

# Support partner for the design and delivery of an NHS Anchors Learning Network

*The Health Foundation is seeking a supplier to work with us on the design, development and delivery of an NHS Anchors Learning Network in the UK.*

## **Invitation to tender, July 2020**

### **Prepared by**

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**Deadline date: 12pm GMT, 5 August 2020**

### **Attached documents include**

- [Tender response form](#)
- [Sample contract](#)

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# Summary

## 1. Background

- 1.1. The proposal to develop an NHS Anchors Learning Network follows the 2019 publication *Building healthier communities: the role of the NHS as an anchor institution*<sup>i</sup>. Led by the Health Foundation, the report demonstrated how NHS organisations act as anchor institutions in their local communities, identifying where anchor practices are already taking place and how the NHS can maximise its influence on the wider determinants of health.
- 1.2. The *NHS Long Term Plan*<sup>ii</sup> highlights the role of the NHS as an anchor institution. It gives examples of where the NHS is positively influencing local socio-economic wellbeing and sets out that ‘in partnership with the Health Foundation, we [NHS England and NHS Improvement] will work with sites across the country to identify more of this good practice that can be adopted across England’.
- 1.3. It is predicted that the UK economy will experience the sharpest recession on record as a result of the COVID-19 pandemic<sup>iii</sup>, resulting in significant social and economic impacts. The impacts of COVID-19 are not being experienced equally across society and it is anticipated that this will exacerbate existing health inequalities<sup>iv</sup>. This in turn is likely to have detrimental impacts on people’s health and wellbeing. The role of the NHS as an anchor institution should be optimised in supporting local recovery.
- 1.4. Anchor institutions are large, (usually) public sector organisations that are called such because they are unlikely to relocate and have a significant stake in a geographical area – they are effectively ‘anchored’ in their surrounding community. They have sizeable assets that can be used to support the capacity and wellbeing of local communities, economic development and inclusive growth and reduce health inequalities. e.g. through procurement and supply chains, workforce and training, use of buildings and land and being an active system partner in area-based development.
- 1.5. The Health Foundation and NHS England and NHS Improvement have been working together to design a joint programme of work aimed at enabling the spread of ideas, knowledge and capability so that NHS organisations can adopt and apply anchor strategies in practice.

## 2. About the NHS Anchors Learning Network

- 2.1. Our research, stakeholder engagement and learning from international sites suggests that an effective approach to tackling these challenges is to design and deliver an NHS Anchors Learning Network.
- 2.2. A network of this kind would support learning between those already implementing anchor approaches in NHS organisations, build capability in those less experienced and catalyse focused action in specific places or across themes of work (for example procurement practice). The network could also support learning and collaboration between other anchors and partners, for example local authorities,

industry, the voluntary, community and social enterprise (VCSE) sector and universities.

2.3. The Health Foundation is now seeking to appoint a supplier with the expertise necessary to support the design, development and delivery of the learning network. We expect the appointed supplier to:

- 1. Lead and facilitate a co-design process for the learning network**, working with the Health Foundation, NHS England and NHS Improvement and potential network members. This should include a series of activities to engage wider stakeholders and ensure the network meets the needs of both commissioning organisations and network members.
- 2. Deliver the network for two years** including facilitating member engagement, peer learning, communities of practice, the development of skills and specific practices event design and delivery including virtual activities (if appropriate); sharing learning with members and other external partners; communications activities to support the spread and scale of the network; and overall management of the network.
- 3. Consider and optimise social value<sup>v</sup>** throughout the design and delivery of the work outlined in this tender.

2.4. For more information on the expected activities, outputs, outcomes and impact of the Learning Network, please see the working Theory of Change in **Appendix 2**.

2.5. The supplier may include a partnership of organisations or individuals, but the tender must come from one lead organisation.

2.6. An evaluation partner will be separately commissioned who will provide developmental feedback during the design and delivery phases of the network as well as seeking to understand the success of the network. The supplier appointed through this tender process will be required to work closely with the evaluation partner throughout the design and delivery phases to ensure learning is embedded in the network.

