

# Invitation to tender

## **Audience research for the Collaboration for Wellbeing and Health**

November 2021

*Agency support required to design and deliver a project to:*

- *help us better understand prospective audiences among the general public, including their characteristics, needs, and how they interact with different media*
- *develop practical segments or personas of groups to target, with recommendations for reaching them and driving engagement.*

**Deadline for responses:** 06 December 2021

### **Contact**

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The Health Foundation

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## 1.0 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.

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.

The Health Foundation's activities expand across five strategic areas:

- promote healthy lives for all
- support data analytics for better health
- support health care improvement
- make health and care services more sustainable
- improve national health and care policy.

The Collaboration for Wellbeing and Health originates from the 'promote healthy lives for all' strategic priority area, which focuses on the impact of the wider determinants of health on health outcomes.

The wider determinants include the political, social, economic, environmental and cultural factors which shape the conditions in which we are born, grow, live, work and age. These include our housing, the food we eat, money and resources, education and skills, transport, work and connections in the community. Creating a healthy population requires greater action on these factors, not simply on treating ill health when it occurs. [Find out more here.](#)

Our healthy lives work also aims to change the conversation to focus on health as an asset to society, rather than on ill health as a burden – and to promote policies and encourage local action that improves opportunities for a healthy life in the UK. We believe good health supports positive social and economic outcomes, both for the individual and society.

The Health Foundation has committed funding to the Collaboration for five years. It is a member organisation of the initiative, and leads on strategic decision making and governance, with accountability to the Foundation's Chief Executive and Board of Governors.

## 2.0 About the Collaboration for Wellbeing and Health

The Collaboration is a new initiative funded by the Health Foundation, aiming to develop a bold, cross sector movement calling for action on the wider determinants of health. Its vision is a society where everyone has the building blocks for good health, wherever they are born, work and live.

A collaborative initiative that has been co-developed by a set of founding members and a small team within the Health Foundation, the Collaboration seeks to develop a clear campaigning voice and powerful communications to reach audiences across the public, private and third sector. It aims to build a movement that calls on policy makers, sector leaders and the public to recognise the nation's health as an asset to society and invest in policies known to create the conditions for healthy lives.

These social, economic, commercial and environmental conditions are the strongest determinants of people's health and drive existing unfair and avoidable differences in people's health across the UK. Tackling these inequalities requires:

- reframing health as a whole society challenge, not just one for the NHS or public health community
- building the political and public will to address root causes of poor health rather than focusing on short term fixes that address the symptoms
- bridging individual and society-focused philosophies that offer competing perspectives in terms of understanding causes and bringing about change.

In the wake of the pandemic, there has been a resurgence in the recognition of these issues, creating a once in a generation opportunity to have an impact. The Collaboration aims to build political and public buy in through creative public awareness campaigns, influencing decision makers with members, and building a community to reframe the conversation around what creates better, more equitable health.

Existing members of the Collaboration are:

- Business in the Community
- Institute for Health Equity
- Joseph Rowntree Foundation
- Local Government Association
- New Philanthropy Capital
- People's Health Trust
- Race Equality Foundation
- What Works Wellbeing.

The Collaboration's membership will change as the initiative becomes fully operational, welcoming new members with sector or discipline expertise aligned to its strategic goals.

### 3.0 The Collaboration for Wellbeing and Health's strategy

The Collaboration's strategy has three long-term objectives, to:

- Increase awareness of the wider determinants of health.
- Increase support for health creation approaches in the UK among target audiences by 2026.
- Adoption of cross-government policies that progress increasing healthy life expectancy and levelling up regional health inequalities by 2026.

