifting Power, Reducing Health Inequalities' programme was developed in direct response to well-documented evidence about Black women and birthing people who often experience worse Maternal outcomes and unacceptable disparities[1][2][3][4] and that Black people across Mental health services face greater barriers to access[5], and unacceptable treatment and often traumatic experiences[6].

We understand that Black people are not a monolith and recognise the impact of factors such as age, economic status, gender identity, and sexual orientation on health outcomes. Collaboration, engagement and co-creation are at the centre of our partnership, using lived experience insight to drive forwards meaningful change. We achieve this by connecting communities' groups and organisations to lead the redesign of health care access and provision, supporting community groups and organisations to develop collective action and enhance participation in ways that centre healing and sustainable change.

Our aim is to identify and fund scalable solutions that demonstrate that more inclusive and equitable service improvement is possible, and in fact essential for addressing racial inequities and inequalities in health.

## Partnership principles:

[1] Black Maternity Experiences Report 2025 — FIVEXMORE
[2] Inquiry into racial injustice in maternity care - Birthrights
[3] MBRRACE-UK, 2025; Vousden et al, 2024; Southwark Maternity Commission, 2024
[4] Births in England and Wales - Office for National Statistics
[5] How do we understand the underrepresentation of Black children and families accessing Child and Adolescent Mental Health Services (CAMHS)? A mixed methods qualitative research with professionals and service users - Research Repository
[6] The relationship between ethnic background and the use of restrictive practices to manage incidents of violence or aggression in psychiatric inpatient settings - Payne-Gill - 2021 - International Journal of Mental Health Nursing - Wiley Online Library

The partnership aims to reduce health inequities and inequalities for Black communities and improve outcomes and experiences by developing co-produced sustained systemic solutions. To support this approach the evaluation partner will need to adhere to the core principles which are:

- **Rebuilding trust with communities:** sharing power with communities and creating more responsive services that meet their needs. Through collaboration, inclusivity, and service improvement, we intend for sustained trust leading to stronger relationships and better health outcomes for underserved groups.
- **Developing innovative new models of care:** the main output of the programmes will be localised co-created care models and service initiatives that reduce health inequities and inequalities across maternal and mental healthcare.
- **Build communities:** funded models of care will strengthen community capacity and infrastructure by fostering community-led initiatives, enhancing bonds and creating innovative approaches to community organisation.
- **Share power sustainably:** projects will share power with communities to deliver work effectively, while ensuring NHS accountability and responsible use of public funds, developing a co-creation approach that empowers communities within public service constraints.
- **Focus on sustainability and systems change:** to achieve ongoing systematic change by building on existing work, scaling interventions, addressing root causes, prioritizing prevention, and considering wider health determinants. To support this principle, funding of new models of care will be provided for at least three years.

## Work to date

Our work to date has focused on the set-up of the Partnership's governance and launch of the Black Maternal Health programme. The Black Mental Health programme is scheduled to launch its design phase in Q4 of 2025/26.

- **Scoping Phase**: Community-led research highlighted the disparities experienced by Black people when accessing maternal and mental health care and we committed to delivering programmes across Black Maternal and Mental Health. In 2024 we worked with delivery partners to develop prototype delivery and governance models and identify how the programmes will be effectively docked into the healthcare system across SEL. A learning partner was appointed to embed equity, co-production, and continuous learning across the partnership.
- **Planning Phase**: In early 2025, the partnership recruited a Project Lead to embed the work. e created an equity-driven governance framework amplifying community voices and launched a Black Maternal Health Expert Reference Group (ERG) of VCSE leaders, lived-experience experts, clinicians, commissioners, and academics to guide strategy and share decision-making power.
- **Design Phase**: The design phase started with a solutions-focused workshop over eighty people including Black mothers and birthing people, VCSE leaders, NHS clinicians and commissioners, policy makers and academics, to centre Black women and birthing people's experiences in the perinatal care system, surface systemic harms, and co-create solutions that advance racial justice in maternal health. The workshop generated fifteen solutions accross different phases of the maternity and neonatal patient journey which were then assessed, scored and prioritised by an Expert

Reference Group made up of community members, advocates and professionals with lives and practice-based expertise.

— **Implementation Phase**: The maternal health funding call worth (up to £1.5mil) was launched on Monday 17th November, where we are now inviting expressions of interest.

## Tasks and deliverables

We will take a collaborative approach to developing this evaluation partnership, and whilst we have outlined the key areas of work (high-level deliverables), we expect the evaluation partner to utilise their expertise to shape a learning and evaluation framework that will strengthen learning, informed by gathering evidence and insights to the work. A key aspect of the evaluation design will be to understand which health outcomes we should reasonably expect to be able to see change within the period of this programme, and a clear approach for measuring these.

