

Invitation to Tender

Invitation to tender for strategic communications support for the Collaboration for Wellbeing and Health

November 2019

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www.health.org.uk

Deadline date: Monday 2nd December 2019

Attached documents include

- Tender response form
- Budget template
- Sample contract

1.0 About the Health Foundation

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

Wider determinants of health

- 2.1 The Health Foundation recognises that a nation's health is one of its greatest assets; it shapes overall wellbeing, social capital and prosperity. There isn't a sector of society that doesn't have an impact on people's health, for better or worse. However, the prevailing public narrative largely views health as the responsibility of the individual and the formal health and care system.
- 2.2 This means that there is insufficient attention on the other factors that contribute towards people's health - the wider determinants of health. The wider determinants of health are the conditions in which people are born, grow, live, work and age. They include social, environmental, economic and commercial factors such as whether we live in poverty or not; our education and employment opportunities; our housing; our social networks; where we live and the extent it facilitates exercise, a good diet and social connection.
- 2.3 While many organisations aim to improve people's social and economic conditions, they do not often foreground the implications for people's health. This represents a missed opportunity to maximise the benefit that can be secured to improve people's health and reduce health inequalities.

The Collaboration for Wellbeing and Health

About the Collaboration

- 2.4 The Collaboration for Wellbeing and Health, which was set up in 2018, is a group of ten organisations – including the Health Foundation – which share a commitment to improve health and wellbeing and reducing health inequalities through action on

the wider determinants of health. The organisations are listed in the Appendix. The Collaboration has been co-designed by its partner organisations, with the Health Foundation supporting, funding and facilitating that process.

- 2.5 The Collaboration partners recognise that change will only happen through cross-sector action and are coming together to contribute knowledge, networks, funding and expertise towards those aims. The thinking that underpins the Collaboration is based on a growing body of knowledge on how to achieve change in such complex systems, including 'collective impact' approaches. This is where a group of important 'actors' from different sectors commit to a common agenda for solving a specific social problem.
- 2.6 At the end of 2018, the Health Foundation Board agreed additional support and funding for the Collaboration as they saw the potential of the initiative to make an important difference to health inequalities in the UK. The Board agreed indicative funding of £15m over seven years to support the work of the Collaboration, its ongoing development and the delivery of its aims. The first allocation of the £15m was signed off by the Board in November 2018, which has funded a small team – the 'integrator unit' – to take forward a 'discovery phase' to design the future operating and membership model, and scope of the Collaboration for Wellbeing and Health. The discovery phase will produce a business case which will be taken to the Health Foundation's Board in November 2020.

Vision for the Collaboration

- 2.7 The vision for the Collaboration for Wellbeing and Health is still being defined. Developing it further will form part of the discovery phase.
- 2.8 Current thinking is that the Collaboration will be a cross-sector group of organisations working together to influence and support action by government, local government, business and the third sector to reduce health inequalities through improving the wider determinants of health. It may also aim to affect how the public understand health and wellbeing and what action they think is necessary across society to create healthy environments for people and to enable them to make healthy choices for themselves and their families. The aim of any public facing work would be to increase pressure on policy makers and other actors within society through influencing public opinion.
- 2.9 The Collaboration is **not** about trying to influence individuals to adopt healthier lifestyles, as the evidence suggests that greater impact would be achieved through a systemwide approach, which addresses the wider determinants of health. Approaches which focus on the individual will be limited in the outcomes they achieve because they don't address the root causes of the deep health inequalities in society which arise often because of factors beyond individuals' own control.

The discovery phase

- 2.10 During the discovery phase we are carrying out a programme of scoping and design work to inform precisely how the Collaboration will support others to take action.

- 2.11 In support of the Collaboration's overall aim to improve health and wellbeing and reduce health inequalities through action on the wider determinants of health, the goal of the discovery phase is to create a Collaboration which is capable of:
- Effectively describing and communicating an evidence-based and lived experience informed concept of the wider determinants of health. This will describe the wider determinants of health and why addressing them is important.
 - Persuading key stakeholders from across the determinants of health (including the health sector, as appropriate) of the value of addressing the wider determinants.
 - Influencing public understanding, debate and opinion about what it is that contributes to our health.
 - Informing and supporting action in policy and practice, both locally and nationally, to address the wider determinants.
 - Drawing on, translating and building the existing evidence base to inform all of the above.
- 2.12 Current thinking is that strategic communications and knowledge mobilisation will be the core mechanism for how the Collaboration achieves its aims. We anticipate that the integrator unit will use innovative communications approaches to bring about change in line with the goals of the Collaboration, and that these approaches might include:
- Creating and communicating evidence-based (and lived-experience informed) products, materials and campaigns to influence local and national debate and action on the wider determinants.
 - Generating and communicating insight about public views and attitudes to health and wellbeing.
 - Informing public understanding of the impact of the wider determinants of health.
 - Advocating for change (either via members or in its own right – to be determined by the communications strategy).
 - Mobilising others to act on the wider determinants (the type of action would need to be determined).
 - Coordinating, choreographing and amplifying the external communications activity of members that supports the objectives of the Collaboration – helping bring it to new audiences or repurposing it to give it broader relevance and impact.
 - Creating an infrastructure that facilitates effective strategic communications collaboration on the wider determinants of health.
 - Celebrating and supporting successful endeavours to address the wider determinants of health.
 - Convening events/workshops/networks.
 - Sharing best practice.
 - Producing digital learning resources and toolkits.
- 2.13 As part of the discovery phase for the Collaboration, the Integrator Unit is undertaking a number of programmes of work in addition to this ITT to inform the design of the functions of the Collaboration. The work done under this ITT, together with these programmes of work, will inform the development of the overall model and work programme for the Collaboration and the Integrator Unit. They will help to

