

Invitation to tender: Research and insights partner on regional devolution and health inequalities

The Health Foundation is seeking a supplier to explore the research and learning from regional devolution in improving health and reducing inequalities. The partner will draw on a range of inputs to build the evidence base on devolution and health, including academic literature, grey literature and on-the-ground insights through direct engagement with combined authorities and regional partners. The partner will explore learnings from English, UK and international evidence.

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June 2023

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Summary

The Health Foundation, through this Invitation to Tender (ITT), is seeking a research and insights provider to undertake research on the role of regional devolution in improving health and reducing inequalities. We expect this work to run for just over two years, from October 2023 to January 2026.

The research and insights partner will draw on a range of inputs to synthesise and contribute to the evidence base on devolution and health, including academic literature, grey literature and on-the-ground insights through direct engagement with combined authorities and regional partners. They will explore learnings from English, UK and international evidence.

The partner will undertake primary research and review existing literature to derive fresh actionable knowledge and insights. They will produce content relevant to the current context of regional tier policy and delivery, and derive specific, detailed insights about action that can be taken at the regional level to improve health and reduce inequalities. This will go beyond high-level observations. The focus will be on the ways in which devolved policy actions and levers to tackle the wider determinants of health (for example employment opportunities, transport and housing) can be maximised to improve health and reduce health inequalities.

This work is being undertaken in the context of policy, analysis and debate currently taking place with respect to the devolution agenda. It also coincides with our recently launched **Combined Authorities programme**, a £1.6 million, three-year award programme with Mayoral combined authorities (CAs) to improve health and reduce inequalities. Learning and insights from this programme will be one of a range of inputs into the partner's work, alongside wider research and literature. Applicants should set out a plan in their tender response for how they will draw learning from a range of sources.

This ITT is deliberately broad as we want to work with the successful partner to develop a detailed workplan and agree deliverables, drawing on the partner's knowledge and expertise of the regional policy context and the themes emerging from our Combined Authorities programme.

Please complete your application via our [online portal](#) by **17.00 on Thursday 24 August 2023**. Before applying, read [our guidance for applicants](#).

We will be holding an information call at **11.00 on Thursday 20 July 2023**. Applicants interested in attending should email Mariah Kelly and can submit questions in advance at healthylives.tenders@health.org.uk and we will share the invite.

Proposals will be assessed using the following criteria:

Knowledge of health and devolution

- Demonstrable understanding of regional and local government and of devolution policy context.
- Demonstrable understanding of the wider determinants of health and actions that can be taken to improve health and reduce inequalities at the regional level.
- Evidence of nuanced understanding of policy levers and implementation at local, regional and national level.

Experience of research to influence policy and practice

- Suitability of the proposal and ability to answer the research questions, aims and objectives of this work.
- A track record of rigorous policy analysis using a range of evidence and research sources to generate actionable policy insights and thought leadership around devolution.
- Experience of influencing government (local, regional and/or national) and evidence of impact.
- A track record of working with policymakers and supporting practical policy design and implementation.
- Evidence of strong relationships with relevant stakeholders within local, regional and central government, as well as other relevant non-government organisations such as think tanks.
- Experience of qualitative research and analysis, such as conducting and analysing findings from interviews and focus groups.
- Demonstrable ability to be independent, evidence based and politically neutral.

Skills and competence in programme management and delivery

- Demonstrable capacity to deliver projects on time, on budget and to the required standard, with proven ability to flex resource capabilities, iterate workplans and adapt to changing environments when required.
- Experience of successful joint working with others in the devolution field.
- Ability to build effective relationships, share learning and work collaboratively.
- Evidenced commitments to environmental sustainability, diversity and inclusion, and safeguarding through appropriate policy and practice.
- Value for money.

About the Health Foundation

The Health Foundation is an independent charitable organisation working to build a healthier UK.

Our health is shaped by a range of factors including our early life, the work we do and the income we earn, the education we receive and the homes and places we live in. Yet, good health remains out of reach for too many people in the UK. Improvements in life expectancy have slowed. We compare poorly with other leading nations on some important aspects of our health, such as cancer and heart disease. Deep inequalities in health between our poorest and wealthiest communities have widened. It doesn't have to be like this. By valuing our health as an asset, investing in health and care services and focusing on the wider factors that shape our health and drive inequalities, we can build a healthier nation.

This programme of works sits within our strategic priority: *Improving people's health and reducing inequalities*.

