

Invitation to Tender

For:

Research on the current landscape of integrated, community-led working on a neighbourhood & hyper local footprint

Part 1: Understanding the existing landscape

Part 2: Case for change

Date:

March 2024

In Partnership with Local Trust

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About the NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ over 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure.

We support our members in three main ways:

- We represent organisations and sectors, to ensure local organisations and systems work in the best interests of service users, citizens and staff.
- We connect the whole healthcare system, to boost system working and develop solutions to shared challenges.
- We support leaders to develop and hone their leadership skills, equipping leaders with tools, ideas and insights and connecting them with a community of leaders.

Our work is underpinned and driven by our values, which help us to achieve our vision of a healthier population supported by high-quality health and care services that benefit everyone. We are respectful, inclusive, bold, collaborative and we act with integrity.

We represent the NHS as a whole and also have a number of networks to support our members in areas of specific concern to their part of the healthcare system.

We work closely with the Government, Parliament, and national stakeholders.

We provide an independent and robust critique of policy and act as an important conduit between policy makers and NHS leaders – helping to test proposals and assess their impact on front line services.

Legal overview

The charity is a company limited by guarantee and was incorporated on 23 January 2002 (Charity number 1090329, Company Number 04358614).

The charity has a subsidiary called The NHS Confederation (Services) Company Limited incorporated as a company limited by guarantee (Company Number: 05252407).

Scope of work

This research will help inform a wider programme of work between Local Trust and NHS Confederation with the aim to:

Improve population health and reduce health inequalities through joined-up, community led approaches at a hyperlocal level.

And with the following impact:

1. *We create and better understand the conditions, at all levels, needed to reduce health inequalities and improve population health including the role of community*

leadership, social infrastructure, and hyper-local approaches to deliver sustainable and preventative health services.

- 2. People within the NHS, community and other relevant sectors have the knowledge, skills and capacity to create positive change.*
- 3. Through compelling evidence, we influence national policy including the re-distribution of resources toward community-led approaches.*

We are tendering for a two-part foundational research project into the current state of integrated, community led working within the UK including international examples that informs the above programme. We are ideally looking for a delivery partner that can oversee/support both parts of the research however there are very different skills and capabilities required for the different parts and therefore we encourage organisations to work partnership to deliver this work. The research partner would need to be available to start end of May.

The research findings will result in communication and engagement plans informed by research findings and we may look to launch at a face-to-face event in London in July/August 2024 hosted by NHS Confederation in partnership with Local Trust.

Who is Local Trust?

Local Trust was established in 2012 to deliver *Big Local*, a National Lottery Community Fund-funded programme which committed £1m each to 150 neighbourhoods across England. The £217m originally provided by The National Lottery Community Fund to support this programme is the largest single-purpose Lottery-funded endowment ever made, and the biggest ever investment by a non-state funder in place-based, resident-led change.

In terms of scale, time horizon and ethos, nothing like Big Local has ever existed. Designed from the outset to be radically different from other funding programmes, at the heart of Big Local is a vision of empowered, resilient, dynamic, asset-rich communities making their own decisions on what is best for their area.

In practice:

- Supporting Big Local partnerships to achieve their ambitions.
- Delivering and commissioning research, evaluation, analysis and storytelling from Big Local, and using this to influence and inform policy and practice nationally and locally.
- Developing new ways to achieve a transformation in the way policy makers, funders and others engage with communities and place.

Part 1: Understanding the current models and landscape

Key output – insight to be utilised on an interactive landing page on NHS Confederation website (in partnership with local trust) and in future relevant publications. To be delivered by End of July/Early August 2024 with further intelligence & insight between July-September 2024.

This research will provide a bird's-eye view of what integrated neighbourhood approaches and hyper-local community working exists within current integrated care systems. It will help to identify, and engage with, health and care leaders already advocating for this approach locally and create a stronger understanding of the current position of the health and care system. This will help to inform the detail of the next stage of the programme and strengthen its impact.