2.7. The Health Foundation is working in partnership with NHS England and NHS Improvement on the development of the network. While NHS England and NHS Improvement's remit is England only, the network should cover and include members from all four countries within the UK.

2.8. The supplier will be commissioned via an open tendering process. The successful team will be required to start in late September / early October and provide support for the programme until the end of the contract in early 2023. We anticipate that the value of the contract of services delivered will be up to a maximum of £300,000 (inclusive of VAT and expenses). The award for the contract for the co-design phase of the network is no more than £50,000, and the award for the contract for the delivery phase of the network is no more than £250,000.

2.9. The contract for the design and delivery of the network will include a break clause after the completion of the network co-design phase. The contract will continue for

the delivery of the learning network only if the Health Foundation and NHS England and NHS Improvement are satisfied with the delivery plan produced during the co-design phase.

- 2.10. All tenders should be completed using the AIMS online system by midday (12pm GMT) on 5 August.

### 3. About the Health Foundation

- 3.1. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.
- 3.2. We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.
- 3.3. We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

### 4. About NHS England and NHS Improvement

- 4.1. From 1 April 2019, NHS England and NHS Improvement are working together as a new single organisation to better support the NHS to deliver improved care for patients. As local health systems work more closely together, this new single organisation has been designed to support delivery of the *NHS Long Term Plan*.
- 4.2. The *NHS Long Term Plan* sets out an ambitious 10-year vision for healthcare in England. It sets out a new service model: where we take more action on prevention and health inequalities, where we improve quality of care and health outcomes across all major health conditions, where the NHS harnesses technology to transform services, and where we get the most out of taxpayers' investment.

## NHS Anchors Learning Network programme details

### 5. Aims of the learning network

- 5.1. The NHS Anchors Learning Network aims to support NHS organisations to better understand their role as anchor institutions as well as how they can use anchor approaches to improve community health and wellbeing.
- 5.2. It is anticipated that developing the capacity of NHS organisations will enhance the impact of the NHS on the wider determinants of health, narrow inequalities and improve population health.

5.3. As background, the Health Foundation and NHS England and NHS Improvement teams held a workshop to consider our priority objectives for the network (this is also outlined in our working Theory of Change in **Appendix 2**). The three objectives that emerged were:

- To build skills and capability within members to support them to embed anchor approaches, build local partnerships across sectors, and develop technical, delivery and evaluation skills.
- To support a change in practice among members and increase the adoption of anchor practices, such as widening workforce participation or procuring for social value.
- To increase the evidence base for anchor approaches and better understand the impact they can have on local population health and the wider economy.

## 6. Deliverables and specifications

6.1. We propose two deliverable phases to implementing the NHS Anchors Learning Network: 1) a co-design phase and 2) a delivery phase. Social value should be embedded throughout.

6.2. The proposed network design and approach to delivery will need to be agreed by the Health Foundation and NHS England and NHS Improvement prior to continuation of the work by the support partner.

6.3. There will be a break clause in the contract with the support partner after the design phase in case either the Health Foundation and NHS England and NHS Improvement or the support partner wants to discontinue working together on this programme.

### 6.4. First phase: Lead and facilitate a co-design process for the learning network

6.4.1. The initial priority is to design the network, refine its aims and begin to engage potential members. This phase should be highly collaborative, and we are looking for proposals that demonstrate a co-design approach with the Health Foundation, NHS England and NHS Improvement and potential members of the network.

6.4.2. Given the impacts of COVID-19, we are keen for the successful team to consider in the design phase how the role of anchor institutions and strategies may have changed during 2020, and how communities have responded to the crisis. We expect the successful team to capture learning from the response to COVID-19 about the changes in relationships and the way the NHS operates and works with communities, other public sector bodies or services, the VCSE sector, industry and other partners at a place and system level and incorporate this into the network design. They will also need to consider the role in which anchors can play in supporting areas of deprivation and/or areas or communities highly impacted by COVID-19.

