Invitation to tender

Health Equals Paid Media Agency support

Date of issue

30 September 2026

Prepared by
Tom Chapman and Kathleen Smit

The Health Foundation
Tel: +44 (0)20 7257 8000
www.health.org.uk

Submission due date:

30 October 2026, 10am

Attached documents include

- About your organisation form

About the Health Foundation

We are an independent charitable organisation working to build a healthier UK.

Health is our most precious asset. Good health enables us to live happy, fulfilling lives, fuels our prosperity and helps build a stronger society.

Yet good health remains out of reach for too many people in the UK and services are struggling to provide access to timely, high-quality care.

It doesn't have to be like this. Our mission is to help build a healthier UK by:

- putting health and inequalities at the heart of decision making
- shaping the future of the health and care system to ensure the best care for all
- building new approaches to testing innovation that could transform health and care.

We'll achieve this by generating research and analysis, testing practical solutions, bringing people together through convening and partnerships, and developing networks and long-term capability.

Everyone has a stake and a part to play in improving our health. By working together, we can build a healthier UK.

Summary of the opportunity

The Health Foundation seeks to appoint a strategic paid media partner to support Health Equals between 2027 and 2030. Health Equals is a campaigning initiative designed to increase public demand for action on health inequalities, build political and policy support for a cross-government approach, and mobilise cross-sector partners to advocate for change.

The successful agency will help grow public support for action on health inequalities, helping us maximise the effectiveness of our paid media investment, increase supporter acquisition and engagement, and strengthen the contribution paid media makes to our wider campaign and influencing objectives.

Over the last four years, Health Equals has built a strong foundation for future growth. We have developed a recognised campaign platform, established a growing supporter base, generated evidence about what messages and audiences respond best to our work, and demonstrated that channels such as Meta and Google can effectively drive campaign sign-ups and registrations. We have also created valuable campaign assets, including our life expectancy tool, which helps make health inequalities tangible and relevant to audiences across the UK.

Our challenge now is how to grow supporter acquisition, engagement and public reach significantly while maintaining or improving efficiency. We are particularly interested in

understanding where the greatest opportunities for growth lie across audiences, channels, creative testing, conversion optimisation and measurement.

We are therefore looking for an agency that combines strategic thinking with excellent delivery. The successful provider will work closely with the Health Equals team, leading media planning, buying, optimisation, testing and measurement, while helping us identify opportunities to improve performance over the life of the contract.

The agency will support both performance activity focused on supporter acquisition and engagement, and awareness activity designed to increase understanding of health inequalities and build public demand for action. Success will be measured not simply by media delivery, but by the agency's ability to generate meaningful audience growth, improve efficiency, strengthen insight and help Health Equals make better investment decisions over time.

The contract will be delivered in close partnership with Health Equals and our wider agency team, including creative, public affairs and media relations partners. The exact balance of activity, channels and priorities may evolve over the course of the programme in response to campaign performance, audience insight and the wider political and media environment.

The deadline for proposals is 30 October 2026, 10am. The final approach may be refined and agreed during contracting.

We expect the delivery of this element of the programme to cost in the range of £1.3m (including VAT) over the project period (March 2027– December 2030), which is approximately £325,000 per year (including VAT). The contract will be awarded for a period commencing in March 2027 and ending in December 2030, with annual review points where continuation of the contract will be subject to performance review, as well as a Health Foundation assessment of contextual factors.

NOTE: We welcome proposals from individual agencies, agencies bidding for multiple scopes of work, and consortium or multi-agency partnerships. Agencies may submit a bid for this tender only, for multiple Health Equals tenders, or as part of a joint proposal covering two or more scopes of work. This includes the Creative, Public Relations, Public Affairs or Paid Media invitations to tender which are currently live on the Health Foundation website.

Please clearly state within your submission which tender(s) and scope(s) of work your proposal relates to, whether you are bidding independently or as part of a partnership, and identify the lead organisation where applicable. Interview and assessment arrangements will be tailored accordingly.

About Health Equals

With healthy life expectancy declining and stark health inequalities persisting across the UK, urgent action is needed to strengthen the fundamental social factors that shape

health, sometimes called the wider determinants of health. Achieving this requires action not only from the Department of Health and Social Care, but across government and beyond. However, the political will to put health and inequalities at the heart of decision-making across sectors has been limited, partly driven by a lack of public understanding of the scale and causes of health inequalities.

To address this challenge, the Health Foundation has funded the creation of Health Equals, which is a cross-sector coalition that delivers campaigns designed to increase public demand for action on health inequalities, build political and policy support for a cross-government approach, and mobilise cross-sector partners to create a powerful, collective voice for change.

Health Equals brings together more than 130 organisations from across health, housing, employment, poverty, environment and community sectors, including charities, think tanks and business. Members work to strengthen the building blocks of health: decent homes, secure work, stable incomes, strong communities and a healthy environment. They amplify Health Equals messages about the need for cross-sector action on health inequalities.

Health Equals also convenes a Parliamentary Champions Network of more than 115 MPs and peers from across political parties who support action to improve health and reduce health inequalities, as well as a group of other parliamentary allies. The network helps raise the profile of health inequalities in Parliament, informs policy development and scrutiny, and builds sustained cross-party support for action on the wider determinants of health.

