

Evidence and Learning Hub ITT: Clarifications

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1. Consortia, Contracts & Payment

Q. Can bids be submitted by organisations working with specialist consultants, subcontractors or consortium partners? How will contractual arrangements operate in these circumstances?

A. We are happy to accept bids from a lead organisation working with named specialist consultants, subcontracted delivery partners, or consortium members.

Bidders are encouraged to include the relevant experience, CVs and examples of previous work from named consultants and delivery partners as part of their response. This information may be relied upon in support of the bid, provided it is clearly relevant to the roles and responsibilities those individuals or organisations are proposed to fulfil within the project.

Where organisations bid as a consortium or partnership, we envisage contracting with a single lead organisation, which would be responsible for managing delivery and contractual obligations across the consortium.

Q. Are you planning to undertake partner matching/consortia building for this ITT?

A. We are not actively facilitating formal or informal partner-matching as part of this tender process. The exception is where we plan align successful bidders from Workstream 1 and Workstream 2 following the award process, if these are awarded to separate bids.

We would therefore encourage organisations and individuals interested in forming partnerships or consortia to identify and engage potential collaborators independently.

Q. What is the anticipated payment profile for this work?

A. We anticipate a phased payment approach for both workstreams, with payments linked to the successful completion of agreed deliverables and milestones. The detailed payment schedule will be agreed during project inception with the successful bidder(s). Our standard payment term is within 30 days of receipt of a valid invoice.

Q. Would organisations currently contracted by Impact on Urban Health be eligible to bid?

A. Yes. Existing delivery partners and organisations with current contracts are welcome to submit proposals, provided any potential conflicts of interest are declared.

2. Budget and costings

Q. How will budgets, costs and timings be assessed?

Q. Should the stated budget be treated as a maximum or indicative amount?

A. The costing element of the application is intended to help us assess whether the proposed approach is proportionate and deliverable, and to better understand how applicants intend to complete the work.

We anticipate a budget of approximately **£200,000 for Workstream 1 and £100,000 for Workstream 2** and would expect proposals to be broadly aligned with this. However, costings will be assessed on the basis of proportionality and deliverability rather than adherence to a specific figure.

Costings will not be evaluated using a formula, nor will scores be allocated proportionally based on price alone. We are not seeking the lowest-cost proposal. Instead, we will assess the extent to which the proposed budget represents a credible and well-balanced resourcing plan for delivering the work.

In particular, we will consider:

- Whether the proposed number of days is appropriate for the scope and complexity of the work.
- The balance of personnel involved in delivery.
- Whether proposed day rates are reasonable and proportionate.

- The allocation of costs between staff time and expenses.
- Whether the budget demonstrates a clear and achievable delivery approach.

This criterion will be scored on a 0-3 scale. Higher-scoring responses will present a clear, well-justified budget with appropriate day rates, a proportionate allocation of time, and a strong alignment between the proposed resources and the methodology described elsewhere in the proposal. The budget will be assessed in the context of the overall submission rather than as a standalone document.

Q. Is the £100,000 Workstream 2 budget inclusive of VAT?

A. Yes. All budgets should be inclusive of VAT.

Q. Does the £100,000 Workstream 2 budget include discovery, design and build activities?

A. Yes. The indicative budget is intended to cover discovery, design and build activities.

Q. Should accessibility audits, user testing and participant remuneration be included within Workstream 2 budgets?

Q. Should community partner participation payments be included?

A. Yes. We expect bidders to include all project delivery costs within their budgets. This includes accessibility audits, testing with disabled users, participant remuneration for engagement and co-design activities, and any other project-related expenses.

Q. Is the suggested 15-20% maintenance budget annual or total?

A. The 15-20% figure is an annual maintenance allowance and should be treated as a maximum. We would expect maintenance for the first year to be included in the build costs. Following completion of the initial build, we anticipate entering into a separate three-year maintenance agreement with the successful supplier.

3. Submission Requirements and Assessment

Q. Is there a prescribed template for submitting costings and financial information?

A. No specific budget template is required. A simple spreadsheet setting out the relevant assumptions, roles, day rates, time allocation and expenses will be sufficient.

