**Service Specification**

For the Provision of

Adult Health and Lifestyle Surveys 2017-2019

And

Stoke-on-Trent City Council Staff Health and Wellbeing Surveys 2017-2019

Stoke-on-Trent Local Authority

**Contract reference number:** : PH/2016/194

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**Glossary**

Introduction

In addition to the definitions in clause 1 of the Agreement, the following shall have the following meanings within this Specification:

**Bidders** Organisations submitting an application to complete this piece of work

**Provider** Organisation successful in being awarded the tender to complete this piece of work

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| Introduction |

The purpose of this specification is twofold.

Firstly it is to define the services required of a qualified Provider to build the delivery mechanism and carry out a robust survey to identify the **prevalence of key health and lifestyle factors in adults (aged 18 and over) in the city of Stoke-on-Trent (‘Part A’)**. It is envisaged that this will form the greater part of the activity. Stoke-on-Trent City Council will provide the questions themselves.

Secondly it is to define the services required of a qualified Provider to build the delivery mechanism and carry out a robust survey of the **health and wellbeing of the employees (of all ages) within Stoke-on-Trent City Council (‘Part B’)**. Stoke-on-Trent City Council will provide the questions themselves.

**Aims**

Part A - Adult Lifestyle Survey

To assess current prevalence of smoking, alcohol consumption, physical activity and obesity as well as assess knowledge, behaviour and attitudes around these and other key health and lifestyle issues.

The study will seek to do this by completing the following research objectives.

**Research Objectives**

Providers should detail explicitly within their proposal how they intend to meet each of the objectives.

1. Implement a robust research methodology to achieve the required data outputs with a high level of validity and reliability
2. Identify any patterns or trends in prevalence of key health and lifestyle behaviours against existing local and national data sets, including comparison of survey data against national data sets.
3. Identify areas and groups of greatest need (in terms of service provision)

Part B – Stoke-on-Trent City Council workforce survey.

Implement a robust research methodology to achieve the required data outputs with a high level of validity and reliability

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| Background  |

Part A - Adult Lifestyle Survey

Existing data sources

Localised prevalence data is derived from the Active People Surveys and the Annual Population Surveys. Given the relatively small sampling size for these surveys, the accuracy of data has been questioned. To illustrate, the most recent Health Profile for Stoke on Trent reports local adult smoking prevalence as 19%[[1]](#footnote-1). If accurate, this would be roughly comparable to the national average of 18.4%. However, this figure represents a significant drop from data reported in Health Profiles from previous years (of around 10%) and a large scale household survey carried out in the city in 2016 showed adult smoking prevalence to be around 25.6%[[2]](#footnote-2).

Therefore it is considered that completion of a more tailored, local survey will provide the robust data needed to demonstrate overall prevalence, trends, behaviours and knowledge. This will enable informed development and evaluation of health improvement activities and allow commissioners to establish a true measure of the scale of the challenges locally.

Part B – Stoke-on-Trent City Council workforce survey.

Data related to health and lifestyle of the Stoke-on-Trent City Council workforce is not currently collected, although a number of surveys have been carried out in the past. Additionally, Human Resources collect operational workforce data.

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|  Scope  |

In scope

The following section describes the scope of activity that the Provider is required to deliver.

Part A - Adult Lifestyle Survey

* Review of existing data collated from previous national and local research to inform the development of the survey.
* Production of appropriate research methodology\*.
* Design and piloting of appropriate questionnaire\*.
* Collection, collation and analysis of relevant data.
* Production of full detailed final research and summary reports (timescale to be agreed with the Council), including drafts for comment.

Part B – Stoke-on-Trent City Council workforce survey.

* Review of the questions provided by Stoke-on-Trent City Council and provision of constructive feedback based on the Provider’s experience in this field.
* Production of appropriate research methodology\*.
* Design and piloting of appropriate questionnaire (approx. 30 questions)\*.
* Distribution of surveys (IT and paper-based). All staff in all locations to be given the opportunity to complete the survey (the Council has employees who are office-based with access to IT, as well as field-based employees with no access to IT).
* Collection and collation of data.
* This will then be passed to the Council in an appropriate format for analysis and reporting\*.