How Health Equals works

Health Equals combines public campaigning, communications, public affairs and coalition mobilisation to build support for policy change. Through integrated campaigns, media engagement, digital communications and supporter mobilisation, Health Equals works to increase public awareness of health inequalities, improve understanding of what shapes health, and build demand for action.

Alongside this, Health Equals works with parliamentarians, policymakers and influencers to strengthen political support for a whole-government approach to improving health. This includes parliamentary engagement, policy influencing, events and convening, evidence-sharing, and mobilisation of both parliamentary champions and coalition members.

By combining public influence, political engagement and cross-sector collaboration, Health Equals creates a strong collective voice for action on health inequalities.

Health Equals objectives for 2027–2030

Since launching in 2023, Health Equals has delivered award-winning public campaigns, built a large Parliamentary Champions Network and contributed to policy change across a range of building blocks of health.

It is now launching into a new phase of delivery, which will cover 2027–2030. Over this period, the new government will be developing its approach to the UK's health, while also faces economic, geopolitical and acute service delivery crises. With parties across the political spectrum seeking to set priorities in the face of a highly volatile electoral environment, our work is essential to make the case for action on health and inequalities.

Building on the public, parliamentary and coalition support established during 2023–26, our aim is to strengthen public, political and cross-sector support for a whole-government approach to improving health and reducing health inequalities. Through this approach, Health Equals seeks to generate the momentum needed to secure lasting improvements in health across the UK.

The overall ambition for the period is intended to be delivered in three phases, with activity adapted as needed to reflect political developments, including the uncertain timing of a general election, emerging opportunities and campaign priorities.

- Phase 1 (2027): Strengthen and mobilise our existing base of public supporters, coalition members and parliamentary champions to maintain the profile of health inequalities, build public and political demand for action, deepen cross-party engagement, and expand place-based activity.

- Phase 2 (2028–2029): Build broad consensus ahead of the next General Election by demonstrating public demand for action as an election issue, influencing policy development and manifesto commitments, connecting parliamentarians with advocates in their local communities, and strengthening cross-sector advocacy for a whole-government approach.

- Phase 3 (2030): Use the combined strength of the coalition, public support and community networks to influence the priorities and policies of the incoming government, sustain momentum for action on health inequalities, and secure progress on the building blocks of health across government and sectors.

The Health Equals team and agency partners

The Health Equals team is responsible for the day-to-day running of the initiative, working closely with members in development and delivery of the campaign.

To support us in delivering our campaign, the Health Equals team works with a range of agencies including a creative agency, paid media agency, PR agency, website developers and a public affairs agency.

We also work closely with Health Equals members and supporters, who are closely consulted on the development of our campaigns, and The Health Foundation, who are the funder and founding member of Health Equals, who we are accountable to.*

*It is important to note that Health Equals is positioned separately from the Health Foundation, with its own communications channels (e.g. website) and distinct brand. This is both to better appeal to Health Equals' distinct target audiences, as well as to provide space for the initiative to take bolder campaigning approaches in its own voice. However, in all its work, Health Equals reflects the values of the Foundation and contributes towards the delivery of its strategy, including ensuring its work is based on evidence and it remains politically neutral.

Background to project

Health Equals is seeking to appoint a paid media agency partner to support the planning, buying, optimisation and measurement of paid media activity across its campaigns.

Paid media supports Health Equals' communications objectives, including building awareness, reaching priority audiences and encouraging audiences to take action. Our strongest-performing audience to date has been politically engaged adults aged 35–65, although we remain open to evidence-based recommendations regarding audience development.

The primary objective for the forthcoming period is to increase campaign sign-ups and registrations while maintaining or improving cost efficiency. A secondary objective is to drive qualified traffic to the Health Equals website and encourage engagement with the life expectancy tool.

Health Equals also delivers awareness-raising campaigns designed to increase reach, awareness, understanding and consideration amongst priority audiences. Activity may include YouTube, Reddit, programmatic display, digital audio, Out-of-Home (OOH), online video and other relevant channels.

Meta and Google currently perform strongly in generating campaign sign-ups. Health Equals is therefore seeking a partner that can build on this performance while identifying opportunities to significantly increase sign-up and registration volumes sustainably, without relying solely on increased media investment or compromising efficiency.

The appointed provider will act as a strategic media partner, combining strategic planning, media buying, optimisation, creative testing, measurement and insight to improve the effectiveness and value of Health Equals' paid media investment.

The contract value is approximately £1.3m (including VAT), or £325,000 (including VAT) per annum and will be awarded for the full term of the project (March 2027 – Dec 2030). Progress will be reviewed in July and December each year. Continuation of the contract will be subject to a review at the end of each year, assessing delivery against agreed outcomes, and the changing political, media and cultural environment.

Details of the opportunity

Health Equals seeks to appoint a paid media agency to maximise the effectiveness of Health Equals' paid media investment between March 2027 and December 2030.

Aims and Objectives

The overarching aim is to maximise the effectiveness and value of Health Equals' paid media investment.

