

Evaluation partner – maternal and mental health services

Frequently asked questions

1. Are you expecting the evaluation to mainly draw on data collected by the learning and delivery partners or substantially collect additional data?

We anticipate that the evaluation will draw on data collected by delivery and learning partners, but that this alone will not be sufficient to answer the evaluation and learning questions. The appointed evaluation partner will therefore need to design an approach that includes its own data collection, complemented by relevant existing data. We are not prescribing specific methods, but we expect a robust, proportionate design that builds on current evidence while generating the additional insights needed to understand impact, experience and learning across the programme.

We acknowledge the ambitions of the evaluation, and will work with the selected partner to design a final proposal that we feel confident can meet the needs of the brief, and more importantly support long-term change to addressing health inequalities in these areas.

2. Is the focus mainly on the programme overall or are you also interested in evaluating each of the 11 care models / interventions that will be delivered?

We are interested in evaluating both the individual care models/interventions and the programme as a whole in terms of how effective these have been in:

- Rebuilding trust
- Improving outcomes
- What barriers or outcomes are there to achieving sustainability

It is worth noting that at this stage we do not yet know how many interventions we will be funding, but it may be fewer than 11 in the Black Maternal Health Programme, depending on the number, size and quality of applications received in January.

3. Can you confirm that the submission deadline is the Sunday 4 January 2026?

Yes, the deadline is on Sunday 4 January 2026.

4. We understand that collaboration will be at the heart of this work, but when you imagine a collaboration at its best, what does that look like to you?

For us, collaboration at its best is when organisations create the space for joint thinking and shared action. It means investing time and attention in each other's priorities, recognising and valuing the strengths that each partner brings, and building relationships grounded in trust, respect and confidence in our respective roles. Most importantly, it looks like organisations contributing openly to collective goals, aligning efforts and resources so that the partnership delivers outcomes none of us could achieve alone.

5. How closely do you expect yourselves and NHS South East London Partnership Leadership Team to be involved throughout the evaluation, and will each partner be appointed a primary lead for day to day engagement?

The Impact on Urban Health and NHS South East London Partnership team will be working closely with delivery, evaluation and learning partners. Each organisation works slightly differently, but there will be key governance structures that you will be expected to report into by way of presenting progress and other key findings as necessary. Once appointed there is scope to discuss ways of working, but there will be a lead contact from both organisations.

6. We intend to propose an initial set of timelines, with the expectation that these will need to be refined iteratively as the scope and scale of delivery becomes clearer. Does this work with you?

Yes, if you are appointed then we will absolutely expect for these to be refined as the scope becomes clearer. While it's not proposed at this stage, you are very welcome to provide as part of the bid, but we would expect to refine these iteratively.

7. Beyond the delivery of formal outputs, how will the success of the Evaluation Partner be assessed?

Success will be measured by supporting the sustainability of the interventions/recommissioning projects across the system, and an evaluation framework and methodologies co-produced and with metrics based on what matters to communities alongside health outcomes. Other key areas of success include, but are not limited to, your ability to outline a clear and comprehensive approach to help answer the learning questions plus being able to outline a clear roadmap to enable us to meet the aims of the evaluation. Success will also be measured on your ability to engage with marginalised communities, prioritising cultural competency and to develop a non-extractive process around data collection, along with ability to mitigate for engagement-fatigue, and being able to present findings in accessible way to diverse audiences.

8. Do you have preferred formats for interim and final outputs, or is there openness for us proposing formats that present findings in a more engaging and compelling way for different stakeholders?

We'd be very open to exploring different formats for the final outputs to ensure the content is engaging, digestible but compelling and adapted to key audiences, which includes the communities we are working with and the healthcare system stakeholders we will need to influence to achieve ongoing commissioning of the work we fund.

9. Is there a required template for the tender submission, or are you content for us to submit a standard document that clearly addresses each of the stated criteria?

There is no template for submission.

10. Could you provide any more detail on the types of interventions planned, and whether these are already defined or still being developed?

Both programmes are at different stages. The types of interventions that could be funded under the maternal health programme were co-developed with communities and are outlined on the grant-making website: [General 3 — JRNY CONSULTING](#) (see 'What is being funded'). Please note - that as we have just launched the funding call for the maternal health programme, we cannot confirm yet which ones will be funded, this largely depends on the quality and quantity of applications. We have not yet started work on the mental health programme, but possible interventions will be co-developed at a workshop in early 2026.

11. Could you share an idea of how many interventions will be included in the programme?

At this stage we are unable to confirm this as the funding call for the maternal health programme was launched in mid-November and is not due to close until the new year. Decisions about what work will be funded will be made collaboratively with our Expert Reference Group, Lived Experience Consultants and frontline healthcare system representatives. This process will then need to be repeated for the mental health programme, but it largely depends on the appetite, capability, and capacity of organisations to deliver these initiatives.

12. Could you provide any more clarification on the difference between the learning partner and the evaluation partner roles, especially since the evaluation partner is expected to develop the learning and evaluation framework?

The learning partner has three key areas of focus:

- i. Co-create governance spaces where community voices lead decisions, accountability is lived practice, and relational practice defines how the partnership functions. This will involve direct learning and reflection with the models of care.
- ii. Establish and strengthen a culture of learning that translates experience into insight, insight into learning, and learning into meaningful action across the funds. This involves learning spaces with the programme team, and they will aim to collaborate here with the evaluation partner to produce systems change supporting the development of case studies and policy briefs, and ensure data is aligned.
- iii. Design and facilitate the grant-making processes for both programmes; maternal and mental health.