\* To be agreed with the Council

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| Methodology |

The final nature and format of the studies will be agreed between the Council and the successful Provider. However, proposals should include a discussion on research methodology including, as a minimum:

* Development of appropriate study design to meet the research objectives
* Ethics & Research Governance
* Design and piloting of data collection tools
* Selection and recruitment of participants
* Data analysis and storage
* Project timetable
* Anticipated problems or risks (and mitigating actions)
* Breakdown of budget for each element of the research including staff costs/daily rates, incentives, equipment, materials and consumables. Options to increase the overall power of the study should be included.

Bidders should also make reference to any potentially sensitive or difficult themes of questioning, such as participants discussing personal details about their alcohol consumption levels, and how these will be addressed. Bidders should identify how they will minimise biases and confounding factors.

**Although Bidders are expected to propose a suitable methodology to achieve the defined research objectives, the final methodology must be agreed between the Council and the Provider prior to commencing the resea**r**ch.**

Part A - Adult Lifestyle Survey

For the population survey the Council requests quantitative, face-to-face (‘knock and drop’) methods are used to meet the research objectives. The questionnaire must be of a suitable length to enhance response rate (i.e. no longer than 10 minutes for completion) and written in a standard which meets the requirements of the local population (with an average literacy age of 10).

Part B – Stoke-on-Trent City Council workforce survey.

For the Stoke-on-Trent City Council employee survey the methodology must take account of the variability in IT access across staff groups and the issues of ensuring confidentiality. Therefore a computer based survey, with the option of paper based surveys for those with limited, or no, IT access, is requested.

**Target population and sampling**

Part A - Adult Lifestyle Survey

The target audience for the survey is the adult (18 and over) population of Stoke on Trent, as defined by Local Authority boundaries. The sample should represent the demographics of the city as whole, with a representative sample of ages, genders and ethnicities. The sample should also allow for data analysis and reporting by Ward and should allow for city-wide prevalence estimates within a *maximum* of +/- 2%. Previous surveys have a sample of 2000 residents which provides overall power and valid results.

Proposals should include information on methods of recruitment of participants from community settings or otherwise (i.e. not using NHS patient registers), including discussion of ethical considerations and obtaining informed consent.

Definition of a smoker

At a minimum, the definition of a smoker should mirror that as defined in the Integrated Household Survey (IHS). Previously the question used in the IHS was whether the person ‘currently smokes cigarettes’ (as a self-reported measure). However, the Provider will need to confirm the most up-to-date terminology around tobacco use used in the IHS. Furthermore, in order to ensure true prevalence is being captured the proposal should include a number of questions (including clarifying questions) on how a current smoker would be identified.

**In determining the design and methodology of the final survey the Provider must ensure consideration is made to the content and methodology of the previous local Adult Prevalence Surveys (2013 and 2016) to allow trends analysis and comparisons to be made.**

Understanding of Units

Questions regarding understanding of units and recommended daily guideline consumption levels should, as a minimum reflect those used in the 2013 and 2016 Adult Prevalence Surveys.

Assessment of physical activity

Where possible, questions around physical activity levels should be written as such to allow comparisons to be made to existing data sets. This includes, as a minimum, the Sport England ‘Active Lives Survey’.

Part B – Stoke-on-Trent City Council workforce survey.

The target audience are all those directly employed by Stoke-on-Trent City Council. Every employee should be given the opportunity to complete the survey. The Provider will be expected to supply progress on completion rates throughout the survey period. The Provider will work with the Council to determine how this is done, e.g. by location, Directorate, etc.

We would appreciate input from the Provider on the potential use of incentives for completion. For example, previous experience of effective workplace surveys within a limited budget.

**Recruitment and ethics**

Part A - Adult Lifestyle Survey

For all fieldwork, recruitment of participants will be conducted by and be the responsibility of the Provider. Therefore consideration needs to be given to appropriate methods of recruitment to ensure sufficient uptake to meet the required power of the study, to ensure the sample is representative of the population as a whole and to allow sub-group data analysis to take place. Proposals should also include information on methods for recruitment of participants.

Bidders also need to provide a discussion of the anticipated ethical considerations and how these might be overcome, including acquiring any necessary ethical or research governance approval prior to commencing the research. Proposals must also include discussion on potential response bias and how these challenges might be overcome.

It is the responsibility of the Provider to ensure all necessary notices are given and permissions obtained prior to commencing fieldwork with members of the public.