Q. What are the page limits and formatting requirements for submissions?

Q. Do the four-page and two-page limits exclude cover pages, contents, budget, CVs and example work appendices?

Q. Should two previous examples be supplied as links, case studies or complete example files?

A. The total page limit across the two workstreams is **12 pages** for the approach and relevant experience sections, comprising up to 4 pages for approach and 2 pages for relevant experience for each workstream. This page limit includes diagrams.

The page limit does **not** include example outputs (which may be provided as links to reports, webpages or similar materials, or as attachments), short CVs of key personnel, the budget, or any cover and contents pages.

There are no specific formatting requirements, although submissions should be clear, readable and professionally presented.

Q. Could you clarify what should be included within CVs?

A. A short biography outlining relevant experience will be sufficient.

Q. Can both workstream proposals be submitted as a single document?

A. Yes. Applicants are welcome to submit a single integrated proposal provided it clearly demonstrates how the criteria and requirements for each workstream have been addressed.

Q. If both workstreams are awarded to one bidder, are the two proposals scored jointly or separately?

A. We will be scoring each workstream separately, based on the criteria set out in sections 7.0 and 9.0 of the ITT document.

Q. Will interviews include a presentation?

A. Yes. We expect interviews to include a presentation element. Further details will be shared with shortlisted bidders.

Q. Are visual concepts or design work expected at bid stage?

A. No. We do not require visual concepts or design work at application stage. However, if they wish, applicants are welcome to include supporting materials where they help illustrate the proposed approach and remain within the submission requirements.

4. Additional Partner Requirements

Q. Are there any specific data protection, information security or data-hosting requirements that bidders should consider?

A. This project may involve the processing of personal data. Bidders should therefore ensure that all relevant systems, processes and data-handling practices comply with UK GDPR and applicable data protection legislation.

We require any personal data associated with this project to be hosted in the UK or, if not, within the EU.

Q. Are there any minimum insurance requirement?

A. We do not specify minimum insurance requirements for this work. However, we expect all bidders and delivery partners to maintain any insurance required by law and to ensure they have appropriate levels of cover for the services being delivered. As this project may involve the processing of personal data, bidders should ensure they have adequate insurance to cover associated risks.

5. Platform specifications

Q. Will any personal or sensitive data reach the public-facing platform, or will Workstream 2 handle only synthesised, non-personal outputs?

A. Personal or sensitive data will not be on the public facing platform. However, whoever is delivering Workstream 2 may have to work with or have access to some sources that contain personal or sensitive data. Therefore, organisations should be set-up to be GDPR compliant, in line with the Data Protection Act (2019). We will set up all data sharing agreements and agree T&Cs upon the award of the contract.

Q. Is any part of the platform intended to be internal-only, requiring authentication or single sign-on?

A. Yes. We expect some content and functionality to be available only to Impact on Urban Health and wider Guy's and St Thomas' Foundation colleagues. The specific content that will be publicly accessible versus restricted-access will be agreed during the project. We would ideally prefer solutions that minimise the need for separate account creation and password management, although bidders may propose alternatives where they improve functionality.

Q. Approximately how many records will the platform hold at launch - the circa 300 internal documents plus external evidence - and what growth rate should we design for?

A. The public facing platform is not expected to hold all the internal documents. It will hold the key outputs from the evidence synthesis and a select number of original evidence sources, approximately 50 documents. We expect 10-20 new evidence outputs per year will be uploaded to the platform.

Q. Is there an existing design system or brand toolkit the platform should be built within, and who holds sign-off on visual design?

A. The final product should align with Impact on Urban Health brand guidance. Our Communications team will be involved throughout the project and will provide support

and guidance on branding and design. Final sign-off will rest with Impact on Urban Health.

Q. Should the platform be designed to incorporate future evidence outputs?

Q. Beyond the synthesised evidence base, do you envisage the platform becoming the home for future evidence as programmes continue – and should the content structure be designed for that wider use from the start?

A. Yes. The platform should be designed as an ongoing evidence and learning resource rather than a static snapshot. Content structures should support the integration of future evidence outputs from the outset.

Q. Is the platform expected to host original source documents, link to documents stored elsewhere, present synthesised findings, metadata, or support a combination of these approaches?

