Invitation to Tender

Evidence and Learning Hub

Synthesis, sense-making, and sharing through accessible outputs and digital development

Impact on Urban Health

6th August 2026

Contents

1.0 Summary

1.1 Overview

Impact on Urban Health is inviting proposals to support the development of an interactive evidence platform.

This ITT covers two connected workstreams:

1) **Evidence synthesis**: Produce a series of learning outputs based on synthesising and summarising reports and other documents from our funded initiatives and related external evidence.
2) **Digital platform**: Design and build an engaging, interactive, accessible public-facing digital platform to host and share this, and future, evidence and learning.

Bidders may apply for one or both workstreams. We welcome proposals from individual organisations as well as from consortia or partnerships that bring together the right mix of research, communications, design and technical expertise.

At Impact on Urban Health, we collaborate with partners, invest in projects, and share what we learn to build health equity for people in Lambeth and Southwark and beyond. We have eight internal teams and work programmatically towards four main impact goals. Projects across this work have generated a wealth of reports, evaluations and other evidence sources.

We are inviting proposals to help us create an interactive evidence platform that brings together these insights alongside relevant external evidence, enabling our key audiences to explore what we are learning and apply insights to their work across practice, policy, funding and systems change.

As such, we are seeking a partner, or partners, who can demonstrate the skills and experience to deliver:

- A robust synthesis of the evidence base related to our work, drawing out insights and learning, presented in engaging, accessible outputs to share this learning.
- A public facing digital platform to host this, and future, learning and evidence.

The partners will work closely with our Data, Evaluation and Learning team to deliver the project. Applications should demonstrate approaches that reflect our values: enterprising, collaborative, inclusive, and delivery focused. We are looking for partners who recognise the role of power in shaping knowledge and value multiple forms of knowledge and expertise, including lived experience, for both the process and outputs of this work.

1.2 Budget and timelines

Budget:	**Up to £300,000 inclusive of VAT** *We envisage a split of around £200,000 for Workstream 1 and £100,000 for Workstream 2. While consortium bids may split this how they wish, please price accordingly if just applying for one workstream.*
Closing date for applications:	**24th September 2026**
Award date:	**October 2026 (TBC)**
Project start date:	**November 2026 (TBC)**
Project end date:	**By end of March 2028**

1.3 How to apply

We encourage both consortium bids and bids from single organisations, with applicants welcome to submit bids for one or both workstreams.

Please submit applications including details of which workstreams you are applying for, how you would approach this work, your team's skills and experience, examples of similar past work, and a simple budget to evidence@urbanhealth.org.uk (see **section 10.0**)

Please submit applications by 16:00 on 24th September 2026.

2.0 Project background

The places that we grow up, live, and work impact how healthy we are. Urban areas, like inner-city London, have some of the most extreme health outcomes. Alongside their vibrancy and diversity sit stark health inequalities. At Impact on Urban Health, we want to change this.

Part of Guy's & St Thomas' Foundation, we seek to remove obstacles to good health and make cities healthier places for everyone to live. We focus on complex issues that disproportionately affect urban communities, investing in hundreds of projects, seeking to learn about, and have a tangible impact on, health inequity in our home boroughs of Lambeth and Southwark, and beyond.

In doing this, we have produced a wealth of evidence in a range of different outputs. However, this evidence is currently dispersed across the organisation, largely at a project level, and not as accessible or influential to both internal and external audiences as it could be. We are seeking partners to help us synthesise this learning and identify organisation-wide insights. This will then be combined with the wider evidence base related to our work, hosted on a sustainable platform that enables internal and external audiences to access, explore and use this evidence.

Impact on Urban Health works across four key programmes, each with a particular urban health impact goal:

- **Children's Health and Food**: Seeks to ensure children most affected by poverty or racism, particularly those experiencing both, are regularly able to access nutritious, affordable and culturally appropriate food.
- **Financial Foundations for Adult Health:** Seeks to ensure people most affected by poverty or racism, particularly those experiencing both, are better supported to build financial security.
- **Health Effects of Air Pollution:** Seeks to reduce the levels of air pollution from sources disproportionately affecting people most affected by poverty or racism, particularly those experiencing both.
- **Children's Mental Health** (set to close in 2027): Seeks to support children most affected by poverty or racism, particularly those experiencing both, to have better access to safe, nurturing environments.

We have four additional teams that support our impact and produce outputs. Our **Innovation** team creates the best possible environment for impact, identifying gaps, testing new approaches, and sharing lessons across Impact on Urban Health and with partners. Our **Policy, Influencing and Communications** (PIC) team works across the organisation, seeking to ensure funders, policymakers and partners have the insight and resources to improve health

and health equity. And our **Participation, Place and Change** team (PPC) work to ensure that people and communities most affected by health inequalities have the agency, power, and resources to shape healthier and more equitable places through embedding participation across Impact on Urban Health and engaging with and learning from communities.

