

Invitation to Tender for a Support Partner – NHS Anchors Learning Network

Frequently asked questions

Learning Network Membership

1. Who will the membership be? What is the anticipated size of the network and number of organisations involved? What about STPs and ICSs?

The make-up and size of the network membership will be agreed during the design phase in late 2020. NHS trusts will be should be involved, and we will also consider other NHS organisations, including Sustainability and Transformation Partnerships, Integrated Care Systems and Primary Care Networks. While the network is an NHS Anchors Learning Network, we are interested in working across local communities, with a focus on partnership across a place so working and collaborating with other organisations and networks will be important. Our current thinking about membership will be shared and developed in partnership with the selected supplier.

2. How focused will the network be on NHS organisations? What about the other partners in a place?

The network will be seen through the lens of the NHS, but we are interested in its role as a partner in a place, and how anchor strategies can positively impact the local community more widely (through contributing to social value). We are keen to ensure that the network engages with other local anchor organisations, and to see NHS organisations engaging with other local partners.

3. How many stakeholders to we foresee being part of the process and will this stakeholder list be prioritised?

Both the Health Foundation and NHS England and NHS Improvement have engaged with a number of stakeholders over the last few years on this work – these contacts will be shared with the selected supplier (with their permission). Lots of organisations (including the NHS and the wider public sector) have shown interest in being kept up-to-date on the network. This will not be an exhaustive list and other NHS and wider anchor organisations, VCSE or relevant partners could be included as part of design process engagement.

4. Have anchor organisations been identified? Are they aware that they would be part of this network?

This work looks at how every NHS organisation could use their influence and employ anchor strategies. Lots of NHS organisations have been involved in research and interviews, and since formally launching the partnership in July, many have expressed interest in being part of this work. Some of our existing contacts could be part of the network, but the exact membership would be discussed and agreed during the design phase.

5. Is there a proposed level of seniority for members of the network?

This would be discussed and agreed during the design phase. We have been learning from the Democracy Collaborative's model in the US, and we would consider how to support a variety of stakeholders – from senior decision makers to project managers.

6. What types of stakeholders are envisaged for the design phase?

We are hoping to bring in stakeholders across the NHS and the wider public sector to inform the design of the network. This will include those who have experience and expertise in the five key anchor strategies, potential members and wider stakeholders with links to this work, including the voluntary sector, local authorities, think tanks, government bodies.

Embedded activities

7. “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.” What is the scope of this and the anticipated role of the supplier, should they factor time for this into their bid?

Opportunities for network members to embed the learning (embedded activities) will be commissioned and managed separately from the design and delivery of the network and therefore would not be part of the support partner's activities. However, we would expect any learning from these additional activities to feed into the network.

We would expect the supplier to share learning to inform ways that the Health Foundation and NHS England and NHS Improvement could support additional activities that emerge from the network.

8. Please explain the thinking behind ‘Education Programmes/funded qualification’ in the Activities section of the Theory of Change. In particular if the supplier should include an amount of money in their financial proposal to be used for this or whether this will be funded separately and if so by whom.

This would not be a core component of the network but fall under ‘embedded activities’, and would therefore be funded by the Health Foundation and NHS England and NHS Improvement separately to the network. Learning from any embedded activities would feed into the network.

The list of activities in the Theory of Change is indicative, therefore it would be for the design process to identify the most effective activities for the network.

9. Is further detail available on any of the potential funding for network members that's mentioned in the briefing document (section 6.5.3). Would the support partner be prohibited from being involved in any related projects supported by this funding - would it represent a conflict of interest?

The support partner would be encouraged to be involved in related projects and embed the learning into the network (so long as the agreed deliverables and activities to support the

wider network could still be delivered). Appropriate governance mechanisms will be applied to decisions around this funding.

Role of the support partner

10. What qualities are you looking for in a support partner?

Please see the ITT for selection criteria details. We are looking for a flexible support partner, as timings may be adjusted due to COVID-19. We are also particularly looking for a supplier who can demonstrate how they embed social value in their work.

11. Is the separate evaluation partner appointed by Health Foundation or who decides? And are costs for this aspect to be inclusive as part of this bid? When is the evaluation partner being commissioned, how do the timelines align to this call?

The evaluation partner is being separately commissioned by the Health Foundation research team. The [ITT for this support partner was published on 22 July](#). The evaluation partner will be appointed in mid-October, with work formally starting in late October.

