**Tobacco LTP Implementation Support Grant**

**Document 1 - Prospectus**

September 2022

Table of Contents Page

PART A: Background information 1

1. Introduction
2. Coordinating commissioning responsibilities

PART B: Strategic and service context ……………3

3. National strategy

4. London context

5. Existing services

PART C: Funding priorities and general requirements6

6. Funding priorities

7. Outcomes

8. Minimum standards and effective practice

PART D: Application process and associated terms …………..........................................….10

9. Grants programme for the voluntary sector

10. Amount of funding available

11. Collaborative approach

12. Eligible expenditure

13. Timetable for applicants

14. Application procedure

15. Form of Agreement

16. Confidentiality

17. Transparency

18. Freedom of Information

19. Canvassing

PART E: Evaluation …………………………………………………………………….………….13

 20. Overall approach

 21. Evaluation framework

 22. Scoring mechanism

PART F: Arrangements for award ………………………………………………………………14

23. Grant offer

24. Terms and conditions

25. Reporting arrangements

**PART A: BACKGROUND INFORMATION**

* 1. The Long Term Plan (LTP) outlines a number of commitments on smoking:
* By March 2024 all inpatient services will deliver smoking cessation services.
* By March 2024 all maternity services will deliver smoking cessation services.
* By March 2025 community smoking cessation services for people with Serious Mental Illness will be delivered in all systems.
	1. In addition the recently published independent review into tobacco control recommended a more significant role for the NHS in supporting people to stop smoking.
	2. The pandemic and associated pressures on NHS services have meant delays in the delivery of LTP tobacco dependency services, adding risk to the delivery of LTP commitments. The services are a significant prioritisation and implementation challenge locally – involving local partnerships, data flows and services in hospitals and community teams.
	3. NHS England is commissioning additional support for implementation of the tobacco long term plan commitments. This prospectus outlines a requirement for practical and expert support for tobacco LTP implementation. As clinical support is already in place, the grant would be focused on the work needed to drive system, organisational and regional change, including building links with and making the case to local government.
	4. This prospectus outlines the funding priorities, criteria and application process for the grant. The document is split into 5 parts:

PART A: Background information

PART B: Strategic context

PART C: Grant requirements

PART D: Application process

PART E: Evaluation

PART F: Arrangements for award

**PART B: STRATEGIC CONTEXT**

* 1. Smoking is the leading risk factor driving health inequalities.1, 2 It is estimated that between half3 and two thirds4 of smokers will die of smoking related disease; with smoking rates highest in populations with a low socio-economic status.5 Smoking impacts across a range of clinical conditions including respiratory, cancer and CVD. In 2019 approximately 5.7 million people smoked in England. Nearly a quarter of women in the UK smoked at some point during pregnancy during 2021, a higher rate than many EU countries – with nearly 1 in 10 still smoking at the time of delivery.
	2. Smokers see their GPs over a third more than non-smokers, and smoking is linked to nearly half a million hospital admissions each year. It is estimated that on average smoking costs the NHS £2.6 billion a year,6 just over half of these are costs primary care related. By quitting smoking people can significantly reduce their risk of harm.
	3. Commissioning local stop smoking services is a local authority responsibility, between 2015/16 and 2021/22 investment in tobacco dependency by Local Authorities has reduced by one third on a real terms basis. Only 67% of Local Authorities are commissioning a service that provides universal access, with 2% commissioning no service at all. Some regional tobacco structures exist and are generally seen as effective.
	4. The Long Term Plan (LTP) outlines a number of commitments on smoking:
* By March 2024 all inpatient services will deliver tobacco dependence treatment services.
* By March 2024 all maternity services will deliver tobacco dependence treatment.
* By March 2025 community tobacco dependence treatment services for people with Serious Mental Illness will be delivered in all systems.
	1. ICSs are currently implementing commitments in inpatient and maternity services, with implementation across the country for community services for people with Serious Mental Illness to start in 2023/24.
	2. More information on the Prevention programme and tobacco LTP commitments can be accessed via our website: [NHS Long Term Plan » Treating and preventing ill health](https://www.longtermplan.nhs.uk/areas-of-work/prevention/treating-and-preventing-ill-health/).