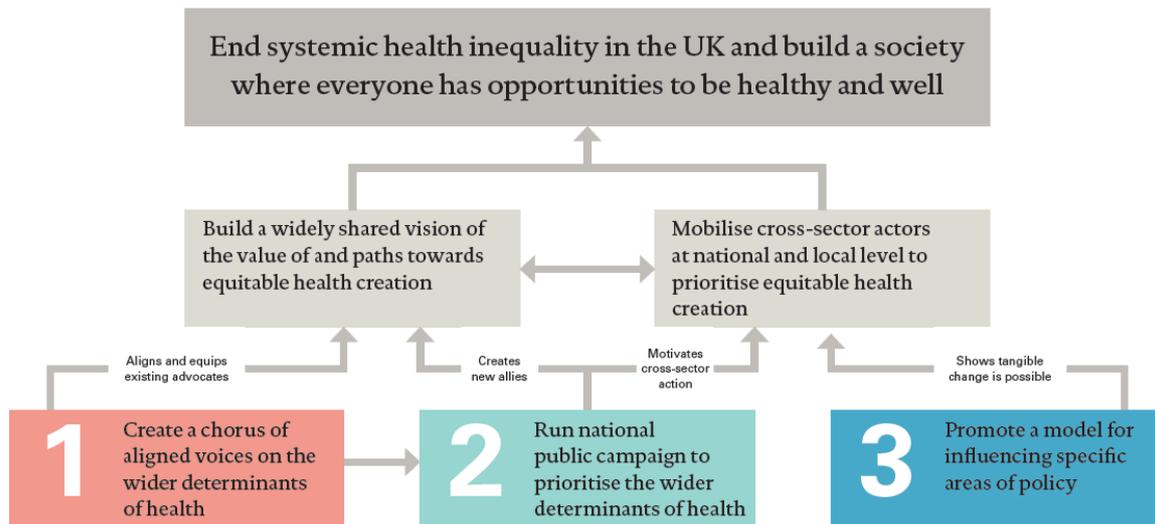
To achieve these, the Collaboration aims to shift the public discourse around health and build a new narrative about how health is created, moving away from focusing on individual responsibility and the healthcare system supporting people when they are unwell, to how the wider determinants influence our health. This will include directly engaging the public through awareness raising campaigns.

Alongside building public understanding, the Collaboration aims to build public pressure for policies across government that put good health and wellbeing at their heart. To support this, it will also engage and influence sector leaders and national policy makers with its members.

As well as calling for a cross-government approach to improving health, the Collaboration will call for specific policies in four areas - young people’s wellbeing, good quality work, clean air and healthy housing – that can contribute to creating better, more equitable health in the UK. These four areas will be the focus of public campaigns across 2022-23, tied into a wider top-line narrative about better health.

The Collaboration has a three-part strategy, which is illustrated below:

**Figure 1: Collaboration for Wellbeing and Health strategy diagram**



This piece of commissioned work will specifically support number 2: national campaigning to increase understanding of what makes us healthy.

Our campaigning work aims to raise awareness of the role of the wider determinants in shaping health, as well as the value of health to society. It will focus on building support for the policies and approaches that can improve health and tackle existing inequalities.

Creative campaigns will directly target the public, translating the largely academic ‘wider determinants debate’ into an accessible and engaging narrative. This includes illustrating what the wider determinants are, how they connect to health, and highlighting specific opportunities for progress. Collaboration members will help to inform and deliver campaigns, including through targeted stakeholder engagement.

It is anticipated in the Collaboration’s first 12-24 months, campaigns will use four different policy lenses to ‘tell the story’ of the wider determinants of health: air quality, healthy homes, good quality work and young people’s wellbeing. The order in which to profile these issues is yet to be determined, and this decision will draw upon this research to understand promising issues that will attract the attention of the public.

Alongside public awareness raising, the Collaboration will look to influence below the waterline within government and through gatekeepers or influencers of policy and key stakeholders. This will work towards adoption of cross-government approaches to improving health, as well as more specific policy asks on the four different areas mentioned above.

## 4.0 Current operations

In April 2021, the Collaboration was granted approval and funding for five years from the Health Foundation's Board. It is currently in a transitional phase where it is undertaking business readiness activities and expanding its team ahead of becoming fully operational.

Public audience research is one of several high priority projects during the transition phase. This is as the Collaboration will target new audiences outside of the Foundation's (see [5.0 Audiences](#)) and step into a bolder campaigning role. The Collaboration will position itself apart from the Health Foundation, while its work will remain closely informed by the insight and evidence generated by the Foundation, offering expertise and credibility among stakeholders.

There are other key transition projects that this research will feed in to or help to shape, namely the creation of the Collaboration's brand identity, which will run in parallel. It is expected that emerging findings from the audience research about promising segments / personas to target will inform the brand's identity to appeal to these groups. The identity will run through the Collaboration's channels and online presence, including its website and social media.

