

Invitation to Tender

Exploring public attitudes and experiences of health inequalities

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Prepared by

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Deadline date: 17 October 2019 at 12.00

Attached documents include

- [What makes us healthy? An introduction to the social determinants of health](#)
- [Budget template](#)
- [Sample commission contract](#)
- [Sample tender response form.](#)
- [AIMS user guide](#)

1.1 **About the Health Foundation**

- 1.2 The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.
- 1.3 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.
- 1.4 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.
- 1.5 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.

2.0 **About the Healthy Lives strategy**

- 2.1 This piece of work sits within the Health Foundation's **Healthy Lives strategy**.
- 2.2 This strategy starts from the position that the greatest influences on our health are the circumstances in which we are born, live, work and age: the wider determinants of health. Unhealthy behaviours are usually not the origin of poor health, but the end point of a long chain of causes and consequences in people's lives. For more information on this, please see the 'What makes us healthy?' report included in this pack.
- 2.3 As part of this, we consider health in its broadest sense: a person's level of good physical and mental health, and the extent to which individuals in a society are enabled to live healthy and flourishing lives.

3.0 **Background to project**

- 3.1 The landmark *Marmot Review: Fair Society, Healthy Lives* was published in February 2010 and outlined the scale of health inequalities in England and the actions required to reduce them. The report highlighted the need to take action across the wider determinants of health and called for progress to be made on a clear set of policy objectives.
- 3.2 While the report has become a touchstone for the public health community and those concerned with social justice issues, the themes it examined have not generally entered the wider public consciousness. Since its publication action on the wider determinants of health has been patchy.
- 3.3 In the last 2 years concerns have been mounting as improvements in life expectancy have started to stall, after steady increases for the past 100 years, and inequalities in life expectancy are now widening.

- 3.4 As a result, the Health Foundation and the Institute of Health Equity are working together to examine in depth how health inequalities have changed and what progress has been made on tackling the wider determinants of health since the review in 2010. The 2020 review, led by Professor Sir Michael Marmot, will recommend practical proposals for action at national, regional and local level by:
- assessing national and local actions on the social determinants of health
 - considering how effective these approaches have been in improving health and reducing inequalities
 - undertaking a ‘deep dive’ analysis into some aspects of the key social determinants of health, including in early years and education; work and income; and housing, places, and communities
 - examining societal trends affecting health inequalities since 2010.
- 3.5 The Health Foundation, along with the Institute for Health Equity intent to use *The Marmot Review: 10 Years On*¹ to start a national conversation, among policy makers, and the public about health inequalities and how they can be tackled.
- 3.6 Previous policy initiatives to tackle health inequalities have tended to be short-lived. Given the complexity of the issues that lead to health inequalities, the sustained political attention needed to make a real impact is unlikely to be secured without visible public support of this agenda. To date, very little work has been done to understand public attitudes to health inequalities and the policies needed to address them.
- 3.7 We know from [work done with the Framework Institute](#) that public understanding of the factors that shape people’s health – and their opportunities to be healthy – are limited. They tend to focus on individual-level factors such as lifestyle choices, a focus that can obscure the structural drivers of health inequalities and limit the scope of the policies seen as being important to improve health.
- 3.8 While public attitudes to health inequalities may be an important component of building support for the policies needed to tackle health inequalities, they are not an area which will be directly addressed by *The Marmot Review: 10 Years On*. Indeed, it is an area that is often absent from discussion and research on health inequalities. As a result, policymakers have limited information about what the public thinks about health inequalities or how supportive they are of the policies needed to address them.
- 3.9 This tender is for a piece of work exploring public attitudes and experiences of health inequalities. It will complement the work being done by the Institute of Health Equity
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¹ Please note this is a working title.

on *The Marmot Review: 10 Years On* and where the Health Foundation can make a distinctive contribution. The work is predicated on a hypothesis that people's engagement with the health inequalities agenda can be limited by a lack of understanding or experience of what life is like for people in different socioeconomic circumstances to their own. By bringing the issues to life, it is hoped that the audience will develop a more nuanced and engaged attitude to socio-economic inequalities.

4.0 Details of the work

4.1 We want to commission a public engagement exercise to inform a national conversation about health inequalities.

4.2 The purpose of this work is to:

- explore what life is like for people in different circumstances across the socio-economic spectrum in order to build a better understanding of health inequalities
- provide insight into how people understand health inequalities – in terms of how prevalent they are, their causes and implications
- understand public views on the findings and proposed policy solutions of the *Marmot Review: Ten Years On*.

4.3 Specific objectives are to provide insight into:

4.4 **Objective 1: Produce qualitative evidence of what life is like for people in different socioeconomic groups within a specific place.**

4.5 We wish to explore how people's experiences of the main issues in *The Marmot Review: 10 Years On* (early years and education, work and income, housing, communities and place) shape their lives and, ultimately, their health. The aim of this is to illustrate the range of experiences people can have in their day to day lives depending on their socio-economic group.

