NHS RACE & HEALTH OBSERVATORY

INVITATION TO TENDER

Community Participation and Co-production Resource

Date: August 2025

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1. About the NHS Race & Health Observatory

1.1. The NHS Race and Health Observatory (RHO) is an independent organisation, supported by the Department of Health and Social Care and NHS England, set up to explore ethnic inequalities in access to healthcare, experiences of healthcare, health outcomes, and inequalities experienced by Black, Asian, and minoritised ethnic members of the healthcare workforce.

1.2. This includes assessing the aspirations to tackle ethnic health inequalities outlined in national healthcare policy. The RHO is a proactive investigator, providing strong recommendations that inform policymaking and facilitate change. We are evidence-driven and solutions-focused.

1.3. The RHO is hosted by NHS Confederation. Its board and team are independent; we dictate our own direction and areas of focus. The RHO has three main functions:

- Facilitating new, high-quality, and innovative research and evidence.
- Making strategic policy recommendations for change.
- Supporting the practical implementation of those recommendations.

2. Context

Existing activity to embed community participation and co-production in the health system

2.1. Entrenched ethnic and racial inequity persists across the NHS and the health system, negatively impacting patients, communities, and staff. Compared to their White counterparts, Black, Asian, and minoritised ethnic patients and communities have worse, inequitable access to, experiences of, and outcomes from healthcare. Black, Asian, and minoritised ethnic staff working in the NHS and the health system experience inequitable working conditions, as well as disproportionate levels of racialised harassment, bullying, and abuse.

2.2. Achieving ethnic equity in the NHS and the health system will only be possible if national, regional, and local bodies embed community participation and co-production approaches in the design, delivery, and evaluation of their services. Working in meaningful partnership is essential to understanding, accounting for, and meeting the specific and varied needs of Black, Asian, and minoritised ethnic patients, communities, and staff.

2.3. Significant efforts have been made, especially by community-led initiatives and organisations, to create tailored toolkits, guidance, and other resources to enable community participation and co-production in the NHS and the health system. In 2016, NHS England (NHSE) published resources on co-production, that were last updated in 2021.

2.4. Existing resources adopt a range of approaches that, for example:

- Are tailored for co-production with a single marginalised group or community, by health need, or for within a specific geographic region.
- Focus on broad co-production principles or guidance for partnership with multiple marginalised groups and communities across the health system.

2.5. Informed by the strategic advice and intelligence from the RHO Stakeholder Engagement Advisory Group (SEG), we know that community participation and co-production practice with Black, Asian, and minoritised ethnic people remains at best, extremely variable, and at worst, actively harmful across the health system.

2.6. Alongside our other working groups, networks of patients, communities, and healthcare staff, and race equity sector partners, the RHO SEG have named specific examples of poor practice from all levels of the health system, including:

- Convening people in one-off consultative exercises, with no follow-up detailing action and evidence of impact, only to repeat the exercises years down the line.
- Making uncompensated requests to review or provide feedback on proposed activity at the final stages of development, instead of from the inception.
- Not acknowledging and practically addressing structural, institutional, or interpersonal racism, and the mistrust it fosters, in their activity.
- Co-opting community intelligence with little to no credit and not funding those best placed to co-deliver services.
- Not ensuring activity will lead to accountability or enforcement to enable meaningful action to tackle racism and ethnic health and workforce inequity.

2.7. This poor practice results in communities facing repeated requests to engage in activity that is piece-meal, tokenistic, and extractive. Critically, communities are often expected to shoulder this work with little autonomy, agency, or sustainable funding. This prevents effective action to tackle ethnic inequity, exacerbates mistrust, and fuels disengagement.

2.8. We can reasonably conclude that community participation and co-production practice is not prioritised at all levels of the health system. We also suspect there are challenges regarding the discoverability or applicability of existing resources and good practice to address the varied needs of Black, Asian, and minoritised ethnic communities in a healthcare context.

The prioritisation of community participation/co-production in the external environment

2.9. A critical consideration is that the NHS and the health system is undergoing considerable restructure as a result of the 10-Year Health Plan. As the health system changes, there are significant risks and opportunities for action on racism, ethnic health and workforce inequity, and community participation and co-production.

2.10. This includes the abolition of NHSE and the 50% cuts facing the Department of Health and Social Care (DHSC), Integrated Care Boards (ICBs) and NHS providers, i.e. trusts and foundation trusts. It remains unclear where specific responsibilities and accountability pathways for tackling ethnic health and workforce inequity will sit at national, regional, and local levels. The abolition of Healthwatch England, the Patient Safety Commissioner, and Integrated Care Partnerships (ICPs) has led to uncertainty regarding the future of independent, statutory patient, public, and VCSE sector involvement in the health system's decision-making processes.