Our total paid media budget for 2027 is £325,000 (inclusive of VAT and agency fees). As part of your proposal, please provide your recommended investment split between performance and top-of-funnel activity, clearly showing the allocation of agency fees and media spend. We expect recommendations to be driven by achieving the strongest commercial return within the available budget. Please also include forecasted sign-up and website traffic volumes, supported by clear assumptions, benchmarks, and methodology.

The primary objectives are to:

1. Increase campaign sign-ups and registrations while maintaining or improving cost efficiency.
2. Increase qualified website traffic and engagement with the life expectancy tool.
3. Support awareness campaigns by reaching priority audiences effectively and efficiently.
4. Identify opportunities for growth through audience development, channel diversification, creative testing, conversion optimisation and improved use of data.
5. Improve understanding of the effectiveness and incremental contribution of paid media through robust measurement and insight.

Health Equals does not wish to prescribe a fixed growth target. The appointed provider will be expected to assess the realistic growth opportunity using available performance data, audience insight and media expertise, and recommend how this can be achieved.

Scope of services

The appointed provider will provide an end-to-end paid media service covering strategic planning, media buying, optimisation, testing, measurement and performance management.

Strategic Media Planning

The provider will:

- Develop annual and campaign-level paid media strategies.
- Translate campaign and audience objectives into media strategies.
- Identify opportunities to increase sign-ups and improve efficiency.

- Recommend the appropriate balance of acquisition, engagement and awareness activity.
- Identify audience expansion and channel diversification opportunities.
- Develop testing and experimentation plans.
- Maintain a prioritised growth roadmap based on impact, confidence, cost and feasibility.

Performance Media & Acquisition

The provider will:

- Plan, buy and optimise performance media, including Meta and Google.
- Identify opportunities to scale high-performing activity and increase incremental sign-up volume without disproportionate increases in cost.
- Recommend and test additional channels where strategically appropriate.
- Optimise towards sign-ups and registrations.
- Use performance data and audience insight to improve effectiveness.
- Identify conversion optimisation opportunities and work with relevant Health Equals digital/website stakeholders to develop these.

Awareness & Upper-Funnel Media

The provider will support awareness campaigns and recommend an appropriate channel mix based on audience, objectives, budget and the role of each channel within the wider communications journey.

Relevant channels may include YouTube, Reddit, programmatic display, digital audio, Out-of-Home, online video and other appropriate media.

The provider should demonstrate how awareness activity can contribute to wider audience engagement and, where feasible, downstream website engagement and action.

Creative Testing & Optimisation

The provider will establish a systematic creative testing programme covering:

- Testing hypotheses, messaging, formats and audiences.
- Creative performance analysis and recommendations.
- Testing priorities and cadence.
- Creative briefs, specifications and requirements.
- Application of learnings to future media and creative activity.

The provider will work with Health Equals and/or relevant creative suppliers to facilitate agreed assets. Health Equals will retain final responsibility for brand, messaging and organisational approval.

Any creative production outside the agreed scope should be clearly identified and separately costed.

Measurement, Attribution & Insight

The provider will:

- Establish an appropriate measurement framework.
- Integrate paid media with relevant website analytics and, where appropriate, CRM/first-party data.
- Provide clear, actionable reporting.
- Distinguish platform-reported attribution from wider campaign outcomes and, where possible, incremental impact.
- Recommend proportionate approaches to attribution, incrementality and campaign evaluation.
- Use insight to inform optimisation and strategic decisions.

Reporting should focus on meaningful campaign outcomes rather than platform metrics in isolation.

Conversion Optimisation

The provider will identify and prioritise opportunities to improve conversion rates across relevant campaign journeys, including:

- Landing-page and website analysis.
- Identification of conversion barriers.
- Recommendations for journey, proposition, messaging or CTA improvements.
- Collaboration with relevant Health Equals stakeholders.
- Measurement of agreed changes.

Website implementation is outside the core scope unless separately agreed.

Optimisation & KPIs

The provider will continuously optimise activity against agreed campaign KPIs.

The primary KPI is:

- Campaign sign-ups / registrations

Secondary KPIs include:

- Qualified website traffic
- Engagement with the life expectancy tool

Awareness campaigns may use additional measures including reach, frequency, awareness, consideration and engagement, as appropriate to the campaign.

The provider should recommend appropriate KPIs and measurement approaches where campaign objectives differ.

Deliverables

The appointed provider will deliver, as a minimum:

1. Paid Media Strategy

Covering acquisition and awareness, audiences, channels, investment, growth opportunities, testing, measurement and conversion optimisation.

2. Campaign Media Plans

Setting out objectives, audiences, channels, investment, timing, expected outcomes, KPIs, measurement and testing.

3. Media Buying & Campaign Management

Including planning, buying, campaign set-up, budget management, monitoring and optimisation.

4. Performance & Optimisation Reporting

Including spend, sign-ups, CPA, traffic, engagement, channel/audience/creative performance, key insights, testing results and recommended actions.

5. Creative Testing Programme

Including testing hypotheses, priorities, results, learnings and recommendations for future creative development.

