

# Invitation to tender

*Research partners for a commission exploring work and health*

A tender for desk research, including literature reviews and policy and data analysis, to produce a series of reports. These will inform a commission exploring working-age health and how this relates to employment and pay, changes in the type of work people do, employer practice, public services and government policy.

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## **1.0 Summary**

- 1.1 The Health Foundation is looking to commission research partners who can provide research, analysis and policy expertise to design and deliver desk-based research and deliver a series of reports to inform an independent commission exploring work and health.
- 1.2 The proposed research themes that research partners will address are:
  1. The UK experience of working-age health and employment trends in comparison to other countries
  2. How health and employment outcomes vary between local areas within the UK
  3. Interactions between the quality of work and types of job that people do and their health.
  4. The extent to which caring needs and poor health affect the labour force participation and earnings of household and family members
  5. How government, services and employers support workers' health and labour force participation
  6. How work is changing and will change in future in light of new technology and wider trends, and the impact on health and participation.
- 1.3 All research, where appropriate, should address inequalities related to socioeconomic status and demographic characteristics, international evidence and regional variation. The policy implications of the research should also be included.
- 1.4 We invite proposals that set out robust and innovative approaches to reporting the latest state of play and address gaps in the existing evidence base of the key themes. They should also set out the questions that prospective partners consider to be most important within the given themes and in line with the scope of the commission. Proposals should also demonstrate skills and capacity to carry out the necessary research, analysis and writing to deliver in the expected timeframe. We invite bids to produce outputs related to one or more of the proposed themes.
- 1.5 The work will start in Q4 2023 with outputs intended to be published in sequence through 2024 and the research completed by Q4 2024.
- 1.6 The overall budget for this programme is £240,000, including VAT, to cover all six themes. Suppliers may submit proposals to cover one or more themes. The cost of each proposal will therefore be determined by its scope.

## **2.0 About the Health Foundation**

- 2.1 Health is our most precious asset. Good health and wellbeing enables us to live happy, fulfilling lives and frees us up to achieve our potential. It fuels our prosperity – a healthy and productive labour force is the engine that powers our economy. And it helps to build a stronger society by enabling us to play a full part in family life, make social connections and contribute to our communities.
- 2.2 Our health is shaped by a range of factors including our early life, the work we do and the income we earn, the education we receive and the homes and places we live

in. The health and care system should support good health and wellbeing by enabling everyone to access the high-quality treatment, care and support they need, when they need it.

2.3 Yet, good health remains out of reach for too many people in the UK. Improvements in life expectancy have slowed. We compare poorly with other leading nations on some important aspects of our health, such as cancer and heart disease. Deep inequalities in health between our poorest and wealthiest communities have widened.

2.4 It doesn't have to be like this. By valuing our health as an asset, investing in health and care services and focusing on the wider factors that shape our health and drive inequalities, we can build a healthier nation.

2.5 As an independent charity we are working to improve people's health and reduce inequalities by:

- increasing understanding about the economic and societal benefits of good health
- focusing on the key role of economic, social and environmental factors in shaping health and driving inequalities
- working with stakeholders to build cross-sector support and mobilise action for the changes needed to promote healthier lives.

### **3.0 Background to project**

3.1 Recent trends have highlighted the growing prevalence of poor physical and mental health in the UK and its potential economic consequences – with the UK something of an outlier internationally. **Economic inactivity** due to long-term sickness in the population aged 16–64 is higher than at any point since 1993, limiting UK labour supply. Employment, pay, job security, progression, working conditions and local labour markets are also factors in determining working age health.

3.2 More needs to be known about:

- the extent and drivers of poor working age population health
- implications of health trends for labour supply and the wider economy
- how changes to the type of work people do interacts with health.

3.3 The Health Foundation is launching a commission with a focus on the relationship between work and health and the policies needed to support a healthy working population. It will engage senior experts, influencers and decision makers in government and industry. A series of commissioned research and Health Foundation analysis will provide an evidence base from which policy, service and practice proposals will be developed.

3.4 As well as a series of commissioned research, the commission will publish a launch report, an interim report for consultation on policy options and a final report with recommendations timed to shape the policy of a new government in 2025.

#### **4.0 Details of the work**

4.1 **Aims and objectives:** The aim of this project is to produce an evidence base that helps the commission and its secretariat to understand the interactions between health, work, employment practice, services and policy, in order to develop solutions to improve health and economic outcomes. The outputs will allow the commission to better understand existing market and policy failures and identify the interventions required to address them. Based on the findings, the commission will set out a range of credible, costed policy proposals for government and employers.

