**CLARIFICATION**

**QUESTIONS & ANSWERS**

**RE INVITATION TO QUOTE – STRATEGIC AND CREATIVE DEVELOPMENT OF A BEHAVIOUR CHANGE STOP SMOKING CAMPAIGN TO REDUCE HEALTH INEQUALITIES AND SMOKING PREVALENCE IN GREATER MANCHESTER**

The purpose of this document is to provide all bidders with anonymised details of all Bidder Clarification Questions and the Contracting Authority’s clarification responses in order to ensure equality of treatment of Bidders.

For further information please email [gmhscp.makingsmokinghistory@nhs.net](mailto:gmhscp.makingsmokinghistory@nhs.net)

**Questions about the campaign, deliverables, and costs**

1. **What timings would need to be worked to for campaign delivery / do you have a campaign launch date in mind, or any other milestones, to be aware of?**

The campaign should be ready to go live in June/July 2023. This is to give space for the national Stoptober campaign which goes live in mid-September and runs through October.

The campaign is expected to then run again between January – March 2024 to coincide with New Year and National No Smoking Day, depending on national campaign plans, and again in summer 2024.

In your bid, please give a timings schedule to show how early the campaign could be ready.

1. **Does the budget cover distinct behaviour change interventions for key smoking population groups i.e. pregnant smokers, routine and manual smokers?**

No, this commission is for a population level mass-media behaviour change campaign. However, it should absolutely address the barriers and motivations from insight with these key population groups, so this should be considered as part of your approach to research and campaign development/testing groups. See answer to question 4 for further detail.

1. **The campaign deliverables are centred around media / communications activity.  Do activation tactics / activities fall into the remit of this brief, or are they covered by local services?**

Some local authority areas have stop smoking services with a remit for community engagement and outreach (essentially finding new clients), but activation tactics and resources for partner organisations (such as primary care, VCSE orgs etc) that will amplify the campaign and support more smokers to try and quit should be considered and budgeted for as part of this commission.

1. **Are there specific GM audience segments that need to be targeted with this campaign and specific outcomes that need to be achieved with any of these groups?**

Our overall programme target is to reduce smoking prevalence in Greater Manchester by supporting more smokers to quit and ‘turning off the tap’ to prevent people from starting, however we need to make sure we are reducing health inequalities and not widening the gap. Therefore, the campaign should be targeted towards audiences where smoking prevalence is higher – i.e. lower-income households, LGBT+ individuals, people living in social housing, routine and manual workers, people with mental health conditions etc.

Campaign objectives and evaluation metrics should be developed to measure the impact the campaign has on encouraging these groups to make a quit attempt and to access support to increase their likelihood of success.

1. **Is there any information available on channels/tactics that have been successfully used so far to engage GM audiences in the various previous campaigns?**

TV is one of the most effective ways of reaching C2DE audiences (where smoking prevalence is often higher), but campaign evaluation is showing good recall and impact from radio, out of home, social media and video streaming sites such as YouTube. In addition, we have previously delivered road show events in partnership with Hits Radio, placing promo teams in town centres and supermarket car parks to have conversations with smokers and encourage them to think about quitting. An area we may look to strengthen is empowering partners with trusted relationships in harder-to-reach communities with the tools needed to amplify the campaign and signpost to support.

1. **Is there a media agency in place, and is there potential for deliverables to change once this happens?**

Our current media contract is due for renewal in April 2023, therefore it is a good opportunity for the creative agency appointed to this contract to work with an appointed media agency on the media plan and define exact deliverables that would ensure the campaign’s success with impact and reach.

1. **Would any print costs need to be covered in the overall budget?**

No, we will cover this as part of separate budget with our print supplier.

1. **Is the placement of the deliverables included in the budget available or is this covered by the additional media budget?**

This will be included in the separate media budget.

1. **Usually, what length of TV ads would need to be supplied?**

Previous campaigns have used 30” TV/VOD adverts, with 15” shorts for social media and 6” for YouTube pre-roll. Radio adverts have varied between 30” and 40” lengths.