Finally, this project is being led by the **Data, Evaluation and Learning** (DEL) team, who work collaboratively with all areas of Impact on Urban Health to guide and support the use of evidence and continuous learning for building understanding, informing decision-making, and influencing internally and externally.

3.0 Project info

3.1 Project aims and goals

The principal aim of this project is to **create a public-facing resource presenting the core evidence base related to our work, making it more accessible and usable to a range of audiences.**

In doing this, it has the following goals:

- **Improve the understanding of the evidence base related to our work** through synthesis and insight generation.
- **Improve our evidence management.**
- **Make the evidence base widely available, accessible and usable** to a wide range of technical and non-technical, internal and external audiences, creating resources we can easily update in future.

3.2 Project Workstreams

In order to achieve these goals, there are two elements to this work, split into separate workstreams. **Applicants are invited to apply to one or both of these workstreams.**

Workstream 1 will generate the evidence base through undertaking an evidence synthesis and review, producing a series of learning outputs.

Workstream 2 will design and build a digital platform through which those, and future, findings can be explored.

The two workstreams will overlap with one another, and it is expected that partners working on these will work collaboratively throughout delivery. Applicants should explain how they would collaborate with the other workstream partner if appointed independently.

Workstream 1: Evidence synthesis and summaries

The selected partner(s) will undertake a synthesis of our internally generated evidence across relevant programmes, initiatives, and learning activities. This should:

- Provide a structured account of what our initiatives have tried, achieved, and learned.
- Assess the quality of the evidence we are generating.
- Help us gain additional insights by highlighting cross-programmatic themes and gaps.
- Lay the foundations of better evidence management and improved learning practice within the organisation going forward.

We anticipate the internal synthesis drawing on approximately 300 internal documents produced over the past 5 years. These include evaluations, reports, strategy papers, learning outputs, and grey literature, and range in length and format. We have set out what we want to learn from this work in **section 4.0** and will refine this with the partner(s) into a set of learning questions at the start of the project. Given the budget and timeframe, we do not expect all documents to receive equal depth of review and welcome proportionate approaches that prioritise evidence most relevant to the agreed learning questions.

The selected partner(s) will also undertake a review of the wider evidence base relating to our work and the stated learning questions. This should highlight areas of alignment and divergence, as well as emerging practice across the wider sector. It should also highlight where the evidence base is already strong, where it is promising but under-tested, and where there are gaps that might require future research-funder intervention, along with opportunities for learning and development.

We believe our budget will support an extensive review of external evidence although the inclusion criteria will have to be refined to make this manageable. In total, the internal and external evidence reviews will ensure that we can produce an authoritative repository of approaches to addressing the urban health issues we focus on.

This workstream will also include the development of accessible and engaging outputs that communicate the findings from the synthesis and review work. This will include:

- A series of reports, evidence maps, or similar outputs summarising the synthesis
- Additional communication outputs to help us disseminate the work such as presentations for conferences

Finally, the partner will provide the training and materials necessary to equip Impact on Urban Health to readily update the evidence base as and when new evidence emerges.

For a full list of Workstream 1 outputs, see **section 6.1**.

Workstream 2: Interactive learning output

The selected partner(s) will develop an interactive output that supports ongoing exploration and use of the evidence.

This would be a web-based platform that:

- Visualises learning insights.
- Allows users to explore insights by different criteria, e.g. theme, programme, or population.
- Can support future commissioning, policy influence, programme design and evaluation.
- Is a live product that can be updated by us as new evidence emerges.

- Can be tailored for internal and external audiences.

This output could include a dashboard, or an interactive repository, and we are open to suggestions for mediums that best achieve our goal of making our evidence base available, accessible, and useable to a wide range of audiences.

Applications may include conceptual proposals, as opposed to detailed technical specifications. We would expect the final deliverable to be production ready, and any outputs will need to have ongoing maintenance built in, ideally delivered internally by Impact on Urban Health. For a full list of Workstream 2 outputs, see **section 8.1**.