At the outset, the evaluation partner will become acquainted with the portfolio strategy, theory of change, partnerships and work to date. Development of our Partnership's theory of change will be led in early 2026 by our Learning Partner, adopting a co-production approach and centring community voices. In addition to the learning and evaluation framework, you will be required to submit early evaluation plans outlining scope, design, key evaluation approaches, processes and high-level timelines (to be reviewed each year).

| Kick-Off and Governance | | |
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| **Deliverable** | **Partnership Requirements** | **Process Review Expectations** |
| **Meet the partnership team, and key stakeholders** | Meet with colleagues from the Impact on Urban Health and NHS SEL partnership to understand objectives, opportunities, and concerns. | Ongoing |
| **Literature review** | Conduct a review of existing literature relevant to the project and share repository of resources for the programme. | N/A |
| **Theory of Change** | Support the review and revision of the Theory of Change map which will be developed by the learning partner. | Annually |
| **Evaluation implementation plan development** | A comprehensive outline of methodology, key approaches including data collection tools, analysis and key touchpoints to ensure information dissemination and the socialising of insights. | Annually |

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| **Learning and evaluation framework** | A learning framework outlining specific impact metrics from the outcomes, experiences and access agreed upon. The framework will need to highlight how each of the metrics might be measured/ | Annually |
| **Programme partnership meetings** | In the first instance, and with project kick-off we would expect regular progress meetings. After the first three months this can be reviewed and reduced as appropriate. | After first 3 months |
| **Reporting** | | |
| **Quarterly interim summary reports** | Report on developments, to be used for internal audiences, and to inform ongoing strategy implementation and funding opportunities for scale and impact. | Annually |
| **Presentation and evaluation plans and framework** | Present evaluation plans and frameworks to the Programme Board and embed feedback based on discussions. | Annually |
| **Interim impact report** | To be delivered 18 months following start of delivery. A report outlining the progress and impact made at a project (grant-holders), and system level. The report will set out findings from data collection and analysis. | N/A |
| **Programme Board reporting** | Regular attendance at the Programme Board (every 2 months for the first year, and to be reviewed after 12 months) to report on evaluation progress, key findings and learning. | Annually |
| **Final report** | This should include key findings, methodology, outcomes, wider impact, recommendations, conclusions and discussion. An outline of key chapters and | N/A |

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| | content should be shared and agreed with the funding organisations before production. | |
| **Dissemination of Findings** | | |
| **Agree strategy for dissemination** | As this is a highly sensitive and complex subject area, we would expect the evaluation partner to agree a strategy for the dissemination of findings through the programmes' lifecycle. | Quarterly |
| **External channels** | Create and agree with Impact on Urban Health and NHS SEL a strategy for dissemination of findings via social channels as the partnership progresses. | Quarterly |

# Intended participants and audiences

We understand that Black people are not a monolith. Collaboration, engagement and co-creation are at the centre of our partnership. Using an iterative approach, we have embedded feedback mechanisms throughout the portfolio with key members of the communities and people with lived experience that will support the implementation processes to emerging needs and insights. With a sharp effort on improving the lives of our communities, our approach is to ensure that the positive effects reach beyond individual participants and influences wider communities and the health systems they represent.

**Participants**

- Lived experience groups
- Expert Reference Group members
- Programme Board members
- Grant-holders
- Learning partner
- Delivery Partner
- Impact on Urban Health and NHS SEL team

**Audiences**

- Communities
- Impact on Urban Health and NHS SEL team
- Expert Reference Group members
- Programme Board members
- Commissioners

— Funders

## About the partnership

Impact on Urban Health, part of Guy's & St Thomas' Foundation, works to reduce health inequalities in Lambeth and Southwark by addressing complex health issues. Their approach is guided by five principles: starting locally, prioritising race equity, valuing lived experience, fostering collaboration, and recognising the link between climate justice and health equity.

NHS South East London oversees the work of the south east London Integrated Care System (SEL-ICS) and makes decisions on allocating resources and planning services. We drive the four purposes of the system: to improve outcomes, tackle inequalities, enhance productivity and support social and economic development. We do this through partnership, underpinned by principles of engagement, participation, subsidiarity and delegation.

| **Key partners** | | |
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| **Impact on Urban Health and NHS-SEL Partnership Leadership Team** are directly responsible and accountable for the portfolio delivery and implementation. | | |
| **Learning partner: JRNY Consulting**<br><br>The learning partner plays a key role ensuring there is shared learning across the partnership and its programmes by embedding inclusive, evidence-informed, and participatory practices.<br><br>Crossover: The learning partner will work with the delivery and evaluation partners to provide contextual project insights and will create ongoing monitoring feedback loops by liaising with grant holders and communities. They will also work with the Impact on Urban Health and NHS SEL partnership to improve partnership ways of working. | **Delivery partner**<br><br>The delivery partner will strengthen the capacity of local organisations to implement and embed new models of care and strengthen overall partnership coordination.<br><br>Crossover: The delivery partner will work with the evaluation and learning partners to coordinate data collection to feed into service improvements, and to coordinate light-touch monitoring with grant holders to capture learning and continually improve implementation. | **Evaluation partner**<br><br>The evaluation partner will provide independent analysis, evaluation and monitoring to inform and strengthen evidence for the approach, outcomes, and sustainability.<br><br>Crossover: The evaluation partner will work in coordination with the learning & delivery partner to develop and share insights into the wider impact of the innovation, and into developing sustainable models of care. |

## Working Together

We want to develop an evaluation partnership that works for the benefit of communities in a sustainable way. We would like to work with skilled and collaborative people, with expertise in evaluation methodology and

approaches, and can provide continual advice and insight to the partnership. Suitable organisations will have experience in anti-racism approaches, with extensive knowledge in investigating and then demonstrating a reduction in healthcare inequalities. You will be expected to work alongside a multi-disciplinary team, and with key stakeholders across the system, therefore we will appoint someone with expertise in stakeholder engagement.