6. Growth & Innovation Roadmap

Identifying and prioritising opportunities across channels, audiences, creative, conversion optimisation, measurement and experimentation.

7. Measurement & Evaluation

Using appropriate analytics, CRM, attribution, incrementality, lift or other proportionate methodologies.

8. Quarterly Growth Reviews

Assessing performance, efficiency, growth achieved, learnings, future opportunities, investment strategy, testing priorities and the assumptions underpinning future growth forecasts.

Where performance is materially below forecast, the provider will be expected to explain the variance, identify causes, recommend corrective actions and update its forecast.

Service Outcomes

The desired outcomes are:

- Increased campaign sign-ups and registrations.
- Maintained or improved cost efficiency.
- Increased qualified website traffic and engagement with the life expectancy tool.
- Effective reach and engagement of priority audiences.
- Greater understanding of which audiences, channels and creative approaches drive outcomes.
- Improved confidence in paid media measurement and incremental contribution.
- Continuous testing, learning and optimisation.
- Identification of new growth and channel opportunities.
- Identification of conversion optimisation opportunities.
- Strong value for money from Health Equals' media investment.
- A strategic, collaborative agency partnership supporting immediate performance and longer-term audience growth.

Specific KPIs, targets and milestones will be agreed for individual campaigns according to their objectives and available budget.

Roles and responsibilities

Expectations & Responsibilities

Health Equals will provide relevant information, data, assets, access and timely approvals required to deliver the work.

Health Equals retains responsibility for:

- Overall campaign and organisational objectives.
- Final approval of strategies, plans and budgets.
- Brand, messaging and organisational sign-off.
- Provision/approval of creative assets unless otherwise agreed.
- Website or organisational changes outside the agency's scope.
- Timely access to relevant information and stakeholders.

The provider will be accountable for:

- Strategic media planning and buying.
- Campaign implementation and optimisation.
- Budget management (including contracting outsourced services).
- Performance monitoring, reporting and insight.
- Testing and experimentation.
- Identifying performance and growth opportunities.
- Proactively raising risks and performance issues.
- Delivering agreed media activity and performance actions within its control.
- Liaising with other agencies to provide a paid media view on creative assets

- Contributing to the creative campaign development led by creative agency to recommend the best paid media channels/formats that will support the creative idea as part of an integrated campaign response.

The provider will be expected to proactively challenge, advise and identify opportunities rather than simply implement instructions.

Other suppliers will be responsible for:

- Supporting the delivery of a political influencing strategy to secure policy progress, mobilise political advocates and strengthen support for action on the building blocks of health across political parties (Public Affairs agencies)
- Supporting the development and delivery of public facing creative campaigns that raise awareness of health inequalities and the need for a cross-government approach to addressing them (Creative agency)
- Supporting earned media coverage of Health Equals campaigns and key messages (PR agencies)
- Liaising with the public affairs supplier to ensure campaign development is informed by political opportunities. (Creative, PR agencies).

Account Management & Governance

The provider will establish an appropriate governance structure including:

- Named account lead and core team.
- Clear roles and responsibilities.
- Appropriate senior oversight and specialist expertise.
- Regular performance, optimisation and planning meetings.
- Quarterly strategic growth reviews.
- Clear reporting, communication and escalation processes.
- A process for agreeing and tracking actions.

Timeline

Our indicative project timeline is set out below.

Stage	Date
ITT issued	30 September 2026
Information call	07 October 2026 at 3.30pm
Deadline for clarification questions	By 13 October 2026
Tender submission due	By 30 October 2026 at 10am

Interviews held	w/c 16 November 2026
Contract commencement/mobilisation	01 March 2027

The Health Foundation reserves the right to amend the timetable at its discretion and will notify all participants of any changes.

Responses must be received by the submission deadline. Late submissions may not be considered.

Anonymised questions and answers that may be relevant to other tendering parties will be shared with all participants. Where a tendering party identifies a question as confidential, the question and our response will be treated in confidence and will not be shared with other participants.

Tenderers are expected to reserve availability for any presentations, interviews or clarification meetings during the above-mentioned assessment period.

Costs

Responses to this invitation should include transparent (fully itemised pricing) and accurate pricing, inclusive of VAT where applicable. Providers are required to provide a fully itemised cost breakdown with the highest practical level of granularity, clearly identifying all cost components, cost drivers, assumptions, resource rates, third-party costs (with the agency responsible for contracting and managing these), overheads, expenses, margins and any other elements contributing to the total cost. It is, however, emphasised that assessment of responses to this tender invitation will be based primarily on the demonstrable ability to meet the brief and selection criteria, rather than lowest cost, but value for money is a selection criterion.

For information only, the Health Foundation imagines that the requirements will cost in the region of £1.3m inclusive of VAT over the total period (March 2027 to December 2030) to be successfully delivered, at an approximate breakdown of £325,000 including VAT per annum.

The provider is welcome to use their own format of choice to present the commercial elements of their proposal.

In relation to VAT, we would expect agencies to recognise the zero-rated products and services that we are able to access, as set out in Goods or services supplied to charities (VAT Notice 701/58). Please confirm that you are able to administer the necessary to access these provisions. The required disclosures by either party will be addressed in the contract.