3.3 Project Timeframes

The timeframes of this project are open to negotiation, but as a rough guide we envisage the following potential milestones:

24th September 2026	Deadline for applications
October 2026 (TBC)	Tender awarded
November 2026 (TBC)	Project inception
March 2027	Initial early insights from synthesis shared
September 2027	All outputs from synthesis work completed
December 2027	Prototype digital platform delivered
By end of March 2028	Final digital platform delivered

4.0 What we want to learn and for whom

4.1 Learning opportunities

We are seeking to explore a number of topics as part of this work. Principally we are interested in what the evidence base tells us about:

- **The effectiveness and impact of our work, and the work of others, on our four impact goals (see section 13.3) as well as on the broad structural and environmental determinants of health inequity in Lambeth, Southwark, and beyond.**

- **What contextual factors influence or limit the success of interventions in the areas we work on, and what works to address these factors.**

We are also interested in additional insights we can gain from looking at these topics through the lenses of poverty, racism and health equity. This may include insights from the evidence base about:

- The relationship between poverty, racism and health equity.
- The relationship between housing and health equity.
- The relationship between climate justice and health equity.
- The role of community participation, knowledge, and power in addressing the structural and environmental determinants of health inequity.
- Any other prevalent themes, patterns or insights.

Within this work, we would expect the successful applicant to assess how strong and complete the evidence base is, and to identify the major gaps that limit our understanding. We want these to inform strategy, programme design and evidence generation at Impact on Urban Health, and in the wider public health sector, and the successful partner should be able to provide recommendations on this.

One of the first tasks of this work will be for the partner to support us, and engage with Impact on Urban Health colleagues, to co-produce **4-6 focused learning questions** based on the above topics that will guide the rest of the project and minimise the potential for scope creep.

4.2 Audiences

We would like this work to reach a broad range of audiences. Externally, we are particularly interested in reaching others working in the public health and health equity sector, including our partners. Internally, this work seeks to inform our work going forward and will be of particular interest to our Programmes teams.

The wider audiences for this work includes, but is not limited to:

External audiences:

- Other trusts and funders
- Local decision-makers
- Partners we have worked with
- Those working in the wider public health and health equity sector

Internal Impact on Urban Health audiences:

- Impact on Urban Health Programme colleagues
- Policy and comms colleagues
- Other internal colleagues, including those in Data, Evaluation and Learning, Innovation, and Participation, Place and Change teams
- Impact on Urban Health Directors and Executive Director
- Board of Trustees

Additional Guy's & St Thomas' Foundation colleagues

- Wider Foundation colleagues delivering impact through our three Charity brands, work with GSTT Hospital Trust, and through our endowment

5.0 Values and ways of working

5.1 Our values

Impact on Urban Health is part of Guy's & St Thomas' Foundation, and we share the same values. Our work and our approach to everything we do is anchored in our values, and we support each other to live them. We are looking for partners who share these values and have them underpin the work they deliver, and expect applicants to explain how these values will shape their approach to this project.

Value	What it means for this project
Enterprising *We look at things from different angles, with willingness to experiment and test.*	We are looking for outputs that are innovative, creative, and novel, that can be adapted to different audiences, and makes our evidence base accessible, engaging, and insightful. We value partners who bring a willingness to try new methods or formats, helping us uncover fresh insights and innovative ways to share and apply learning.
Collaborative *We give time and attention to people and ideas, and what motivates others.*	The partners will be working with various teams and individuals from across the organisation. We expect partners to be engaging with key stakeholders and ensuring they have input on the final approach and outputs.
Delivery minded *We're willing to get stuck in and take ownership for results.*	This work should be focused on producing tangible, practical outputs that can be readily used to inform decision-making and improve practice internally and externally. The partners should prioritise creating outputs that are actionable, accessible, and embedded in real-world use, ensuring the synthesis leads to meaningful application rather than static reports.
Inclusive *We understand the value of difference and are committed to a learning journey. We raise up the voices of others and prioritise the wellbeing and safety of colleagues.*	This work must recognise the value of multiple forms of knowledge from our reports, including lived experience, community insight, practitioner learning, as well as more traditional research and evaluation evidence. The partners will be expected to work with source inclusion and quality criteria that go beyond formal academic standards, ensuring that diverse voices and ways of knowing are reflected in the synthesis and given equal weight in shaping the insights and outputs. The interactive output should be accessible to our key audiences and designed with universal design principles in mind. See also **section 8.2**

The work should also speak to Impact on Urban Health's five principles (see **section 13.2**):

1. Our impact starts in Lambeth and Southwark.
2. Race equity is integral to health equity.
3. People are experts in their own lives.
4. Collaboration creates the landscape for change.
5. Climate justice impacts health equity.

5.2 Knowledge and Power

The production of evidence, and the translation of that into learning and knowledge outputs, is not neutral. What is accepted as credible evidence is shaped by power dynamics, which can be both material (such as who has funding and resources to produce evidence outputs) and social (such as whose knowledge is seen to "count", and who has influence over policy and discourse). As such, the experience and expertise of specific groups, particularly those experiencing racism, poverty, and other forms of marginalisation, are often underrepresented or overlooked in evidence bases. As a funder embedded within these power structures, we are aware that our approach to knowledge production and evidence can either reproduce or challenge this.