4.2 The outputs will also help to build external engagement with the issues with thought leaders, policymakers and employers and help to set the terms of the debate in this policy area.

4.3 The ultimate audiences for this work are UK decision makers and influencers in policy across central government (including HM Treasury, Department for Business and Trade, Department for Work and Pensions, Department of Health and Social Care/Office for Health Improvement and Disparities, Department for Education, Department for Levelling Up, Housing and Communities and various regulators; plus their devolved government equivalents) and local government (combined authorities, local authorities) and employers (from across sectors and of varying size).

4.4 **Overview of the work required:** The work required is the production of research and analysis that addresses the major research themes set out below. Outputs will be published at intervals through the life of the commission to generate external interest and discussion.

4.5 The proposed research areas are listed below. Please note these are indicative ideas, and we request that bidders propose their own key questions and paper structures according to their understanding of the gaps in research. It is envisaged that suppliers will produce at least one paper for each theme, but there may be other outputs, including a launch event.

4.6 To complement these themes, the commission's launch paper will provide an overview of employment trends and outcomes for people with poor health, and a further paper will explore working age health trends and their implications for labour supply.

#### **4.7 Theme 1: The UK experience of working age health and employment trends in comparison to other countries**

- Analysis and research exploring the extent to which patterns and trends in working-age health and employment outcomes are apparent in other countries
- Examination of policy structures and wider economic context in other countries to understand how to relate outcomes to the UK context
- The key lessons and solutions for UK policy

#### 4.8 **Theme 2: How health and employment outcomes vary between local areas within the UK**

- Analysis of main health and work outcomes showing differences between local areas
- Exploring why variations in employment occur between areas with similar health levels and how different population characteristics (eg age) play a role
- Discussion of how historic context and current policy situation varies between areas, highlighting issues that require future action or potential solutions

#### 4.9 **Theme 3: Interactions between the quality of work and types of job that people do and their health**

- Changes in the world of work and its associated impact on health
  - Long run structural changes in the economy
  - Work intensification and quality, use of technology and management, worker control and autonomy
  - Employment terms and conditions, eg pay and job insecurity
  - Risks and opportunities presented by the nature of the employer – public, private- including global/nationals vs small and medium-sized enterprises and self-employed
- Whether health has an impact on the types of work that people do either as individuals or in the types of industry located in particular areas
- What solutions have been proposed or tried and with what impact, including case studies with signs of positive impact

#### 4.10 **Theme 4: The extent to which caring needs and poor health affect the labour force participation and earnings of household and family members**

- Exploration of how health has an impact on the labour participation of other members of the household or wider family
- Setting out the extent to which government or employer support for carers and related activity, and provision of care, supports participation
- Solutions to allow individuals to choose the balance of formal work and caring responsibilities that suits them and to prevent associated wage or employment penalties

#### 4.11 **Theme 5: How government, services and employers support workers' health and labour force participation**

- Support for people with poor health to remain in work or return to work
  - The structure of public services and welfare support (eg health care, social security, statutory sick pay, employment services, wider public services) and interactions between these elements.
- Keeping people in work and in good health in the first place
  - Government legislation, regulation and enforcement (eg HM Revenue and Customs, Health and Safety Executive) and overall strategy/resourcing

- Employer support (eg occupational health, wellbeing) or other corporate responsibility (eg sports, housing)
  - Unionisation
  - Building a picture of the experience and choices available to individuals falling into poor health while in work or who are already in poor health and not working
    - Financial and non-financial incentives experienced (eg return to work, valuing of caring responsibilities)
    - What an effective system of support would look like and the policy changes required to achieve this
- 4.12 **Theme 6: How work is changing and will change in future in the light of new technology, and its impact on health and participation**
- How is technology likely to change types of work in key industries?
  - What is the likely impact on health in the short and medium term?
  - What are the implications for people with poor health to participate?
  - Policy solutions to protect health and support labour market participation
- 4.13 **Research in the areas above should, as appropriate to available evidence and the research question, consider the following cross-cutting factors:**
- **Inequalities** – including in health status, socioeconomic position and characteristics such as age, sex and ethnicity; considering how different inequalities affect work status and work experiences (including discrimination and harassment) and how these translate into health risks; and how inequalities (including disability, age and health status) are addressed by employers and employment policy to ensure equal access to good work.
  - **International comparisons** – analysis and research exploring the extent to which patterns and trends and the issues identified in themes 2–5 are apparent in other countries; examination of policy structures and context in other countries; key lessons and solutions for UK policy.
  - **Regional comparisons** – analysis of main health and work outcomes showing differences between local areas, considering historic context and current policy situation, issues requiring future action or potential solutions. This may also be considered from an industrial sector perspective.
- 4.14 **Expected methodology:** The work required to produce the papers is likely to include a mixture of desk-based research (grey and academic literature reviews, expert and stakeholder interviews), secondary data sourcing and analysis and possible qualitative research (eg focus groups or interviews). The methodology and precise research questions are to be proposed by bidders and refined in partnership with the Health Foundation secretariat, external advisory group and commission members.
- 4.15 **Accountability:** The Health Foundation will be accountable for funding the research, managing the procurement and setting up and facilitating the external advisory group and commission to steer the programme of work. The external advisory group will provide a forum for discussion of research approaches and interpretation of findings.