#### 6.4.3. Principles

The key principles to inform the design of the network that have emerged to date are:

- The network should be reciprocal, collaborative and member owned
- The network should be representative and inclusive of a wide range of anchor organisations and partners involved in the design and delivery of health and care
- The network should be focused on practical action (and have activities and mechanisms which support this)
- The network should be designed to be autonomous and sustainable beyond the initial two years of funding
- The network should be adaptive and able to respond to evaluator and member feedback

6.4.4. We anticipate the design phase should be completed by the end of January at the latest and should result in a worked-up design of the network and a detailed proposal for delivery.

#### 6.4.5. **Specification for the design phase**

The support partner will:

- **Lead and facilitate a co-design process for the Learning Network, working with the Health Foundation, NHS England and NHS Improvement and potential network members. This may include a series of activities to engage wider stakeholders.**
- Work with the Health Foundation and NHS England and NHS Improvement and draw on the Theory of Change (**Appendix 2**) to develop key design questions about the learning network and an approach to answering them.
- Bring expertise in network design and delivery to ensure the design process is rigorous in its approach and builds on existing evidence about network design.
- Help identify stakeholders who would be most helpful to engage in the design process at different stages and develop an engagement approach. As a part of this, they will build in learning from other organisations working in the field of anchors, social value and from those who are delivering effective networks<sup>vi</sup>.
- Design activities with external stakeholders that capture additional insights about the needs and wants of potential network members, generate interest and enthusiasm for the Learning Network. This includes exploring the remit of the Network, the role of Integrated Care Systems (ICS) and system wide approaches in supporting anchors strategies and how the Network relates to other concepts/initiatives such as social value and inclusive growth.
- Consider how the Network might support members working in challenging systems to develop and embed anchor approaches. We recognise that networks often attract those already engaged and we are interested in approaches to tackle this. We are particularly interested in working with organisations where anchors are likely to have the highest impact e.g. areas of deprivation, areas where the NHS is a relatively significant employer or contributor to the economy or areas that have been disproportionately impacted by COVID-19.
- As a result of the work undertaken in the co-design phase, develop a plan for delivering the NHS Anchors Learning Network for the subsequent two years.

This should include detail on the following (this is not an exhaustive list and may be amended through the co-design phase in consultation with the appointed supplier):

- answers to key design questions including membership and activities
- a member engagement strategy
- a communications strategy outlining the approach for collating, synthesising and sharing learning from the network with key audiences
- a suitable name and visual identity for the network which resonates with potential members and NHS staff more broadly, reflects the goals of the network and recognises the roles of the Health Foundation and NHS England and NHS Improvement
- risk register, detailed budget and programme plan for delivery of the network
- develop and undertake early testing of plans for sustainability beyond the initial two-year funding period.

## **6.5. Second phase: Deliver the programme for two years**

6.5.1. This will include the launch, roll out and delivery of the learning network over a two-year period. It is anticipated that the network will launch in early 2021 and the support partner will provide delivery support for two years from commencement.

6.5.2. The provider will be responsible for the delivery of all programmatic elements of the network as outlined in the specification in section 6.3.5. They will work in close collaboration with the core team at the Health Foundation and NHS England and NHS Improvement.

6.5.3. As part of the Health Foundation and NHS England and NHS Improvement partnership there is further funding available for network members to embed the learning from the network (for example, progressing ideas, developing new projects, building new collaborations). We will work with the supplier to help identify and maximise the impact of these opportunities.

### **6.5.4. Specification for the delivery phase**

The support partner will:

- **Deliver the network for a period of two years including member engagement, event design and facilitation, coordination of virtual activities, communications activities to support the spread of learning and overall management of the network.**
- lead the ongoing delivery of the network, following agreement with the Health Foundation and NHS England and NHS Improvement on the scope and design of the network. This will include the following activities (to be refined during the design phase):
  - Engagement and recruitment of members
  - A launch event
  - Ongoing event design, facilitation and management of face-to-face and digital network activities (as appropriate) and potentially a digital

platform (this may be using an existing platform – to be agreed in the design phase).