determine the balance of effort across the areas in 2.11 and identify what approaches will be most effective within each area, as well as helping determine which options in 2.12 should be pursued and identifying any further options.

3.0 Details of the work

- 3.1 The Collaboration for Wellbeing and Health has been operating since mid-2018 as a 'community of practice' where members have been collaborating around particular self-generated projects and experimenting with policy influencing activities. The Collaboration was soft-launched publicly in January 2019 via a [Health Foundation blog](#). However, generating profile, or strategic communications activity, has not been a priority activity so far. Despite this, the limited communications activity we have undertaken has generated some external interest in the Collaboration.
- 3.2 We have now reached a point in the development of the Collaboration where we are beginning to focus more deeply on the role of strategic communications and public affairs in helping achieve the vision and aims for the Collaboration for Wellbeing and Health. The inhouse team is developing the communications strategy for the Collaboration during the discovery phase. We are seeking external consultancy and support for development of the strategy for the 'implementation phase' of the Collaboration – that is for beyond November 2020. (We do see there being an overlap between these two pieces of strategy development. We will manage the overlap through effective information sharing, and through the fact that the inhouse team will also be managing this external commission).
- 3.3 There are a number of areas that we need support on to pull together an evidence-based and robust business case describing the future vision, operating and membership model and programme of activities for the Collaboration. We see the communications strategy for the Collaboration as being an integral part of the above – communications will be at the heart of the strategy for how the Collaboration achieves its aims.
- 3.4 We are commissioning a supplier to help us develop the proposition for the communications strategy for the Collaboration for Wellbeing and Health for the implementation phase. To do this we need a supplier to:
- Carry out stakeholder and audience research to inform the development of the communications strategy and positioning for the Collaboration for Wellbeing and Health. We see this research as involving qualitative interviews with national stakeholders, exploring the barriers and enablers to action on the wider determinants from a national policy perspective. The national policy perspective should be complemented by perspectives from other key players who influence the discourse around health and its determinants, such as NHS stakeholders and the media. We also see value in understanding local and regional perspectives on national discourse and policy around the wider determinants.
 - Work with the integrator unit team to define high-level primary and secondary target audiences for the Collaboration over a five-year period – looking at how the Collaboration might phase its activity to reach, engage and influence those audiences. It will need to consider:

- National stakeholders across public, business and voluntary sectors with whom the Collaboration may have or be able to build direct relationships.
- Local stakeholders who will largely be reached indirectly through a range of mass communication activities.
- The public.

The stakeholder work will inform both the future membership strategy for the Collaboration (i.e. what future members might help us reach and influence these audiences) as well as the communications programmes and products the Collaboration develops to support others to take action to address the wider determinants of health.

- Define the role that strategic communications and public affairs will play in delivering the aims of the Collaboration for Wellbeing and Health in the implementation phase (post November 2020). This will include facilitating the development of a theory of change for the role of communications and a recommended strategic communications approach (that is, the type of communications products and activities recommended to most likely achieve the aims of the Collaboration).
- Develop a high-level communications strategy for the Collaboration to be implemented post November 2020 alongside proposals for what further communications scoping, research and strategy development might be necessary to inform future work of the Collaboration post 2020. This strategy would need to include:
 - A narrative and key messages (which has been tested with primary audiences) for the Collaboration, which will underpin the communications and influencing activity for the Collaboration during the implementation phase. This should build on / replace the interim messaging which will be developed by the Integrator Unit team for use during the discovery phase.
 - A clear list of primary and secondary audiences over the next five years, with a recommended phasing for reaching and influencing them.
 - A theory of change for how strategic communications is going to support the delivery of the Collaboration's aims.
 - A recommendation on whether the Collaboration should undertake to directly influence public opinion as a way of achieving its aims, with a high-level view as to how to best achieve this (if the recommendation is to pursue direct public influencing) and any implications for the Collaboration's membership model.
 - Considerations for how the membership model could best support the communications aims of the Collaboration, which complements the inhouse team's work to develop the future membership model for the Collaboration.
 - High-level options, and a more detailed recommendation, for the branding approach for the Collaboration, which is based on its overall strategy and operating model. This will inform the brief for a branding agency, which will be

commissioned at the beginning of the implementation phase (post November 2020).

