**INVITATION TO QUOTE (ITQ)**

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

**ON BEHALF OF**

**NHS GREATER MANCHESTER INTEGRATED CARE BOARD**

(‘The Contracting Authority’)

Deadline for submitting ITQ Bid Responses:

**Monday 13th March 2023 at 4pm**

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

1. **Introduction**

The purpose of this Invitation to Quote (ITQ) is to provide Bidders with sufficient information to prepare a comprehensive Quote that meets the requirements for the **strategic and creative development of a behaviour change stop smoking campaign to reduce health inequalities and smoking prevalence in Greater Manchester**. (“*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 3 of this document.

1. **Background and context**

Greater Manchester is a metropolitan county and combined authority area in Northwest England, with a population of 2.8 million; comprising ten metropolitan boroughs: Manchester, Salford, Bolton, Bury, Oldham, Rochdale, Stockport, Tameside, Trafford and Wigan.

Smoking is the single biggest cause of preventable illness and premature death in the world. Each year around 5,700 people in Greater Manchester die from smoking-related causes and there are more than 24,000 hospital admissions. Furthermore, an estimated 14,730 people are out of work due to smoking, 57,728 people are receiving informal care from friends and family because of smoking-related illnesses, and 154,846 households with at least one smoker are living in poverty. Smoking costs Greater Manchester’s economy £910m a year, including £115m in healthcare costs to the NHS.

In 2017, Greater Manchester Integrated Care Partnership (previously Greater Manchester Health and Social Care Partnership) published its [Making Smoking History strategy](https://www.gmhsc.org.uk/wp-content/uploads/2018/05/A-Tobacco-Free-Greater-Manchester-Summary.pdf) with the ambition of becoming a smokefree city region. Since then, smoking prevalence in Greater Manchester has dropped to a record low, falling from 18.4% in 2016 to 15.4% in 2021 (data for 2022 is expected to be published in December 2023).

Additionally, smoking prevalence among people who work in routine and manual occupations – a key population group for tackling inequalities – has reduced significantly, closing the gap with England. Between 2016 and 2019 (2020 and 2021 data not available), smoking prevalence among routine and manual workers reduced by 4.1 percentage points, from 28.6% to 24.5%. Furthermore, smoking at time of delivery (SATOD) – the benchmark used to measure smoking status for women at the time of giving birth – has declined by a quarter, from 12.6% in 2017-18 to 9.5% in 2021-22, preventing many tragic outcomes in pregnancy and birth.

Greater Manchester’s ambition for a smokefree city region is set by the UK Government’s Smokefree 2030 target, defined as **smoking prevalence of** **5% or less by 2030**. An interim target of **9.1% by 2025** is needed to achieve a Smokefree 2030.

However, the speed at which smoking prevalence is declining has started to stall, and indicative research suggests that smoking, as with other lifestyle behaviours, has been negatively impacted by the COVID-19 pandemic. Furthermore, data from the national Smoking Toolkit Study suggests there’s been a worrying increase in smoking amongst younger age groups.

Read more: [Make Smoking History 2017-2022 Summary Report](https://makesmokinghistory.co.uk/app/uploads/2023/02/GM-Making-Smoking-History-Summary-Report-2017-2022.pdf)

**Influencing factors**

ONS data shows the following factors influence higher smoking rates:

* Socio-economic status (SES)​
  + Income – lower income households or earners​
  + Education – no qualifications​
  + Occupation - routine and manual workers, unemployed and economically inactive​
  + Health – poor physical and/or mental health, addiction to drugs and/or alcohol​
* Other characteristics​
  + Sexuality – people who identify as lesbian, gay or bisexual​
  + Ethnicity – white, mixed, or other ethnicity​
  + Age – highest in those aged 25-34, increased rates amongst 18-24
* Environment​
  + Growing up in a household with adults that smoke ​
  + Neighbourhood influence – deprived communities​
  + Tenure – social housing, private rental, homelessness​
  + Relationship status – single, cohabiting, widowed, divorced or separated ​

​Read more: [Adult smoking habits in the UK - Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2021)

**Stop smoking support available in Greater Manchester**

* With the support of a [**local stop smoking service**](https://makesmokinghistory.co.uk/how-to-quit/local-services/), smokers are three times more likely to quit than with willpower alone. In GM, 8 in 10 local authorities have commissioned stop smoking services.
* Pregnant women and hospital inpatients can get specialist stop smoking support from maternity and nurse-led hospital-based Treating Tobacco Dependency services.​
* GM residents can also get six months’ free access to all the premium features of the **Smoke Free app**([www.smokefreeapp.com/GM](http://www.smokefreeapp.com/GM)) usually worth £60.
* Support is also available from **GPs**, **pharmacies,** and the **NHS Stop Smoking helpline on 0300 123 1044**(calls are free).​