- Identification and contracting with speakers or other contributors
- Curation and facilitation of face-to-face or digital network activities (as appropriate)
- Development of materials to support face-to-face events and digital activities
- Delivery of any other activities identified in the design phase that would support the overall mission of the network (for example, site visits, local meet ups and so on)
- Ongoing communication with members and fostering of the community to support action and engagement beyond formal network activities
- Collation and synthesis of learning from network activities and production of outputs to share with members, the Health Foundation, NHS England and NHS Improvement, evaluators and other key audiences and stakeholders. Communication activities to share this learning to support the further spread and scale of the network
- Identifying opportunities from within the network that could be further supported / funded by the Health Foundation and NHS England and NHS Improvement

6.5.5. Although the support partner will lead the delivery of the network, the Health Foundation and NHS England and NHS Improvement will remain engaged as contributors, thought leaders and advisors to the network. We would expect to have presence at network activities and events.

6.5.6. There may be additional activities identified during the design phase which would add significant value to the network, but which are hard to account for at this stage of planning (for example learning from international experience may be considered a priority and could be supported through study visits abroad). We recognise that these potential additional activities are largely unscoped and so suggest suppliers submit an indicative budget which can be refined during the design phase (within the overall indicative funding allocation).

6.5.7. We would encourage suppliers to be creative in their thinking about the design of the network, bringing in experience of network design, learning from theory and best practice – these can be tested during the design phase and the budget adjusted as agreed with the Health Foundation and NHS England and NHS Improvement.

6.5.8. The Health Foundation and NHS England and NHS Improvement will continue dissemination and influencing activities around the topic of anchors throughout the period of the contract. We will therefore look to the supplier for support in harnessing learning from network activities and engaging with network members, as well as working collaboratively on external communications activity to ensure that messages and outputs are aligned and add value to each organisations' work on anchors.

## **6.6. Consider and optimise social value.**

6.6.1. The support partner will consider social value throughout the design and delivery of the work outlined in this tender

6.6.2. Social value is a term used to describe the wider economic, social and environmental effects of an activity or organisation. The provider should actively consider and implement opportunities to add social value through the design and delivery of this work. This should be tracked, and continual review and improvements made.

6.6.3. This should include how spending decisions can maximise the benefit for the communities they serve.

## 7. Roles of the Health Foundation, NHS England and NHS Improvement and the support partner

7.1. The appointed supplier will need to work collaboratively throughout the contract with the Health Foundation and NHS England and NHS Improvement. The objectives and design of the network will emerge over time and so the support partner must be flexible and adaptive in their approach.

7.2. The Health Foundation will provide day-to-day management of the support partner, with overall decision making and oversight provided through existing governance arrangements set up to support the overall Health Foundation and NHS England and NHS Improvement partnership.

7.3. Both organisations will work closely with the support partner and actively contribute to activities during the design and delivery phases of the learning network. Final decisions about the design and scope of the network will be taken jointly by the Health Foundation and NHS England and NHS Improvement.

7.4. We expect to be fully informed both of process and progress of planned activities. This contact could include regular email and telephone conversations and quarterly progress meetings.

7.5. The supplier will provide regular reports (format and frequency of the reporting to be decided) to the Health Foundation on key deliverables. As well as reporting on project management and financial progress, the reports will summarise progress in working towards the deliverables, alerting us to any significant achievements, opportunities, risks or problems.

7.6. The supplier will be expected to work with a separately commissioned evaluation partner who will provide developmental feedback during the design and delivery phases of the network as well as seeking to understand the success of the network.

## 8. Preferred supplier

8.1. The successful supplier will provide a team comprising individuals with expertise and practical experience in:

- Designing and managing learning networks, communities of practice and collaborative working, including potentially on digital platforms

- Face-to-face and online event design, co-ordination and facilitation
- Cross-sector stakeholder engagement
- Synthesising and sharing learning that is engaging, accessible and inspires action, for example through the production of outputs or speaking at events
- Working with the NHS and its staff members and ideally with Sustainability and Transformation Partnerships or Integrated Care Systems and other health and care partners such as local authorities or the VCSE sector
- Project management
- Brand development and management