Information call and frequently asked questions

Information call and frequently asked questions

An information call is designed to offer applicants the opportunity to hear more about the project and to ask questions to clarify understanding.

We will hold this information call on 7 October 2026 at 3.30pm. If you would like to attend, please register here: https://events.teams.microsoft.com/event/e512959c-ef50-4287-a82d-f71cea9b0768@885ab5cd-ee5d-426d-a178-4e9159ac4884?source=copyLinkOneEventsShareDialog.

It is not essential, but you are encouraged to take part. If you have any specific questions about the project, please email them to us in advance of the information call if possible. Please note that we will not be able to answer specific technical questions about individual tender responses.

Frequently asked questions

Our responses to these questions will be added to a frequently asked questions (FAQ) document. Clarification questions from applicants can be sent to healthequals@health.org.uk until 13 October 2026, and the FAQs final doc will be published or shared by 16 October 2026.

Instructions for tender responses

You will be required to submit a tender response as set out in the 'Submission Process' section below.

The Foundation reserves the right to adjust or change the selection criteria at its discretion. The 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.

This work specification/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.

The Foundation will not be responsible for any costs incurred by you in responding to this ITT. The issue of this ITT does not create any obligation on the Health Foundation to enter into any agreement, provide feedback on submissions or otherwise incur any liability in connection with this ITT.

The Foundation is not obliged to disclose anything about the successful or the unsuccessful providers, but will endeavour to provide feedback as it deems appropriate.

Your bid is to remain open for a minimum of 180 days from the tender submission due date.

You may, without prejudice to yourself, modify your proposal by written request, provided the request is received by the Health Foundation prior to the tender submission date.

Following withdrawal of your proposal, you may submit a new proposal, providing that it is delivered prior to the established tender submission date.

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

Agency Response Requirements

Agencies should structure their response around the four evaluation themes below. Responses should be specific to Health Equals rather than generic descriptions of agency capability.

1. Knowledge & Experience

The provider should demonstrate relevant experience across performance/acquisition and awareness media, including:

- Increasing sign-ups, registrations or other meaningful audience actions while maintaining or improving efficiency.
- Reaching priority or tightly defined audiences.
- Delivering awareness and consideration campaigns.
- Strategic media planning, buying and optimisation.
- Creative testing and optimisation.
- Measurement, attribution and evaluation.
- Identifying and delivering sustainable growth opportunities.
- Working collaboratively to support wider communications, behaviour change or audience engagement objectives.

Agencies should provide relevant case studies demonstrating their contribution, approach and outcomes, including objectives, audience, budget, channels, results, measurement approach and key learnings where relevant.

2. Strategic Approach, Growth Planning & Methodology

Set out the proposed approach to Health Equals, including:

- Understanding of the challenge and growth opportunity.
- Recommended strategy, audiences, channels and investment.
- Growth forecast and methodology.
- Assumptions, dependencies, risks and confidence.
- Testing and creative approach.
- Measurement, attribution and incrementality.
- Conversion optimisation.
- Growth and innovation roadmap.
- Approach to underperformance and corrective action.

3. Team, Governance & Partnership Approach

Set out:

- Proposed team and expertise.
- Roles and senior oversight.
- Governance and ways of working.
- Reporting and performance management.
- Strategic partnership approach.
- Relevant added value.

4. Commercial Proposal & Value for Money

Provide:

- Agency fees and fee structure.
- Services and resource included.
- Additional, production, third-party and technology costs.
- Any added value or efficiencies.
- Explanation of how the proposal represents value for Health Equals.

Agency fees and other costs must be transparently detailed and clearly separated from the media investment other charges.

Selection criteria

Evaluation Criteria
Knowledge & Experience
Strategic Approach, Growth Planning & Methodology
Team, Governance & Partnership Approach
Commercial Proposal and Value for Money

Evaluation Approach

Stage One – Agency response to ITT

Responses will be assessed against the four evaluation themes and weightings above.

Case studies will provide evidence of Knowledge & Experience and will not be assessed as a separate scoring category.

The Health Equals-specific response will be assessed on the quality, credibility and relevance of the proposed approach, including the methodology underpinning any growth forecast. Agencies will not be scored simply on the size of the growth opportunity they identify.

Health Equals is seeking a credible, evidence-based assessment of the opportunity, supported by clear assumptions, dependencies, risks, proposed interventions and an understanding of factors within and outside the agency's control.

Health Equals reserves the right to invite shortlisted agencies to Stage 2 which will be a presentation and interview stage as part of the final evaluation process.

Stage Two – Presentation

Following evaluation of written submissions, Health Equals intends to invite shortlisted agencies to participate in a presentation session.

The purpose of this stage is to assess:

- Strategic and creative thinking.
- Ability to evolve the Health Equals campaign platform.
- Understanding of our objectives and operating environment.
- Approach to collaboration and partnership working.
- Suitability of the proposed team.

Agencies will be provided with a detailed presentation brief in advance.

The agency personnel proposed to deliver the contract should attend this session, including day-to-day account leads and relevant strategic and creative leads.