The main reason why people smoke is because they are addicted to nicotine. The NHS and NICE recommend smokers switch to the following alternative sources of nicotine as an aid/treatment to reduce tobacco dependency. ​

* [**Nicotine replacement therapy (NRT)**](https://makesmokinghistory.co.uk/how-to-quit/nicotine-replacement/) such as patches, gum, lozenges, mouth/nasal sprays and inhalators –available from most shops and pharmacies, local stop smoking services (availability and charges vary by local authority) and on prescription.
* [**E-cigarettes or vapes**](https://makesmokinghistory.co.uk/how-to-quit/e-cigarettes/) – an electronic device that allows the user to inhale nicotine without most of the harmful effects of smoking as the vapour contains no tar or carbon monoxide. Whilst not completely risk-free, [research has found them to be a substantially less harmful source of nicotine](https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update)for those wanting to quit smoking.

**Insight available**

Insight and learnings from previous campaign development and evaluations will be made available to the winning Bidder at the start of the contract. Detailed findings from segmentation research into GM’s smoking population (carried out Dec 2018) will also be made available at the start of the contract. A summary of the research is available to [download via WeTransfer](https://we.tl/t-bUwQcOuXgD) (link expires on Friday 10 March).

**Brand guidelines**

NHS Greater Manchester and Greater Manchester Integrated Care Partnership brand guidelines are currently being redeveloped.

However, the campaign should follow the brand guidelines for Make Smoking History – the campaign identity for Greater Manchester’s stop smoking campaigns – which can be accessed at <https://brandpad.io/make-smoking-history/> (password: MSH4GM).

**Previous campaigns**

Previous GM stop smoking campaigns include:

* [Never Quit Quitting](https://makesmokinghistory.co.uk/latest/never-quit-quitting/) – [watch the ads and case study videos here](https://www.youtube.com/watch?v=-SApEN1zC2o&list=PLUvqYF0wCD599b8_I7NYe5VX-r2aidDF7)
* [Don’t Wait](https://www.gmhsc.org.uk/news/dont-wait-to-quit-smoking-powerful-plea-from-nhs-doctors-in-major-new-campaign-for-greater-manchester/) / [Quit for Covid](https://www.manchestereveningnews.co.uk/special-features/greater-manchester-smokers-urged-quit-18526989) – [watch the ads and case study videos here](https://www.youtube.com/watch?v=P31Ws5fEB_k&list=PLUvqYF0wCD58rtttj_Tylj3_v623GiyOe)
* Exsmoker – [watch the ads and case study videos here](https://www.youtube.com/watch?v=fjBO2Hz2sNQ&list=PLUvqYF0wCD5--pODPPYSxbB6tePP1bWMg)
* 16 Cancers
* Don’t Be The 1 – [watch the videos here](https://www.youtube.com/watch?v=dIOomHsJaKs&list=PLUvqYF0wCD58wEHxYQWPXiNBAT8jG8LO2)

In addition, GM amplifies national campaigns for No Smoking Day (Feb-March) and Stoptober (Sept-October) each year.

1. **Overview of Requirements**

This commission is seeking a strategic creative partner to develop a behaviour change campaign that will **encourage smokers in Greater Manchester to try to quit smoking more often, and more successfully**.

The campaign should aim to change behaviours by giving smokers the motivation, confidence and tools needed to stop smoking.

The campaign should focus on reducing health inequalities as smoking disproportionately affects people from lower-income households and more disadvantages backgrounds – the more challenges a person faces in life, the more likely they are to smoke, have poorer health, and face greater obstacles when it comes to quitting. They are also more likely to have smoked since an early age and have a higher dependency.

The campaign will run several times a year for 18 – 24 months, supported by an annual media budget of around £500,000 - £600,000 (not included as part of this commission).

Therefore, campaign deliverables should include:

* TV, VOD and YouTube adverts (various formats and lengths, with and without subtitles)
* Radio and digital audio advert(s)
* Out of home adverts (various formats)
* Digital display adverts (various formats)
* Social media adverts (various formats and channels)
* Press/print advert(s)
* Partner resources (for healthcare professionals, NHS organisations, GPs, pharmacies, local authorities, GMFRS, TfGM, etc)
* Licencing costs and usage rights for at least 2 years (voiceover, actors, music, etc)

The appointed Bidder will be expected to work collaboratively with our media partner and PR agency to develop and activate the integrated campaign, as well as provide creative tactics and solutions to reach and engage with [seldom-heard groups](https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20200727%20How%20to%20coproduce%20with%20seldom%20heard%20groups.pdf).