1. **What would usually be supplied for the partner resources?**

In previous campaigns we have created resources for local authorities, hospitals, GPs, dentists, optometrists etc, such as:

* Campaign briefing
* Email signature banners
* Posters (different versions depending on setting and audience)
* Flyers
* Pull-up banners
* Digital screensavers for TV screens in hospitals and primary care
* Web banners
* Social media graphics or videos and copy

See more here: [No Smoking Day Campaign Resources – Make Smoking History](https://makesmokinghistory.co.uk/partner-resources/stop-smoking-campaign/)

However, work should be done in this contract to engage with stakeholders (including those we may have not engaged before, such as schools, community nurses, voluntary organisations etc) to ensure we are producing resources they want and will use. OHID (previously Public Health England) provide Z-cards and empty belly artwork (posters, flyers) which local areas can edit to add their local stop smoking service details on, and these have been popular and well used. We also need to do more to ensure printed materials are available in translated languages as per the needs of high-risk target audiences

1. **The upper affordability limit is £140,000 - Does this include the production of all the assets. For example if we were to shoot a new TV campaign would that sit outside or inside the £140k? And what about playout costs to the TV stations? Is that part of the media costs?**

The £140,000 budget must include production of all assets and associated costs for licencing, advert clearance fees (i.e. Clearcast), and supplying adverts to stations, for which the appointed creative agency will be responsible for.

The separate media budget is only for media planning and buying costs.

1. **If we believe there are activities not currently on the deliverables list that would add value to the project - would it be in our interests to include a buffer for elements like this within the budget - even if they might not be needed?**

We would invite you to propose and cost for deliverables that you believe would deliver the greatest impact to the campaign. Should you choose to include one deliverable over another, please explain within your rationale as to why this is a more fitting, increased performing or better value for money approach.

1. **We don’t yet know the solution to some elements of the brief - ie. The video/film could need 3 actors, 10, or none, depending on the solution. How should we go about costing this? If elements are costed at a certain level which leaves room in the max budget for extra spend if needed - will there be opportunity to increase the budget upto the 140k level in agreement with yourselves after our quotation and in development, or will the quote need an estimate of what this extra spend ‘could be’ and included in the costs, even if it might not be needed?**

We appreciate it may be difficult to cost for deliverables at this stage without having a set out creative approach and we will take this into consideration when scoring bids. However, we are wanting to see an estimate of costs based on resource. Please quote based on the maximum budget you require to deliver the brief. You may wish to include a caveat that actual costs may be higher or lower depending on the creative route taken (i.e. animation vs real people vs actors), in which case it might be helpful to include in your bid an indication of what these differing amounts might be.

During the project a re-costing may be needed to reallocate budget to other deliverables. We would expect the agency to inform us of this during the process and for ourselves to sign off on this approach and change in direction to mitigate any negative impact on other elements of the campaign.

**Questions about insight, research, co-production, stakeholder engagement, testing**

1. **Are the 750 people from the ‘History Makers’ engagement referenced in the** [**Making Smoking History Five Year Report**](https://makesmokinghistory.co.uk/app/uploads/2023/02/GM-Making-Smoking-History-Summary-Report-2017-2022.pdf) **available as a resource for co-production?**

No, this particular group would not be available to support co-production.

However, we have lots of people who’ve quit smoking and come forward as case studies in recent years to share their stories with us which we’ve used in campaigns and PR and could be invited to take part in co-production and testing. But harder to reach/seldom-heard groups and current smokers are just as important and should be included in co-production and it would be the appointed agency’s responsibility to recruit these, where possible we will provide contacts or network groups who can help facilitate outreach and recruitment.

We would expect the agency to manage the recruitment, relationships, governance, and reimbursement of participants/volunteers’ time as part of the overall budget and commission.

1. **Do you anticipate involving key target audiences in the process e.g. some fresh upfront insight or an element of co-creation.**

Yes. Smokers’ behaviour and attitudes are very complex and nuanced and change over time (for instance the pandemic, and now cost-of-living could be having a huge impact on smokers’ health, wellbeing and attitudes to quitting), therefore we would expect to see some research at the start of the campaign development to identify key issues, motivators, and barriers to help identify messages and creative approaches that will resonate with our Greater Manchester population. We would also expect to see included in bids an approach to stakeholder engagement, co-production, and audience testing.

Upon appointment we can provide:

* Research from 2018 on segments of our smoking population
* Key findings from focus groups in March 2021 (commissioned as part of a check-in on smoking behaviour and motivations impacted by the pandemic)
* Learnings and feedback from previous campaign developments
* Evaluation from previous campaigns

Additional insight and research resources are available from Action on Smoking and Health ([Reports - ASH](https://ash.org.uk/resources/publications/reports)) including qualitative insight that was published in December 2022 - [ASH & Bluegrass Qualitative Insights - ASH](https://ash.org.uk/resources/view/ash-bluegrass-qualitative-insights). GMCA also regularly publish a resident survey which may be helpful – [Resident Surveys - Greater Manchester Combined Authority (greatermanchester-ca.gov.uk)](https://greatermanchester-ca.gov.uk/what-we-do/research/resident-surveys/)

1. **Do you have a GM wide steering/stakeholder group already in place or could we add this within our proposal?**

We have an existing stakeholder group, the Greater Manchester Making Smoking History Alliance, which includes representatives from local authority tobacco control teams, public health leads, clinical leads in respiratory health and treating tobacco dependency, Greater Manchester Fire & Rescue Service, stop smoking services and advisors, and specialist stop smoking nurses and midwives.