Once the transition phase has ended, the Collaboration's priority is to deliver its first awareness raising campaigns, which will draw heavily on the work from this audience research. Their design and rollout will be tailored to target the groups identified through this research. This will include the campaign creative, paid and earned media strategy (including choice of key outlets and channels) and calls to action.

## 5.0 Audiences

The Health Foundation is a B2B organisation engaging with professionals working in both health care and health. Traditionally the organisation has focused on the health care system, engaging with NHS leaders and front-line clinicians, as well as supporting bodies (such as NHS Improvement, NHS England, NHS Confederation etc).

It also has increasingly engaged public health leaders (including Directors of Public Health) and supporting bodies (such as Public Health England, the Association of Directors of Public Health, the Royal Society of Public Health) in its work on improving health. Across the breadth of its work, the Foundation looks to engage and influence central and local government, policy makers and influencers.

These existing audiences provide some relevant groups for the Collaboration to engage with, for example within central government and the public health arena. However, the Collaboration will be the first initiative from the Health Foundation that looks to directly engage the public, through awareness raising campaigns. While the Collaboration team has access to data on the professional audiences listed above, some of whom will be relevant for its work, it does not have a developed understanding of the groups among the public that it should target to raise awareness with and activate through its campaigning work.

Audiences for the Collaboration are broad, with members of the initiative and target stakeholders across the public, private and third sector. As the Collaboration's top-line

objectives are to engage the public through its campaigning work, and push for national policy change, its identity must be both citizen facing and hold gravitas with professional audiences.

Primary audiences:

- **Segments of the UK public\* that can be moved to support our mission, and/or have scope to shift wider public opinion**
- national policy decision makers e.g. Dept. of Health and Social Care, Secretary of State for Health and Social Care, other relevant departments across government e.g. MHCLG, DEFRA, DfE, MPs, shadow ministers and other parliamentarians
- national policy influencers e.g. SPADs, party research departments
- charitable organisations working in and outside of health (e.g. transport, housing...), at a national and local level
- purpose-led businesses focused directly and indirectly on health and wellbeing, including SMEs and larger organisations or umbrella bodies / networks that represent the interests of business e.g. CBI, FSB, Business for Health.

Secondary audiences include existing Health Foundation audiences who are considered 'allies' in this agenda, and may wish to use resources and outputs produced by the initiative, including:

- public health professionals
- local government
- researchers and academics working across the wider determinants of health
- those in the NHS looking at '**anchor**' approaches and the **role of the NHS in prevention**.

\*The UK public audience group is the remit for this piece of audience research.

To date, work on the Collaboration's audiences has considered 'the public' audience in the following way:

- **The informed public** e.g. follows the news agenda, reasonably well-informed on social issues, likely to have a solid network of peers.
- **Members of the public who are politically active at a national or local level** e.g. may get involved with a cause by signing a petition, attending a protest or sharing content or their views on their social media channels; may write to their MP about an issue.

## 6.0 Details of the work

### 6.1. Objective

Our objectives are to:

- Gain a deep and practical understanding of who our target audiences are among 'the public' i.e. UK citizens, what their needs are, attitudes towards issues of importance for the Collaboration, how and where they access news, interact with different media.

- Create a view of some distinct audience groups – represented as segments, personas or ‘tribes’ that the Collaboration can effectively target through its campaigning activities, to drive engagement, raise awareness and move people to support our agenda. These groups may also act as influencers and advocates to persuade others, including ultimately policy makers (whether based on them holding an influential position or as part of a wider groundswell of public pressure for change). The audience group information should include recommendations of media outlets and channels to target to effectively reach them.

This project should help us to move from a broad audience group of ‘the public’ to distinct groups that we can effectively target and engage, complemented by an understanding of audience needs and motivations, and how to reach and engage them.

A successful project would see a growing audience base among the public with the recommended groups, with increasing awareness and support for the issues and positions set forth by the Collaboration.

## 6.2. Scope of work

Understanding and categorising groups of the public that the Collaboration can move to support its agenda is essential to enable the Collaboration to carry out its inaugural public awareness campaigns, as a new charitable campaigning initiative. Its campaigns must reach and resonate with the public, inspire trust and empower action among audiences. It must reflect the overarching mission of the initiative.