## Who we are looking for

We are looking for an evaluation partner who can meet the following criteria. We welcome applications from individual freelancers and consortia as well as organisations.

| Award criteria | Essential | Desirable |
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| **Approach and methodology** | | |
| A clear approach and appropriate methodologies to answer the learning questions. | ✓ | |
| Skills, knowledge and experience in mixed-method approaches and methods to strengthen the overall evaluation. | ✓ | |
| Able to collect, analyse, synthesise, and present both quantitative and qualitative information and learning from diverse participants and for a range of audiences. | ✓ | |
| Cultivates a non-extractive research process, with an ability to mitigate for engagement-fatigue. | ✓ | |
| **Skills and Experience** | | |
| Demonstrable experience of antiracist informed approaches to evaluation. | ✓ | |
| Experience of having worked with Black and/ minoritised communities, who have been experienced systemic racism, prejudice and discrimination. | ✓ | |
| Experience in conducting comprehensive health evaluations. | ✓ | |
| You will have skills and expertise in developing and maintaining healthy relationships and networks, with multiple stakeholders who may have competing or conflicting needs. | ✓ | |
| Experience of co-producing evaluation frameworks and metrics based on what matters to communities. | ✓ | |
| Demonstratable skills and experience in navigating complex and politically sensitive environments, successfully engaging marginalised communities along the way. | ✓ | |
| Demonstratable understanding of health inequalities. | ✓ | |

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| Experience of being able to present and report complex data in accessible way to diverse audiences, including clinicians, researchers, policy makers and commissioners, and patients, service users and communities. | ✓ | |
| **Ethics and equity** | | |
| Clear approach for ensuring a high standard of ethics and equity in design and practice. | ✓ | |

# How to apply

**Stage 1:**

To apply, please send:

1. A proposal outlining how you would approach the evaluation including how you meet the above criteria. Submissions should be no longer than 3 sides of A4 paper.
2. A short outline of 2 previous examples of similar work, including links to previous outputs such as reports, videos etc.
3. Provide CVs or biographies for you and each member of your team outlining relevant skills and experience.
4. A budget plan, maximum available £250,000 including VAT and expenses, outlining your/each team member's daily rate of pay and the number of days you/each team member will dedicate to the work.

Submissions should be shared with misha.gardner@urbanhealth.org.uk and dominic.reilly@selondonics.nhs.uk by Sunday 4 January 2026 at 00:00. Please note that we will not accept submissions later than this date.

**Stage 2 (invitation only):**

We will invite you for an interview with a panel comprised of representatives from Impact on Urban Health, NHS South East London and system and community stakeholders. This will be an online discussion that will be no longer than 60 minutes where you will have the opportunity to present your ideas (30 minutes), plus space for discussion and questions. More details of this will be provided in the invitation to interview.

| **Shortlisting criteria** | |
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| **Approach and methodology** | |
| Your ability to outline a clear and comprehensive approach and appropriate methodologies to answer the learning questions.<br><br>Your ability to collect, analyse, synthesise, and present both quantitative and qualitative information and learning from diverse participants and for a range of audiences.<br><br>Your ability to develop and outline a non-extractive process, with ability to mitigate for engagement-fatigue. | 40% |

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| Cultivates a non-extractive research process for individual organisations, with ability to mitigate engagement-fatigue. | |
| **Skills and experience** | |
| Demonstrable experience of antiracist informed approaches to evaluation.<br><br>Experience of having worked with Black communities, who have been experienced systemic racism, prejudice and discrimination.<br><br>Experience in conducting comprehensive health evaluations.<br><br>Skills and expertise in developing and maintaining healthy relationships and networks, particularly with people from diverse backgrounds, and with multiple stakeholders who may have competing or conflicting needs.<br><br>Experience of co-producing evaluation frameworks and metrics based on what matters to communities.<br><br>Demonstratable skills and experience in navigating complex and politically sensitive environments, successfully engaging marginalised communities along the way.<br><br>Demonstratable understanding of health inequalities.<br><br>Experience of being able to present and report complex data in accessible way to diverse audiences, including clinicians, researchers, policy makers and commissioners, and patients, service users and communities. | 40% |
| **Budget** | |
| Overall affordability.<br><br>Alignment of budget with level of experience and expertise offered to achieve the desired aims and deliverables. | 20% |

# Application timings

| Application stage | Indicative dates |
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| ITT issued | 19 November 2025 |
| Deadline for clarification questions from applicants | 1 December 2025 |
| Deadline for receipt of tenders | 4 January 2026 |
| Interviews | 20 January 2026 |