**Invitation to Quote**

**Greater Manchester (GM) Social Housing Stop Smoking Pilot Initiative and Evaluation**

**Deadline for submitting ITQ Bid Responses:**

**9am 28th February 2023**

**via email to** [**gmhscp.makingsmokinghistory@nhs.net**](mailto:gmhscp.makingsmokinghistory@nhs.net)

1. **Purpose of this ITQ**

The purpose of this Invitation to Quote (ITQ) is to provide service suppliers with sufficient information to enable preparation of a comprehensive Quote that meets the requirements for the **Greater Manchester (GM) Social Housing Stop Smoking Pilot Initiative and Evaluation**. (“*the Service*”). NHS Greater Manchester Integrated Care Board (ICB) (the “*Contracting Authority*”) is inviting suitably experienced and capable providers to outline a proposal with competitive pricing to deliver this activity as described in Section 2 of this document.

1. **The Greater Manchester Making Smoking History Programme**

Since 2017 Greater Manchester (GM) has been delivering its unprecedented and evidence-based [Making Smoking History](https://www.gmhsc.org.uk/wp-content/uploads/2018/04/Tobacco-Free-Greater-Manchester-Strategy.pdf) (MSH) strategy through a partnership comprised of city region, local authority borough and community-based programmes. Greater Manchester Health and Social Care Partnership and now NHS GM Integrated Care has been investing in system-wide transformation at scale, gaining national and international recognition for the GM approach to Making Smoking History, as well as for programmes including the CURE inpatient tobacco dependency treatment programme, Smokefree Pregnancy programme and behaviour change campaigns and communications. These have all contributed to the significantly increased population level quitting we see in GM compared to England and ahead of the pandemic this led to a reduction in smoking prevalence at twice the England average, beginning to close the gap between GM and England.

Smoking rates among people in Routine and Manual jobs reduced faster in GM than in England and other parts of the North from 28.8% in 2016 to 24.5% in 2019 almost closing the gap with England at 23.2% according to Annual Population Survey (APS) data. Despite declining smoking prevalence in GM and England, smoking remains responsible for around half the difference in life expectancy we see between our poorest and most affluent communities. It therefore remains the biggest, preventable driver for health inequality. The pandemic and subsequent economic challenges have seen smoking rate reductions stall in England and GM in 2021 with APS adult smoking prevalence data at 13% and 15.4% respectively.

Smoking will kill two in three of our 340,500 current smokers in Greater Manchester unless they quit, half in middle age, with devasting impacts on the health and wealth of our communities. Around 150,000 of these current smokers will be experiencing some form of smoking related illness with impacts on the NHS, social care and the wider economy.

1. **The Social Housing Project**

**3.1 Context**

Housing tenure is one of most significant independent socio-economic predictors of smoking. Smoking is three times more common in socially rented housing than in owner occupied housing, and those living in Social Housing in Greater Manchester are twice as likely to smoke than the city-region average. The result is that the huge burden of death and disease caused by smoking is disproportionately borne by people living in social housing.

Higher rates of smoking among social housing residents also translate into higher rates of child second-hand smoke exposure. Children living in social housing are more than twice as likely to be exposed to second-hand smoke in the home compared to children living in owner occupied housing. Children who live with someone who smokes are also around four times more likely to become smokers themselves, compared to children from non-smoking households. This creates intergenerational cycles of inequality and compounds the high smoking rates among families and communities living in social housing.

Tackling smoking based on where people live can help tackle entrenched inequalities, protect everyone from the harm of tobacco smoke, and bring wider benefits to the community, such as less litter and cleaner streets, safer homes, and reduced fire risk.