4.6 Profiling examples of families everyday life in a defined place we want to build a picture of the variation by socio-economic group in factors such as:

- Early years and education: e.g. where their children play/ socialise, where they go to school, what after school activities they do.
- Work and income: e.g. what they do, the hours they work, where they work, how they get there
- Housing: e.g. the nature of their home environment, housing tenure and costs
- Communities and place: e.g. housing, their neighbourhood environment, where they shop, how they get around

- 4.7 The depiction of this within the life of several real families living in different socioeconomic circumstances will make some of the complexity of wider determinants more comprehensible to a policy audience.
- 4.8 We also wish to highlight how different people in the same geographical location are having different experiences because of their socioeconomic status. To enable this, we need this element of the work to be rooted in a particular place, chosen to represent a 'typical' place. We would want people to be exposed to each others' experience of that place and understand their reactions to it.
- 4.9 We would also want the evidence gathered to be used to develop a range of creative outputs in conjunction with a communications agency and the Health Foundation communications team.
- 4.10 **Objective 2: How people from different parts of the social gradient experience and understand health inequalities.**
- 4.11 We want to explore:
- The extent to which people understand the link between wider determinants and health. In particular we want to know whether, and how, this understanding differs depending on people's socioeconomic position or other characteristics.
 - People's reactions to the findings of *The Marmot Review: 10 Years On* in terms of the extent of inequalities in England and their causes
 - Whether people's attitudes are affected when more information about the wider determinants of health is provided;
- 4.12 **Objective 3: Public views on appropriate policy responses.**
- 4.13 We want to explore the acceptability of the solutions raised by *The Marmot Review: 10 Years On* report and whether this varies by socioeconomic group or other characteristics, such as voting preferences or preferred sources of news.
- 4.14 **Methodology or delivery mechanism**
- 4.15 Methods can be discussed and developed jointly with successful bidders for this work. Below are some initial suggestions on methodology. The work is likely to require work multiple methods potentially including:
- Quantitative survey: A survey with a nationally representative population sample, designed to allow stratification by socioeconomic position, geography and other characteristics, to be agreed.
 - Deliberative methods: Work is required to provide an opportunity for representatives of the public to find out more about the topic, consider relevant evidence and discuss this evidence with other participants before presenting their views. The approach taken should take full account of the findings of the

Frameworks' Institute research into public understanding of health and health inequalities.

- Ethnographic work: in-depth, qualitative work with a small number of families in a particular place to get in depth insights into daily life. This work would give a rich understanding of people's experiences of key wider determinants such as work, school, housing, shopping, and community life in a place. It will show how these things shape people's lives and health.

5.0 Expected Outcomes

5.1 From the work we want to build increased awareness and understanding of:

- the 'human face' of how the wider determinants affect health and how these play out in a given place depending on people's socio-economic circumstances
- how health inequalities and their causes are understood by members of the public, how important these issues are to members of the public and how those attitudes vary by socioeconomic position;
- whether people's views on these issues change when they are given more information;
- the acceptability to the public of the proposed policy responses.

6.0 Deliverables

6.1 We expect the public and stakeholder facing outputs of this work to be developed in conjunction with a communications agency and with the Health Foundation team. We therefore expect the outputs from this commission to be:

- a report detailing the findings of the public engagement exercise including tables of survey results, thematic analysis of responses to qualitative interviews, and direct quotations from individuals;
- a report detailing the findings of the ethnographic work to be presented to the Health Foundation but not for public use
- for the team to work collaboratively with the Health Foundation and a communications agency to shape outputs which will bring this issue to life and generate empathy. We expect these outputs to be agreed in conjunction with the appointed communications agency and the Health Foundation communications team. This collaboration will include giving the Health Foundation access to the underlying data from the research work. We expect related issues, for example issues around consent and recruitment (E.g. whether research participants can be recontacted by the Health Foundation for additional material for the development of communications materials) to be worked through at the initial stages of the project

6.2 As part of the communications strategy, we are likely to commission complementary secondary outputs, which could include video footage/Vox pops/'day in the life' or other creative outputs that illustrate and bring to life and help to communicate the findings to our target audiences.

6.3 The outputs would not be quoted in *The Marmot Review: 10 Years On* but would be used as follow-up to the report to stimulate debate.

7.0 Timeline

Date	Deadline
17 September 2019	Invitation to Tender launched
12pm, 17 October 2019	Deadline for submissions
Completed by 25 October 2019	Internal assessment
28 October 2019	Interview notification
5 November 2019	Interview
November 2019 (date TBC)	Inception workshop
December 2019/January 2020	Work commences

8.0 Costs

8.1 Responses to this invitation should include accurate pricing, inclusive of expenses and VAT. It should include a breakdown of the number of days committed by each team member proposed to work on the project. 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.

8.2 We anticipate bids of up to £100,000 – £120,000 inclusive of VAT and expenses.

9.0 Tender response requirements

9.1 Providers are requested to complete a tender response form on the AIMS system in presenting their response. A PDF of the form is included as an example. Do not use this to submit your application, this must be done online.

9.2 Detailed provider information such as:

- 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.

9.3 Information in response to the tender, such as:

- summary of your proposed approach
- 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
- project and 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
- client references, including information on comparable organisations to which you have supplied a similar service and a brief project description for each.