Submission process

Please email electronic copies of your full tender response, budget and completed About Your Organisation document to:

Jo Watson, Health Equals Programme Assistant (healthequals@health.org.uk) by 10am on 30 October 2026.

Please note that we have a 20MB incoming email size restriction, so please either compress or split your submission accordingly.

Confidentiality

By reading and/or responding to this document you accept that your 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. You further agree to comply with the Health Foundation's Data Protection and Privacy requirements, available on the Health Foundation's website, when handling any information provided as part of this process.

Providers may be requested to complete a non-disclosure agreement.

Conflicts of interest

The purpose of the Foundation’s conflicts of interest policy and procedure is ultimately to ensure that the decisions taken by the Foundation are independent and without bias. To ensure fairness, we require all participants to disclose any potential conflicts of interest that might reasonably be considered a conflict with our charity, our mission and/or the specific opportunity of ours that you may be engaging with.

Compliance

The Health Foundation requires all Providers to pay, as a minimum, the independently accredited Real Living Wage, as defined by the Living Wage Foundation to all employees, contractors, agency workers and other personnel directly engaged with the delivery of the services. Providers unable to meet this requirement will not be considered for appointment.

By submitting a tender, Providers confirm that they have reviewed the Health Foundation's Terms and Conditions and are willing, in principle, to contract on that basis. Any proposed departures from, qualifications to, or areas of non-compliance with the Health Foundation's Terms and Conditions must be clearly identified within the tender response, together with the Provider's proposed alternative wording and rationale. The Health Foundation reserves the right to take the extent of any such departures into account when evaluating bids.

Response to our requirements

As a minimum, responses should address each requirement below and provide sufficient detail, clearly evidencing capacity, capability, experience, methodology and value for money in delivering the required outcomes, to enable the Health Foundation to assess your proposal against the stated selection criteria.

Each requirement below has been assigned a reference number. You may respond using your preferred format, provided that each response clearly references the relevant requirement number.

Providers are requested to comply with the following structure in presenting their response.

For applications that do not meet the eligibility criteria, the full tender may not be reviewed.

About your organisation - *please submit a separate document in the template provided to cover the below:*

About your organisation

- Full legal name
- Trading name (if different)
- Type of organisation (if you are a private individual / sole trader, see note below*)
- Company registration number and/or charity number
- VAT number (if applicable)
- What was your organisation's income in the most recent financial year? (Not applicable for public bodies/universities)
- Copy of most recent accounts as an attachment
- Please confirm that your organisation is a going concern and has the necessary resources to carry out this work
- Trading Address
- Registered address (if different)
- Website address
- Primary contact name including position and title (to whom all correspondence will be addressed)
- Phone numbers (office or mobile)
- Email address
- Please provide a brief description of the organisation in terms of its activities/services and the organisational governance and management structure (100 words)

Eligibility Questions

Supporter, Member, Donor or Lead Acquisition Experience

Has your organisation led or supported at least one paid media programme during the last two years that has achieved demonstrable supporter, member, donor, lead or customer acquisition outcomes? Please provide a summary of the campaign and results achieved, including relevant performance metrics. (200 words)

First-Party Data Growth Experience

Can your organisation demonstrate experience of growing first-party data assets through paid media activity, including email acquisition, lead generation, petition sign-ups, registrations or other consented data collection mechanisms? Please provide a brief summary of relevant experience and results achieved. (200 words)

Measurement, Tracking and Attribution

Can your organisation demonstrate experience of implementing robust tracking, measurement and attribution frameworks to assess and optimise paid media performance and first-party data acquisition? Please provide a brief summary of relevant experience. (150 words)

Due diligence questions

Please set out your position in relation to Intellectual property, Data Protection and business continuity, including confirmation that you are willing in principle to accept the Health Foundation's preferred position that all intellectual property rights arising from the services will vest in, or be assigned to, the Health Foundation. Where this is not possible, please clearly identify any exceptions and propose alternative arrangements

Describe the measures relevant to this opportunity that you will take in relation to:

- Safeguarding
- Equality, diversity and inclusion (EDI)
- Environment, Social and Governance sustainability (ESG)
- Fair work and supporting the Living Wage
- Accessibility, and
- Ethical conduct

*If you work under a personal service company you should be aware your tax status will need to be assessed under our IR35 protocols for each separate engagement with the Health Foundation. If you work as a private individual or as a sole trader we will need to look at your tax status under the wider off-payroll working rules to assess whether each engagement is that of someone who is self-employed for this engagement, and paid by invoice, or whether the engagement looks like that of an employee where tax would need to be paid on an engagement through an umbrella company.

Declaration

I confirm that I am an authorised representative of the organisation submitting this tender and have the authority to bind the organisation contractually. I declare that the information contained within this submission is accurate and complete and that, if selected, the organisation is willing to enter into a contract substantially on the terms set out in the tender documentation.

I also confirm that any use of artificial intelligence (AI) tools in preparing this response has been limited to drafting, editing, formatting or presentation. Furthermore, all information contained within this submission, including experience, qualifications, case studies, references, methodology, pricing and proposed solution, is accurate and genuinely reflects our capabilities. I acknowledge that The Health Foundation's evaluation will be based on our demonstrated capability, experience and proposed approach, and I certify that all statements made in this submission are true, accurate and capable of substantiation upon request.