**3.2 Aims of the Greater Manchester (GM) Social Housing Stop Smoking Pilot Initiative and Evaluation**

The primary purpose of the social housing stop smoking evaluation initiative is to explore and evaluate targeted interventions which will reduce medium and long-term smoking prevalence in those living in social housing. This will include increase quit attempts and quit rates to reduce the adverse physical and mental health impacts of smoking, and to narrow the inequalities gap caused by smoking. Two secondary aims are: to reduce the prevalence of smoking in the home and in indoor and outdoor communal areas, and thereby reduce the incidents of ill health caused to children and vulnerable people; to gain a deeper understanding of the drivers of and solutions to achieving successful long-term quits for people from the most deprived neighbourhoods whether in social housing or other tenure. The Making Smoking History programme will be measuring progress on these strategic primary and secondary aims; collecting this data is not part of the pilot.

**3.3 Progress to date**

A significant amount of work was undertaken between April 2020 and January 2023 through a GM Smokefree Homes group and engagement with the Greater Manchester Healthy Homes Group. This has included engagement with multiple Social Housing Providers. In April 2022, research was commissioned to better understand the views of smokers and non-smokers living in social housing in the city region. Research findings were finalised in November 2022 and further analysis of the data was completed by January 2023. Please contact [gmhscp@makingsmokinghistory.nhs.net](mailto:gmhscp@makingsmokinghistory.nhs.net) to request a copy of the report if you are a bidding organisation.

1. **Overview of requirements**

An academic partner is now being sought, with specialist skills, knowledge and expertise of smoking cessation and who is already working with social housing providers and tenants. Our aim for this evaluation project is to create new approaches to interventions for smokers who live in social housing and to test these with a view to either being part of a larger randomised control trial, an academic level evaluation and/or a peer review process. This robust approach is now necessary because the populations we now need to help to quit include some of the most addicted and have some of the most challenging barriers to quitting. We therefore need to discover more effective methods of supporting them to quit for good if we are to achieve our ambition of a Smokefree Greater Manchester by 2030 (5% smokers of less).

This evaluation project will therefore provide essential evidence-based academic approaches to reducing tobacco dependence in some of the most deprived communities in Greater Manchester, specifically focused on those living in social housing. The project has both a strategic and a practical element. It will provide robust evidence supporting our approached to achieving a smokefree Greater Manchester by 2030, as well as shorter-term gains through insight from in-the-field research and hands-on delivery of services.

**4.1 Deliverables for this project**

1. Develop a protocol in collaboration with key stakeholders to support designing and delivering this service in partnership.
2. Explore, trial and evaluate one or more pilot interventions in Greater Manchester for social housing tenants informed by national, regional and local data and insights.
3. Deliver the intervention pilot/s working collaboratively with regional/local social housing providers, local public health leads, stop smoking and other relevant wellbeing services as appropriate.
4. Produce a high-quality academic evaluation of the project and, if possible, suggest ways to include elements of the deliverables as part of a randomised control trial.

**4.2 The interventions should:**

1. Explore and pilot ways to increase the accessibility of smoking cessation support in lower socioeconomic groups living in social housing; and consider factors such as shift work, comorbidities and disability, ethnicity, lack of access to or funding for transport, high levels of addiction.
2. Be informed by the following factors as motivations or barriers to quitting: the cost of smoking; mental health (diagnosed and self-reported); understanding of current quitting behaviours and concerns of participants about their current and future health.
3. Use existing peer reviewed research, grey literature, data sources and existing intervention evaluations, to consider the use of harm reduction and nicotine substitution as a way of engaging with people who are more addicted and/or less motivated to quit.
4. Explore the possibility of delivering a pilot that uses incentives alone or in combination with other tools to increase engagement with quitting and success rates.
5. Robustly evaluate pilot interventions though a range of qualitative and quantitative methodologies.
6. **Expertise and credibility**