Part B – Stoke-on-Trent City Council workforce survey.

The Council will be consulting with appropriate stakeholders in relation to ethics, anonymity of responses and the voluntary nature of the survey.  The Provider may need to be involved in these meetings.

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| Contract Period |

Submission Deadline09/12/2016

Contract start date January 2017

Contract end date 28 June 2019

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| Budget for study |

The maximum budget available for this piece of work is £49,500 plus VAT.

Bidders should pay particular attention to how budget should be allocated for this research, and should explain fully their suggestions and costings.

The Council is keen for Bidders to demonstrate the level of robust evidence being collected in relation to the overall power of the study and how additional numbers being involved in the study would add value to the results.

Payments will be made as follows, based on the total contract price:

* 25% of the Price on the Commencement Date, subject to the Council having in its possession this Agreement duly signed by the Provider and the Council and dated accordingly
* 15% annually on completion of fieldwork
* 10% annually on completion of Final Reports to the satisfaction of the Council.

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| Service Conditions and Environmental Factors  |

# Intellectual Property

The ownership of the research material including the questionnaires, final reports and any data gathered/ produced as a result of the research lies with the Council and explicit permission must be sought by any external party wishing to make use of the data. Study findings, data (including raw data) and reports must be made available and fully accessible for use by the Council.

Branding

Research materials should be co-branded to demonstrate that the research is being carried out by the Provider on behalf of the Council.

Resources

The Provider will be responsible for developing and keeping stock of all research materials.

Any materials should be kept up to date and should be sensitive to the cultural needs, languages and backgrounds of people in the local population by ensuring that the stock is fully representative of both ethnicity and disability.

Quality Standards

The Provider must:-

* Ensure that Staff delivering the Service are suitably qualified and if applicable are registered with, and have completed, their revalidations by the appropriate regulatory body. If shortlisted a background of staff who will be working on the project including their roles and CVs may also be requested.
* Have a nominated member of Staff responsible for safeguarding issues.
* Ensure the Service has a level of staffing that ensures a consistent standard of delivery and reflects the value of the Contract. Ensure that any vacancies are not held for longer than three months.
* Comply with and meet the minimum requirements set out by the Stoke-on-Trent Safeguarding Children’s Board (SCB) which can be found here:

[www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk)

and the Staffordshire and Stoke-on-Trent Safeguarding Adults Partnership Inter-agency Adult Protection Procedures which can be found here:

<http://www.stoke.gov.uk/ccm/navigation/social-care/adult-social-care/safeguarding-vulnerable-adults/>

* Ensure training is delivered to Staff/volunteers from an approved trainer and at appropriate level. Contact the relevant Safeguarding Children’s Board for children’s safeguarding training.
* Have a recruitment process in place that complies with current Disclosure and Barring Service checks.
* Have in place an organisational policy for lone working.
* Have in place details of staffing arrangements and contingency planning.
* Ensure local data and intelligence is used to target key hard to reach groups, populations and organisations to support the health inequalities agenda.
* Ensure the Service is sensitive to the cultural, language and backgrounds of the different audiences it is delivering messages to and tailor accordingly especially regarding the clarity and simplicity of the language used. As the average literacy level in Stoke-on-Trent is that of a 10-11 year-old, all materials written for the public should reflect this and be pitched at this level.
* Ensure that Service Users are treated with dignity and respect.
* Abide by the Caldicott principles, Data Protection Act 1998 and Freedom of Information Act 2000 in the handling and security of information, ensuring that it is kept accurate, up to date and kept only for as long as needed for the specified purpose.
* Ensure that any data management IT equipment used e.g. PC’s, Laptops and Tablets is encrypted to the suitable level of security that ensures data is protected in the event of loss or theft. The standard encryption level accepted by the Authority is FIPS 140-2. The Authority will consider other encryption standards.
* Have in place a complaints policy (including a system to log complaints), and submit copies of formal complaints to the Authority within 10 Business Days.
* Have in place a system to log compliments.
* Have in place a serious untoward incident policy which includes ensuring that the Authority is alerted to any incidents related to the delivery of this Service Specification within a timescale which is appropriate to the scale and severity of the incident.
* Promote equality of opportunity regardless of age, disability, gender, sexual orientation, race or religion in accordance with the requirement of the Equality Act 2010.
* Have in place a central register which holds evidence of the continued professional development of all Staff.
* Provisions are in place to ensure that the Provider adheres to any changes in legislation, NICE guidance or recommendations from appropriate regulatory or supervisory bodies.
* Has in place arrangements for monitoring quality and continuously improving levels of service delivery.
* The publication of an annual quality statement – the length and detail to reflect the contract value and clinical risk.