9.4 A statement of your willingness to reach a contractual agreement that is fair and reasonable to both parties. Please find attached a copy of our standard contract and outline any disagreements you may have with these.

10.0 Instructions for tender responses

10.1 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.

10.2 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.

10.3 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.

10.4 The Foundation is not obliged to disclose anything about the successful bidders, but will endeavour to provide feedback, if possible, to unsuccessful bidders.

10.5 Your bid is to remain open for a minimum of 180 days from the proposal response date.

10.6 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 affected prior to the established proposal response date.

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

11.0 Selection criteria

- 11.1 Responses will be evaluated by the Foundation using the following criteria in no particular order

- Ability to deliver on all required services or outputs
- The quality and clarity of the proposal, demonstrating understanding of the wider determinants of health and health inequalities.
- 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 including proven track record of working with communications agencies
- Ability to recruit participants from a diverse range of backgrounds, including people from vulnerable groups

- 11.2 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.

12.0 Selection process

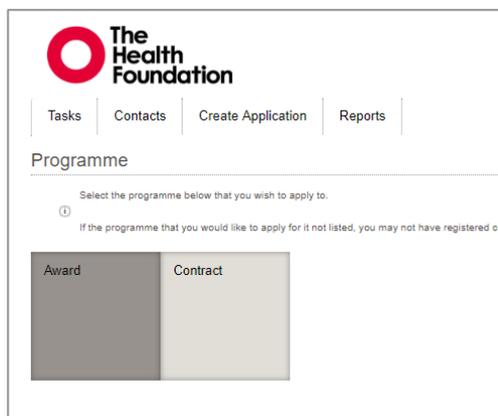
- 12.1 Please complete the online tender response form on the AIMS system by **12pm, 17 October 2019**. Please read the AIMS user guide before starting to complete the form. This is available on our website and via the online form on the AIMS system.

AIMS quick start

Once you have registered with AIMS and activated your profile via the verification email, you can start a tender response. If you are applying on behalf of a team or organisation, register with the organisation via the 'Contacts' tab before doing so.

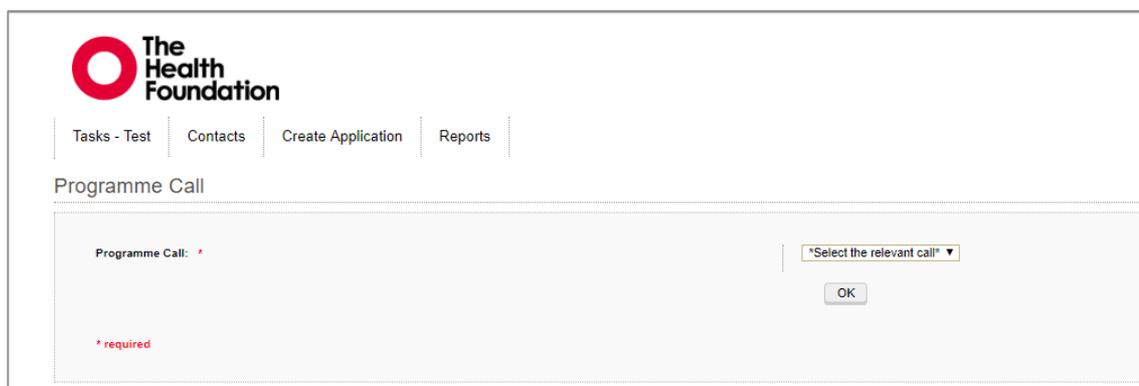
Then click on '*Create Application*' and select to apply on behalf of the organisation you have just registered with.

Select the '*Contract*' programme, as shown below.



The screenshot shows the AIMS system interface for 'The Health Foundation'. At the top, there is a navigation menu with tabs for 'Tasks', 'Contacts', 'Create Application', and 'Reports'. Below the menu, the heading 'Programme' is displayed. A message reads: 'Select the programme below that you wish to apply to.' Below this, there is a note: 'If the programme that you would like to apply for it not listed, you may not have registered co...'. Two buttons are visible: 'Award' (dark grey) and 'Contract' (light grey).

On the next screen, click into the drop-down menu and select the *Exploring public attitudes and experiences of health inequalities* in the drop down for 'Programme call', as shown below.



The screenshot shows the AIMS system interface for 'The Health Foundation'. At the top, there is a navigation menu with tabs for 'Tasks - Test', 'Contacts', 'Create Application', and 'Reports'. Below the menu, the heading 'Programme Call' is displayed. A form field labeled 'Programme Call: *' is shown with a red asterisk indicating it is required. To the right of the field is a drop-down menu with the text '*Select the relevant call*' and a downward arrow. Below the drop-down menu is an 'OK' button. A red asterisk and the text '* required' are visible at the bottom left of the form area.

- 12.2 A response to your application will be made by **5pm, 28 October 2019**.

- 12.3 Interviews will be held on **5 November 2019**

12.4 Final decision will be communicated by **Monday 11 November 2019**, start date to be agreed following the final decision.

13.0 Confidentiality

13.1 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.

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

14.0 Conflicts of interest

14.1 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: <https://www.health.org.uk/COI>