The evaluation partner 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 (the support partner) will be required to work closely with the evaluation partner throughout the design and delivery phases to ensure learning is embedded in the network.

12. If the Health Foundation is looking for a supplier to design and facilitate the network, will you provide the content expertise related to anchor strategies or will the supplier be expected to assemble a team of experts? In either case, do you envision the network being solely peer to peer learning or will expert coaching and/or technical assistance an expected part of a network?

The Health Foundation and NHS England and NHS Improvement will bring content expertise but expect the partner to also have an understanding of the content or expertise to draw on, as well as extracting learning from stakeholders and potential members. Peer learning will be a key part of the learning. Technical expertise / coaching could be an option if that emerges from the co-design as an activity that will benefit members.

13. What do you see as the core role of the provider selected – to help co-design the network, and subsequently run the network? (with the Health Foundation providing content expertise on anchors) Or to help co-design the network, and subsequently bring in anchors expertise to shape the network, as well as to run the network?

Expertise in co-designing and running the network will be critical. As outlined in selection criteria, we have asked for knowledge in anchors and/or social value and inclusive growth. While levels of knowledge will vary, we would be keen to hear how people will seek out this knowledge from the Health Foundation, NHS England and NHS Improvement, stakeholders and potential members to inform the design of the network. It is not expected that the Health Foundation and NHS England and NHS Improvement will be the sole experts of anchors knowledge.

14. Are you definitely looking for the same applicants for both stages? For example, could you have one core integrator, but with different partners around them for the separate stages? Or indeed, could you have one organisation deliver stage 1, another deliver stage 2?

Applicants can apply to deliver both co-design phase and delivery phase. We are also happy to consider bids with multiple partners – we acknowledge that there is a broad range of experience and expertise needed. We will not be accepting bids from organisations to solely deliver either the co-design phase or the delivery phase – it will need to be part of a partnership application that delivers all elements outlined in the ITT.

15. How do you suggest we strike the balance between the design stage and the 2-year delivery - given that we haven't designed the programme, but are being asked to give detail and shape to phase 2?

We are looking for your methodology of how you would go about designing and delivering the network, drawing on the expertise outlined in the selection criteria (knowledge of anchors and building and delivering networks), with the understanding that plans may change as we go through the design phase with an articulation of the framework or principles which you would apply to shape the delivery phase.

Role of the Health Foundation and NHS England and NHS Improvement

16. What is the relationship of the support partner with NHS England and NHS Improvement?

The support partner will be commissioned both by the Health Foundation and NHS England and NHS Improvement. The Health Foundation is managing the commissioning process, but the support partner will report to both organisations through a single governance process.

17. How does this link to wider work in the Health Foundation and NHS England and NHS Improvement?

NHS England and NHS Improvement:

The Long Term Plan includes many commitments to reduce health inequalities, and outlines how the NHS can support these ambitions through its wider social goals. Addressing health inequalities is embedded in programmes across the organisation, in order to effectively address social economic determinants of health and the regional structures of NHS England and NHS Improvement support system wide and place-based approaches to this work.

We have seen the impacts of COVID-19 have had disproportionate effects on older people, people from black and minority ethnic communities, and more deprived areas and we continue to review and enhance our work to address these inequalities. Our work on the role of the NHS as an anchor is part of this work, and will continue to link with other related programmes to support these objectives.

The Health Foundation:

The NHS Anchors Learning work is part of the Health Foundation's wider improvement work, to improve health service delivery and the role of the health care system in improving health.

It also connects with the organisation's 'Healthy Lives' work, and the role of the wider determinants of health in creating healthy lives for all.

18. What seniority within NHS England and NHS Improvement or Health Foundation is the overall accountable lead for this initiative?

The overall accountable leads for this work are director level.

19. Which departments within NHS England and NHS Improvement are supporting this initiative?

This work is commissioned by the Equalities and Health Inequalities team working with the Strategy Group.

20. Can you please speak more about the role of the core team from the Health Foundation and how they envision partnership working and decision-making processes across the partners?

Both the Health Foundation and NHS England and NHS Improvement will be part of the co-design phase, ensuring that the network is shaping up to achieve its aims and connecting/aligning with other anchor work. At the inception meeting, we will discuss and agree ways of working and reporting in a way that works for all parties.