8.2. The team will also have a broad and practical understanding of:

- UK health and care priorities, challenges and opportunities
- The role of anchor institutions and knowledge in social value and inclusive growth, and the potential of the NHS to support the wider determinants of health and reduce health inequalities beyond health care provision

## 9. Anchors network timetable schedule

Date	Milestone
<b>September 2020</b>	<u>Contract successful Support Partner</u>
<b>September/October 2020</b>	Inception meeting: commence work to support the design of the Learning Network
<b>From October 2020</b>	Deliver design activities as outlined in successful proposal
<b>January 2021</b>	Final delivery plan: Support Partner to present an approach to delivering the Anchors Learning Network to the Health Foundation and NHS England and NHS Improvement
<b>End of January 2021</b>	Launch NHS Anchors Learning Network
<b>February 2021</b>	Commence two-year delivery of NHS Anchors Learning Network and corresponding activities

9.1. This is our ambition for the programme schedule, but this may be subject to change given the impact of COVID-19 and the additional pressures on the NHS. We expect our successful support partner to be willing and able to be flexible around the current circumstances.

## 10. Costs

10.1. The Health Foundation anticipates the value of the contract for services will be up to a maximum of £300,000 (inclusive of VAT and all associated expenses) over a period of two years and five months, to meet the costs of providing the deliverables described here. This will include no more than £50,000 for the design of

the Learning Network and £250,000 for the delivery of the Learning Network (inclusive of VAT).

10.2. The provider will be awarded the contract for the delivery of the Learning Network only if the Health Foundation and NHS England and NHS Improvement are satisfied with the delivery plan produced during the design phase. It is expected that the budget for the delivery phase will be refined during the design phase.

10.3. Please think carefully about each activity or item you propose and why you will need funding for it. This is your opportunity to tell us how much it will cost to deliver the services and you should provide the total cost as well as a breakdown identifying what each budget line is made up of.

10.4. The supplier will be expected to:

- Deliver the inputs within budget and report regularly as required on expenditure.
- Provide receipts and other documentation for financial audit as required.

10.5. You may wish to include items such as:

- Salary costs or day rates (up to a maximum of £1000 excluding VAT) for the total contract period, including a breakdown of time and cost for individual members of your team for each activity (you will need to provide as much detail as possible here including, where appropriate, staff name and job title)
- Travel and subsistence including appropriate expenses for Patient Public Voice and/or VCSE organisations.
- Venue costs for the activities. (Where the activity is an event to be attended in person, these may take place at the Health Foundation offices in London at no cost (catering is not included), or an alternative, external venue in the UK. For the purpose of this tender the cost for the use of external venue/s and catering should be included in the budget.)
- Technology costs.

10.6. This list is intended to act as a guide, and you may add other items as necessary. You should tell us how these budget items relate to the activities planned.

## Responding to the tender

### 11. Tender response requirements

11.1. Providers are requested to complete a tender response form on the AIMS system in presenting their response. Detailed provider information required:

- Organisation name, address, registered address (if different) and website address
- Description of the organisation's activities or services
- History and ownership
- Organisational governance and management structure

- Most recent company/organisation accounts.

11.2. Information in response to the tender required:

- Summary of your proposed approach to the three core deliverables – design of network, delivery of network and approach to optimise social value
- Summary of your organisation’s experience and expertise as outlined in the preferred supplier section (section 8) and where relevant referring to the design and delivery specifications outlined in section 6.
- Costs, including a summary of the day rates and required days of those employed on the project, inclusive of VAT and expenses
- Project and risk management
- Details of the team carrying out the work – names, roles and experience and expertise relevant to the tender. If you are applying with several organisations, please add details of the proposed partnership arrangement and experience of working together.
- Client references, including information on comparable organisations to which you have supplied a similar service and a brief project description for each.
- Details of relevant organisational policies and practices that supports and demonstrates social value and environmental sustainability
- Primary contact name and contact details
- Any other relevant information the Health Foundation and NHS England and NHS Improvement should consider

11.3. A statement of your willingness to reach a contractual agreement that is fair and reasonable to both parties. Please find attached a copy of our standard contract and outline any disagreements you may have with these.