However, setting up a ‘task and finish group’ or ‘stakeholder working group’ to involve interested stakeholders that represent local authority, NHS, primary care, and the voluntary sector could be beneficial.

1. **For development of the initial campaign idea, is there a ‘steering group’ that we can potentially ‘workshop’ ideas with? Or does this type of activity fall within the remit of the PR agency?**

The campaign idea/concept is part of the remit for the creative agency to develop.

Our programme team and partner agencies will be available to discuss ideas and share learnings and recommendations throughout the project. Access to other groups and stakeholders has been covered in other questions.

1. **Will the PR agency be coming up with their own ideas on engagement, or just working off the main campaign?**

We would expect our PR agency to work collaboratively with the creative agency to ensure a consistent approach to amplify the launch of the campaign.

1. **Will your partner agencies be available for kick off sessions at the start of the project? Could you tell us who they are?**

This will be dependent on contracts with those suppliers which are due to be renewed in April 2023. However, those contracts will include collaboration with the appointed creative agency to support the campaign development and launch.

**Questions about the ITQ response process**

1. **Can more than two case studies be submitted or is two an absolute limit at proposal stage?**

Please only submit two at this stage. If you are invited to the second stage to present your proposal, there may be opportunity to bring in more examples during the discussion.

1. **The ITQ Response Questionnaire asks for names of subcontractors – do we need to name all those we may use on the contract e.g. TV production companies?**

If you know the suppliers you would use to develop this campaign, please name them. If you are unable to name suppliers at this stage, please list the activity that will be outsourced.

Please note, we may need to carry out due diligence checks on appointed suppliers/subcontractors and may ask to be involved in your appointment of suppliers/subcontractors.

1. **Do visuals such as process diagrams count towards the wordcounts on the questionnaire?**

Diagrams might be best placed in the supporting document/presentation. Please note we won't penalise submissions that are slightly over word count.

1. **The ‘approach to the project’ is asked for in both the ITQ, and the list of requirements in the brief. Should we elaborate on our approach in the PDF with more words, or should we just make sure our response is within the 500 words in the ITQ and not include this in the PDF?**

Please ensure all essential information is answered in the questionnaire as these will be scored. If you need to refer to more information or diagrams these can be included in the supporting document, but please ensure where this information can be found is referenced in the questionnaire.

1. **For references, do you require contact information or pre-written references?**

Contact name and details are sufficient at this stage. If you do have any quotes or testimonials, please feel free to include them in your supporting document/presentation.

1. **Is the expectation and requirement of the stage 2 interview just to meet the agencies face to face and go through the information already supplied - with no additional thinking, strategy ideas or creative thought?**

The purpose of the meetings at stage two will be for the top scoring agencies to present their proposals and answer questions from the programme team. More information about what will be required during this meeting will be sent with the invitation.

**Questions about campaign evaluation**

1. **Which evaluation frameworks have been used to date? Are there any that you think work/don’t work within those?**

For previous campaigns we have commissioned market research agencies to measure campaign awareness, attitude, and action.

We measure smoking prevalence by APS survey, released annually by ONS.

We measure quit attempts quarterly using Smoking Toolkit Study data.

This campaign evaluation should measure inputs, outputs, outtake and outcomes, as defined in [Evaluation Framework 2.0 - GCS (civilservice.gov.uk)](https://gcs.civilservice.gov.uk/publications/evaluation-framework/). As part of the commission the appointed agency will be expected to produce a detailed campaign evaluation report.

1. **Are there any frameworks you’ve seen elsewhere (around behavioural change models) that you particularly like?**

We regularly use the Behaviour Change Wheel, EAST and COM-B. However, within the submission we’d be looking to the agency to advise on their own experience of behavioural change frameworks and their impact.

See also:

* [Behaviour change: guides for national and local government and partners - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/behaviour-change-guide-for-local-government-and-partners)
* [Behaviour change - GCS (civilservice.gov.uk)](https://gcs.civilservice.gov.uk/guidance/marketing/behaviour-change/)
* [The Principles of Behaviour Change Communications - GCS (civilservice.gov.uk)](https://gcs.civilservice.gov.uk/publications/the-principles-of-behaviour-change-communications/)
* [Strategic Communications: a behavioural approach - GCS (civilservice.gov.uk)](https://gcs.civilservice.gov.uk/publications/strategic-communications-a-behavioural-approach/)

* **ENDS -**