As such, we are seeking an approach to this work that reflects our commitment to using power intentionally and equitably. This includes recognising lived experience and community insight as important forms of knowledge alongside more traditional evidence sources. We are interested in methodologies that are intentionally reflexive on power, and that pay attention to gaps and inequities within our evidence base, particularly where groups and communities have been historically (and continue to be) excluded from knowledge production.

Applications should also consider how this work can help share and build power. We particularly welcome applications from organisations with relevant lived experience to our work, and participation or community research expertise, with this built into their proposals. Sharing and building power can also involve transparent and clear analysis and sensemaking, potentially with people with relevant lived experience, and designing and disseminating outputs that are relevant, accessible, and practical for our stakeholders.

5.3 Working together

This work is intended to be a collaborative piece. Partners will work closely with our Data, Evaluation and Learning team, with regular meetings expected. These may vary in frequency, but likely to be more regular at the start of the project.

A Steering Group comprised of members of the wider Impact on Urban Health team, key external stakeholders and the appointed partner(s) will meet routinely. We expect them to be

involved in co-designing the approach; setting criteria for inclusion, credibility and quality assessment; sense-making of findings and reviewing and approve outputs.

The appointed partner(s) will engage wider colleagues throughout the contract to test criteria and discuss findings for Workstream 1, and shape recommendations and outputs for Workstream 2.

If there are multiple partners appointed, we expect that they will collaborate and spend time together to deliver this work. The exact timescales of the two workstreams and how they overlap are to be determined after the project inception. We expect the two workstreams to inform the content of each other, although we envisage the bulk of Workstream 2 will be completed after the synthesis work of Workstream 1 is completed.

While most collaboration could be online, we would expect some in-person work. This should be detailed in your proposal, with travel costs considered.

6.0 Workstream 1: Evidence Synthesis

6.1 Tasks and Deliverables

Below is a summary of the expected main tasks for this workstream.

Activities	Deliverables
Project set up and design:	
• Work with Impact on Urban Health colleagues to refine audiences, learning questions, inclusion criteria, quality assessment criteria, methodology, and quality assurance processes. • Undertake a discovery workshop with workstream partners to establish ways of working and develop the project plan.	• Agreed project design, methodology, and timeline.
Review and synthesis of internal and external evidence:	

• Review internal evidence sources, undertake data extraction and quality assessment, and organise evidence into a structured internal facing repository.
• Undertake a review of external sources related to our work and four impact goals.
• Synthesise internal and external evidence base, identifying themes, patterns, gaps and lessons.
• Facilitate sense-making sessions with wider Impact on Urban Health team and key stakeholders.
	• **Evidence catalogue**, drawing together reports and outputs into an accessible, navigable internal repository, building on initial work by Impact on Urban Health colleagues. This should be:
	  • In a format that can be hosted and maintained by us.
	  • Developed with software that does not require paid or limited subscriptions.

Production of outputs	

• Summarising and presenting the findings in a series of reports and other outputs.	• **Synthesis Reporting**
	  • Executive summary and key insights (including progress summaries and initial insights at earlier stages of the project).
	  • Detailed thematic analysis, answering our key learning questions, presented in a report. This could be accompanied by a series of thematic briefs, depending on the final learning questions.
	  • An evidence map or other similar medium highlighting evidence strengths

Activities	Deliverables
	and gaps across learning questions and/or presentation of findings into visual frameworks (with the ability to update as new evidence emerges). • Recommendations for future evidence generation.
Dissemination	

• Support Impact on Urban Health to disseminate findings internally and externally.	• **Presentation and Workshops**
	  • Presentation of findings to internal and partner audiences.
	  • Facilitation of internal and partner workshops to support knowledge exchange and use of the outputs.
	• **Public facing materials**
	(e.g. content for insight pages for our website, blog posts).

Handover and Sustainability	
• Provide all materials and training required for Impact on Urban Health to maintain, update and build on the evidence base after the project concludes.	• **Data pack** The full dataset, extraction and coding framework, and any additional materials to support the inclusion of future outputs. • **Guidance** Any relevant guidance and materials required to update the catalogue and synthesis products in future.

6.2 Methodology

Applications should set out the proposed methodology for how they will deliver the above outputs and activities. Whilst we aren't prescriptive on the exact methodological approach, we would like proposals to address the following:

6.2.1 Quality Assurance

Applicants should outline the quality assurance processes they will apply throughout the project to ensure the rigour, credibility and accessibility of the work. We are interested to hear how quality will be maintained throughout research design, evidence synthesis, analysis, participation and engagement activities, and in the development of written and digital outputs, including the use of any research tools, including AI, throughout the process.