2.11. The 10-Year Health Plan outlines the intention to bring patient and public voice 'in house', specifically through the creation of a new National Director of Patient Experience at DHSC, and folding patient and public engagement functions into

ICBs and NHS providers. Providers delivering care could be subject to new enforcement and incentivisation regimes that are based on patient feedback and outcomes. This indicates potentially strengthened responsibilities for the health system to embed community participation and co-production practices.

2.12. At this pivotal time, it has therefore never been more important that the NHS and the health system are compelled to prioritise, and are equipped to, work in meaningful partnership with Black, Asian, and minoritised ethnic patients, communities, and staff, including the VCSE organisations that champion them. This project aims to improve and enable this by outlining routes to action, to ultimately ensure healthcare is designed, commissioned, and delivered to meet the needs of racially minoritised people.

3. Project scope and outline

3.1. The RHO seeks to commission a delivery partner or partners to work with us to create an open-access resource that enables the NHS and the health system to embed community participation and co-production with Black, Asian, and minoritised ethnic patients, communities, and healthcare workers. It will:

- Explicitly embed anti-racism, addressing and outlining practical action to tackle racism and mistrust.
- Signpost to and amplify existing community participation and co-production resources, providing examples of good practice.

Target audience

3.2. **Target 'users'** of the resource will be national, regional, and local bodies within the health system, primarily:

- Integrated Care Boards: e.g., commissioners, patient/public involvement teams
- Local government: e.g., public health teams
- Healthcare providers: e.g., patient/public involvement teams in NHS trusts and foundation trusts, GP, dental, and community mental health services.

3.3. It will enable community participation and co-production across all aspects of healthcare, for example, in strategic policymaking, planning and commissioning, design and delivery, and evaluation. It will enable the work of national patient experience and public voice functions in DHSC and CQC.

3.4. **Target 'partners'** of the resource will be Black, Asian, and minoritised ethnic patients, communities, and the workforce – as individuals, but also as part of community-led VCSE organisations and initiatives.

3.5. The successful applicant/s will be required to **work collaboratively and specifically commit to regular meetings with the RHO and with the project Task and Finish Group, as needed.** The Task and Finish Group includes: members of our Stakeholder Engagement Advisory Group, Academic Reference Group, and independent experts, and they will meet roughly every 2 months.

Project phases

3.6. The project will comprise of the following phases, please note that the timings are indicative. The successful applicant/s will be expected to be guided by the RHO Implementation team throughout the project:

- **Phase 1: Gather intelligence (months 1-2)**
  The successful applicant/s will work with the RHO to conduct a detailed, desk-based scoping review of existing, publicly available resources that aim to enable community participation and co-production. We will focus on their approach, their target users and partners, use/uptake, and impact.

  This will ensure the resource can identify, signpost to, and amplify other, existing impactful resources.

- **Phase 2: Co-design (months 3-5)**
  Informed by Phase 1, the successful applicant/s will work with the RHO to map and proactively involve a broad, diverse range of stakeholders, including the resource's target users and target partners (sections 3.3. – 3.4.)

  The format of involvement will vary according to the stakeholders' needs, including for example, interviews, focus groups, or webinars. The aim is to co-design the recommended actions embedded in the resource:

  - Gauge demand for a resource that accounts for the considerations outlined in the above context.
  - Understand target users' and target partners' experience of using the existing resources identified in Phase 1.
  - Understand target users' and target partners' *barriers* to community participation and co-production in this context.
  - Understand target users' and target partners' *enablers* to community participation and co-production in this context.

  This will ultimately enable the co-design of the resource and define what positive impact looks like. The findings of Phase 1 and 2 will be compiled into an accessible format for communicating publicly and transparently.

- **Phase 3: Co-produce (months 6-9)**
  Informed by Phases 1 and 2, the successful applicant/s will work with the RHO and stakeholders to create an open-access resource that meets the needs of the target users and target partners.

  While we do not want to overly pre-determine what this might look like, we emphasise the need for the resource to encourage reflection through a self-audit mechanism, and to be interactive and updateable, moving away from static documents.

  We encourage innovative, digital, and visual approaches that enhance accessibility and understanding. We reiterate that the resulting resource must:

  - Embed anti-racism, outlining action to tackle racism and mistrust.
  - Signpost to and amplify existing community participation and co-production resources, providing examples of good practice.

- Enable monitoring and evaluation, ensuring that success indicators are context-specific and co-produced with target partners, and that improvement is informed through continuous feedback cycles with target partners.
- Enable target users and partners to identify accountability pathways to ensure community participation and co-production activity is incentivised and enforced.

