

Invitation to Tender

Communications agency for Young people's inquiry: an inquiry into the future health prospects of today's young people to further our understanding of young people's trajectories and the determinants of their future wellbeing and health.

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Prepared by

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Deadline date: 13 December 2017

**Supporting documentation is not publicly available.
Please contact jenny.cockin@health.org.uk (please cc henrietta.cohen@health.org.uk) to request documents.**

Supporting documents include

- Logic model
- Schedule of activity
- Draft engagement research report
- Project initiation document
- Concept note
- Sample contract

1.0 Summary

The Health Foundation invites you to tender for the contract of communication consultancy to support the Health Foundation's inquiry into young people's future health prospects. We will interview successful applications during the week commencing 18 December 2017.

The successful team will be expected to work closely with the Health Foundation on the development of a communications strategy and then the implementation of a programme of communications.

We have a budget of £120,000 (including VAT and all expenses) for the development of a strategy and its implementation in 2018. Of this total budget, a proportion should be allocated to the development of the communications strategy and ongoing consultation around the inquiry, with a pot reserved for implementation throughout 2018.

Further funding for implementation of the communications programme may be available in 2019; a decision about this will be made towards the end of 2018.

We will contract initially for the development of the communications strategy. On completion of the strategy we will then contract separately for the implementation. It is highly likely that the same agency will be contracted to deliver the implementation of the strategy. This decision will be made based on the quality of the strategy that has been developed and our experience of working with the appointed agency.

We want you to supply us with a detailed proposal and budget for the above work.

Your tender should be sent to jenny.cockin@health.org.uk (please cc henrietta.cohen@health.org.uk) by 13 December 2017.

If you have any queries about this invitation to tender or would like to discuss the Health Foundation's requirements, please contact Jenny Cockin, Interim Deputy Director of Communications: jenny.cockin@health.org.uk (please cc henrietta.cohen@health.org.uk) or 020 7257 8000.

2.0 About the Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

Healthy lives

Wellbeing and health are important foundations of a good life for the individual and a flourishing and prosperous society. Too often when people talk about health, their thoughts jump to issues around health care. But we know that the factors that have the biggest impact on our overall health largely sit outside of health care.

In 2017 the Health Foundation began implementing a long-term strategy to improve people's health in the UK. We want to:

- change the conversation so the focus is on health as an asset, rather than ill health as a burden
- promoting national policies that support everyone's opportunities for a healthy life
- support local action to address variations in people's opportunities for a healthy life.

Our strategy is in its infancy, and as an organisation we are a relatively new player in the area of the public's health (after broadening our focus as an organisation). As such this year we have focused our communications work on building our profile and reputation in this area. Read more about our [healthy lives strategy](#) and some of our [recent work](#).

One of the projects we have embarked on is a two-year inquiry to understand the future health prospects of young people in the UK. Through research, engagement activities and deliberative conversations we are seeking to establish the current trajectories of young people over the life course and the action needed to ensure that young people can lead long and healthy lives. We started the inquiry in June 2017, and it is due for completion mid-2019.

3.0 Background to the inquiry

3.1 Why are we focusing on young people's future health prospects?

The health of future generations is society's most valuable asset; a flourishing, prosperous society is dependent on healthy, educated, creative and resilient young people with the life skills and resources to thrive through adulthood.

The factors shaping long-term health and wellbeing exert their influence early in life. While the importance of early years' development on health outcomes is well understood, the long-term impact of experiences and opportunities during ages 12-24 has received less attention. Today's young people are entering adulthood facing uniquely different challenges and opportunities to previous generations.

Our work aims to understand better the individual and structural elements in the lives of young people, and how these may cluster and impact on their future health. From this, we aim to achieve clarity and raise awareness of the action required to support young people through their formative years, improve future health prospects, and ensure a thriving adult population.

3.2 What are we doing?

The Health Foundation's inquiry into young people's future health prospects seeks to understand the foundations and opportunities that promote good long-term health outcomes as young people transition into adulthood.

This requires a focus on the **social determinants of health**, particularly the extent to which young people have access to:

- good quality work
- secure, affordable homes in flourishing communities
- a network of stable, supportive relationships and good social and emotional wellbeing
- habits that promote and maintain good health.

Recognising that these determinants interact and reinforce one another, the Health Foundation is taking a holistic approach, maximising links between organisations that work across the social determinants of health. The inquiry considers the factors that have the greatest bearing on young people's opportunities to build healthy foundations, examining the critical points that impact on their future health prospects.