Background to devolution and health inequalities

The Health Foundation is interested in the role of regional devolution in improving health outcomes and reducing health inequalities. Many structural issues that are important for health – employment opportunities, transport, planning and others – are shaped at the regional level through a range of different decision-making mechanisms. The regional structures vary depending on powers devolved to CAs, but key players include Local Enterprise Partnerships, Passenger Transport Executives and Regional Skills Partnerships.

The move to a stronger regional tier model presents a number of opportunities to address determinants of health. This includes through the harnessing of devolved levers, such as transport or planning responsibilities, and utilising the unique position of elected mayors to advocate for their regions and enable/influence change. Mayoral CAs are already taking action to shape wider determinants of health, through local leadership and place-based approaches. There is an opportunity to build on this momentum and to support regions with less mature health inequalities agendas.

A number of organisations across the political spectrum are working on the regional devolution agenda, with particular focus on the potential benefits of devolution for economic growth. We are also aware of wider academic evidence, analysis and policy debate on improving health and economic outcomes at the regional level in the UK and internationally. The research and insights partner will have a key role in drawing on this wide range of evidence to better understand what regional interventions have effectively improved health outcomes, in what time scales, and what the enablers and barriers were to achieving this.

The Health Foundation's work to date

This section provides an overview of the Health Foundation's work on devolution and health, and where the research and insights partner's work will fit within this. Applicants may wish to draw upon the work cited in this section when developing plans for which evidence sources will be used in proposed research.

In March 2023, The Health Foundation launched a **new £1.6 million, three-year award programme with Mayoral CAs** to improve health and reduce inequalities. The key programme aim is to support CAs to be more effective in tackling health inequalities, by making the most of levers to take systemic action on the wider determinants of health. It will do this by providing capacity to CAs to enable them to extend their activity to improve health. The programme will also generate specific insights on how the CA tier of leadership can improve health and reduce inequalities. More information about this programme is in the Annex.

A core objective of the Health Foundation's strategic priority *Improving people's health and reducing inequalities* is to mobilise cross-sector action on the wider determinants of health. We work closely with local government in particular to highlight how local and regional governments can help build a healthy society. This includes our **Shaping Places for Healthier Lives** and **Economies for Healthier Lives** programmes. More information on our work with local government is available [here](#).

The Combined Authorities programme builds on our previous £340,000, three-year **Cities Health Inequalities** award, which explored how England's then devolved regions could accelerate action on health inequalities, and shared different approaches through a series of webinars and reports. The project was led by Greater London Authority, Greater Manchester Combined Authority and West Midlands Combined Authority. The project explored the different ways in which work at a regional level can build a mandate to address the social, economic and structural drivers of inequality. A network for those with an interest in improving health and reducing inequalities was established, and an **appreciative enquiry approach** was adopted to support regions to identify local assets, opportunities and levers for change.

We have also commissioned researchers from the University of Manchester to explore the **effects of devolution in Greater Manchester** on a mix of outcomes linked to health and social care. The first **paper** from the quantitative study was published last year in *Lancet Public Health*. It found a modest improvement in life expectancy in Greater Manchester compared with a control group during the period of devolution (2006 to 2019). Further findings from this work, including the effect of devolution on a wider range of outcomes, and on inequalities, are expected to be published over the coming year.

Role of the research and insights partner

Aims and objectives for the research and insights partner:

- To identify key insights about the effectiveness of mayoral CA actions to address the wider determinants of health and reduce inequalities, using the Health Foundation Combined Authorities programme as one of many inputs.
- To generate outputs that will add practical value to local and regional leaders.
- To generate information to influence central government where relevant, e.g. to advocate for specific devolved powers.
- To add to the evidence base on the role of devolution (existing and potential devolution deals) in improving health and reducing health inequalities.

The research and insights partner will work with the West Midlands Combined Authority (WMCA) to understand the detail around what impact CAs are having on health and why. They will generate practical insights on how this impact is being achieved through implementation.

The work plan should be designed with the following research questions in mind:

- What is known about how regional devolution can address health and inequalities?
 - What has enabled the progress that has taken place?
 - What have been the barriers to preventing positive action on health and inequalities?
- What can be learned from experiences of regional action to improve health in other parts of the UK and internationally?
- What is known about how CAs can best utilise the unique and specific qualities they possess to improve health? For example, the convening powers of the Mayor and their ability to enable and influence change, and the political context of a single elected figure with advisors.