**The bidder should:**

1. Be an academic institution which is able demonstrate specialist knowledge of smoking cessation in social housing and in primary care settings.
2. Already be working within social housing settings and with social housing tenants to explore, deliver and evaluate targeted stop smoking interventions.
3. Demonstrate experience of designing, delivering and/or evaluating smoking cessation trials; and/or delivering randomised control trials, especially in lower socio-economic communities.
4. Demonstrate experience of working in partnership and collaborate across academia, social housing, VCSE and public sector organisations.
5. Demonstrate the ability to deliver operationally as well as providing a strategic vision and approach for longer-term outcomes.
6. Either be based in Greater Manchester or working closely with a Greater Manchester academic institute to deliver part of the project.
7. Demonstrate experience in delivering and/or evaluating opportunistic brief advice in a social housing setting will be advantageous.
8. Be able to demonstrate future opportunities beyond this project to explore collaboration, academic research and potentially trials.

We expect that in the process of delivering this exploratory piece with social housing communities we will gain valuable insights into cross fertilisation of work around the wider population health agenda, in particular mental health.

We would expect some short-term outputs (in the first year) to help inform development of local approaches, as well as longer term outputs such as insight to help develop the approaches that will help to increase reduction rates of smoking in the most deprived communities and to achieve a smokefree Greater Manchester by 2030.

1. **Project timescales**

The funding for this project will be granted as an in-year award in its totality to deliver an approach as described in section 4 of this document. Timescales to be agreed in partnership as part of a protocol. (See section 4.1)

1. **Contract Terms**

This contract will run from **23rd March 2023.**  The terms and conditions applied will be the NHS Terms and Conditions for the Supply of Services available at <https://www.gov.uk/government/publications/nhs-standard-terms-and-conditions-of-contract-for-the-purchase-of-goods-and-supply-of-services>

1. **Budget**

**The total budget is £200,000 including VAT**

1. **Proposal Submission Requirements/Bid Response Question**

Bidders are invited to submit a completed **ITQ Bid Response (Appendix A)** via email to [gmhscp.makingsmokinghistory@nhs.net](mailto:gmhscp.makingsmokinghistory@nhs.net) no later than **9am Tuesday 28th February**.

Proposals will **not** be considered for evaluation if

* **The deadline has been missed**
* **Bidding providers cannot clearly demonstrate current delivery of specific academic interventions and evaluation within social housing settings and with social housing residents.**

Your proposal must be able to address the Award Criteria outlined below which will be used to evaluate your proposal and to identify the Recommended Bidder.

|  |  |
| --- | --- |
| Award Criteria | Weighting |
| 1. Please confirm you are able to submit a total bid price under the affordability limit of no more than £200,000 for your proposal. Please confirm either “YES” or “NO” | **Pass/Fail** |
| 1. Expertise and Credibility: To what extent is your organisation considered to have an expert level of understanding in relation to this ITQ. | **50%** |
| 1. Delivery: How would your organisation propose to deliver the requirements set out in Section 4 of this document? Please also information about the team that will deliver this service. | **35%** |
| 1. Social Value: How would your proposal provide Social Value? i.e. make what we do, good, fair and sustainable, create lasting benefits for the people of GM, improve the local economy, and positively contribute (or at least minimising damage) to the environment. | **10%** |
| 1. Value for Money: Why should your proposal be considered value for money? | **5%** |
| Total | **100%** |

The written response to this ITQ will be evaluated against the scoring criteria below:

|  |  |  |
| --- | --- | --- |
| Grade Label | Definition of Graded Questions | Grade |
| Superior | Response contains an extensive level of relevant detail and evidence which provides excellent confidence in the Bidder’s understanding and capability. | 4 |
| Comprehensive | Response contains a good level of relevant detail and evidence which provides a strong level of confidence in the Bidder’s understanding and capability. | 3 |
| Acceptable | Response contains sufficient relevant detail and evidence which provides an acceptable level of confidence in the Bidder’s understanding and capability. | 2 |
| Limited | Response contains only limited relevant detail and evidence which provides only limited confidence in the Bidder’s understanding and capability. | 1 |
| Deficient | Response to the question is deficient and fails to provide any form of confidence in the Bidder’s understanding and capability. | 0 |