We are also exploring recent policy and practice concerning young people across the range of Government departments, statutory agencies and other services. Ultimately, we want to catalyse the cross-sector action required to maximise the future health prospects of young people and ensure that the experience of young people today leads to a thriving population tomorrow.

3.3 What does the inquiry involve?

The Health Foundation is exploring these themes through five core work streams as outlined below:

- An **engagement exercise** to understand young people's current experiences, expectations and aspirations.
(Complete – delivered by **Kantar Public UK and Livity**)

The draft engagement research report [supporting documentation] is available upon request. By the end of the year we will have finalised the report, and tested the language used to describe the associated archetypes and case studies with young people.

- **Research** to build a quantitative picture of what we know about young people's future health prospects, bringing together data and evidence from a range of sources.

(Ongoing – commissioned the **Association for Young People's Health and UCL Institute of Child Health**)

The first work package of research has been commissioned and a report will be delivered in February 2018. A second research work package will commence later in 2018 with a final report due in March 2019.

- A series of deliberative **site visits** to understand the local factors that can mitigate, mediate or exacerbate young people's ability to build the foundations for a healthy life. *(Planned for Spring / Summer 2018)*

We are currently commissioning a delivery partner to lead on the engagement with young people as part of the site visit stream. The partner will go into each of the five sites and work with young people there to understand what their experiences are. This insight will be used to develop material that can be used to share their experiences with system leaders in the area.

- A series of **roundtables / workshops** with key stakeholders within each of the four UK nations to explore the policy and practice changes required to promote action to improve young people's future health prospects. *(Ongoing – first set delivered in partnership with the **Children's Society**)*

There will be two sets of roundtables throughout the inquiry; the first occurring from January to March 2018, the second in late 2018 / early 2019. Further in-house policy analysis will be undertaken throughout the inquiry, but we are still unsure what this work will look like and will hopefully become clearer throughout 2018.

- A proactive **communication strategy** to disseminate the conclusions of the work to multiple stakeholders. *(Not started)*

We have done limited communications work so far, and are beginning to do some thinking about what we might like the communications for the inquiry to look like. We know the communications work is integral to and not separate from the other strands of the inquiry, and needs a considered approach to ensure we are achieving the greatest impact utilising the resource we have available.

Read more about each stream of work in the Project Initiation Document [supporting documentation], available on request. This tender is to deliver the fifth core work stream of the inquiry.

3.4 Aims of the inquiry

The inquiry aims to catalyse action that will address young people's health prospects. For this action to happen, we see four areas where the Health Foundation can, through the activities of the inquiry, catalyse change:

- develop understanding among third sector and young people agencies / organisations, and among policymakers of the key issues that arise from the findings of the inquiry
- understand the causal factors and provide clarity on the action required by others to address the issues
- help other organisations 'own' the issues – to see their role in the change and adopt a focus on the social determinants and young people's health as part of their core business
- ensure there is pressure on decision makers to act to address the issues through public affairs activity and through other organisation's narratives and activity.

The logic model [supporting documentation] further explains our theory of change and is available on request.

- 3.5 This is a two-year programme (mid 2017-mid 2019) and we will look to proactively disseminate our lessons and insights from 2018 onwards. A schedule of activity [supporting documentation] is available on request.

4.0 What we are looking for

- 4.1 We need support to scope, define and implement a communications strategy that helps support the inquiry.
- 4.2 We are looking to appoint an agency that can provide both strategic advice on our communications activity throughout the inquiry and implement an agreed communications programme, including development of outputs.
- 4.3 We are at a very early stage in beginning to think about what we might need from our communications activity for the inquiry, but are not yet sure what this might look like over the coming year (and beyond). We need help with our critical thinking around communications for the inquiry, and are looking for an agency to challenge our brief and take us through a discovery phase. This ITT (section 5.0) outlines what we think we want, however we need help to work out what we need and define the mechanisms to help us achieve the ultimate changes we want to see from the work of the inquiry.
- 4.4 We want an agency that will become an integral and valued part of the core Health Foundation team throughout the inquiry, and enhance our in-house communications team, so that we are able to make faster and better progress on our agenda.