Signed on behalf of the Provider:

Name:
Position:
Date:

Tender document - *please submit a tender response as set out below*

Technical requirements

- Please set out how your proposal meets the requirements in the *Agency Response Requirements* section of the ITT above.
- Please provide an indication of the Key Performance Indicators (KPIs) related to outcomes that you would expect your approach to deliver. (As set out in the ITT, these will be treated as indicative, with KPIs set annually during delivery, in line with annual delivery plans.) An overview of the metrics we tracked in 2026 can be found in Appendix 3. This is included for reference only.
- Proposed service levels

Management and communications

- Please provide a project management plan.
- Please consider any risks in relation to the tender and how you will mitigate against these, as well as setting out your risk management approach
- Please provide details of your remediation approach to address any concerns that may arise about the quality of delivery.

References

Details of at least 2 client references indicating your professional relationship with them as well as consent for the Health Foundation to contact them.

Resources

We require full cost transparency. Providers must therefore provide the maximum practical level of detail in their pricing submission, identifying and quantifying all underlying cost drivers, inputs, assumptions, mark-ups, margins, overheads, management fees, subcontractor costs, expenses and any other elements contributing to the total contract price.

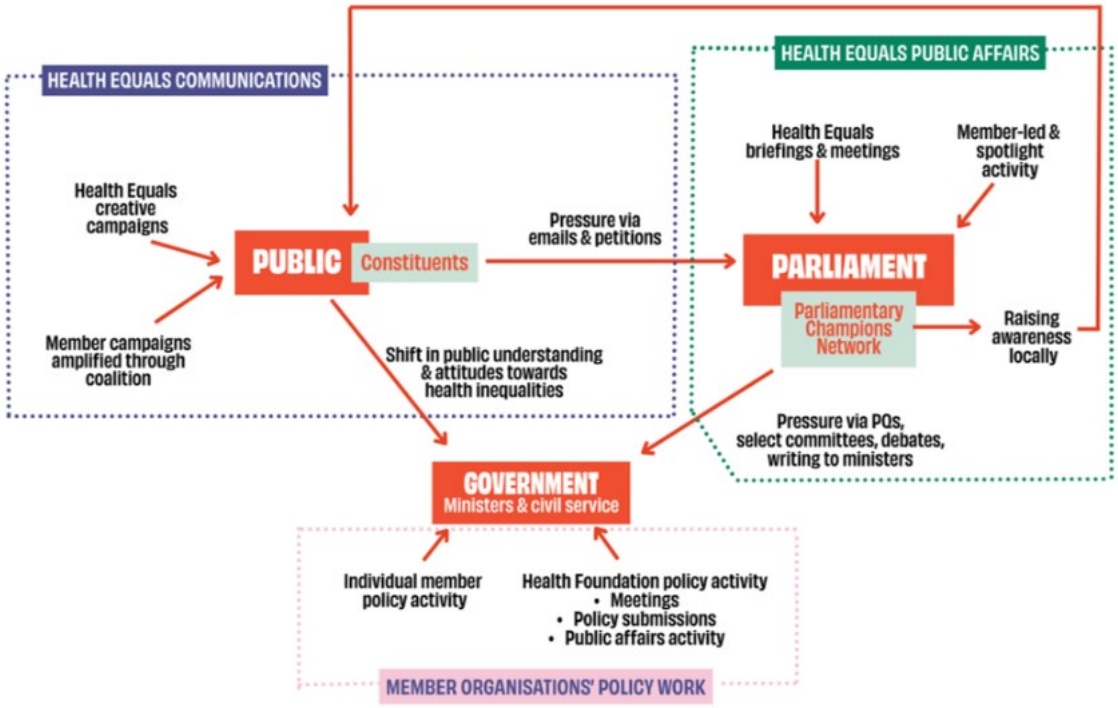
The Health Foundation wishes to maximise the return it provides to beneficiaries and obtain best value from external Providers. What is the total cost of your tender? Please include VAT in your costing.

Please provide full justification for your costs, including the time spent on the project by each member of your team and all other relevant costs.