6.2.2 Participation

Much of the evidence that will be reviewed in this project was produced, or guided by our funded partners, and is about the work that they have delivered. Impact on Urban Health's participation strategy aims for the communities that we work with to help inform and shape

the work that we do. As such we would like applications to outline how they will build in opportunities for participation from both the wider Impact on Urban Health team and our key external stakeholders, including community partners. For Workstream 1, this might include participatory or co-design approaches to refine learning questions, support the sense-making of initial findings, and shape how insights are communicated publicly, including the language and formats used to share and celebrate partners' contributions.

6.2.3 Use of AI

AI is fundamentally changing the way we approach and deliver many aspects of monitoring, evaluation, research, and learning work. However, AI may expose methodological and ethical issues that can impact evidence and output quality.

In this work, AI has the potential to save significant time, particularly in the process of extracting studies and data, refining searches, and identifying additional sources. However, we believe AI has an ongoing risk of hallucinations, overconfidence in weak patterns and conclusions, missed caveats and nuance, and as part of searches, a risk of missed, inaccurate, or even completely fabricated references and sources. AI analysis may also reproduce certain biases or overlook marginalised and underrepresented voices.

As such, while AI may be used to assist researchers, we do not recommend that the evidence synthesis work is delegated entirely to AI systems. Human researchers must lead and maintain oversight of this work, any AI outputs must be robustly checked, and all use of AI for synthesis and analysis must be fully and transparently documented in any outputs.

Similarly, we do not recommend the use of AI to *fully* write reviews and reporting outputs due to hallucinations, inaccuracies, and inaccessible, artificial writing styles. Rather, we suggest that AI may be used to assist with readability reviews and drafting or exploratory work.

We are also concerned by the environmental impact of AI datacentres, from which there is evidence of an emerging pattern of environmental racism, disproportionately impacting on marginalised (specifically Black and Brown) communities. As such, any use of AI should be intentional, and add clear, tangible value, rather than be gratuitous.

Based on this, we require all applications to disclose whether and how they plan to use AI in this work, and briefly how they would mitigate against the risks identified above, as part of their application.

[For further information for use of AI in evaluation and synthesis see Practical-guide-to-using-AI-tools.pdf and OSF | RAISE 1 - recommendations v.3 OSF.pdf]

6.2.4 GDPR

Some of our reports contain personal and sensitive data. All applicants must be set up to be GDPR compliant, and effectively and competently handle personal, sensitive data. Data sharing agreements will be set up at the inception of the project.

6.3 Budget

We anticipate the budget for Workstream 1 to be around £200,000. This should include your/each team member's daily rate of pay and the number of days you/each team member will dedicate to the work; plus any expenses you/your team will incur in the work.

7.0 Workstream 1: Who we are looking for

We are looking for individuals and organisations who meet the following criteria. We will accept consortium and partnership applications. In these instances, please make clear which parties are responsible for which elements of the application.

Applications must meet the criteria below, which will be scored as follows:

- 0 – Does not meet criteria
- 1 – Partially meets criteria
- 2 – Meets criteria
- 3 – Exceeds criteria

Award criteria	Award weighting
Approach and Methodology	**40%**
A clear approach and appropriate methodologies to answer the learning questions.	
A clear and robust quality assurance approach throughout the research process, including mitigating against the risks of using AI as a tool.	
Demonstrates a clear understanding of power dynamics in evidence production, and proposes practical approaches to wielding, sharing and building power through the project, including participative approaches (see **section 6.2.2**).	
Skills and Experience	**30%**
Experience of conducting evidence syntheses or meta-reviews of complex or mixed-method datasets.	
Strong skills in qualitative and/or quantitative analysis, with the ability to integrate diverse types of evidence (e.g. evaluations, research, case studies, and grey literature).	
Demonstrated ability to draw out insights from a range of sources and communicate them clearly to a range of technical and non-technical audiences.	
Familiarity with health inequalities, and an understanding of the social determinants of health and how they relate to place-based and systemic change.	

Award criteria	Award weighting
Strong facilitation and communication skills, including leading workshops or sensemaking sessions.	
Ethics and Equity	**10%**
Clear approach for ensuring a high standard of ethics and equity in design and practice.	
Commitment to our values.	
Working Together & Project Management	**10%**
Proven ability to manage complex projects within time and budget constraints.	
Experience in co-designing research or learning tools with stakeholders, particularly within multidisciplinary teams.	
Costing and Time	**10%**
A simple budget, around £200,000 including VAT, outlining each team member's daily rate of pay and the number of days each team member will dedicate to the work; plus any expenses your team will incur in the work.	

8.0 Workstream 2: Digital Platform

8.1 Activities and Deliverables

Below is a summary of the expected main tasks and deliverables for this workstream.