- A proposition for the communications programmes, products and campaigns (i.e. influencing goals) that the Collaboration is going to take forward to achieve its aims. This will look at a five year time frame, with more detail being given for the first couple of years (2021/22).
- A proposed approach for resourcing the Collaboration's strategic communications in the implementation phase, including the proposed headcount, skill-mix, structure and infrastructure necessary to support the effective delivery of the Collaboration's communications strategy.
- A recommendation for any further market research work necessary to inform the effective delivery of the Collaboration's aims.

The relationship between the communications strategy for the discovery phase and the implementation phase

3.5 Alongside commissioning a supplier to carry out the strategic research and communications development work we will also be developing a communications strategy and plan for the communications activity during the discovery phase itself. This work will be led by the inhouse team.

3.6 The purpose of this activity will be to:

- Raise awareness of the Collaboration and its aims in order to build credibility and interest and a strong foundation for its future work
- Begin to influence national and local debate on health inequalities and the wider determinants of health.
- Experiment and learn about what approaches work, to feed into the long term thinking about the role of communications within the Collaboration

3.7 We will also be working with another third-party supplier to develop and implement a communications strategy for how the Health Foundation can work with members of the Collaboration for Wellbeing and Health to support the effective delivery of a programme of communications to achieve the objectives for the Health Foundation's upcoming joint report with the Institute for Health Equity (a member of the Collaboration). This report is revisiting Michael Marmot's seminal publication on health inequalities, ten years on.

3.8 The inhouse team will be responsible for ensuring that any relevant developments within these two pieces of work are shared with the supplier selected to carry out this tender. The supplier will need to ensure that relevant developments are taken account of in the deliverables produced.

4.0 Deliverables

The expected deliverables are:

- 4.1 An extended kick-off session to refine the scope and ensure that the work is aligned with the other relevant programmes of work running concurrently.
- 4.2 A set of around 20 qualitative telephone interviews with national stakeholders to inform the Collaboration's positioning and possible policy work programme, as described in 3.4.
- 4.3 A communications strategy, which is developed in full consultation with the Health Foundation and the members of the Collaboration for Wellbeing and Health, and includes:
 - A narrative and key messages (which has been tested with primary audiences) for the Collaboration, which will underpin the communications activity and influencing activity for the Collaboration both during the discovery phase and the implementation phase.
 - A clear list of primary and secondary audiences over the next five years, with a recommended phasing for reaching and influencing them.
 - A theory of change for how strategic communications is going to support the delivery of the Collaboration's aims.
 - A recommendation on whether the Collaboration should undertake to directly influence public opinion as a way of achieving its aims, with a high-level view as to how to best achieve this (if the recommendation is to pursue direct public influencing) and any implications for the Collaboration's membership model.
 - Considerations for how the membership model could best support the communications aims of the Collaboration, which complements the inhouse team's work to develop the future membership model for the Collaboration.
 - High-level options, and a more detailed recommendation, for the branding approach for the Collaboration, which is based on the overall strategy and operating model for the Collaboration for Wellbeing and Health. This will inform the brief for a branding agency, which will be commissioned at the beginning of the implementation phase (post November 2020).
 - A proposition for the communications programmes, products and campaigns (i.e. influencing goals) that the Collaboration is going to take forward to achieve its aims. This will look at a five year time frame, with more detail being given for the first couple of years (2021/22).
 - A proposed approach for resourcing the Collaboration's strategic communications in the implementation phase, including the proposed headcount, skill-mix, structure and infrastructure necessary to support the effective delivery of the Collaboration's communications strategy.
 - A recommendation for any further market research work necessary to inform the effective delivery of the Collaboration's aims.

5.0 Ways of working, relevant programmes of work and existing materials

- 5.1 The design and delivery of the business case for the Collaboration for Wellbeing and Health is being led by the Integrator Unit within the Health Foundation. We are developing it in partnership with members of the Collaboration for Wellbeing and

Health, through workshops, teleconferences and sharing documentation for input and feedback.