Network Design and Delivery

21. What is the intended outcome for this process - what is the Anchors Learning network looking to achieve?

The aims of the NHS Anchors Learning Network are:

- Building skills and capability within the health and care sector
- Creating a change in practice
- Increased evidence

As a result, we'd like to see the following impact:

- Strategic shift – changing how NHS orgs think about their strategy incorporating anchors (critical mass)
- Network is internationally renowned
- Identification of any 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

For more information about intended aims and outcomes, please see the Theory of Change included in the ITT (Appendix 2).

22. The ITT notes that “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” (1.5). How far is this programme developed, is it separate to or being incorporated into the network for whom you require a supplier? If it is continuing is the network the learning capture element of the entire programme? If it isn't being incorporated why not and is there any valuable learning from progress to date

that could be made available to the potential suppliers/selected supplier?

The Learning Network is the main component of our partnership work.

Over the summer, both the Health Foundation and NHS England and NHS Improvement will be conducting interviews with key stakeholders about their anchor approaches, and the impact of COVID-19 on these approaches.

The Health Foundation will work with NHS organisations as convening partners to identify local participants for a series of facilitated sessions across eight localities. The aims of these sessions are to:

- Maintain interest in anchor strategies
- Increase awareness among NHS organisations regarding wider (non-NHS) action on anchor priorities, and how to build a place-based approach working with partners.
- Capture evidence of best practice in response to COVID-19 and how anchor strategies are being used in post-COVID-19 recovery plans.
- Update THF's thinking and work on anchor strategies, including opportunities and challenges in light of COVID-19.

This learning will be shared with the selected supplier.

In terms of previous work, the Health Foundation has published their [research on the NHS as an anchor institution](#), led a [webinar on anchor strategies](#), and published a [blog on COVID-19 and anchor strategies](#).

Following publication of the Long Term Plan, NHS England and NHS Improvement have been working with a number of trusts, ICSs and public sector partners to build current knowledge and understanding of the extent of anchor practices, how anchor initiatives and programmes are being designed and delivered what impact they are intended to have and what support might be helpful in the future. We will share key insights from this work with the selected supplier.

23. The ITT notes that '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.' Will this evidence/intelligence be made available to potential applicants and to the successful bidder as a resource to build on?

More information will be made available to the successful supplier, but potential applicants can also research the Democracy Collaborative's Healthcare Anchor Network in the US, and the Atkinson Foundation's learning network in Canada. We also take learning and inspiration from the Q Community in terms of approaches to community and network building.

24. In section 6.4.3. Principles it says 'The network should be reciprocal, collaborative and member owned'. Who is the supplier's customer? How will this work if the supplier is commissioned by NHS England and NHS Improvement and the Health Foundation and sees itself as the customer to whom the supplier is accountable, and the network is member owned? Wouldn't the network owners want to shape the supplier's work and outputs and indeed want a degree of accountability?

The Health Foundation and NHS England and NHS Improvement will commission and manage the supplier against the contracted objectives, but we are interested in ensuring that

the network itself remains sustainable beyond the two years of committed funding. To be sustainable beyond the initial funding, it is important that members feel ownership of the network and therefore the needs of network members will be of central importance. For clarity, the supplier's customer is the partnership of the Health Foundation and NHS England and NHS Improvement, and for the period of the contract the supplier will be formally accountable to this partnership.

There will be an Advisory Group to the NHS Anchors Learning Network, and whilst this is still to be designed, it is likely to include representation from the membership.

25. There's a lot of focus on social value in the ITT – will this be expected as an output?

Yes, it is important to us that this is a central focus of the Learning Network. 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.

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. We would like to see a commitment from the supplier to embedding social value in every activity they deliver.

26. How will the NHS Anchors Learning Network link with other networks and related campaigns (e.g. NHS Reset)? How do you see this network benefiting from / overlapping with other networks such as your Q Community?

We want to ensure that this network complements other work happening in this area – the selected supplier would be expected to engage with this other work to ensure the NHS Anchors Learning Network aligns with other networks. It is therefore important that the support partner has experience of working with, and connections to, NHS organisations and relevant partners.

Both the Health Foundation and NHS England and NHS Improvement will also be working with other anchors networks and initiatives and so will share learning with the support partner to inform / make connections with the NHS Anchors Learning Network.

27. The scope of the learning network is UK wide and suppliers are expected to work closely with NHS England and NHS Improvement. What are the commitments from the NHS in Scotland, Wales and Northern Ireland?