## 12. Instructions for tender responses

12.1. The Health Foundation reserves the right to adjust or change the selection criteria at its discretion. The Health Foundation also reserves the right to accept or reject any and all responses at its discretion, and to negotiate the terms of any subsequent agreement.

12.2. This invitation to tender (ITT) is not an offer to enter into an agreement with the Foundation, it is a request to receive proposals from third parties interested in providing the deliverables outlined. Such proposals will be considered and treated by the Foundation as offers to enter into an agreement. The Foundation may reject all proposals, in whole or in part, and/or enter into negotiations with any other party to provide such services whether it responds to this ITT or not.

12.3. The Foundation will not be responsible for any costs incurred by you in responding to this ITT and will not be under any obligation to you with regard to the subject matter of this ITT.

12.4. The Foundation is not obliged to disclose anything about the successful bidders, but will endeavour to provide feedback, if possible, to unsuccessful bidders.

- 12.5. Your bid is to remain open for a minimum of 180 days from the proposal response date.
- 12.6. You may, without prejudice to yourself, modify your proposal by written request, provided the request is received by the Foundation prior to the proposal response date. Following withdrawal of your proposal, you may submit a new proposal, provided delivery is affected prior to the established proposal response date.
- 12.7. Please note that any proposals received which fail to meet the specified criteria contained in it will not be considered for this project.

### 13. Assessment and selection criteria

13.1. We intend to interview shortlisted bidders on 2 - 3 September to explore proposals in more depth. Please ensure you are available for interview on these dates or let us know if you are unavailable. We expect to inform applicants of our final decision by 7 September.

13.2. Proposals will be assessed using the following criteria:

- An innovative and collaborative approach to delivery of requirements in the tender as well as demonstration of the ability to provide them to high quality and within the specified budget
- Experience, expertise and connection to health and care including working with NHS organisations and other relevant partners.
- A deep understanding of the role networks and/or communities of practice can play in building capability and changing practice as well as an ability to engage with and build on existing evidence about network design.
- Knowledge of anchors, social value and inclusive growth.
- A track record of successful design, delivery and management of events (face-to-face and virtual) to generate interest, insight and learning for attendees.
- Experience of delivering communications to support a network including development of an identity and ongoing engagement with members
- Willingness to work in a responsive and flexible way, in terms of timings and approach
- Appropriate project management, risk management and quality assurance
- Value for money
- Commitment to embedding social value in every activity you deliver.

### 14. Timetable for review

14.1. The table below lists the key dates for this ITT.

<b>Date</b>	<b>Deadline</b>
<b>9 July</b>	Invitation to tender shared
<b>21 July</b>	Information call

<b>5 August</b>	Applications close
<b>6 - 14 August</b>	Internal review and assessment meetings
<b>18 August</b>	Inform applicants of interview
<b>2 - 3 September</b>	Interviews
<b>9 September</b>	Successful provider notified
<b>21 September</b>	Inception meeting
<b>5 October</b>	Contract in place and expected start of service

14.2. We will be holding an information call to discuss the tender and answer questions on **21 July**. If you are interested in attending, please email [anchors@health.org.uk](mailto:anchors@health.org.uk).

14.3. The dates for the reporting deadlines will be set by the team during discussions with the successful provider as they are subject to change.

14.4. The appointed provider may be required to attend significant meetings and events throughout the duration of the programme and will be notified of dates as these are set.

## 15. Instructions on the tender process

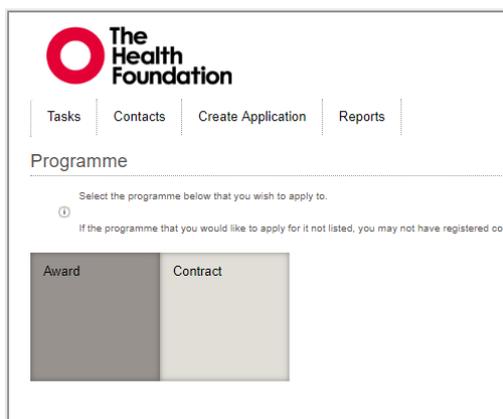
15.1. Please complete the online tender response form on the AIMS system by 12pm on **5 August**. Please read the AIMS user guide before starting to complete the form. This is available on our website and via the online form on the AIMS system.