Staffing responsibilities

The Provider will be responsible for the recruitment, training, support, management, appraisal and supervision of their own staff working within the organisation (including volunteers) and the overall management of the Service.

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| Statement of Requirements |

Responsibilities of the Provider

The Provider will be responsible for the fieldwork, data analysis and preparation of final report(s) to a standard agreed with the Council. The methodology, survey design and content must be agreed with the Council.

The Provider is also responsible for obtaining any necessary ethical or research governance approval and for ensuring that the proposed methodology does not contravene the provisions of the Data Protection Act 1998.

Study outputs

Part of the development of an agreed research plan prior to commencing fieldwork will be to develop and agree a robust questionnaire to ensure the following key outputs are achieved. All outputs relate to:

Part A - Adult Lifestyle Survey

**Key data outputs include (but are not limited to):**

* Prevalence of lifestyle factors amongst the adult population (aged 18 and over)
* Prevalence of lifestyle factors by age group, gender, ethnicity, occupation[[3]](#footnote-3), income level, pregnancy and postcode
* Attitudes around lifestyle factors, e.g. smoking in public places
* Attitudes to and use of lifestyle support services

**Key written outputs:**

* A short, infographic based summary report detailing the key messages/findings from the survey (maximum 6 pages)
* A final report outlining all survey findings including commentary/analysis where relevant
* Comparisons to existing national and local data where possible
* Comparisons to and analysis of trends/patterns incorporating the 2013 Adult Smoking Prevalence Survey, the 2016 Lifestyle Survey and subsequent surveys within this specification.
* A summary of implications for future work.

PDF and Word versions of each report should be made available to the Council annually.

Part B – Stoke-on-Trent City Council workforce survey.

**Key data outputs (but are not limited to):**

* The data collected by IT or paper methods in a format suitable for analysis by the Council

The Strategic Manager (Primary Prevention) must be fully informed and involved in the progress of the study and would anticipate regular (at least monthly) progress updates by phone, email or face-to-face as required. The Provider may also be required to give a presentation of the results (within the Contract Period) to the Council and/or key partners within the costs of the study.

## Risk Assessment

Submissions should include an outline and analysis of potential organisational or methodological risks to the successful completion of the research and study outputs within the agreed timescale. Providers should also specify appropriate strategies to respond to and resolve potential risks, including general contingency arrangements and disaster recovery plans.

Contract Management

Monthly review meetings between both parties will be held to discuss any issues, and to report on the progress of this service e.g.  outputs or outcomes. Meetings are to be noted in terms of agreed actions/points/risks.

In addition to the above, the following Key Performance Indicators (KPIs) will be used to monitor the Provider’s performance against outputs[[4]](#footnote-4). Payment may be withheld if successful completion of all KPIs is not achieved:

**Key Performance Indicators:**

| **Output** | **Deadline** |
| --- | --- |
| Agree final methodology and research plan with the Council | 28th February 2017 |
| Agree final sample and recruitment plan with the Council | 28th February 2017 |
| Agree final fieldwork plan and timetable with the Council | 28th February 2017 |
| Agree 2017 final questionnaire content and design with Council | 31st March 2017 |
| Complete 2017 fieldwork | 28th April 2017 |
| Submit 2017draft analysis and reports | 31st May 2017 |
| Submit and agree final 2017 analysis and reports | 30th June 2017 |

KPIs will follow similar timescales for work in 2018 and 2019.

These are outline timescales for delivery of the research and proposals should demonstrate ability to meet these deadlines or offer an alternative timeframe complete with rationale. Considerations should also be made to the appropriate completion of fieldwork and how this may affect response bias.

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| Technology, systems and management techniques |

The Provider should have access to IT facilities including high quality printing which ensures the smooth operation and delivery of the research. Any data management IT equipment used i.e. PCs, laptops and tablets must be encrypted to the suitable level of security that ensures data is protected in the event of loss or theft. The standard encryption level accepted by the Council for the transfer of data is FIPS 140-2. The Council will consider other encryption standards.