A. We would expect the platform to support a combination of these approaches. The final model will be agreed during platform development.

Q. Will hosting of documents be required and is there a preferred display format?

A. Yes. The platform will need to host documents. We do not currently have a preference between PDF and webpage formats and would expect decisions to be informed by user needs and accessibility testing.

Q. What level of functionality is expected for the December 2027 prototype?

A. By December 2027 we would expect a functioning beta platform suitable for substantial user testing.

Q. Who will own the platform after March 2028? Does the Foundation have in-house development capacity, or does "maintained by us" refer to content editing?

Q. What maintenance support is expected after launch?

A. Ownership of the platform will transfer to Guy's and St Thomas' Foundation at project completion. We expect the platform to be designed so that significant redevelopment is not required in the short to medium term.

We anticipate that post-launch support will primarily relate to technical maintenance. Internal digital, data and IT operations teams will be able to provide technical support after handover. Content maintenance and evidence management will be undertaken by Impact on Urban Health's Data, Evaluation and Learning team.

Q. What existing CMS, hosting arrangements and technology infrastructure should the platform work with?

A. Our website is built on WordPress. We use Azure and Fabric for our data environment and would like partners to work within our existing infrastructure wherever possible.

However, we are open to alternative technologies where these provide a better solution in terms of functionality, accessibility, usability, sustainability or maintainability.

Q. Are there existing cloud, security or procurement frameworks bidders should work within?

A. There are not procurement frameworks to work within, we would like applicants to have ISO27001 data governance and cyber essentials plus. Ideally, we would like the partner to use our Azure environment as much as possible. Our digital team will penetration and security test everything before it goes live.

Q. Will hosting be provided by Impact on Urban Health, or should bidders include hosting within their costs?

A. Impact on Urban Health will procure and cover the cost of hosting. Our preference is for the platform to be hosted within our Azure environment where possible.

Q. Will Impact on Urban Health provide GitHub repositories?

A. Yes. We will make a GitHub repository available for project development if required.

Q. Should the platform sit within urbanhealth.org.uk, on a subdomain, or as a standalone site?

Q. May the platform reuse IoUH's existing WordPress/WP Engine arrangement (including WP Engine's headless platform) on a subdomain such as evidence.urbanhealth.org.uk? Who is the incumbent web agency, and do they hold theme IP or a retainer the new platform would need to work alongside?

A. Yes, we would ideally like the platform to sit within our own website. However, this is dependent on the platform itself and if it's compatible with the Impact on Urban Health website which is on WordPress. If not on our website we would like it to be on a subdomain or sister site rather than a standalone site. The incumbent web agency is called Fat Behive and Impact on Urban Health own both the retainer and IP.

Q. If the platform allowed IoUH to publish curated calls or priority areas to external audiences at a time of its choosing, would that align with your participation and funding plans, or is that outside the intent of this project?

A. This may be useful and do feel free to include this in your proposal. However, it is not an essential element of the work, and we would only recommend proposing additional elements such as this one providing it does not compromise your ability to deliver the core elements of the work.

Q. Would IoUH be open to making the evidence available through channels beyond the website - for example an API (Application Programming Interface), structured data feeds, embeddable tools or appropriately governed AI-powered services?

A. Yes in theory we would be open to this although we would need to check with our legal department and data protection. However the priority will be the functionality as described in the brief, any increased functionality beyond this would need to be justified.

Q. Will you provide programmatic access to internal files/folders e.g. through Microsoft Graph endpoint? Or would evidence have to be uploaded in batches to the evidence platform manually?

A. Ideally the work will happen within our own environment so this wouldn't be necessary however if needed we can provide access through Microsoft Graph endpoint.

Q. Is the Workstream 1 evidence catalogue intended to be the platform's data source, and in what tool does IoUH expect to maintain it after handover (e.g. Excel/SharePoint, Zotero, EPPI-Reviewer)?

A. The data source for the platform would be a combination of some, but not necessarily all, sources from the evidence catalogue as well as original outputs from the synthesis. Our evidence sources are currently housed in SharePoint and where possible we would like the evidence hub to work within our existing data environment.