‘The UK public’ provides a large and varied potential set of audiences for the Collaboration. One of the challenges of this project will be working with us to explore which audiences and channels we should focus on for this project. Questions that our partner should help us to explore include:

- Do we start by looking the public ‘at large’, through a health lens, finding those with an interest in this as a key issue in society, or by identifying groups interested in the different policy areas the Collaboration plans to profile through its campaigning work - young people’s wellbeing, good quality work, clean air and healthy housing?
- Which groups have the potential to be taken on a journey towards better understanding of how our health is shaped by a range of broad factors, increasing its perceived importance and support for aligned action? How do we identify them? Should we start by piloting our approaches in one or two key areas?
- What is a reasonable and realistic ‘sphere of influence’? Who are the groups that should not be pursued in the first instance or could be engaged in a lighter touch way? For example, these may be those individuals who already actively support the action promoted by the Collaboration, or conversely those who are unlikely to ever support its agenda.
- Which segments of the population hold influence or sway in the wider political environment? What do we know about their interests and attitudes towards health and other Collaboration aligned issues? Would these be targets to engage?

To undertake research for the Collaboration for Wellbeing and Health that will enable it to understand, segment and target groups of the public, deliverables should include a view of current attitudes towards issues aligned with the Collaboration's mission, personas / segments identifying audience groups to target and information on how and where best to reach different groups.

The Collaboration team is open to be guided as to the best way to segment, profile and present data on target audience groups. Our working assumption is that identifying characteristics may span specific demographics, behaviours, attitudes about key issues and/or voting behaviours. It is not proposed that the Collaboration will only target one group; there may be several that it can appeal to through its campaigns.

It is expected that any applicants clearly set out their methodology for undertaking this research, as well as any databases or sources that will be drawn upon for audience insight. It is important that the Collaboration team clearly understand the process for recruiting the research sample, sample size and statistical significance, how the research will take place (interviews, focus groups etc.) and how findings will be presented.

### 6.3. Areas to explore

#### ***Understanding current attitudes among the public, their needs and preferences***

Including around:

- how health is shaped and the relative importance of individual responsibility, the NHS and the wider determinants of health
- attitudes towards health inequalities and understanding of these within the current context of the UK
- attitudes towards key wider determinants of health issues, including young people's wellbeing, housing, air pollution and work. This includes where peoples' interest in these issues overlaps, and where people are strongly inclined, or can be mobilised / motivated to take action, such as by advocating for change.

The Collaboration and Health Foundation have already undertaken some research that can complement understanding in this area, and will be shared with the chosen agency partner, including:

- Ipsos MORI polling on **public perceptions of health and social care in light of COVID-19**
- Ipsos MORI polling on **public perceptions of climate change and health**
- Kantar ethnographic research on public perceptions of health inequalities through the COVID-19 pandemic
- FrameWorks Institute research on ***Thinking Differently about Health***, exploring how the public understands and thinks about health.

There are also external pieces of evidence that the Collaboration has studied that will be useful for a partner agency to consider, including:

- Robert Wood Johnson Foundation's work **on communicating about the social determinants of health** (USA)
- Olle Lundberg's paper for the WHO on **the need for a new narrative about the social determinants of health**.

***Profiling the public to group them, into those that share characteristics and could be moved to support the Collaboration's mission, policies for better health and/or individual policy areas connected to health***, which may include looking at:

- Geographics: country (devolved nations), city, region, area, density, population, climate
- Demographics: age, gender, income, education, race, religion, social status, family, life stage, occupation
- Psychographics: lifestyle, opinions, interests, concerns, personality, values, attitudes, goals, needs, political affiliation
- Behavioural: habits, interactions, decision making, loyalty.

As well as identifying groups, an assessment as to how receptive, and influential, audience groups are in relation to the Collaboration's aims is required. This will help us to identify the potential 'return on investment' for targeting particular groups over others; for example, whether some groups could be mobilised as influencers of others, to help to broaden our impact.

***Providing practical and usable segments, personas or 'tribes' for the Collaboration to use in its communications campaigns***, being mindful that these are:

- Not so complex or niche so that they only apply to very small groups of the public, or cannot be targeted through communications strategies
- Not too broad e.g. a segment of 'Labour voters under 60', where there is little distinction or distinguishing factors, making it difficult to tailor communications or target them to specific audiences
- Insights that can be used in communications strategies including paid media, SEO, bought data, on the street advertising, media outlets and channels.