Members of the commission will be responsible for reviewing the papers produced with a focus on their implications and using the evidence to draw conclusions for the commission's final report. The Health Foundation is also tendering for a partner to provide a programme of public involvement.

- 4.16 Suppliers under this contract will be accountable for developing and delivering desk-based research methods and producing papers that address the questions laid out in the contract. Suppliers will be expected to:
- attend external advisory group meetings to discuss the scope and findings of the work and contribute to commission meetings
  - ensure that their work aligns with and supports that of other research partners
  - engage with the public involvement strand to test their research approach and the interpretation of their findings
  - co-create a plan with the Health Foundation for delivering the work and manage the project, updating the workplan and resource plan accordingly
  - participate in regular project meetings with the secretariat team.

There is potential for different research partners to co-author outputs where this fits with the proposed research.

- 4.17 **Deliverables:** Suppliers will be tasked with developing methodologies and delivering desk-based research and analysis to address the key issues in the scope above. Individual suppliers may bid for more than one theme area.
- 4.18 The main outputs will be fully referenced and evidence-based papers addressing the questions agreed in the scope. Suppliers will be expected to make reasonable and evidence-based revisions to reports based on Health Foundation feedback prior to publication. Papers should also, where possible, identify potential policy options and appraise their potential impact.
- 4.19 Individual papers should be designed and published by the suppliers according to a timetable agreed with the Health Foundation.
- 4.20 These reports may also be published on the commission website to inform the conclusions being drawn by the commission.
- 4.21 Suppliers should include some time resource for speaking at a launch event, webinar, attendance at workshops and producing supportive material including blogs.
- 4.22 Suppliers may also submit papers to academic journals as a secondary output, although this should not be charged for in the budget or affect delivery timescales of the proposed work.
- 4.23 Activity is expected to commence in Q4 2023 (October). The scope, final research questions and specific timelines for delivery will be agreed and set out in the contract. Final papers are expected to be delivered during Q4 2024.

- 4.24 **Outcomes:** The outcome of the programme will be:
- discussion and debate stimulated by the commission's outputs
  - increased understanding particularly of employment
  - change in national and regional government policy that reflects the recommendations
  - change in employer and policy and practice
  - changes in both local public service provision (eg via JobCentre Plus and Employment Support Services) and public and private sector employer practice.
- 4.25 The impacts as a result of the commission include:
- improvement in the quality of work and reduction of health harms
  - improvement in the health of workers and non-workers
  - improved support for people to become economically active
  - reduction in inactivity due to long-term sickness.

These impacts may not be wholly or directly attributable to the commission but we envisage the work shaping, driving and influencing the external conversation.

## 5.0 Instructions for tender responses

- 5.1 The Health Foundation invites suppliers to bid to produce one or more of the papers listed above. We intend to contract with a group of suppliers who, between them, can produce all the papers.
- 5.2 We invite bidders to indicate which paper(s) they wish to produce, demonstrating the interest, expertise and skills that they would bring to the project. Please propose your maximum and (if relevant) minimum desired involvement.
- 5.3 We invite bidders to advise on the key questions to be asked and gaps in knowledge within the scope of the papers. We specifically invite you to propose your own research ideas, including questions and methodologies, that you think would contribute to this field of study and policy. We are looking to suppliers to show evidence of their expertise and insight in the field of employment and health. The final contract and papers will also incorporate steers from the commission and working group and ensure a fit with other partners on this programme. There should be some flexibility to adapt to external events both due to timing or change in most recent evidence.
- 5.4 We expect suppliers to collaborate with each other to ensure that the overall work programme is cohesive and with the potential – where appropriate – to jointly author outputs or contribute to the shape of each organisation's work. This will require a culture of openness and willingness to share ideas with the aim of maximising the quality of the overall work programme. We particularly welcome joint bids that show willingness to collaborate to meet the requirements. We may also ask suppliers to work together on a paper where they have demonstrated complementary skills.
- 5.5 Suppliers will be expected to publish their outputs according to an agreed timetable. They may also wish to submit for journal publication.