### *AIMS quick start*

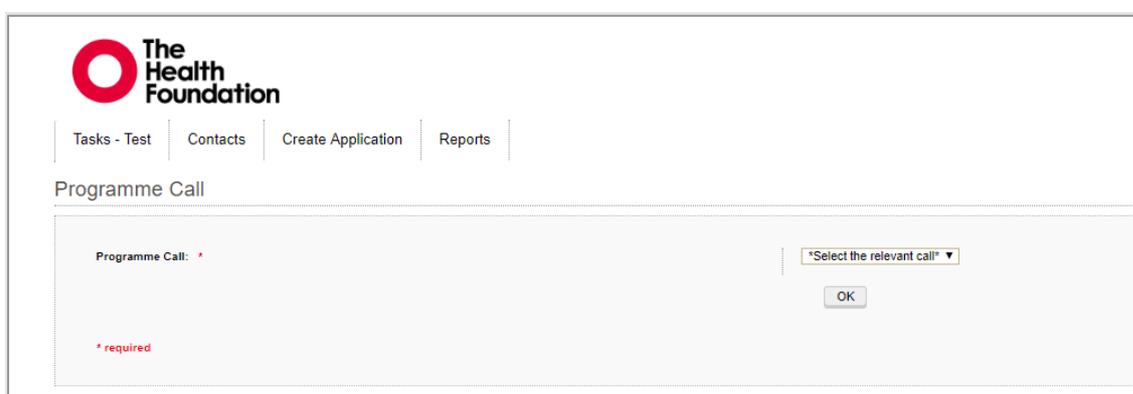
Once you have registered with AIMS and activated your profile via the verification email, you can start a tender response. If you are applying on behalf of a team or organisation, register with the organisation via the 'Contacts' tab before doing so.

Then click on '*Create Application*' and select to apply on behalf of the organisation you have just registered with.

Select the '*Contract*' programme, as shown below.



On the next screen, click into the drop-down menu and select Support partner for Anchors in the drop down for 'Programme call', as shown below.



## 16. Questions

- 16.1. If you have any queries relating to the tendering process or the nature of the service required, or indeed wish to have an informal conversation, please email [anchors@health.org.uk](mailto:anchors@health.org.uk). We will aim to reply to any email within 5 days, so please ensure that you allow plenty of time

## 17. Conflicts of interest

- 17.1. The Foundation's conflicts of interest policy describes how it will deal with any conflicts which arise as a result of the work which the charity undertakes. All external applicants intending to submit tenders to the Foundation should familiarise themselves with the contents of the conflicts of interest policy as part of the tendering process and declare any interests that are relevant to the nature of the work they are bidding for. The policy can be found and downloaded from the Health Foundation's website: <http://www.health.org.uk/about-us/>

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<sup>i</sup> Reed, S, Göpfert, A, Wood, S, Allwood, D, Warburton, W. *Building healthier communities: the role of the NHS as an anchor institution*. Health Foundation: 2019

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(<https://www.health.org.uk/publications/reports/building-healthier-communities-role-of-nhs-as-anchor-institution>)

ii NHS. *The NHS Long Term Plan*. NHS; 2019

(<https://www.longtermplan.nhs.uk/wpcontent/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>)

iii 'Bank of England warns of sharpest recession on record' <https://www.bbc.co.uk/news/business-52566030>

iv Marshall, L. Abbs, I. *Emerging evidence on health inequalities and COVID-19*. Health Foundation; 2020 <https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-health-inequalities-and-covid-19-june-2020>

v For the purposes of this ITT, we describe social value as 'the wider social benefits that can be derived from delivering high quality services' (Sustainable Development Unit), specifically maximizing economic, social and environmental impact of this work. In addition, we anticipate that the concept of social value will need to be explored throughout the design of the NHS Anchors Learning Network; thinking about how social value connects to other concepts such as anchors and inclusive growth, and what that means for the Network and its members.

vi For example, the Q community <https://q.health.org.uk/>

## Appendices

### Appendix 1 – Definitions

During the design phase it is likely that the Health Foundation, NHS England and NHS Improvement, the support partner and potential network members will explore the definitions and our mutual understanding of various terms and concepts discussed throughout this ITT. However, below is the current definitions and sources of information that the Health Foundation and NHS England and NHS Improvement are drawing on.