This research will help us:

- Understand how integrated neighbourhood approaches are developing across the country (bird's-eye view of geographical scale/population focus/participation and governance/connection to 'big local' projects areas) with each ICS covered.
- Whether there are common themes of the 'type' of model that have embedded well in the NHS, utilising impact/evidence/data from across the country. It will be particularly focused on what evidence exists on the extent to which integrated neighbourhood approaches are meeting the needs of self-defined communities at the hyper-local level in the most deprived and 'left behind' neighbourhoods.
- Highlight neighbourhood approaches within health and care that are improving the health of their populations (addressing social determinants, health inequalities, preventative, support and promotion of community led activities/community capacity building).
- Understand how they are working with/involving local people and community organisations and if they are recognising and responding to the different levels of capacity that communities have to engage and partner.
- Identify and describe innovators in the UK and internationally, and useful information for those embarking on this journey; (cross cutting with Part 2) – What are the steps to genuine community-led approaches to health and care.
- Review how approaches identified interact with local government, public health and district councils and the role this plays in the success of the work.

Part 2: Case for Change

Key Output: short report published in end of July/ early August 2024 with respected/high profile author/advocate as part of launch.

A comprehensive review of existing literature, from here and abroad, on integrated neighbourhood working and community led approaches to health at the hyper local level. This would:

- Identify and describe innovators in the UK and internationally and next steps for those embarking in this space; (cross cutting with Part 1) – What are the steps to genuine community-led approaches to health and care.
- Assess and summarise evaluation and review data on outcomes and impact/key learning/value for money.

- Look beyond the statutory health sector to ‘next practice’ initiatives developed by local government and civil society.

This case for change will align to NHS Confederation overall work on a new social contract with the public, one in which we offer more and expect more.

We are still interested in hearing from partners interested in supporting with the intelligence that informs part 2 but do not have the capability/author/advocate required for this project output – NHS confederation can help with identifying the right individual where this where appropriate.

Contract period

The contract period for this tender is expected to be for six months and subject to the delivery of outputs described above.

Interested parties are asked to submit a proposal document by **Friday 19 April 2024**.

Proposal for services

The Proposal document should, as a minimum, cover the following areas:

Company information

- Brief outline of your values, structure, size, and capabilities in general
- Examples of similar research projects you have delivered and existing experience/expertise in this area.
- Brief outline of how you have previously worked with health and care and/or community sectors.
- Completion of the equalities questionnaire at Appendix 1 (refer to guidance provided)
- How your organisation is aligned with the values of the NHS Confederation – see Appendix 2
- Confirm if you are building for both parts of the research and if only one, which part.
- Confirm if you are bidding for this in partnership with others and who those partners are.

Proposal for services

- A description of who would be involved in the research and the expertise and insight they will bring.
- A high-level outline of how you would conduct the research considering the balance of quantitative/qualitative data with a specific focus on ‘evidence of impact’ from examples being identified.

- How you will engage with national/system/local stakeholders in the health and care sector as well as community leaders beyond the sector.
- Given NHS Confederation hosts a series of networks, communities and forums, an outline of how you would hope to optimise existing stakeholders and connections within NHS Confederation for the research.
- Consideration of how you would map Local Trust areas to primary care networks.
 - We would want this to have a particular focus on members of the NHS Confederation.
- Expectations of the NHS Confederation in terms of supporting research delivery e.g. identifying the right people, hosting roundtables etc. (The event, communications and report publication will be managed by NHS Confederation).
- If you would require NHS Confederation to identify an advocate for the work or if your bid includes the time/expertise of that individual, and if so the name and expertise of the individual.

Fee proposal

Your tender should detail the overarching fee for the research if bidding for both parts, or the separate costs for delivery of part 1/part 2, exclusive of VAT. It should include:

- Full research cost inclusive of time you may identify from other organisations/individuals where expected.
- Cost of researcher(s) being available for promotional activity and events.

It should not include costs for launch and communication planning as these will be delivered by NHS Confederation.

Proposal scoring

We will rank tenders on the basis of:

Criteria	% Weighting
Fit to requirements of the brief	50%
Quality and experience of the team	25%
Value for money	10%
Alignment with values	10%
Quality of engagement with management and the tender process	5%
Total	100%

Access to NHS Confederation during the preparation of the Proposal document

In the period up to Friday 19 April and in order to assist in the preparation of the Proposal document, if required, each party may meet with Charlotte Wilson or another member of the NHS Confederation team.