Activities	Deliverables
Project set up and discovery phase	

• Refine project aims and audiences.
• Create output blueprint.
	• **Learning output design**
	  • A workshop or series of workshops between Impact on Urban Health, Partner 1 and Partner 2 (if two partners) to bring together workstreams and shape project plans.
	  • Output blueprint or plan which might include user journey maps and a project road map.

Project delivery: Design & Development	

• Create prototypes, test and gather feedback.
• Development of final output.
	• **Prototype Learning Output**
	  • Prototype or draft output.
	  • Series of workshops for user testing with key stakeholders.
	• **Finalised Interactive Learning Output**
	A digital or live platform (or other innovative medium) that:
	  • Visualises learning insights
	  • Allows users to explore insights by different criteria, e.g. theme, programme, or population
	  • Can be easily updated by us as new evidence emerges
	  • Can be tailored for internal and external audiences.
	We expect this output to be a finished, usable product.

Handover and Sustainability	

• Training Impact on Urban Health to maintain/update output.
• Dissemination/demonstration of use of output.
	• **Presentation and Workshops**
	  ○ Demonstration of the interactive product to internal and partner audiences.
	• **Ongoing maintenance and updates**
	  ○ Guidance or training for Impact on Urban Health team in how to maintain and update the output.

8.2 Methodology

Applications should set out the proposed methodology for how they will deliver the above outputs and activities. Whilst we aren't prescriptive, we would like proposals to also address the following:

8.2.1 Quality Assurance

Applicants should outline the quality assurance processes they will apply throughout the project to ensure the rigour, credibility and accessibility of the work. We are interested to hear how quality will be maintained throughout design, development, testing and implementation of the platform. We would like applicants to outline how they will ensure quality, accessibility, usability, security and long-term maintenance of the final product, including any AI functionality, as well as processes that will be used to review functionality and user experience.

8.2.2 Participation

Much of the evidence that will be reviewed in this project was produced, or guided by our funded partners, and is about the work that they have delivered. Impact on Urban Health's participation strategy aims for the communities that we work with to help inform and shape the work that we do. We also want the final evidence output to be relevant and useful to these audiences. As such we would like applications to outline how they will build in opportunities for participation from both the wider Impact on Urban Health team and our key external stakeholders including community partners. For this workstream, this could be built into the design and user testing phases of the work.

8.2.3 Use of AI

For the purposes of this workstream, we want an innovative, accessible, and user-centred tool that empowers our key stakeholders to explore and understand our evidence base. We anticipate that applicants may propose incorporating AI in their work to help with search and other functionality of the interactive output, however AI is not a mandatory requirement. We welcome proposals for the use of AI in the output design, development, or functionality where it serves the aims of the project. However, we are concerned by the environmental impact of AI datacentres, from which there is an emerging pattern of environmental racism, disproportionately impacting on marginalised (specifically Black and Brown) communities. As such, any use of AI should be intentional, and add clear, tangible value, rather than be gratuitous.

Based on this, we require all applications to disclose whether and how they plan to use AI in this work, as part of their application.

8.2.4 GDPR

Some of our reports contain personal and sensitive data. All applicants, including those applying to Workstream 2, must be set up to be GDPR compliant, and effectively and competently handle personal, sensitive data. The nature of what data partners are handling will be discussed at inception, and data sharing agreements will be set up accordingly.

8.2.5 Technical specifications

We are looking for mostly conceptual proposals at this stage and recognise that many of the technical details will be flexible and can be worked out between Impact on Urban Health and the partner after their appointment. We ask that applicants include a Plain English guide to any technical language used in their proposal.

In general, we would expect all public facing outputs to be inclusive and accessible to a wide range of audiences and to have a minimum of WCAG Level AA rating for accessibility. Ideally, we would want the website to be UK based, on a platform that can grow, is load balanced and with a web application Firewall. We are also interested in exploring headerless website architecture.

We would like web code to be stored within our own GIT Hub repository and for IP of any outputs to remain with the Guys & St Thomas' Foundation.

8.3 Budget

The budget for Workstream 2 is around £100,000. This should include estimated development costs, operational expenses including your/each team member's daily rate of pay and the number of days you/each team member will dedicate to the work; plus any expenses you/your team will incur in the work.

It does not include ongoing subscription and maintenance costs for the output, which should be stated in a separate part of the proposal. We would anticipate this being up to around 15-20% of the cost of the build, although we welcome lower costings.

9.0 Workstream 2: Who we are looking for

We are looking for individuals and organisations who meet the following criteria. We will accept consortium and partnership applications. In these instances, please make clear which parties are responsible for which elements of the application.