- What is the role for CAs and regional partners in the health policy and health improvement space?
- Which actions are prioritised, and/or should be prioritised, to address health and health inequalities, taking into account differing local contexts?
- How can CAs, working with local authorities and other statutory bodies in their areas, best work with local communities to improve health and address health inequalities?
- At what geography should powers on the wider determinants of health be devolved to? Which level of devolution holds the biggest potential for impact?

Overview of the work required

The research and insights partner will draw on a range of inputs to build the evidence base on devolution and health, including academic literature, grey literature and on-the-ground insights through direct engagement and qualitative research with CAs and regional partners. They will explore learnings from English, UK (including within the devolved administrations) and international evidence. Applicants should set out a plan in their tender response for how they will draw learning from this range of sources, identifying relevant inputs.

The partner will review existing literature to derive fresh knowledge and insights, undertaking primary research if needed, and producing content relevant to the current context of regional tier policy and delivery. They will derive specific, detailed insights about action that can be taken at the regional level to improve health and reduce inequalities; going beyond high-level observations. The focus will be on the ways in which policy actions and levers to tackle the wider determinants of health (for example employment opportunities, transport, housing) can be maximised to improve health and reduce health inequalities through specific regional powers. The Health Foundation's Combined Authority programme will be one of a range of inputs into this work, and the partner will work collaboratively with the Central Team at WMCA to identify and disseminate relevant learning and insights from this programme.

This ITT is deliberately broad as we want to work with the successful partner to develop a detailed workplan and agree deliverables, drawing on the partner's knowledge and expertise of the regional policy context. Applicants should therefore be flexible to iterating their plans following discussion and agreement with the Health Foundation.

The work will involve:

- Some initial scoping from the outset (with input from the WMCA Central Team that our CA programme is funding) as to what sort of outputs would add most value to decision makers at regional level and central government.
- Bringing together the existing evidence on the research questions outlined and undertaking some analysis to pull out actionable insights.
- Qualitative research to fill the identified gaps, such as observing meetings within CAs, and conducting interviews and focus groups, to understand what has changed as a result of devolution and/or specific interventions, and what the enablers and barriers are.
- Meeting with the WMCA Central Team and embedded senior policy officers from the Combined Authorities programme throughout to capture relevant learnings and insights from the programme in relation to devolution and health.

- Building relationships with CAs and attending/observing meetings to understand enablers and barriers to change on the ground.
- Producing reports and/or events targeted at different government audiences and regional partners for publication throughout the duration of the project. This might include, but is not limited to:
 - Reports grounded in concrete ideas and actions, exploring for example how effective CAs are at improving health and what the barriers and enablers are.
 - Explorations of effective ways of embedding health within different policy/service areas.
 - Local government focused outputs, for instance practical information on navigating devolution deals from a health perspective.
 - Exploration of the types of actions that generate change and what the best enablers and barriers are of these. For example, design and delivery of services and interventions, staff, partnerships, and types of data/intelligence.
 - Identifying which actions and areas CAs might wish to prioritise to improve health outcomes, taking into account the different local and regional contexts.
 - Case studies of specific initiatives that have been successful, providing detail on the factors that led to success. Some may come from the Health Foundation's Combined Authorities programme
 - Identifying co-benefits for teams within CAs and regional partners to take preventive actions to improve health.
 - Tools for co-creating impact assessments.
 - Granular analysis of the context for different CAs to take action on the wider determinants of health, considering the role of different devolution deals.
 - Reactive policy analysis, for example related to new political announcements on devolution.

Accountability

The research and insights partner will:

- Develop a project plan for agreement with the Health Foundation and WMCA during the first few months of the contract.
- Meet at least quarterly with the Health Foundation to provide key updates and share and develop insights.
- Seek the Health Foundation's input and approval at key stages of the programme, to be agreed with Health Foundation.
- Provide bi-annual reports and/or presentations to the Health Foundation, including reporting on project management and financial progress. The reports will summarise progress in working towards the agreed deliverables, alerting us of any significant achievements or problems.

We welcome both individual and joint bids. If submitting a joint bid with another organisation(s), please detail in your application how you will ensure this relationship works successfully to achieve the project aims.

The Health Foundation will seek opportunities to promote and disseminate the research outcomes through the Health Foundation's website, newsletter, events and publication of learning reports as appropriate. We envisage that outputs from the research and insights

partner will be published under Health Foundation branding or may be co-branded, with agreement from both parties.