Q. Does the "no paid or limited subscriptions" constraint on the Workstream 1 catalogue also apply to the Workstream 2 platform's hosting, CMS and search components? By "UK based" hosting, does IoUH mean origin and data in the UK, or all processing including CDN and WAF?

A. Yes, it does apply. We would like to have full hosting control, control of the CMS and search components. Ideally all processing would be in the UK, but this is not essential for CDN and WAF.

Q. Is the main aim to create an evidence and decision-making tool for professional audiences, with more visual or curated ways to explore the key insights? Or should it also be designed for residents and a wider public audience? We note the output is defined as a public-facing platform, while external audiences listed on p10-11 are professional/community partners.

A. The primary audience for this tool will be professional audiences, and it is important that it meets the needs of our internal colleagues and external professionals working in our field. However, the external facing element is expected to be open access, and we would like the tool to have some appeal to residents and a wider public audience, as much as possible.

6. Evidence Base and Content

Q. How should the new Evidence and Learning Hub relate to existing evidence products, such as State of Urban Health?

A. We are open to recommendations from bidders. Our current view is that the hub will initially sit alongside existing evidence products and resources, whilst gradually incorporating and potentially superseding some of these resources over time.

Q. What work has already been undertaken on the evidence catalogue?

Q. How much cataloguing and metadata already exists?

Q. What "initial work by Impact on Urban Health colleagues" on the catalogue (section 6.1) already exists, and in what form?

A. We have collated approximately 300 internal reports and documents into a single SharePoint repository. Documents have been organised by programme area and logged within a spreadsheet containing metadata such as publication date, programme, document type, lead author and partner organisation. An initial quality screening has also been undertaken.

Q. In what formats are the documents available?

A. Documents are held in a range of formats, primarily PDF, Word and PowerPoint.

Q. Will all documents be available at project inception?

A. Yes. We expect the full document set to be available shortly after project initiation.

Q. What proportion of the documents contain personal or sensitive information?

A. Only a small proportion of the documents contain personal or sensitive information.

Q. How wide-ranging should the external evidence review be?

A. We do not prescribe a specific methodology. We are open to evidence from academic literature, grey literature, community-produced evidence, international sources, and evidence from comparable organisations. We are particularly interested in approaches that address the project's learning questions pragmatically within the available budget.

Q. Is additional primary research expected?

Q. The work is primarily literature-based; what is the scope regarding additional primary research?

A. No. We are not expecting primary research or data collection to be undertaken as part of this project. However, we hope the work will identify evidence gaps and inform future research priorities.

Q. Is there scope to refine the proposed learning questions?

A. Yes. We expect the successful Workstream 1 partner to facilitate a process at project inception to review, prioritise and refine the learning questions.

Q. Section 4.1 lists topics that could extend well beyond the four impact goals. Is there appetite for the synthesis to follow the evidence into adjacent areas, or should scope be held tightly to the four goals and the agreed learning questions?

A. Yes, there is appetite for the synthesis to follow evidence into adjacent areas, where it is relevant to Impact on Urban Health's work. We appreciate that the nature of our work extends in lots of directions and therefore would not expect full syntheses of every possible topic area. Rather, we will discuss and prioritise areas in the early phases of the project.

Q. Are there constraints on citing or publicly summarising specific funded partners' evaluations – e.g. partner consent or embargoes?

A. Yes, some reports may contain information that is not appropriate to be shared publicly. This will be established early in the project through conversations with Impact on Urban Health colleagues.

Q. Please could you provide more information about your existing evidence management infrastructure on which you would like this work to build?

A. Our current evidence management infrastructure is limited, although we are collating and cataloguing our key reports in SharePoint. This project may build on this, although we are also happy for new infrastructure to start completely from scratch.

Q. Should we plan for broadly equal treatment across all impact goals, or is differentiated depth expected? E.g. how should the planned closure of the Children's Mental Health programme in 2027 affect its priority, treatment and outputs within the synthesis?

A. As a starting point, bidders should plan for all impact goals to be treated equally, although this may shift as the project progresses and we work through the evidence and our priorities with the successful candidate.