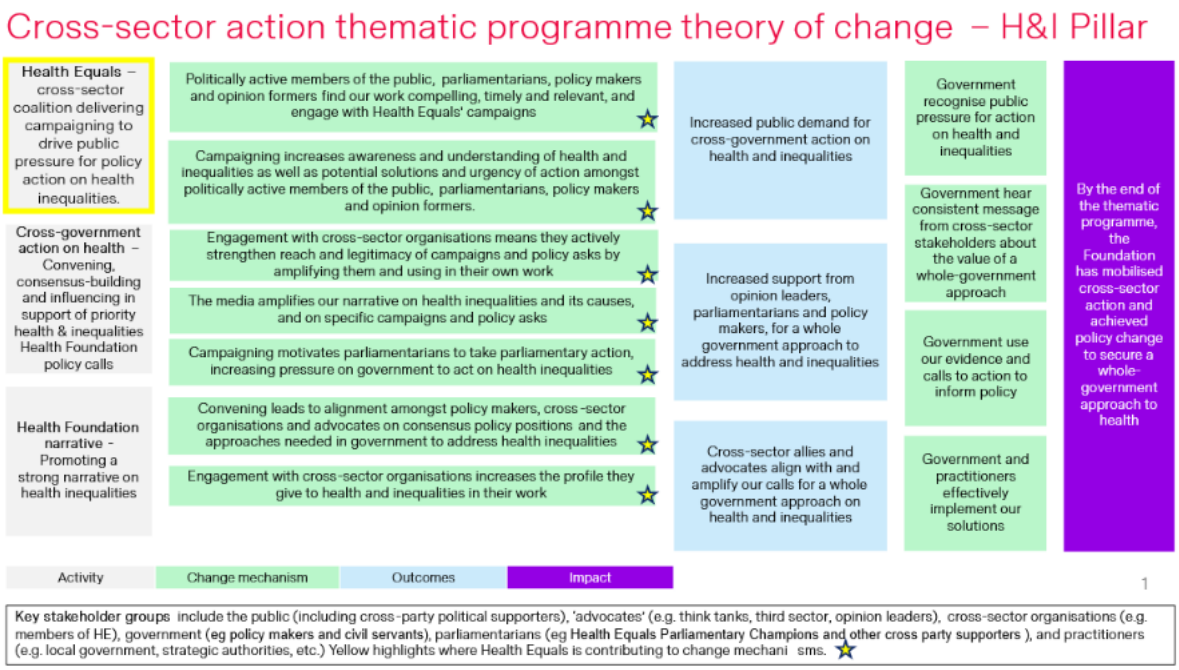
The provider is welcome to use their own format of choice to present the commercial elements of their proposal.

Appendices

Appendix 1 – Health Equals operating model



Theory of Change (indicated in yellow boxes/stars below as part of a wider programme of work)



Appendix 3: 2026 outcomes and KPIs

Objective	Desired outcome	KPI metrics tracked
Build and mobilise a powerful cross-sector coalition	Health Equals members and supporters actively champion campaign messages, policy asks and public engagement activity.	Number of members / supporters Number of members/supporters that publicly promote campaign activity Number of members/supporters that publicly promote policy calls Level of member engagement through meetings, events and advisory activity
Grow influence within the corporate sector	Corporate organisations become visible advocates for reducing health inequalities and support campaign reach, credibility and policy influence.	Number of corporate-sector organisations who are part of Health Equals coalition Proportion of corporate members actively engage with campaign activity or communications
Strengthen local and community engagement	Local government, public health and community stakeholders become active partners in amplifying campaign messages and showcasing solutions.	Number of local stakeholders directly reached with campaign information Secure inclusion in partner communications channels Number of community-led health inequalities case studies featured in campaign activity
Deliver impactful public-facing creative campaign materials	Creative materials effectively capture attention, shift understanding, and drive action.	Target audiences correctly understand the intended campaign message Creative achieves agreed levels of message recall or recognition when evaluated Creative shifts public's understanding of levels of health inequality, its causes and solutions when evaluated

		Creative generates a sense of urgency to act when evaluated Creative is distinctive, compelling and appropriate for the intended audience and channel.
Grow a large and engaged public supporter base	Build a geographically diverse movement of supporters who understand health inequalities and demand action.	% Growth in email supporter base (Base in January 2026: 3,500) · Maintain strong retention and engagement rates Increase social media audience and interaction levels.
Mobilise supporters to take meaningful action	Move supporters from awareness to advocacy by encouraging direct engagement with decision-makers and campaign actions.	Proportion of supporters that take an additional campaign action.
Deliver significant campaign reach and visibility	Achieve substantial audience reach through paid, earned and owned channels.	Number of impressions Number of website users Levels of digital engagement Click-through performance
Shift public and media narratives	Increase understanding that health inequalities require coordinated action across government and society.	Number of high-quality national or specialist features focused on cross-government action Level of national, regional and trade media coverage Proportion of coverage classed as high quality
Grow political support for action on	Parliamentarians, policymakers and influencers increasingly	Number of Parliamentary Champions. Number of high impact actions taken by Parliamentary champions to actively support campaign objectives e.g.

health inequalities	advocate for a whole-government approach.	debates, amendments, speeches, oral question Number of medium impact actions taken by Parliamentary champions to actively support campaign objectives e.g. written questions, social media, quote Number of engagements with PCN e.g. meetings, attending events, requests for briefing
Broaden cross-party political support for action on health inequalities	Parliamentarians, policymakers and influencers from the right of centre increasing support a cross-government approach to improving health.	Growth in number of right of centre political allies across parties (who have met with us/attended an event + privately expressed support for our campaign or spoken out on inequalities) and receive updates from Health Equals Number of engagements with right of centre parliamentarians e.g. meetings with parliamentarians and influencers, attendance at roundtables Number of right-of-centre influencers/ politicians who publicly support cross-government prevention action on the building blocks of health
Demonstrate policy influence	Campaign activity contributes to policy debate, policy development and political action.	Number of MPs supporting a policy position. Number of examples of policy announcements across government that link action on building blocks to health inequalities, influenced Health Equals coalition.