The research and insights partner will draw on a wide range of sources on devolution and health, including national and international examples of good practice. The insights generated will be valuable for the CAs involved in our Combined Authorities programme, and we expect the partner to develop a close working relationship with the Central Team in WMCA, for example sharing intelligence and providing advance notice of any planned publications/events. The Health Foundation will coordinate a signed Memorandum of Understanding between both parties to agree a shared approach. WMCA are accountable for overall delivery of the Combined Authorities programme and will be responsible for impact monitoring and evaluation.

The Health Foundation is committed to embracing diversity by promoting and sustaining an open, inclusive and supportive environment. Our diversity policy, which can be found on our [website](#), applies to our relationships within and between our staff, our Board of Governors and the external stakeholders with whom we work.

We will apply our diversity policy to our work with the CAs, the research and insights partner, and other key stakeholders.

Costs

The Health Foundation anticipates the value of the contract for services will be up to a maximum of £200,000 (inclusive of VAT and all associated expenses), allocated from October 2023 to January 2026 to meet the costs of providing the deliverables described above.

Applicants should think carefully about each activity or item they propose and why they will need funding for it. This is an opportunity to tell us how much it will cost to deliver the services; applicants should provide the total cost as well as a detailed breakdown into budget lines.

The partner will be expected to:

- deliver the inputs within budget and report on expenditure
- provide receipts and other documentation for financial audit as required.

Applicants may wish to include information such as:

- Salary costs or day rates (up to a maximum of £1,000 excluding VAT) for the total contract period, including a breakdown of time and cost for individual members of the team for each activity (provide as much detail as possible here, including, where appropriate, staff name and job title).
- Travel and subsistence costs.
- Venue costs for 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 at 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.

This list is a guide; other items can be added as necessary. The applicant should tell us how these budget items relate to the activities planned.

If there are additional items beyond the budget and scope of the programme that the applicant thinks would add value, please detail these separately to the tender response form.

Responses to this ITT should include accurate pricing, inclusive of expenses and VAT. It is emphasised that assessment of responses to this tender invitation will be on perceived quality of service and demonstrable ability to meet the brief, rather than lowest cost, but value for money is a selection criterion.

Instructions for tender responses

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 or all responses at its discretion, and to negotiate the terms of any subsequent agreement.

This work specification is not an offer to enter into an agreement with the Health Foundation; it is a request to receive tenders from third parties interested in providing the deliverables outlined. Such tenders will be considered and treated by the Health Foundation as offers to enter into an agreement. The Health Foundation may reject all tenders, in whole or in part, and/or enter into negotiations with any other party to provide such services whether it responds to this specification and request for response or not.

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

The Health Foundation is not obliged to disclose anything about successful tenders, but will endeavour to provide feedback, if possible, to unsuccessful organisations.

Tenders are to remain open for a minimum of 180 days from the tender response date.

Applicants may, without prejudice to themselves, modify their tender by written request, provided the request is received by the Health Foundation prior to the tender response date. Following withdrawal of the tender, a new tender may be submitted, provided delivery is effected prior to the established tender response date.

Please note that any tenders received which fail to meet the specified criteria contained in it will not be considered for this project.

What we are looking for and selection criteria

Proposals will be assessed using the following criteria:

Knowledge of health and devolution

- Demonstrable understanding of regional and local government and of devolution policy context.

- Demonstrable understanding of the wider determinants of health and actions that can be taken to improve health and reduce inequalities at the regional level.
- Evidence of nuanced understanding of policy levers and implementation at local, regional and national level.

Experience of research to influence policy and practice

- Suitability of the proposal and ability to answer the research questions, aims and objectives of this work.
- A track record of rigorous policy analysis using a range of evidence and research sources to generate actionable policy insights and thought leadership around devolution.
- Experience of influencing government (local, regional and/or national) and evidence of impact.
- A track record of working with policymakers and supporting policy design and implementation.
- Evidence of strong relationships with relevant stakeholders within local, regional and central government, as well as other relevant non-government organisations such as think tanks.
- Experience of qualitative research and analysis, such as conducting and analysing findings from interviews and focus groups.
- Demonstrable ability to be independent, evidence based and politically neutral.