We will expect the agency team to become an extension of our wider team working closely with Health Foundation staff across the organisation, and specifically those working on the inquiry. We have monthly team meetings to track progress of the inquiry's activities, in addition to quarterly communication-specific meetings for the inquiry that we would expect representatives to attend and feed into.

- 4.5 All communications activity needs to be seen as coming from the Health Foundation. We need an agency to help us with all the preparatory work for the communications activity.
- 4.6 We will contract initially for the development of the communications strategy. On completion of the strategy we will then contract separately for the implementation of the strategy for the duration of 2018. It is highly likely that the same agency will be contracted to deliver the implementation of the strategy. This decision will be made based on the quality of the strategy that has been developed and our experience of working with the appointed agency. Although the inquiry will run into 2019, at this stage we are only looking to contract for work delivered in 2018.

5.0 Deliverables / project scope

We are looking for an agency to help us:

- develop a clear communications strategy for the inquiry for 2018
- refine our communications objectives for the inquiry
- revisit our stakeholder mapping and help us to prioritise the stakeholders we should be engaging as part of the communication activity
- work with us to develop a clear descriptor of what we're doing and messages
- identify key hooks for communication and influencing opportunities
- outline an engaging communications plan utilising the entire communications mix to achieve the objectives
- develop evaluation metrics to measure the strategy's effectiveness
- work openly and collaboratively with the Health Foundation team in delivering the above.

5.1 Specific elements

Research / discovery phase

We would like to ensure a thorough research phase to understand the depth of the inquiry, including:

- desk research / review of internal documents for the inquiry
- interviews with key internal stakeholders – including directors, the inquiry team, communications team and the inquiry's strategic advisor
- workshops with the team.

Communications strategy development

We would like an agency to develop a realistic strategy that works out what we need for the rest of the inquiry to meet the inquiry's objectives and the refined communications objectives.

As it is an emerging piece of work and we are unable to anticipate the findings of the different work streams within the inquiry, the strategy will need to take a long-term view and we will likely need to revisit it throughout the inquiry. We will likely require a working document that will need to be revisited as findings emerge at various stages from the work streams of the inquiry.

The strategy should include a thorough PEST and external environment scan of the UK that identifies key hooks for communication and influencing opportunities throughout 2018 and 2019, a clear descriptor of what we're doing and messages for 2018, a framework for how we should approach our reactive communications and media work, and consider our digital approach to the inquiry. It should also consider stakeholder engagement throughout the inquiry to ensure we keep stakeholders we know engaged in our progress, and to engage others/new stakeholders in the work.

What outputs / deliverables we would expect to be included in this brief

- To prepare and present a fully integrated communications strategy to achieve the refined objectives in Q1 2018. This should be developed collaboratively and allow for iteration.
- To deliver an external-facing product in Q1 2018, working with the Health Foundation inquiry team, that helps engage stakeholders in what we're doing and that pulls through insight from the engagement work.
- To develop a compelling narrative around the link between the social determinants of health, health impacts and young people, and the importance of investing in health using a social determinants approach, though health outcomes may not be visible in the short term.

Work that may be included in the follow-on contract for 2018

- Consult on the breadth of the inquiry and advise on communication opportunities that can be leveraged within the other work streams, for example, thinking about what communication outputs we might want to do following the site visits and advising on what is needed to achieve this at the planning stage of the work stream.
- Consider how we can creatively communicate our engagement work to key stakeholders, and set out a communications plan for this, including development of outputs.
- Implement the integrated communications strategy over 2018. Deliverables and timelines will be agreed based on the content of the strategy, but may include:
 - a stakeholder event to share insight from the engagement work
 - creative outputs from each of the engagement, research and site visit work streams
 - advising on products to engage key stakeholders in the findings and recommendations of the inquiry
 - supporting the Health Foundation with resources and tools for stakeholder engagement activities, for example in the second set of roundtables (note: the agency would not be expected to input/deliver anything for the first set of roundtables which are being held in Q1 2018).

- Evaluate the strategy's effectiveness and progress of stakeholder engagement throughout the year.

5.2 Draft objectives

We have developed a set of draft communication objectives for the inquiry. These will need to be refined with the agency.

- Raise the profile of the inquiry with key stakeholders (refer to target audiences across the UK as defined in 5.3) to build our credibility, awareness of and support for the inquiry, and more generally the Health Foundation's reputation in this area.
- Engage stakeholders (third sector and young people agencies) throughout the inquiry and take them on the journey to ensure they buy-in to the final recommendations, understand and own the issues and commit to action.
- Build relationships with policy makers, parliamentarians and influencers to encourage policymaking across government (central, devolved and local) that tackles the social determinants of health, and increases their focus on this age group (12-24).