The appointed Bidder will also be expected to set measurable campaign goals ([Evaluation Framework](https://gcs.civilservice.gov.uk/publications/evaluation-framework/)) and work with our market research agency to produce and present a comprehensive campaign performance report.

All creative must meet Government accessibility requirements for public sector bodies and key elements should be able to be reproduced in alternative formats, such as Easy Read, Large Print, Braille, translated languages (though actual production of alternative formats is not included in this brief). Further, the campaign should be inclusive and representative of Greater Manchester’s diverse population.

1. **The Budget**

The upper affordability limit for this contract is **£140,000 + VAT**. Bids that exceed the upper affordability limit will not be considered.

There will be no further funding available for any additional costs, expenses and/or liabilities incurred. Any additional costs shall be the responsibility of the appointed Bidder. Further, it is the responsibility of Bidders to obtain for themselves, at their own expense, any additional information necessary for the preparation of their quotation.

1. **Contract Terms**

This contract is expected to **start in 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. **Quote Submission**

Bidders are required to submit a completed ITQ Questionnaire (using the MS Word template) and a short supporting presentation (PDF or PowerPoint only) which includes:

* Agency credentials
* Overview of account team and their experience and expertise
* Your approach to tackling the brief
* Examples of similar work (max 2)
* Breakdown of costs
* Timing schedule
* Two references

**Please note creative concepts are not needed at this stage.**

Please send bids via email to [gmhscp.makingsmokinghistory@nhs.net](mailto:gmhscp.makingsmokinghistory@nhs.net) no later than **Monday 13th March 2023 at 4pm**. For large files please include a WeTransfer link.

The highest scoring Bidders will then be invited on Tuesday 14th March to present their Bid to our scoring panel week commencing Monday 20th March.

1. **Award Criteria**

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

|  |  |
| --- | --- |
| Award Criteria | Weighting |
| 1) Expertise and Credibility: To what extent is your organisation considered to have an expert level of understanding and execution of strategic and creative campaigns, specifically for behaviour change? | **25%** |
| 2) Delivery: How would your organisation propose to deliver the requirements set out in Section 3 of this document? | **25%** |
| 3) Awareness and Understanding: To what extent does your organisation have a good understanding of mass-media campaigns and behaviour change campaigns to support smokers to quit? | **20%** |
| 4) 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%** |
| 5) Value for Money: Why should your proposal be considered value for money? | **20%** |
| 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 |

1. **Timetable**

|  |  |
| --- | --- |
| Milestone | Date |
| Invitation to Quote (ITQ) issued | Friday 3 March 2023 |
| Deadline for receipt of Clarification Questions | 1pm, Wednesday 8 March 2023 |
| Clarification Responses Shared with Bidders | Thursday 9 March 2023 |
| Deadline for receipt of ITQ Bids | 4pm, Monday 13 March 2023 |
| Evaluation of the Bids and invitations to second stage (for top three Bids only) | Tuesday 14 March 2023 |
| Opportunity to meet the panel and present Bid (online via Microsoft Teams) | Tuesday 21 March 2023 |
| Bidders notified of the outcome of the ITQ | Wednesday 22 March 2023 |
| Service Mobilisation / Contract / PO | End March |

\*Some timings may be subject to change

1. **Clarification Questions**

For any clarifications, please email [gmhscp.makingsmokinghistory@nhs.net](mailto:gmhscp.makingsmokinghistory@nhs.netb) by **1pm on Wednesday 8 March 2023**. In order to ensure equality of treatment of Bidders, anonymised details of all Bidder Clarification Questions and the Contracting Authority’s clarification responses will be shared with all Bidders as an FAQ document on Thursday 9 March 2023.

1. **Overview of the process and selection of the Recommended Bidder**

All submissions will be evaluated against the criteria set out in section 7 of this document. The Recommended Bidder will be the provider who has achieved the highest overall score against these criteria.

1. **Contract Award and Due Diligence**

The Contracting Authority reserves the right to undertake due diligence as it considers appropriate at any point throughout and/or after the ITQ process to seek the necessary reassurances regarding the Bidder’s response and overall ability to deliver the requirements of the Contracting Authority. Further information can be found within the supporting document ‘Important Notices for Bidders’.