  The successful applicant/s will be expected to work collaboratively to ensure the resulting resource can be hosted on the RHO's Health Action Resource Platform (HARP), our interactive data and resource platform, as well as other identified platforms.

- **Phase 4: Test, refine, validate (months 10-12)**
  The successful applicant/s will work with the RHO and stakeholders to test and refine the resource with target users and target partners involved in Phases 2 and 3, before it is finalised and validated. We expect successful applicant/s to outline their proposed validation methodology, ensuring public transparency.

4. Project outputs

All outputs will be for external publication, hosted on the RHO HARP, and co-branded in the RHO's house style:

4.1. Phase 1 and 2 findings, compiled in an accessible format for communicating publicly and transparently.

4.2. An open access community participation and co-production resource for use across the health system.

4.3. Communications materials to enable broad dissemination.

5. Project timescale and funding

We encourage applicants to consider the time and resource requirements they might need to successfully deliver the project and encourage them to make the case for the timescale or funding to be adapted if they need it. The RHO will consider adapted timescales or higher value bids if compelling justification is provided – this will not put applicants at a disadvantage in the selection process.

5.1. Indicative timescale: 12 months from the date of award.

5.2. Indicative funding: we have identified indicative costs up to £150k plus VAT.

5.3. While the RHO requires the resource to be created before December 2026, we can work with applicants to balance our needs.

6. Applicant specification

With the range of expertise and skills needed to deliver this project, the RHO encourage a collaborative approach.

6.1. We expect applicants to bid in partnership, with the lead applicant being community-led, i.e. an organisation or initiative that is embedded in and led by racially minoritised communities.

6.2. We encourage bids from community-led applicants who believe they can fulfil some aspects of the project, but might require support with other aspects. We encourage them to name where they require support – this will not put them at a disadvantage in the selection process.

6.3. Non-community-led applicants or co-applicants will be expected to demonstrate their experience of working in ethnical partnership with, building capacity in, and ceding power to, community-led organisations/initiatives and racially minoritised communities.

6.4. We expect the successful applicant/s to engage in extensive and meaningful community participation and co-production approaches through all project phases.

6.5. Please refer to the selection criteria outlined in Section 8.

7. Bid submission

Your bid submission should be organised under the following headings:

7.1. **'Project plan' to include:**

- Details of your proposed methodology and approach to community participation, co-design, and co-production.
- A Gantt chart, or similar project management outline, detailing actions, milestones and deliverables, and timescales to demonstrate how you would meet the proposed deadline.
- An indication of required input and capacity from the RHO team, beyond what is already outlined in this ITT.
- Details of anticipated key risks and mitigating actions for the project.

7.2. **'Fee proposal' to include:**

- A budget breakdown as appropriate to your pricing model, covering the following costs: personnel, work provided by another company/freelance staff, non-pay expenses.
- Your bid should detail the fee for each separate element of the tender exclusive of VAT.

7.3. **'Company information' to include:**

For bids in partnership, please outline the following for each co-applicant.

- A brief outline your structure, size and capabilities; including details of key personnel who will be involved in the project, their lived and/or learned expertise and skills.
- Your understanding of the brief, and of the role that race, ethnicity, and racism play in determining differential experience and outcomes.

- An explanation of the unique benefit you will bring to this work, including a summary paragraph of relevant work you have previously completed to frame the supporting evidence you give (see section 7.4.).
- Details of how you propose to ensure compliance with data protection regulations, as appropriate.

7.4. **'Supporting Evidence' to include:**

- Examples of at least two similar tenders you have delivered and have resulted in significant impact/outcomes for Black, Asian, and minoritised ethnic people and communities.
- For non-community-led applicants: examples of previous collaborations or partnerships with Black, Asian, and minoritised ethnic communities and organisations or initiatives embedded in and led by them.
- The details of two previous not for profit clients that we can contact for reference purposes (references will be taken up for shortlisted applicants).
- A completed equalities questionnaire (see Schedule 1).

8. Selection criteria

We will rank tenders based on:

8.1. Overall fit to requirements of the brief, proposed methods, and approaches.

8.2. A proven track record of delivering similar projects successfully, with impactful recommendations and outcomes.

8.3. Relevant lived and learned experience of the team, including demonstrable knowledge of and expertise in:

- Ethnic health and workforce inequity, and racism in the context of healthcare, including the diverse range of professional stakeholders in the health system.
- Community participation and co-production approaches with Black, Asian, and minoritised ethnic patients, communities, and healthcare workers.
- Commitment to anti-racism, equality, diversity, and inclusion (EDI), and cultural safety; stewarding meaningful, ethical relationships with people who have experienced racism and ethnic health and workforce inequity.
- Working in ethnical partnership with, building capacity in, and ceding power to, community-led organisations/initiatives and racially minoritised communities.
- The diverse range of professional stakeholders that exist in the health system.
- Designing and developing accessible, user-friendly digital tools and resources.