Tender interview Panel

The formal tender interview panel will consist of:

- Charlotte Wilson, Senior Policy & Delivery Manager
- Rebecca Gale, Assistant Director of Primary Care
- Chris Falconer, Head of Programmes, Local Trust

Key dates

Action	Date
Invitation to Tender (ITT) sent out	Monday 25 March
Deadline for tender response documents to be submitted	Friday 19 April
Shortlist finalised	Friday 26 April
Formal tender interviews (virtual)	w/c Monday 6 May
Preferred Supplier notified	w/c Monday 6 May
Contract negotiation	May 2024
Work commences	Monday 27 May

Instructions for the return of tenders

Tenders should be submitted by email to primary.care@nhsconfed.org and copy in contracting@nhsconfed.org

Tender ref: 2324-085

Tenders must be received by close of play Friday 19 April 2024. Tenders received after this date will not be considered.

It is incumbent on tenders to ensure they have all of the information required for the preparation of their tenders.

For further information about this tender please contact:

Name	Charlotte Wilson
Title	Senior Policy & Delivery Manager
Phone number	07427652194
Email address	Charlotte.wilson@nhsconfed.org

Appendix 1 – NHS Confederation Equalities questionnaire

This questionnaire must be completed satisfactorily in order for any company to be considered to tender for this NHS Confederation contract. The NHS Confederation wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010.

- 1. Is it your policy as an employer and as a service provider to comply with your statutory obligations under the equality legislation, which applies to Great Britain, or equivalent legislation in the countries in which your firm employs staff?**

Yes No

- 2. Accordingly, is it your practice not to discriminate directly or indirectly in breach of equality legislation which applies in Great Britain and legislation in the countries in which your firm employs staff:**

In relation to decisions to recruit, select, remunerate, train, transfer and promote employees?

Yes No

In relation to delivering services?

Yes No

- 3. Do you have a written equality policy?**

Yes No

- 4. Does your equality policy cover:**

Recruitment, selection, training, promotion, discipline and dismissal.

Yes No

Victimisation, discrimination and harassment making it clear that these are disciplinary offences.

Yes No

Identify the senior position for responsibility for the policy and its effective implementation.

Yes No

5. Is your policy on equality set out

In documents available and communicated to employees, managers, recognised trade unions or other representative groups?

Yes No

In recruitment advertisements or other literature?

Yes No

In materials promoting your services?

Yes No

If the answer is NO to any part of questions 4 or 5, please provide other evidence to show how you promote equalities in employment and service delivery.

6. In the last three years, has any findings of unlawful discrimination been made against your firm by the Employment Tribunal, the Employment Appeal Tribunal or any other court or in comparable proceedings in any other jurisdiction?

Yes No

7. In the last three years, has any contract with your firm been terminated on grounds of your failure to comply with:

Legislation prohibiting discrimination?

Yes No

Contract conditions relating to equality in the provision of services?

Yes No

8. In the last three years, has your firm been the subject of formal investigations by the Commission for Racial Equality, the Disability Rights Commission, The Equal Opportunities Commission or a comparable body, on grounds of alleged unlawful discrimination?

Yes No

If the answer to question 6 and 7 is YES, or, in relation to question 8, a finding adverse to your firm has been made, what steps have you taken as a result of that finding? Please summarise the details below and provide full details as an attachment.

9. If you are not currently subject to UK employment law, please supply details of your experience in complying with equivalent legislation that is designed to eliminate discrimination and to promote equality of opportunity. List any attached documents.

Guidance in answering the equality questionnaire

When completing the questionnaire, all companies must answer each question fully and supply any documentary evidence requested. Failure to fully answer each question or failure to submit any documentary evidence required may lead the NHS Confederation to consider the answer unsatisfactory.

Question 1 and 2

If your firm has implemented an effective equality policy, you will be able to answer yes to these questions. You will be able to confirm your answers by submitting your equality policy and supporting evidence as for as part of this section.

Question 3 and 4

You will need to submit a copy of your firm's equality policy. You will need to ensure that your policy covers:

- recruitment, selection, training, promotion, discipline and dismissal
- victimisation, discrimination and harassment
- identifies the senior position responsibly for the policy.

