Service Specification

A review of the implementation of Everybody Active Every Day at national and local level.

**Purpose**

Public Health England (PHE) is seeking to commission an external partner to develop an evaluation review for the following:

1. Review implementation of Everybody Active Every Day (EAED) in relation to addressing inequalities in physical inactivity at national and local level.
2. Review implementation of EAED in relation to two of the four specific domains these being active society and creating active environments.

This review will sit alongside and build on the ‘two year on review’ of EAED that was published last year ([click here to view](https://www.gov.uk/government/publications/everybody-active-every-day-2-year-update)). The evaluation will form part of a suite of publications to review the implementation of the Everybody Active Everyday national framework to increase and sustain physical activity levels in England in line with the Chief Medical Officers recommendations.

**Background**

Public Health England (PHE) is the expert national public health agency which fulfils the Secretary of State for Health’s statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation.

PHE supports local authorities, and through them clinical commissioning groups, by providing evidence and knowledge on local health needs, alongside practical and professional advice on what to do to improve health, and by taking action nationally where it makes sense to do so.

PHE works closely with other teams within the Department of Health, the Chief Medical Officer’s office, Sport England and other external partners in the execution of outcomes set out in the cross government white paper on Physical Activity and Sport: Sporting Futures (2015), which built on the evidence base set out in Everybody Active, Every Day and set out five new high level outcomes for action to sustainably increase physical activity levels in England and reduce sedentary behaviour. The five key outcomes are physical wellbeing, mental wellbeing, individual development, social and community development and economic development.

Physical Activity is a primary determinant of health, impacting both directly and indirectly on the individual, their families and communities. Around one in two women and a third of men in England are damaging their health through a lack of physical activity. Over one in four women and one in five men are classified as ‘inactive’ by doing less than 30 minutes activity a week. In some local communities only one in ten adults are active enough to stay healthy and there are significant inequalities between different demographic groups (e.g. gender, race, disability and age).

Physical inactivity remains one of the top ten causes of disease and disability in England and is responsible for one in six deaths in the UK; the same number as smoking. It costs the UK an estimated £7.4 billion a year and the ongoing decline in activity seen since the 1960s will put increasing pressure on strained health and social care, and the quality of life for individuals and communities, unless addressed.

**Everybody Active, Every Day**

In October 2014, Public Health England (PHE) published Everybody Active, Every Day as the national physical activity framework for England. It drew on the international evidence base and was co-produced with over 1,000 different individuals and organisations. It set out the need for action across four domains at national and local levels (Active society, Moving Professionals, Active environments and Moving at scale). The core document was supported by a ‘What works – the evidence’ document, a toolkit for MPs and a collation of local emerging and promising practice developed with ukactive and the National Centre for Sports and Exercise Medicine (NCSEM).

Furthermore in March 2016 an inaugural review ‘Everybody Active, Every Day: Two Years On’ was published serving as an update on the first two years of progress since publication of ‘Everybody Active, Every Day’ and considered opportunities for the future.

We wish to build on this report and commission the next national and local impact and implementation review. The scope of this contract is to build on this and provide further detail on National and local implementation and to focus on two of the four key domains.

The two key domains for focus will be:

1. Active society: creating a social movement (including community engagement, peer led initiatives, social marketing, and physical activity embedded in policy strategy and planning).
2. Active environments: creating the right spaces (includes building physical activity into daily routines, creating environments that support active living, re-shaping existing places, link local health policy with other policy strands such as planning, transport infrastructure and housing, improvements to road infrastructure)

The proposed contract value for this service is expected to be circa £50,000 (Exc. VAT) and the draft report will need to be completed by early December 2017 in order to go through the PHE publications approval process prior to launch and published in January 2018.

**Scope / Deliverables**

1. **Evaluation of the implementation of Everybody Active Every Day (EAED) in relation to addressing inequalities in physical inactivity at national and local level.**

The delivery partner will achieve the below key deliverables:

1. The delivery partner is required to develop a mixed-methods impact and process evaluation review of the implementation of Everybody Active Every Day (EAED) at both a National and local level. The detail of any proposals for evaluation will be agreed with the Authority (PHE) prior to the publication of the report.
2. The delivery partner will be required to develop a detailed evaluation design and plan that will enable the outcomes (report of impact and implementation of EAED). The detailed evaluation design will be assured and approved by an Expert Reference Group determined by the Authority
3. The delivery partner will also evaluate the process of implementing the key action areas within EAED focusing on impact on those populations at high risk of health inequalities.
4. The delivery partner will evaluate how effective PHE has been at collaborating both at National and local level with key partners
5. The provider should explore through key stakeholder discussions the context of EAED to help frame the impact report and to provide supporting quotes for inclusion in the report where appropriate (both with National and Local partners).
6. The Authority requires that the outputs at interim and final stages should be user-friendly reports ("**Output Reports**"), including case studies and where necessary key facts and figures. The report should detail key recommendations to further improve implementation of EAED at National and Local level – these recommendations should inform both a PHE response and key stakeholder responses.
7. **Review implementation of EAED in relation to two of the four specific domains at National and Local level.**

**The two key EAED domains for review under this agreement are:**

* The ‘Active Society’ domain
* And the ‘Creating active environments’ domain

The ‘delivery partner’ will achieve the below key deliverables:

* Review existing evidence of implementation of EAED with a focus on these two key domains;
* Evaluate the impact that implementation of EAED and the 2 focus domains have had on reducing inequalities at both a National and local level;
* Research and collect ‘examples’ of best practice of how the two focus domains have been implemented at a National and local levels suggesting how these could be replicated / scaled up. This could include impact at policy and strategy level e.g. reference of EAED in other government organisations to local HWBB / STP plans etc.
* Conduct interviews with key stakeholders at both a national and local level to help inform PHE of what support is needed to continue implementation of EAED. Analysing the transcripts to help inform PHE next steps.
* The Authority requires that the outputs at interim and final stages should be user-friendly reports ("**Output Reports**"), including case studies and where necessary key facts and figures. This could form part of the same report as outlined in lot ‘A’ above.