Skills and competence in programme management and delivery

- Demonstrable capacity to deliver projects on time, on budget and to the required standard, with proven ability to flex resource capabilities, iterate workplans and adapt to changing environments when required.
- Experience of successful joint working with others in the devolution field.
- Ability to build effective relationships, share learning and work collaboratively.
- Evidenced commitments to environmental sustainability, diversity and inclusion, and safeguarding through appropriate policy and practice.
- As part of assessing 'value for money' we will be paying attention to quality and frequency of planned outputs; the experience and expertise of the team involved and anticipated contribution to the work; how other areas of expertise may be accessed; and cost.

We will consider each applicant's overall mix of experience and assess their proposed approach and ability to deliver the work. In addition, we will also take into account:

- responsiveness and flexibility
- transparency and accountability
- financial stability and long-term viability of the organisation (due diligence may be undertaken on shortlisted organisations).

It is important to the Health Foundation that the chosen provider can demonstrate that the right calibre of staff will be assigned to the project; therefore, if selected, the project leader who will be responsible for the project should be present during the panel interviews.

Selection process

Please complete your application via our [online portal](#) by **17.00 on Thursday 24 August 2023**. Before applying, read [our guidance for applicants](#).

We will be holding an information call at **11.00 on Thursday 20 July 2023**. Those interested in attending should email Mariah Kelly at healthylives.tenders@health.org.uk and we will share the invite. If you have any questions about the ITT that you would like to be answered during the information call, please submit these via email by 17.00 on Tuesday 18 July.

After the deadline, applications will be assessed by a panel of internal and external reviewers. Responses to tenders will be made by 17.00 on Monday 11 September 2023

We are intending to hold interviews during the week commencing 25 September 2023 or 2 October 2023.

A final decision will be communicated by 17.00 on Tuesday 10 October 2023.

The start date is to be agreed following the final decision (but would be as soon as practicable). Ideally this would be October or November 2023.

Confidentiality

By reading/responding to this document, applicants accept that their organisation and staff will treat information as confidential and will not disclose to any third party without prior written permission being obtained from the Health Foundation.

Providers may be requested to complete a non-disclosure agreement

Conflicts of interest

The Health Foundation's conflicts of interest policy describes how it will deal with any conflicts that arise as a result of the work that the charity undertakes. All organisations intending to submit tenders to the Health Foundation should familiarise themselves with the contents of the policy as part of the tendering process and declare any interests that are relevant to the nature of the work they are tendering for. The policy can be downloaded from the Health Foundation's website at the following location: [Policy on conflicts of interest](#).

ANNEX – Combined Authorities programme

Further information on the CA programme is available below. As stated, we see the partner's role as generating insights that go beyond this specific programme, but close working between the partner and the West Midlands Combined Authority (WMCA) will be essential.

Programme aims

The Health Foundation's aims for the Combined Authorities programme are to:

- extend the evidence base on how CAs can add value in tackling health inequalities and increase understanding of the levers available
- make tangible progress on specific activity to tackle health inequalities through focused projects, work with partners, new policies or strategies, enhanced use of key levers, and new services, programmes and initiatives.

Programme delivery

WMCA are the recipient of the award. The programme will take the following approach to help achieve the programme aims:

- **Central Team** – recruited, hosted and led by WMCA, working closely with Greater London Authority (GLA). The Central Team is responsible for the overall operation and delivery of the programme, driving action across all eight participating CAs by providing direct support, being the vehicle for collective influence, and adding capacity to CAs through consultancy activity.
- **Embedded senior policy officer posts** – two or more of the participating CAs will host embedded senior policy officer posts to work on 'real life' projects that are a priority to the CA and help embed health considerations across the CA's wider work including with partners.
- **Central funding pot** for delivery of impactful projects.
- **Data analytics support** – the Health Foundation will provide additional data analytics capacity to support the CAs.
- The Central Team will establish and facilitate a **learning network** for CAs for sharing of good practice.
- The Central Team will be advocating for the use of **co-design with communities and experts** in impact projects via embedded posts or the central funding pot.
- **Governance Board** – the Health Foundation and all CAs involved in the programme will sit on the Governance Board (to date, this is WMCA, GLA, Greater Manchester, Liverpool City Region, North of Tyne, South Yorkshire, West Yorkshire, Tees Valley and West of England).

We awarded funding to WMCA in March 2023 and expect the set-up phase to be completed by autumn 2023. During this time, recruitment of the Central Team and the senior policy officers within two CAs (Greater Manchester and Liverpool City Region), and set-up of the Governance Board will take place.

Year 1 project delivery will commence in June 2023 and year 2 in June 2024. The programme is scheduled to continue until October 2025, with the possibility of extension for a further two years, depending on its success.