8.4. Value for money to the NHS Race & Health Observatory.

9. Key dates

Publication of Invitation to Tender	6 August 2025
Deadline for submission of tender response documents	24 September 2025
Finalised shortlist	w/c 13 October 2025
Formal supplier interviews	w/c 20 October 2025
Preferred supplier notified and contract negotiation	w/c 27 October 2025; *tbc*
Contract finalised and project commencement	w/c 8 December 2025; *tbc*

10. Instructions for the return of bids

Bids should be submitted by email to info@nhsrho.org

Bid reference: RHO_ Co-production Resource

Bids must be received by **24 September 2025**. Bids received after this date will not be considered.

It is incumbent on applicant/s to ensure they have all the information required for the preparation of their bids.

Further information about this tender can be obtained from:
Rini Jones, Senior Policy and Delivery Manager: rini.jones@nhsrho.org

Schedule 1 - Equalities questionnaire

This questionnaire must be completed satisfactorily in order for any company to be considered to tender for this NHS Confederation contract. In most cases, references to

legislation below refer to the Equality Act 2010. Please see the guidance for completing the questionnaire in Schedule 2.

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

Yes No

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

• In relation to decisions to recruit, select, remunerate, train, transfer and promote employees?
Yes No

• In relation to delivering services?
Yes No

3. Do you have a written equality policy?
Yes No

4. Does your equality policy cover:

• Recruitment, selection, training, promotion, discipline and dismissal?
Yes No

• Victimisation, discrimination and harassment making it clear that these are disciplinary offences?
Yes No

• Identify the senior position for responsibility for the policy and its effective implementation?
Yes No

5. Is your policy on equality set out:

• In documents available and communicated to employees, managers, recognised trade unions or other representative groups?
Yes No

• In recruitment advertisements or other literature?
Yes No

• In materials promoting your services?
Yes No

Please evidence all questions.

If you answered NO to any part of questions 4 or 5 can you provide (and if so, please do) other evidence to show how you promote equalities in employment and service delivery.

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

Yes No

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

- Legislation prohibiting discrimination; or

  Yes No

- Contract conditions relating to equality in the provision of services

  Yes No

8. In the last three years, has your firm been the subject of formal investigations by the Equality and Human Rights Commission or a comparable body, on grounds of alleged unlawful discrimination?

Yes No

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

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

Guidance for answering the equalities questionnaire

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

Question 1 and 2

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

Question 3 and 4
You will need to submit a copy of your firm's equality policy. You will need to ensure that your policy covers:

- Recruitment, selection, training, promotion, discipline and dismissal
- Victimisation, discrimination and harassment
- Identifies the senior position responsibly for the policy

Question 5
Documents available and method of communication to staff. You will be required to submit examples of any documents, which explain your firm's policies in respect of recruitment, selection, remuneration, training and promotion outside of the equality policy asked for in Question 3 and 4.

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

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

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

- Open recruitment practices such as using job centres and local newspapers to advertise vacancies
- Instructions about how the firm ensures that all job applicants are treated fairly.

In material promoting your services This relates to how your firm provides information in materials promoting your services e.g. in different languages, making information accessible to people with hearing and visual impairment and physical access for disabled users.

Question 6
This question's concern is whether any court or industrial tribunal has found your firm guilty of unlawful discrimination in the last three years. It is important to be honest with your answers. The NHS Confederation may check your responses. If the answer is yes, you may wish to insert additional information which details the actions your firm has undertaken to prevent a repeat occurrence.

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

Question 7
This question's concern is whether your firm has ever had a contract terminated for noncompliance with equality legislation or equality contract conditions. If the answer is yes, your firm may wish to submit additional information which details the actions they have taken to prevent a repeat occurrence.

Question 8
This question asks whether your firm has had any investigation carried out, whatever the outcome. The NHS Confederation can check a contractor's answer from lists that the CRE and EOC produce, so please be honest. The NHS Confederation is aware that because a firm has been investigated does not mean that it is guilty of discrimination. The result of the investigation will be taken into account when assessing your firm's answers to the questionnaire.

Question 9
If your firm has been found guilty of unlawful discrimination, you will need to provide evidence that details the steps your firm has taken to correct the situation. The Court, Industrial Tribunal or CRE will have made recommendations about steps your firm should take to eliminate the discrimination. If no action or inadequate action has been taken in this respect, only then will your firm be considered refusal onto the tender list.

Question 10
If your firm is not subject to UK employment law you must ensure that you supply details of equivalent legislation that you adhere to.