The network is co-funded by the Health Foundation and NHS England and NHS Improvement and so would work closely with both funders.

The UK Anchors Learning Network will be UK-wide and so working with Scotland, Wales and Northern Ireland is critical. We have been working with stakeholders in devolved administrations to keep them updated on this work and hear more about their progress and activities. We are keen that NHS organisations in Scotland, Wales and Northern Ireland participate in the network.

28. Have any pilot or potential pilot areas been identified? (Such as those organisations/STP areas who participated in the research)

Many NHS organisations are already implementing anchor strategies, and the Health Foundation and NHS England and NHS Improvement will continue to work with a number of these organisations over the summer to learn more about their current activities. Learning from this work will then be shared with the selected supplier. There is already regional work underway to develop anchor networks and strategies and so it is important that the Network connects to, aligns with and complements this work.

29. How will NHS Anchors work link with Local Industrial Strategies?

This is something to be explored during the design phase.

30. To what extent as commissioners are you expecting to see localised workforce development strategies being a key product emerging from this?

Creating a change in practice is one of the outcomes we hope to achieve through the Network, as outlined in the theory of change (appendix 2 in the ITT). As such, we are keen to see change across all five anchor areas (purchasing, buildings, as an employer, sustainability, partnerships), this could include employment development strategies.

31. What is the extent of your ambitions on social determinants of health - for example the role of NHS organisations as anchors through provision of jobs for local people can have a concrete impact but very different from environmental sustainability. Would you expect the network to have a portfolio of work across all 5 domains or to focus on one domain or is this for the design work?

We would look at this in the design phase, but we would be keen to look at how anchor strategies could be implemented across all five domains.

32. Can you provide an example of what a good outcome/output of the delivery phase would be? What is being measured or what are the metrics?

In terms of measuring the impact of anchor strategies, we acknowledge that this is challenging and is something that both the Health Foundation and NHS England and NHS Improvement are interested in exploring further and developing the evidence base for anchor strategies.

The theory of change in the ITT (appendix 2) gives an overall framework for what we hope to see in terms of outcomes and impact, as well as indicative activities and outputs (although these would be agreed in the design phase).

Finally, the ITT refers to sustainability of the Learning Network beyond the two years of initial funding. A key output from the delivery phase would be to develop and undertake early testing of plans for sustainability beyond the initial two-year funding period (section 6.4.5)

33. Could you offer some guidance around regions – what will be the areas of impact?

This is a UK-wide network, and we aim for this network to deliver positive impact across England, Scotland, Wales and Northern Ireland.

ITT process

34. We presume interview will be virtual – is this the case?

Yes, as will the inception meeting.

35. How do we apply as a consortium?

There would need to be a lead partner to submit the bid, but we would be interested in hearing how these organisations would work together, your experience of working together, and what the partnership agreement might look like.

36. Will there be an opportunity to share the contact details of organisations looking to bid in partnership with others?

Yes. If you are interested in partnering with other organisations, please email anchors@health.org.uk and we will put you in touch with others looking to apply in partnership.

Budget

37. How is admin resource expected to be deployed across the key organisations of the Health Foundation, NHSE/I, and the implementation partner (and possibly evaluation partner)? Would this be shared across orgs or should the implementation partner budget for 100% of the admin?

The support partner would be expected to cover the administration costs of the activities outlined in the ITT.

38. Would the Health Foundation penalise bids which budget for > £50,000 during the design phase, but where total costs still remain within the £300,000 overall budget?

We would not accept a budget which costed the design phase as more than £50,000 – this amount should be sufficient, and we would not want funds to be diverted from the delivery phase of the network.

39. If a digital platform is deemed appropriate during the design phase, would the supplier be expected to fund this platform?

Yes, this should be included in the budget.

40. Should suppliers include budgets for marketing, branding, meeting venues, speakers, within the bid?

Yes, this should be included in the budget.

41. Are any resources, to support the network, available from the Health Foundation, other than the additional embedding funding? e.g. Programme Manager, Administration, CRM system.

The Health Foundation would be able to offer office and venue space for meetings and events, dependent on when the Health Foundation office is reopened.

The Health Foundation and NHS England and NHS Improvement have a small programme team which will be overseeing the network – this resource is separate from that brought by the successful supplier. Roles and responsibilities of each organisation will be covered at the inception meeting, to ensure clarity.