Q. Regarding the external review, does Impact on Urban Health have license agreements to enable open access to the literature or will this need to be provided by the applicant (e.g. costing-in for article access)?

A. Impact on Urban Health does not have full access to journal articles, and this will need to be provided by the applicant.

Q. Can you share any research or data that sets out which communities you are not currently reaching

A. We don't have centrally held data or research about our reach within communities. We expect that this work will help to surface some of these insights, identify gaps in our knowledge and indicate future research and evidence priorities

7. Stakeholders, Engagement and Governance

Q. Approximately how many workshops should bidders budget for?

A. We have not prescribed a specific number of workshops. As a minimum, we would expect meaningful engagement with:

- Impact on Urban Health colleagues
- Impact on Urban Health partners
- Other external stakeholders identified within the ITT

Applicants should propose an approach they believe is appropriate to deliver the project objectives.

Q. Can a list of stakeholders be provided?

A. We do not currently have a final stakeholder list. Stakeholder mapping will be undertaken in the early stages of the project, and successful bidders may contribute to this process.

Q. Who sits on the Steering Group? How often will the Steering Group meet?

A. The Steering Group currently includes colleagues from across Impact on Urban Health and the wider Guy's and St Thomas' Foundation. Membership may be reviewed and expanded following appointment of the successful bidder(s).

Meeting frequency will vary over the course of the project, with more frequent meetings anticipated during the inception and early delivery phases.

Q. Will online commenting to facilitate stakeholder feedback be required?

A. Online commenting is not essential, however any methodology would need to demonstrate that it is effectively facilitating stakeholder feedback.

Q. Who are the partners (around 200 referenced); is there a list, and can we engage or involve that network?

A. Details on some of our present and past partners can be found here: <https://urbanhealth.org.uk/partnerships/current-partnerships>. We would expect that partners are a key stakeholder group in the work and would like to see them involved particularly in sense-making of findings.

8. Timelines, Outputs, Ways of Working

Q. The award date is given as October 2026 in section 1.2 and November 2026 in section 11.0. Which date should bidders plan against?

A. We will be interviewing applicants in October and intend to have chosen successful partners by the end of the month. Therefore, project kick off is likely to be November, dates will be dependent on the time needed for due diligence checks and contracting.

Q. Do you have expectations regarding the number of thematic reports, briefs or learning outputs that will ultimately be produced, should applicants propose the most appropriate suite of outputs, or will these be determined at project inception?

A. We are open to applicants proposing appropriate outputs, and we will agree the final outputs to be delivered at project inception.

Q. Is the indicative timeframe of approximately 18 months fixed, and is there an expected or prescribed timeline for the completion of each individual workstream?

A. The indicative timeline is not fixed, and we would welcome proposals that are able to complete this work in less time. We would be reluctant to accept proposals that went beyond the cut off of March 2028.

Q. To what extent do you expect Workstream 1 partners to contribute to the design and specification of the digital platform beyond providing content structures and learning products?

A. We expect the workstream partners to develop an independent working relationship with semi-regular collaboration. The exact tasks and areas where the Workstream 1 partner would be expected to input into Workstream 2 are tbc and dependent on the two partner project approaches but we see the Workstream 1 partner as a key stakeholder in the development of the end digital product.

Q. How open is the client to alternative methodologies or approaches to the one set out in the ToR?

Q. Are applicants expected to follow the methodology set out in the ITT exactly?

Q. How much flexibility would you be open to in applicants proposing an alternative structure or sequencing within workstreams, such as cross cutting elements that might underpin both workstreams?

A. We are open to alternative methodologies, approaches, and sequencing provided they meet the aims and requirements of the project. We are happy to be guided by organisations with relevant expertise and experience.

Q. Will the two workstreams share a common data and coding framework, and at what point in the project would it be agreed?

A. Yes, we expect that the two partners will collaboratively develop a shared framework, the timing of this will depend on the preferences and approaches being taken and can be confirmed during the project kick off phase.

9. Other

Q. Can we see a copy of the Innovation Team's strategy or operational plan?

A. This project is being led by the Data, Evaluation and Learning team, although there will be outputs from the Innovation team. Further information about all of our teams' strategies will be available to the successful bidder upon appointment.