The learning partner will work with the grant-holders to gather insights and learning related to delivery and feed this back into the projects, potentially through for example communities of practice. The learning partner will also be providing those reflective spaces with the programme partnership team, with a focus to improving ways of working, helping us to develop a shared language etc. The evaluation partners' key focus will be on collecting data and evidence around clinical and wider socioeconomic outcomes, and will identify metrics to support systems change and sustainability. The evaluation partner will also be expected to provide more of a macro view of our impact, helping us to achieve the following aims and as outlined in the ITT and in so doing to influence the wider healthcare system:

- Understand the effectiveness of new models of care in improving healthcare access, experience, and outcomes.
- Understand the success of the partnership's approach to rebuilding trust in the health system with Black communities.
- Help Identify barriers and opportunities to creating long-term systems change.

13. Will there be similar funding available to focus on mental health-focused interventions at some stage?

Yes, although the amount of funding is to be determined. Design of the mental health programme begins early in 2026.

14. What data sources will be available to the evaluation partner (e.g., NHS records, community organisation data)?

We anticipate using publicly available population health datasets and new empirical data collected through our grantees' delivery. Access to non-publicly available data sources will depend on the specific project and which organisation/s are delivering it. Where a need for access to such data is identified, the partnership team including NHS South East London staff can support discussions and development of data sharing agreements.

15. Are there any restrictions or protocols for accessing sensitive data?

Data sharing agreements will need to be put in place with relevant providers. The partnership, in particular colleagues from NHS SEL will play a role to facilitate this process, but this will largely be the responsibility of the evaluation partner to drive forwards and ensure that General Data Protection Regulation arrangements are in place.

16. What support is in place from the partnership for the evaluation partner to engage lived experience groups and community members throughout the evaluation?

There are relationships that have been developed through the work of the maternal health programme. For example we ran a solutions-focused workshop in the summer as part of the co-design process with nearly 100 attendees, largely from these organisations. We have set-up an Expert Reference Group (ERG) for the maternal health programme with Lived Experience Consultants, by/for VCSE leaders, and frontline healthcare system representatives. The learning partner will be setting up an ERG for the mental health programme. The Evaluation Partner will also work with the Learning Partner and Delivery Partner to build trusted relationships with the grantees we fund and their service users and beneficiaries. Beyond this, as an evaluation partner, we would expect you to be able to engage these groups as part of the evaluation process. Having a presence in the programme where organisations can become familiar with your team, and utilising skills to develop that rapport and trust needed to carry out an evaluation across sensitive subject matters is crucial.

17. Will the evaluation partner have input into the development of the partnership's theory of change, or is this solely led by the learning partner?

The learning partner will develop a cross-cutting theory of change initially. The Theory of Change will be developed at a workshop provisionally scheduled for end of February 2026, creating scope for participation from the Evaluation and Delivery Partners to be appointed. As the scope and scale of the work develops and changes through time, we would lean into your expertise to review this and ensure the work still aligns.

18. Has there been any consideration of pre-defined metrics or outcomes that must be included as priority metrics for the evaluation by the partnership, or is the evaluation partner expected to propose these?

The evaluation partner will propose these, balancing ambition with what's reasonable and achievable in scope.

19. Are there additional resources or support available for community engagement activities?

No - we would expect you to build this in the budget. However please note that some community engagement may be possible through our governance groups such as the Expert Reference Groups, Accountability Groups and our Partnership Programme Board, which have already been covered by the core IoUH-NHS SEL Partnership team.

20. Will applicants receive feedback on their proposals prior to the interview stage?

If you are successful and invited for an interview - we will not provide feedback at that stage as we have built time for discussion and questions in the interview itself. However if you are unsuccessful, we will aim to provide some light touch feedback on your application.

21. Which Black-led community organisations are (likely to be) involved in this work? Who are the delivery partners?

We are currently out for tender for a delivery partner.

22. How is time/budget to be allocated across the contract period? Are there any variances/crunch points you already anticipate/we should factor in?

The time and budget is to be allocated by the evaluation partner, in agreement with Impact on Urban Health. As part of the application process we have asked for a budget outlining day rates and time commitments from across the team. Impact on Urban health will put in place some financial monitoring mechanism with the agreed partner including agreed invoicing dates against deliverables, plus regular financial reporting outputs along with check-ins with the Portfolio manager. Until we have an agreed evaluation plan of activity, we are unable to determine variances.

23. How much in person support is needed? Does the evaluation partner/team ideally need to be local to Lambeth and Southwark?

Note - that the programmes to be funded will be across all six boroughs in South East London, not just London and Southwark. Nonetheless, It would be of benefit to you to be local, primarily due to the costs and expenses associated with distanced travel to relevant organisations, events and meetings. However this ITT is open to anybody across the UK, but we would expect all expenses to be accounted for as part of the budget.

24. Is the team composition something that can be determined after the appointed evaluation partner is more familiar with the portfolio strategy, theory of change, partnerships and work to date? (i.e. could we bring in additional skills once the scoping is complete as needed)

As long as it is in budget – this is something we could explore. We would want an idea of team structure as part of the application, but we are flexible and so we will need to discuss changes to resourcing as appropriate.