At this point in the inquiry we have not yet defined a specific communication objective for young people. However, we believe in the principles of co-creation and are deliberately engaging young people throughout the course of the inquiry. Therefore, we want to ensure that all our communications brings through the voice of young people and that the language and messages resonate with them.

5.3 Key stakeholders (target audiences) across the UK

Throughout the inquiry to date, the team has undertaken extensive stakeholder mapping. We know there are still some gaps in this, particularly understanding the influencers who would be interested in the work of the inquiry. We need help to prioritise our stakeholders for our communications work.

- Third sector and young people agencies / organisations that are interested in one of the social determinants of health and/or young people.
 - For those already working with the social determinants of health (ie housing, skills, employment, etc), we want these organisations to understand the significance of this age group in defining future health trajectories.
 - For those already working with young people, we want these organisations to understand the importance and impact of the social determinants of health in this period.
 - For both these groups we want them to understand the link between their organisation's work and health, consider how this applies to their activities and objectives, and take action in this area.

We have done extensive stakeholder mapping for this group, but know that there are some gaps. We anticipate these will be identified and filled as part of the work of the inquiry team and will not need to be done as part of the communications work. We are already engaging much of this group with as part of the ongoing activities of the inquiry through the roundtables, ad hoc phone calls to consult on the research work stream, and many have signed up to receive a weekly newsletter update from the team.

- Policy makers, influencers and parliamentarians that operate across health and public health, and those that focus on the social determinants (specifically housing, skills and education, business and employment, relationships and habits).
 - For those working within the social determinant of health, we want policymakers and parliamentarians to consider how their decisions affect young people’s future health trajectories, and recognise that health impacts may not be visible in the short-term but cumulatively health effects may impact later in life.
 - For those working within health and public health, we want policymakers and parliamentarians to increase their focus on this age group, understanding what is different about them. We want them to understand the importance and impact of the social determinants of health to future health trajectories, and recognise that health impacts may not be visible in the short-term but cumulatively health effects may impact later in life.
 - Influencers are defined as those who are able to present ideas, shift thinking and make policymakers and parliamentarians do something differently (ie think tanks, academics, lobbyists, journalists, statutory organisations). As part of this work we may require some scoping to understand better those who fit into this group and what do we want them to do.

We are not proactively engaging this group yet, but may be ad hoc through organic conversations by staff members across the organisation who already have existing relationships with this audience. A small number will be in attendance at the roundtables in Q1 2018, and we may want to consider further engagement in the second set.

At this stage young people are not considered a target audience for the inquiry. However, we would look favourably upon proposals that look to engage young people in the development of outputs for the inquiry.

6.0 Project team members

6.1 The Health Foundation inquiry team

- Jenny Cockin, Interim Deputy Director of Communications
- Jamie White, External Affairs Manager
- TBC, Marketing and Communications Manager

- Jo Bibby, Director of Healthy Lives Team
- Martina Kane, Policy and Engagement Manager
- Matthew Jordan, Programme Support Officer
- Rose Minshall, Healthy Lives Intern

There will be other members of Health Foundation staff who will also be closely involved. However, the key team will be as above. The strategic advisor for the inquiry is Julia Unwin, former chief executive of the Joseph Rowntree Foundation.

6.2 Agency team

Please give details of the main team members who will be working on the project, including name, job title and a short biography.

We require a project manager who will act as our single point of contact throughout the project, providing a written status report each month, and attending monthly meetings at the Health Foundation.

Please ensure that, if you are shortlisted for interview, you bring along the people who will be working on our project so that we can meet them.

7.0 Costs

7.1 Responses to this invitation 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.

7.2 We would like a full budget breakdown for the deliverables mentioned in this proposal. This should include VAT. It should include direct costs as well as agency fees.

Please provide the *total cost* as well as a breakdown of your costs against each of the deliverables set out above. If you choose to, you may set out the costs of various *options* for the delivery of the support required, eg where there are different ways of delivering the campaign. This would form the basis of a 'menu' of options from which the Health Foundation could select.

We ask you to consider your proposed costs for items such as:

- agency fees
- travel and subsistence
- direct costs from third party suppliers.