**Definitions for Pass/Fail Questions**

|  |  |
| --- | --- |
| **Grade** |  |
| Meets all the criteria set out in the question to meet the requirements of the Contracting Authority | Pass |
| Does not meet all the criteria set out in the question and is assessed as being unable to meet the requirements of the Contracting Authority | Fail |

**10. Timescales for the ITQ**

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| --- | --- |
| **ITQ issued** | **17th February 2023** |
| **Questions submission deadline** | **12pm 21st February 2023** |
| **Submission deadline** | **9am 28th February 2023** |
| **Decision** | **1st March 2023** |
| **Initiation Meeting** | **23rd March 2023** |

**Clarification Questions**

For any clarifications, please email [gmhscp.makingsmokinghistory@nhs.net](mailto:gmhscp.makingsmokinghistory@nhs.netb) **by 12pm 21st February 2023**. You will receive a response within 24 hours.

**Appendix A**

**Bidder ITQ Response Questionnaire**

**SECTION 1 - This section is not scored however a response must be provided.**

**Bidder Details**

This section is for information only but must be completed.

|  |  |
| --- | --- |
| Name of Organisation |  |
| Registered Address |  |
| Organisation’s representative name and title |  |
| Contact telephone number |  |
| Email address |  |
| Company or Registration Number |  |

**Subcontractor Details**

This section is for information only but must be completed.

|  |  |
| --- | --- |
| Please confirm whether you intend to use any subcontractors to meet the requirements (Yes/No). |  |

Where Bidders have answered ‘Yes’ to the question above, please complete the details below. For Bidders who have answered ‘No’ to the above question please state ‘N/A’.

|  |  |
| --- | --- |
| Where possible, please provide the organisation or company names for all the subcontractors you intend on using to meet the requirements |  |
| Where possible, please provide the organisation or company registration number for all the subcontractors you intend on using to meet the requirements |  |
| Where possible, please provide an outline of which subcontractors will be responsible for delivering which activities |  |
| Please provide details of how the subcontractors will work together to deliver the requirements (if applicable) |  |
| The Contracting Authority reserves the right to ask suppliers to work together, informally or as a subcontractor (if required). Please confirm that you understand and agree to this. |  |

**Capacity**

|  |  |
| --- | --- |
| A key requirement is for Bidders to be able to commence work from 23rd March 2023. Please confirm that you understand this and have suitable capacity to meet the Contracting Authority’s requirements. |  |

**SECTION 2 - Scored Questions**

1. Please provide a summary proposal up to 8 pages or slides describing how you would deliver sections 4.1 and 4.2 including a suggested timeline for the service.
2. Please provide a brief outline of how you would envisage the budget breakdown.
3. Please provide details of your organisation’s expertise and credentials of your institution against this specific piece of work (*section 5).*
4. Biographies of the team/staff including lead project manager and any team members across partner institutions.

**SECTION 3 – PRICING**

Insert details about any requirements in relation to payment terms. Please note standard NHS payment terms are 30 days from date of invoice.

|  |
| --- |
| Please detail your pricing in the box below - embedded documents will also be accepted. |
|  |

**SECTION 4 - Declaration**

* I declare that to the best of my knowledge the answers submitted to these questions are complete and accurate.
* I understand that the information will be used in the evaluation process to assess my organisations suitability to meet the Contracting Authority’s requirements.
* I can confirm that I have read and understood all the ITQ documentation.
* I understand that the Contracting Authority may reject my submission if there is a failure to answer all relevant questions fully or if I provide false/misleading information.
* I also declare that there is no conflict of interest in relation to the Contracting Authority’s requirement.
* This declaration and response to the ITQ is being submitted on behalf of the following organisation as Bidder and I have the appropriate authority to do so:

|  |  |
| --- | --- |
| Name: |  |
| Role in organisation: |  |
| Bidder organisation: |  |
| Date: |  |
| Signature: |  |