5.6 In parallel with this tender, the Health Foundation will separately commission a supplier to facilitate public involvement with people working in (or with experience of working in) specific sectors – some having experienced issues such as ill health, long-term sickness, different work problems including exposure to discrimination, access to and use of health care for work-related health problems, interaction with the social security system and welfare services.

We expect all research suppliers to engage openly with this process to ensure that people's perceptions and views are considered in the research questions and methods. We do not expect suppliers to propose additional public involvement methods, but we would expect the importance of inequalities to be considered and for lived experience to be included, eg in the scope of literature searches.

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

5.8 This work specification is not an offer to enter into an agreement with the Health Foundation, it is a request to receive tenders from third parties interested in providing the deliverables outlined. Such tenders will be considered and treated by the Health Foundation as offers to enter into an agreement. The Health Foundation may reject all tenders, in whole or in part, and/or enter into negotiations with any other party to provide such services whether it responds to this specification and request for response or not.

5.9 The Health Foundation will not be responsible for any costs incurred by you in responding to this specification and will not be under any obligation to you with regard to the subject matter of this specification.

5.10 The Health Foundation is not obliged to disclose anything about successful tenders, but will endeavour to provide feedback, if possible, to unsuccessful organisations.

5.11 Your tender is to remain open for a minimum of 180 days from the tender response date.

5.12 You may, without prejudice to yourself, modify your tender by written request, provided the request is received by the Health Foundation prior to the tender response date. Following withdrawal of your tender, you may submit a new tender, provided delivery is effected prior to the established tender response date.

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

## **6.0 Selection criteria**

6.1 Responses will be evaluated by the Health Foundation using the following criteria:

- Expertise in work and health research and policy, with significant evidence of previous contributions related to the proposed topic

- Evidence of proven success of similar projects
- Demonstration of constructive engagement in the scope including innovative proposals for research questions and methodology
- Evidence of and willingness to work collaboratively with other research suppliers and an independent panel of commissioners, and to be responsive and flexible to respond to changes in scope and research questions
- Capacity to deliver the required services and outputs in the indicated timeframe
- Quality, clarity and value for money
- Financial stability and long-term viability of the organisation (due diligence may be undertaken on shortlisted organisations)
- Demonstration of good environmental and social governance including a commitment to being a living wage employer.

6.2 It is important to the Health Foundation that the chosen suppliers can 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.

## 7.0 Information call and Frequently asked questions

7.1 Information calls offer applicants the opportunity to hear more about the project and to ask questions to clarify understanding. We will hold an information call on **Wednesday 26 July 2023, 13.00–14.00**. If you would like to attend, please register your interest by emailing us at [research.mailbox@health.org.uk](mailto:research.mailbox@health.org.uk). It is not essential, but you are encouraged to take part. If you have any questions about the project, please email them to us in advance of the information call if possible. Please note that we will not be able to answer specific technical questions about individual tender responses.

7.2 Our responses to general questions will be added to a Frequently asked questions document, which we will keep updated until the ITT closes.

## 8.0 Selection process

8.1 **Apply via our applicant portal** by 12.00 (midday) on Monday 18 September 2023.

8.2 You will receive a response to your tender by 17.30 on Friday 29 September 2023.

8.3 Interviews will be held on Wednesday 4 and Thursday 5 October 2023.

8.4 The final decision will be communicated by 17.30 on Friday 6 October 2023.

8.5 We expect to hold an inception meeting during the week commencing Monday 16 October 2023.

8.6 The start date is to be agreed following the final decision (and would be as soon as practicable).

## 9.0 Confidentiality

9.1 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 Health Foundation.

9.2 Suppliers may be requested to complete a non-disclosure agreement.

## **10.0 Conflicts of interest**

10.1 The Health Foundation's conflicts of interest policy describes how it will deal with any conflicts that arise as a result of the work that the charity undertakes. All organisations intending to submit tenders to the Health Foundation should familiarise themselves with the contents of the policy as part of the tendering process and declare any interests that are relevant to the nature of the work they are tendering for. [Read the conflicts of interest policy.](#)