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

You should ensure that you have investigated what each item will cost and included all necessary costs including VAT, at the appropriate rate, where applicable.

The Health Foundation does not pay overheads. Please do not include these in your budget breakdown.

- 7.3 We have a budget of £120,000 (including VAT and all expenses) for the development of a strategy and its implementation in 2018. Of this total budget, a proportion should be allocated to the development of the communications strategy and ongoing consultation around the inquiry, with a pot reserved for implementation throughout 2018. Further funding for implementation of the communications programme may be available in 2019; a decision about this will be made towards the end of 2018.

8.0 Tender response requirements

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

- 8.1 Detailed provider information to include:

- organisation name, address, registered address (if different) and website address
- description of the organisation's activities or services,
- history and ownership
- organisational governance and management structure
- most recent company accounts.

- 8.2 A tender response, which must include:

- summary of your proposed approach to strategy development
- a range of case studies of previous work
- summary of the experience of the key personnel who will be involved in the project
- costs, including a summary of the day rates and required days of those employed on the project, inclusive of VAT and expenses
- risk management
- any other relevant information the Foundation should take into account
- primary contact name and contact details
- details of the team carrying out the work – names, roles and expertise relevant to the tender.

- 8.3 Client references that includes a list of comparable organisations to which you have supplied a similar service and a brief project description for each.

- 8.4 A statement of your willingness to reach a contractual agreement that is fair and reasonable to both parties. A copy of our standard contract [supporting documentation] is available on request.

9.0 Instructions for tender responses

- 9.1 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.

- 9.2 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.
- 9.3 The Foundation will not be responsible for any costs incurred by you in responding to this ITT and will not be under any obligation to you with regard to the subject matter of this ITT.
- 9.4 The Foundation is not obliged to disclose anything about the successful bidders, but will endeavour to provide feedback, if possible, to unsuccessful bidders.
- 9.5 Your bid is to remain open for a minimum of 180 days from the proposal response date.
- 9.6 You may, without prejudice to yourself, modify your proposal by written request, provided the request is received by the Foundation prior to the proposal response date. Following withdrawal of your proposal, you may submit a new proposal, provided delivery is effected prior to the established proposal response date.
- 9.7 Please note that any proposals received which fail to meet the specified criteria contained in it will not be considered for this project.

10.0 Selection criteria

- 10.1 Responses will be evaluated by the Foundation using the following criteria outlined below:

Generic criteria for all suppliers to the Foundation

- Ability to deliver on all required services or outputs
- The quality and clarity of the proposal, products or services
- Evidence of proven success of similar projects / evidence of adaptability of any existing products to be used
- Responsiveness and flexibility
- Transparency and accountability
- Value for money
- Financial stability and long-term viability of the organisation (Due diligence will be undertaken on all shortlisted organisations)
- Ability to work with others

Specific criteria for this project

- Experienced individuals with demonstrable experience of successfully delivering contracts of this nature
- Excellent account management
- Demonstrable track record of previous high-quality work and case studies
- An understanding of the public health sector, and/or one of the social determinant of health foundations
- Experienced working on subject matter related to young people, or working with partners to communicate with young people
- A UK focus, and understanding the policy context of the four countries in relation to this piece of work

- Demonstration of current capacity and capability to deliver the proposed work
- Ability to provide continuity of staffing for the project over the period of the contract and to ensure that the individuals named in the proposal (application form) will be the individuals involved in the project

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

11.0 Selection process

11.1 Please email electronic copies of your full proposal plus any accompanying documents to Jenny Cockin, Interim Deputy Director of Communications jenny.cockin@health.org.uk (please cc Henrietta.cohen@health.org.uk) by Wednesday 13 December.

11.2 A response to your application will be made by Friday 15 December.

11.3 Interviews will be held on Tuesday 19 December.
We would ask that you bring to the interview the key members who you propose would be working

11.4 Final decision will be communicated by Thursday 21 December.]

11.5 Start date to be agreed following the final decision [and would be as soon as practicable].

12.0 Confidentiality

12.1 By reading/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 Foundation.

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

13.0 Conflicts of interest

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

14.0 Information required to assist the Health Foundation carry out due diligence on potential suppliers

14.1 Is your organisation a legal entity (Company, Charity, LLP)?

Please specify what your type of organization is (including description if not registered as one of the above)

Company and/or Charity registration number

14.2 What was your company's income in the most recent financial year?