Question 5

Documents available and method of communication to staff. You will be required to submit examples of any documents, which explain your firm's policies in respect of recruitment, selection, remuneration, training and promotion outside of the equality policy asked for in Question 3 and 4.

You will also need evidence of how your firm has communicated this document to staff, i.e. notice boards or issue individual employees with a copy. There is no prescribed evidence here. You will need to submit whatever documents your firm uses for these purposes.

In recruitment advertisements or other literature, you will need to submit evidence that makes public your firm's commitment to equality in employment and service delivery.

Small firms may not have detailed procedures, but you must ensure that evidence is provided which demonstrates that personnel operate in accordance with a written equality policy that includes:

open recruitment practices such as using job centres and local newspapers

to advertise vacancies

instructions about how the firm ensures that all job applicants are treated fairly.

In material promoting your services. This relates to how your firm provides information in materials promoting your services, e.g. in different languages, making

information accessible to people with hearing and visual impairment and physical access for disabled users.

Question 6

This question's concern is whether any court or industrial tribunal has found your firm guilty of unlawful discrimination in the last three years. It is important to be honest with your answers. The NHS Confederation may check your responses. If the answer is yes, you may wish to insert additional information which details the actions your firm has undertaken to prevent a repeat occurrence.

Answering yes will not automatically mean that you do not get the contract; you need to ensure that the NHS Confederation feels confident that you have sufficient measures put in place to prevent a re-occurrence.

Question 7

This question's concern is whether your firm has ever had a contract terminated for noncompliance with equality legislation or equality contract conditions. If the answer is yes, your firm may wish to submit additional information will details the actions they have taken to prevent a repeat occurrence.

Question 8

This question asks whether your firm has had any investigation carried out, whatever the outcome. The NHS Confederation can check a contractor's answer from lists that the CRE and EOC produce, so please be honest. The NHS Confederation is aware that because a firm has been investigated does not mean that it is guilty of discrimination. The result of the investigation will be taken into account when assessing your firm's answers to the questionnaire.

Question 9

If your firm has been found guilty of unlawful discrimination, you will need to provide evidence that details the steps your firm has taken to correct the situation. The Court, Industrial Tribunal or CRE will have made recommendations about steps your firm should take to eliminate the discrimination. If no action or inadequate action has been taken in this respect, only then will your firm be considered refusal onto the tender list.

Question 10

If your firm is not subject to UK employment law, you must ensure that you supply details of equivalent legislation that you adhere to.

Appendix 2 – NHS Confederation Values and their definitions for reference

Respect

We treat people with respect.

We recognise the diversity of views, and we listen to understand.

We believe in fairness and support one another to achieve our goals.

We demonstrate trust, respect and fairness at all levels of the organisation.

We have fair and respectful employment practices that provide individual support and nurture talent.

Inclusivity

We continuously strive to be a diverse organisation - we encourage different ideas, strengths, interests and experiences.

We have a genuine commitment to being an inclusive and welcoming employer and organisation.

Our staff should represent the NHS and wider population in terms of diversity.

All our staff feel they have a voice, are listened to and valued. We value everyone's contribution.

We respect different views and show this by listening and being authentic. We respectfully challenge back when needed.

Bold

We are innovative and creative, always striving to be our best.

We are courageous and confident when we need to respectfully challenge.

We are ambitious, aspiring to be the best in our work and encouraging it in others.

We are leading, influencing and represent our stakeholders and the NHS.

We speak for members and lead on their behalf.

Integrity

We are open in everything we do, say and role model.

We are honest with ourselves about where we need to improve.

We have pride in the work that we do, and we are proud to represent the NHS.

We are all accountable for our work and learn from our mistakes.

We have an honest and open culture.

Collaboration

We are all part of one organisation and work collaboratively with other teams.

We are a diverse organisation with a diverse membership and recognise and value each other's strengths.

We encourage internal collaboration to share ideas across teams and external collaboration to have impact across the wider NHS and our stakeholders.

We communicate respectfully and listen to the needs of our members and stakeholders.

We work together with our members and stakeholders to improve patient care.