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| Interdependencies  |

A Research Governance Panel has recently been set up in the city council. The main aim of the RGP is to offer advice and guidance to colleagues involved in pieces of research, and the Panel is made up of a team of people who have a range of research, methodological, governance and analytical skills.

To help ensure the Council undertakes high quality and relevant pieces of research at all times, it has been agreed that all proposed research projects will need to be seen by the RGP before the research starts.  For further information, please contact Paul Trinder on paul.trinder@stoke.gov.uk who is the current Chair of the Research Governance Panel”.

The Provider is required to develop and maintain effective working relationships with partner organisations on which they may be reliant for sufficient recruitment and completion of fieldwork (e.g. Police).

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| Submissions  |

Returned proposals will be evaluated on cost and quality in accordance with the following criteria:

Weightings:

300 marks       Price

700 marks       Quality

Scoring Rationale

Responses will be evaluated and scored using the following:

Score 0 - if no information is provided*.*

Score 1 - If answer provided is poor

Score 2 - If answer provided is not comprehensive and below average

Score 3 - If some requirements are met and response is average

Score 4 - If most requirements are met and response provided is good

Score 5 - if all requirements are met and response provided is excellent

Criteria for assessment

1. **Pass/ Fail Section**

There is one element of the quotation that is scored on a **pass/fail basis.** The provider must confirm they have the following insurances in place:

* + Employers liability at minimum £10 million
	+ Public Liability at minimum £5 million
	+ Professional indemnity £1million

If the supplier fails on this section, their bid won’t be taken any further.

1. **Cost** (300 marks):

Prices should include details of the following:

* A total price for delivering the work, including a breakdown of staff time, meetings, travel costs, production and distribution of any materials, time spend engaging partner organisations, collating and analysis of data and development and production of final report. The total price provided should include all expenses, disbursements and costs but be exclusive of VAT. No additional charges shall be accepted by the Council.
* The tendered pricing shall be fixed for the duration of the contract.
* Bids over £49,500 excluding VAT will not be evaluated.

## Quality (700 marks):

Provide evidence for each of the following five elements of quality:

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| **Evidence** | **Maximum word count** | **Maximum marks available** |
| 1. Background to your organisation, including roles and experience of staff working on the project and examples of public or voluntary sector research projects undertaken.
 | 200 | 100 |
| 1. Proposed strategy to fulfil the research objectives, including reporting systems.
 | 200 | 100 |
| 1. Proposed methodology for each element of the project, including questionnaire design, data collection, analysis and report writing.
 | 300 | 300 |
| 1. Indication of quality assurance measures used and how they will be monitored throughout the research.
 | 200 | 150 |
| 1. Risk assessment strategy and identification of ethical issues (if any) and how they would be addressed.
 | 100 | 50 |

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| Contact Details |

## Deadlines for Responding

Written responses are required by **5pm on Friday 9th December 2016.** Please email submissions for the attention of Angela Cartwright

Any information requested will be shared with other organisations who are submitting a proposal. Queries should be raised with Alistair Fisher alistair.fisher@stoke.gov.uk

Contact Details

All enquiries should be directed to:

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| **Alistair Fisher**Strategic Manager - Primary Prevention Health Improvement TeamPublic Health and Adult Social Care**City of Stoke-on-Trent** Civic Centre  Glebe Street   Stoke-on-Trent   ST4 1HH**Ext 4593**T: 01782 234593 E:alistair.fisher@stoke.gov.uk   | **Angela Cartwright**Public Health Specialty RegistrarPublic Health and Adult Social Care**City of Stoke-on-Trent**Floor 1Civic CentreGlebe StreetStoke-on-TrentST4 1HH T:  01782 234586E: angela.cartwright@stoke.gov.uk |

1. Health Profile 2015 [↑](#footnote-ref-1)
2. Stoke-on-Trent Prevalence Survey, 2016. [↑](#footnote-ref-2)
3. To include prevalence amongst those in routine and manual occupations, as categorised by national data sets [↑](#footnote-ref-3)
4. Note: this is not an exhaustive list and the Council withholds the right to add additional KPIs following agreement of methodology/research plan. [↑](#footnote-ref-4)