***Access to the full research for the Collaboration team, which can be accessed after the project's conclusion, including data on audiences that can be used for follow ups.***

This may include interview sample data, transcripts of interviews (or notes). If any databases are used to access audience data, sources should be disclosed to the team, and any discussions or advice about ongoing access and usage of data.

## 7.0 Ways of working

The project will be managed by the Communications Manager and supported by a Communications Officer, with oversight from the Head of the Collaboration.

We're looking for an agency that can:

- **Involve and engage the whole Collaboration team.** Team members will be interested in different aspects of this work and have varying levels of experience undertaking audience research. It is important that any chosen partner can credibly engage the wider team (including both the Director of Communications and Director of Health) in both the process and findings of the research, as well as the communications implications and recommendations for how to activate audience groups. This may involve through workshops, status calls or presentation of findings.
- **Work with us in a flexible, iterative and responsive way.** Working with us to explore and prioritise what this research should address and the routes it should go down for its research hypotheses and target sample will be key. Equally, this research will need to feed through progress and emerging findings, especially into our brand development work, so this is not held back until the end of the project where it cannot be incorporated into our brand identity. This may include regular status calls and sharing of information of relevant parallel Collaboration projects with our partner agency, so they can incorporate this into their work.
- **Present clear and compelling findings that will have practical, actionable use in our campaigns and communications.** A long, in-depth report will likely prove difficult to take forwards and use in the team's work. Clear distinctions between audience insights, segments / profiles and their application through communications should be provided, in digestible formats so that the team can truly embed these into their strategy moving forwards. Language used must be clear and accessible for all colleagues, whether from a research, communications or other background. Any data provided must be accessible and easily usable, with clear parameters for ongoing usage.

## 8.0 Deliverables

The list of below deliverables is not exhaustive, and the team is receptive to other suggestions about how best to conduct the research and present findings and recommendations. Breakdown of research sample, interviews or focus groups conducted with transcripts or notes detailing findings and summarising key themes.

- Cut of segments / groups profiling some key groups that should be target audiences for the Collaboration, with information about their attitudes, behaviours, characteristics in relation to the Collaboration's aims and policy areas.
- Recommendations for the types of media accessed by these target audiences, that should be targeted by the Collaboration in its campaigning strategies.
- Findings and recommendations for issues that should not be pursued by the Collaboration in the first instance through its campaigns, if for example these are counterproductive to intended progress. Equally, groups that should not be targeted as unlikely to be engaged or do not need engagement.

## 7.0 Timescales

Action	Who responsible	Deadline
Any necessary briefing calls requested by agencies	Collaboration/agencies	Calls to take place on
Response to brief (Please include examples of previous work you have done with relevance to this brief)	Agencies	06 December 2021
Interviews with shortlisted agencies	Collaboration and agencies	w/c 13 December 2021
Selection of agency	Collaboration	20 December 2021
Kick-off meeting	Agency and Collaboration	w/c 06 January 2022
Further milestones and delivery dates to be agreed with selected agency. Project completion required by March 2022.	Agency and Collaboration	

## 8.0 Costings

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.

We anticipate bids of up to £60k inclusive of VAT and expenses but are open to considering proposals that clearly demonstrate how budget will be spent and return on investment achieved.

## 9.0 Tender response requirements

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

9.1. 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.

9.2. A tender response, which must include:

- summary of your proposed approach
  - summary of the experience of the key personnel who will work on 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
- 9.3. Client references that include a list of 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.

## 10. 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 effected 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. 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, 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)

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. Selection process

- 12.1. Please email electronic copies of your full proposal plus any accompanying documents to Nicole Welsh, Communications and Stakeholder Manager, [nicole.welsh@health.org.uk](mailto:nicole.welsh@health.org.uk) by midday 06 December 2021.
- 12.2. An acknowledgement of your application will be made, and you will be notified of whether you have been shortlisted for interview by end of day Wednesday 09 December 2021.
- 12.3. Final decision will be communicated by 20 December 2021.
- 12.4. Kick off meeting will be organised w/c 06 January 2022 in discussion with the team to enable mutually convenient scheduling.

## 13. 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. 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:

<http://www.health.org.uk/about-us/>