**Dissemination of findings**

The ‘delivery partner’ should have a clear and coherent dissemination plan which will encourage key stakeholders (both national and local) across England to access the report and to act upon its findings.

The intellectual copyright to the final report will be shared between PHE and the delivery partner.

**Reporting arrangements**

The delivery partner should work closely with the PHE Adult Health and Wellbeing team to plan, implement and report on the project.

The delivery partner should utilise the PHE Physical Activity Advisory Board as its project steering group, under the advice and approval of PHE, to oversee the quality control of the project. This group should ensure the quality of the project and that it is fit for purposes of businesses and transparent to stakeholders and providers.

The dissemination process should be inclusive of local and national stakeholders.

The evaluation and review process should be transparent – sharing information on objectives, plan and timetable and report with recipients, providers, stakeholders, commissioners and policy makers.

The successful provider must adhere to the Data Protection Act (1998) and the Freedom of Information Act (2000). Effective security management, and ensuring personal information and assessment data are kept secure, will be essential.

**Risk Management**

Applicants should submit, as part of their application, a summary explaining what they believe will be the key risks to delivering this project, and what contingencies they will put in place to deal with them.

A risk is defined as any factor which may delay, disrupt or prevent the full achievement of a project objective. All risks should be identified. The summary should include an assessment of each risk, together with a rating of the risks likelihood and its impact on a project objective (using a high, medium or low classification for both). The risk assessment should also identify appropriate actions that would reduce or eliminate each risk, or its impact.

**Stakeholder and Public Involvement**

The provider will be undertaking direct engagement with stakeholders as appropriate. The provider will be expected to submit as part of their application their mechanism for engaging with key stakeholders from a range of sectors and engagement with the public (where necessary).

**Delivery Timescale**

The delivery partner should start as soon as possible after award of contract and complete the final draft of the evaluation report by the end of the first week of December 2017 with a publication date of the end of January 2018 (specific dates to be agreed between PHE and the delivery partner).

Payment will be made in 2 payments (in arrears) once an accurate and timely invoice is received and PHE programme manager is content that the agreed relevant milestones have been completed for the funding period.

**Contract Period**

The contract will begin on the 21st of July 2017 until 31 January 2018 as per the commissioning timetable below.

Standard break clauses for each contract will be enforced prior to the contract renewal.

**Contact Point(s)**

It is expected that the supplier will appoint a named, suitably qualified evaluation lead Manager who will be the main point of contact with Public Health England.

The key contact points at PHE will be the National Lead for Adult Health and Wellbeing (Dr Justin Varney), Deputy National Lead for Adult Health and Wellbeing (Dr Michael Brannan) and the Physical Activity Programme Manager (Nick Clarke). All members of staff will be available for telephone or face to face advice throughout the project lifetime. PHE can facilitate discussions with other topics experts from within PHE and other key partners. .

**Costs**

The provider will need to give a detailed breakdown of their costs. Please note that applicants will need to demonstrate value for money.

The overall contract value will be in the region of £50,000 per annum (excluding VAT). This is with an expected start date of July 2017 and end date of January 2017.

**Application Process**

Applications should be submitted electronically and include the following documentation:

* Supporting statement setting out and establishing suitability to undertake the project, including evidence of national / international evaluation work – where appropriate within the field of Physical Activity.
* Outline evaluation plan, communications plan & methodology including evaluation logic model, timescales and stakeholder engagement plan.
* Budget (including breakdown of spend)
* Risk mapping and associated risk register
* Evaluation and project team CVs

Word count (excluding Project / Evaluation Team CVs) is a max of 1,500 words.

Applications will be reviewed by an internal PHE panel and candidates will be informed electronically of the result.

If two applications are scored identically then both applicants will be invited to a verbal presentation to decide the outcome.

**Selection Criteria**

Criteria used by members of the PHE panel to assess applications for funding from the project include:

1. **RELEVANCE** of the proposed project plan and evaluation methodology to the aims and objectives of the project
2. **QUALITY** of the work plan and proposed management arrangements
3. **STRENGTH** of the project team
4. **IMPACT** of the proposed work
5. **VALUE** for money (justification of the proposed costs)
6. **INVOLVEMENT** of key partners and the public

**Commissioning Timetable**

It is anticipated that commissioning of this project will occur to the following approximate timetable:

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| **Date** | **Action** |
|  | Issue of invitation to tender via BRAVO |
|  | Deadline for receipt of applications |
| **21/07/17** | Notification of outcome of applications review |
| **31/07/17** | Award of contract |
| **31/01/18** | Project completion |