#### **Anchors**

Anchor institutions are large, (usually) public sector organisations that are called such because they are unlikely to relocate and have a significant stake in a geographical area – they are effectively ‘anchored’ in their surrounding community. They have sizeable assets that can be used to support the capacity and wellbeing of local communities, economic development and inclusive growth and reduce health inequalities. e.g. through procurement and supply chains, workforce and training, use of buildings and land and being an active system partner in area-based development. See <https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

#### **Social Value**

The wider social benefits that can be derived from delivering high quality services (Sustainable Development Unit). See <https://www.sduhealth.org.uk/areas-of-focus/social-value.aspx>

#### **Wider determinants of health**

The social (or wider) determinants of health refer to the social, cultural, political, economic, commercial and environmental factors that shape the conditions in which people are born, grow, live, work and age. See <https://www.health.org.uk/publications/what-makes-us-healthy>

#### **Inclusive growth**

Economic growth that is distributed fairly across society and creates opportunities for all (OECD). See <https://www.oecd.org/inclusive-growth/#introduction>

#### **Health inequalities**

The preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs (NHS England). See <https://www.england.nhs.uk/about/equality/equality-hub/resources/>

## Appendix 2 – Theory of Change

### NHS Anchors Learning Network Theory of Change

To help a critical mass of NHS organisations adopt as a priority and **take action** on their role as anchors to improve community health and well-being, by bringing people together to share, collaborate and increase capability. By doing so, the NHS can powerfully impact the upstream wider determinants of health and leverage all their assets to narrow inequalities and improve population health.

#### Activities

##### Learning and Development

- Masterclasses/seminars and workshops for members (skills development)
- Site visits and study tours
- Mentoring/buddying of organisations and individuals

##### Spaces and network-led activities

- Events (networking)
- Peer learning (F2F or via digital platform)
- Swap shop – e.g. [Healthline](#)
- Digital or physical space for network
- Peer led workstreams on topics/challenges
- Space for partnership development

##### Funded activities

- Grant funding to test interventions
- Funded site evaluation
- Education programmes (Incl. formal qualification)

##### Communication & resources

- Communications programme, including newsletters, blogs and case studies
- Production of a toolkit to improve capability

#### Outputs

- A number of initiatives led by teams making progress on specific issues
- Platform for sharing best practice
- Spaces to support network activities
- A series of briefings, learning reports and an evaluation on activities and the network
- A minimum number of site visits over the duration of the network
- Increased communication activities on anchors, including a social media presence
- National level engagement with the network and its activities
- An anchors framework and maturity matrix
- Toolkit and guides to support network members and non-members
- A series of case studies and stories from network members
- Engagement with anchor influencers both domestic and internationally

#### Outcomes

##### Building skills and capability within the health and care sector

- Soft skills to build local relationships, frame the anchor mission
- Delivery and evaluation skills
- Skills to develop partnerships, including connecting with both existing and new partners

##### Creating a change in practice

- Explicit recognition of anchor mission within member organisations and local system strategies
- Improved partnership working within the locality
- Member organisations adopting specific anchor practices

##### Increased evidence

- Understand what interventions are happening and how are they being implemented
- Understand the impact of different types of approaches to anchor activities
- The value and impact of the network itself in supporting change (the process)

#### Impact

- Strategic shift – changing how NHS orgs think about their strategy incorporating anchors (critical mass)
- Network is internationally renowned
- Policy changes to support anchors
- Sustainable community of people with expertise and passion to deliver
- Anchors is a mainstream concept in health and care discourse