Applications must meet the criteria below, which will be scored as follows:

- 0 – Does not meet criteria
- 1 – Partially meets criteria
- 2 – Meets criteria
- 3 – Exceeds criteria

Award criteria	Award weighting
Approach	**40%**
A clear conceptual proposal for an innovative external facing output which meets project aims.	
Outlines important milestones in product development and opportunities for input from key stakeholders including Partner for Workstream 1.	
Clear quality assurance processes and demonstrates how universal design principles will be followed throughout the project.	
Demonstrates a clear understanding of power dynamics in evidence production and presentation, and proposes practical approaches to wielding, sharing and building power through the project, including participative approaches (see **section. 6.3.2**).	
Skills and Experience	**30%**
Experience in developing interactive or digital outputs, such as dashboards, knowledge hubs, or evidence maps.	
DESIRABLE: In particular, producing interactive, creative learning platforms or digital repositories for charitable foundations, NGOs, or policy organisations.	

Award criteria	Award weighting
Strong facilitation and communication skills, including leading workshops or sensemaking sessions	
Ethics and Equity	**10%**
Clear approach for ensuring a high standard of ethics and equity in design and practice	
Commitment to our values	
Working Together and Project Management	**10%**
Proven ability to manage complex projects within time and budget constraints	
Experience in co-designing products with stakeholders, particularly within multidisciplinary teams.	
Costing and Time	**10%**
A simple budget, around £100,000, including VAT, outlining estimated development costs, operational expenses including your/each team member's daily rate of pay and the number of days you/each team member will dedicate to the work; plus any expenses you/your team will incur in the work	

10.0 How to apply

We welcome applications to either or both workstreams from single organisations, or consortium bids.

To apply, please send:

- A short proposal outlining which workstream(s) you are applying for, and how you would approach and deliver the work [up to 4 pages per workstream].
- Details of how you meet the required criteria and relevant experience [up to 2 pages per workstream].
- Two example outputs of previous, similar work per workstream.
- Short CVs of the key personnel working on this project.
- A simple budget outlining your/each team member's daily rate of pay and the number of days you/each team member will dedicate to the work; plus any expenses you/your team will incur.
- Any conflicts of interest that may arise from undertaking this work.

Please send submissions to evidence@urbanhealth.org.uk by 16:00 on 24th September 2026. Please note, we will not accept submissions later than this date.

The shortlisting criteria for both workstreams is as follows:

- Understanding of brief and proposed approach: 40%
- Skills and experience: 30%
- Ethics and Equity: 10%
- Working Together & Project Management: 10%
- Costing and Time: 10%

Following shortlisting, successful applicants will be invited for an interview. These are likely to take place in October 2026 and the details and format of these will be shared with successful applicants.

If you have any clarification questions, please send them to evidence@urbanhealth.org.uk **by 10:00am on 7th September 2026.** Responses will be shared with all applicants in an FAQ document hosted on our website.

11.0 Application Milestones

Application stage	Date
ITT issued	6th August 2026
Deadline for clarification questions from applicants	7th September 2026
Deadline for receipt of Tenders	24th September 2026
Interviews	October 2026 (TBC)
Award date	November 2026 (TBC)

12.0 Further information

For further information, please contact evidence@urbanhealth.org.uk

13.0 Appendix: Our Strategy and Impact Goals

13.1 Our Strategy

Impact on Urban Health

Our Strategy

We collaborate with partners and share what we learn to build health equity for people in Lambeth & Southwark and beyond.

Why we exist

Poor health, poverty and racism are deeply connected. Poverty causes bad health and bad health worsens poverty. Racism means minoritised communities are more likely to be living in poverty and have poor health as a result. We see these connections most starkly in urban areas where poverty and affluence sit side by side. People living just streets apart can be worlds apart in their health.

This is why we focus on urban health. We believe cities are the best places to find ways to break these links.

What we do

To increase our understanding and offer solutions with long-term potential, we focus on a specific set of urban health issues as routes in to the challenge. These are: children's health and food, children's mental health, health effects of air pollution and financial foundations for adult health.

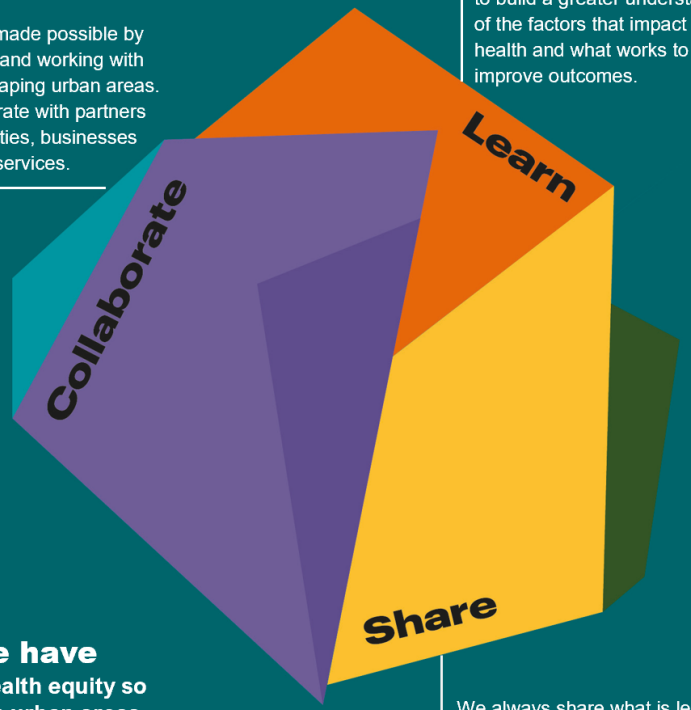
Our core principles are integral to the work we do and guide how we work:

1. Our impact starts in Lambeth and Southwark
2. Race equity is integral to health equity
3. People are experts in their own lives
4. Collaboration creates the landscape for change
5. Climate justice impacts health equity

How we do it

Change is made possible by connecting and working with all those shaping urban areas. We collaborate with partners in communities, businesses and public services.

Through collaboration, evidence of all kinds is gathered to build a greater understanding of the factors that impact people's health and what works to improve outcomes.



The impact we have

Our goal is to build health equity so that everyone living in urban areas has a fair and just opportunity to thrive and live in good health.

We always share what is learnt with others to inform practice, influence policy, or replicate and scale successful approaches – and to open up new projects and partnerships.

13.2 Our principles

1 Our impact starts in Lambeth and Southwark

We are place-based and everything we do should contribute to positive change here. But we believe our work has the potential to impact far beyond our boundaries so we share experience and evidence with other places. And we fund collaborative projects and programmes that enable learning from elsewhere.

2 Race equity is integral to health equity

All people deserve the resources, effective treatments and services that they need to live healthy lives. We take an anti-racist approach because we recognise the integral role racism plays in the nature and persistence of health inequality. Our approach is also intersectional. Because considering other protected characteristics or factors such as socioeconomic status is integral to advancing health equity too.

3 People are experts in their own lives

So it's critical we place them at the heart of our work, and that that knowledge comes from those with lived experience. There is also a critical place for using other types of evidence to inform what we fund and to help us learn and understand impact. Because they're stronger when combined, we bring these experiences and evidence together in all that we do.

4 Collaboration creates the landscape for change

We make change possible by connecting and collaborating with all those shaping urban areas. We fund solutions, processes and systems that move us towards health equity – collaborating with community groups, small firms, global corporates, large institutions and government. We drive innovation by taking informed risks with our investments and connecting all work to local communities.

5 Climate justice impacts health equity

Drivers of climate change also drive ill health and health inequalities. We know that the climate crisis is the most significant long-term risk to achieving health equity. So we continue to learn and seek ways to integrate climate thinking into our work.

13.3 Our Impact Goals

CHF

Children most affected by poverty and racism are regularly able to access nutritious, affordable and **culturally appropriate food**

Targets

1. Half of all independent convenience stores in Lambeth & Southwark have increased their offer of healthy, affordable food
2. National Government incentivises food companies to reformulate products high in fat, salt and sugar and increase the proportion of their sales from healthier, more nutritious foods
3. National Government has committed to providing universal access to Free School Meals for all primary and secondary-aged children
4. The narrative on children's health and food increasingly focuses on the commercial and structural drivers of this issue and shows that a fairer food system is possible
5. At least 90% of schools in Lambeth and Southwark meet or exceed national standards on school food

CMH

Children most affected by poverty and racism have better access to **safe, nurturing environments (working draft*)**

Targets

1. The gap in primary school suspensions between children who are living in poverty and/or racially minoritised and those who are not has closed
2. The gap in recorded social, emotional and mental health need between children who are living in poverty and/or racially minoritised and those who are not has closed
3. The availability of safe and nurturing services for the most marginalised children has increased.
4. National Government has developed a long-term plan to address child poverty, shaped by our evidence and including ending the two-child limit and the benefit cap.

HEAP

There has been a reduction in the **levels of air pollution** from sources disproportionately affecting people most affected by poverty and racism

Targets

1. End urban domestic wood burning
2. The number of residents in Lambeth and Southwark living with harmful levels of damp and mould has halved
3. The number of polluting freight miles driven in Lambeth and Southwark has reduced by 75% by 2030.
4. All construction sites in neighbourhoods with majority racialised and economically disadvantaged people, reduce NO2 and PM10 emissions 30% below GLA projections
5. National Government has incentivised businesses to calculate and reduce their emissions.

FFAH

People most affected by poverty and racism are better supported to build **financial security**

Targets

1. The proportion of people regularly missing bill payments in Lambeth and Southwark falls by a quarter.