- 5.2 We would like to work closely with the supplier appointed to deliver this brief. The supplier is requested to build in time for sharing, discussing and refining the deliverables with both the Health Foundation and with members of the Collaboration for Wellbeing and Health. This will include the extended kick-off meeting discussed in the deliverables.
- 5.3 We would welcome a supplier who can challenge this brief, and our thinking, and work in a collaborative way to ensure that the breadth of knowledge and experience within the Foundation, the Collaboration and the supplier are brought to bear to develop an ambitious communications strategy for this unique initiative.
- 5.4 The Health Foundation will be the main day to day contact, and we will agree with the supplier how best to engage members of the Collaboration with this piece of work. We anticipate that the supplier will need to come to two Collaboration workshops to present and discuss the communications strategy. These are likely to be in April and over the summer.
- 5.5 The appointed supplier will need to draw on other pieces of research and insight work the Health Foundation is carrying out to inform the development of the Collaboration for Wellbeing and Health (and its wider 'Healthy Lives' programme of work, of which the Collaboration is part). Suppliers will need to build in significant time and a process to feed these findings into the development of the communications strategy. As of the time of writing, these programmes of work include:
 - **Local engagement:** Understanding local requirements to support action on the wider determinants of health. This piece of work will report on local audience insights in February 2020.
 - **High-level model development:** Undertaking a rapid review of large-scale collaborative initiatives to inform our thinking about the model for the Collaboration, and developing outline options for key stakeholders to respond to. This piece of work will report in January 2020.
 - **Frameworks:** [Working with the Frameworks Institute](#) on how to communicate the wider determinants of health effectively. This piece of work will be ongoing throughout 2020. The main findings and recommendations will be published in winter 2020/21. More details on the timeline for this work are available on the Health Foundation website.
 - **Healthy Lives communications:** The communications strategy for the Health Foundation's 'Healthy Lives' strategy priority (which the Collaboration sits under).
 - **Marmot:** The Marmot ten years on research programme (please see para 3.7).
- 5.6 Compared to the local engagement work which will inform the development of products to support local action, the work described in this ITT will have a greater focus on national level audiences (though depending on the findings could include locally-targeted products as well) and should enable us to develop an approach and

products for influencing national-level debate and policy development around the wider determinants.

5.7 The work described in this ITT will inform and be informed by the work we are doing to develop high-level membership/operational models for the Collaboration. An initial set of high-level options for the Collaboration will be available by the time this work kicks off and we anticipate that these will be helpful in refining the scope of the work in this ITT. These high-level models will need to be developed and refined with reference to the findings from the work described in this ITT. There should be sufficient time in the proposal to allow for a process of iteration between these programmes of work.

5.8 There is also considerable thinking and work that has been done by the Foundation and by the Collaboration for Wellbeing and Health that is relevant to the communications strategy development. The Health Foundation will provide the supplier with this information, and the supplier will need to ensure it feeds in to the development of the communications strategy. We will share this information with the successful supplier once they are appointed. Please ensure that there is sufficient time built into the proposal to review the relevant materials. Given its volume and complexity, we expect this to take around 2 days.

6.0 Costs

6.1 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.

7.0 Tender response requirements

7.1 Providers are requested to complete the attached tender response form, including budget, and return it to Sarah Lawson, Strategy and Communications Officer, sarah.lawson@health.org.uk by 23:59 on Monday 2nd December 2019. The response form asks you to include:

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.

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.

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.

If you have any queries about the programme or application process please email Kathleen Smit, Senior Strategy and Engagement Manager at kathleen.smit@health.org.uk.

8.0 Instructions for tender responses

- 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 and will not be under any obligation to you with regard to the subject matter of this ITT.
- The Foundation is not obliged to disclose anything about the successful bidders, but will endeavour to provide feedback, if possible, to unsuccessful bidders.
- Your bid is to remain open for a minimum of 180 days from the proposal response date.
- 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.
- Please note that any proposals received which fail to meet the specified criteria contained in it will not be considered for this project.

9.0 Selection criteria

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, 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 (if the piece of work requires this).

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.

10.0 Confidentiality

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

11.0 Conflicts of interest

- 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>

12.0 Timetable

Deadline for tender submission: Monday 2 December 2019. Please return your tender response form to Sarah Lawson, Strategy and Communications Officer, sarah.lawson@health.org.uk.

Interviews: Thursday 19 December

Work starts: January 2020

We have held the following dates for two kick-off sessions in January/February 2020. The successful bidder would need to be available for two of these dates: Monday 20 January (3-5pm), Monday 27 January (2-5pm), Weds 29 January (9am-12pm) and Wednesday 5 Feb (9am-12pm).

Work completed: April/May 2020

Appendix: Organisations in the Collaboration

- Institute for Health Equity
- Joseph Rowntree Foundation
- Local Government Association
- New Philanthropy Capital
- People's Health Trust
- Race Equality Foundation
- Royal Society of Public Health
- The Health Foundation
- What Works Centre for Wellbeing
- Business in the Community