**PART C: GRANT REQUIREMENTS**

* 1. There is a requirement for subject matter expertise to practically support tobacco LTP implementation into the [integrated care systems](https://www.england.nhs.uk/integratedcare/what-is-integrated-care/) (ICSs) and teams on the ground who are coordinating delivery against the priorities. As clinically focused support is already in place, focused support into regional and local government levels would add significant value to steer outcomes delivery within a focused timeframe. An expert and independent stakeholder is required to support the Tobacco programme, support ICSs via regions to understand and deliver LTP priorities, with a specific focus on ensuring the experience from previous initiatives and Local Authorities produces meaningful action.
	2. The provider will support LTP implementation through:
* Providing practical and developmental support in the conception and development of Regional and sub-regional tobacco structures and plans: enabling the regional directors of public health to implement efficient and effective mechanisms to support delivery.
* Providing expertise and evidence-base on implementation and tobacco control to NHS England, particularly drawing on the organisation’s extensive experience in tobacco control policy and local delivery.
* Developing a regular drumbeat of communications and engagement to support LTP implementation, including webinars building on the learning from the webinar programmes in 21/22 and aligning with other supportive activity for tobacco.
* Facilitating a series of peer support groups for those implementing tobacco commitments – providing an independent space for ICSs to work through implementation challenges.
1. **Outputs and Outcomes**
	1. Resources are to be used as a contribution to support the overall delivery of NHS England’s tobacco LTP commitments, and in this context influence the wider health system’s response to tobacco.
	2. We expect the following outputs to be delivered by the grant:
		* + - A detailed mapping of options for regional / sub regional tobacco structures including a summary of effectiveness and stakeholder evaluation. Collaboration with Regional Directors in developing the mapping and to support implementation.
				- At least three peer support groups for tobacco implementation – supporting systems identified as requiring extra support to make progress in delivery.
				- A series of webinars, based on themes and areas of challenge for implementation of tobacco commitments in the Long Term Plan, based on learning and intelligence from the peer support groups and other soft intelligence from the programme.
				- High quality briefings and resources on particular topics to support LTP tobacco implementation programmes at organisational, system and regional levels.
				- Ad-hoc expert advice to the tobacco programme – for instance on the use of e-cigarettes.
				- Impact evaluation of deliverables, to understand usefulness in organisational, system and regional implementation and outcomes
2. These outputs should contribute to the following outcomes:
* Regional teams in NHS England have the knowledge and support to develop effective regional / sub-regional tobacco structures.
* Improved priority and progress towards LTP commitments at system and organisational level.
* Groups of systems engaging with peer support make additional progress towards meeting LTP tobacco commitments.
* Support for the national team available in the development of the NHS England organisational response to future developments in tobacco including the planned Tobacco Control Plan.

**PART D: APPLICATION PROCESS AND ASSOCIATED TERMS**

1. **Grants programme for the voluntary sector**
	1. NHS England is exercising its powers under Section 13X of the NHS Act 2006 (as amended) to provide a grant to a “Voluntary Organisation” which provides or arranges services similar to NHS England’s functions. A “Voluntary Organisation” is defined under Section 275 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) as a body, the activities of which are carried out other than for profit but does not include any public or Local Authority.
	2. As such, the tobacco implementation support grant is only open to organisations that meet the requirements set out above.
2. **Amount of funding available**
	1. £95,000 over two years is available to support this work.
3. **Eligible expenditure**

12.1 The grant is intended to cover:

* Service delivery costs
* Volunteer/service user/survivor/patient participation and involvement costs
* Management and administrative costs
* Overheads
* Small capital items
1. **Timetable for applications**

|  |  |
| --- | --- |
| **Date** | **Activity** |
| 2nd September 2022 | Advertise grant |
| 13th September 2022 | Closing date for applications |
| 14th – 15th September 2022 | Evaluation process  |
| Thurs 22nd September 2022 | NHS Commercial panel meets and considers recommendations |
| Friday 23rd September 2022 | Bidders notified of outcome of application |
| 1st October 2022 | Grant commences |

###### **Application procedure**

###### NHS England will be using an electronic system to manage this grant application process and communicate with applicants. Accordingly, there will be no hard copy documents issued to applicants and all communications with NHS England including the submission of grant applications will be conducted via the following link: <http://health.atamis.co.uk>

###### Unless stated otherwise in these Instructions or in writing from NHS England, all communications from applicants (including any sub-contractors, consortium members, consultants and advisers) during the period of this application exercise must be directed via the messaging service on the e-Tendering system detailed in this section.

###### In order to ensure equality of treatment of Bidders, NHS England intends to publish the questions and clarifications raised by Bidders together with NHS England’s responses (but not the source of the questions) to all Bidders on a regular basis.

###### Bidders must adhere to the word limit requirements in their response to each question. Where a question set out in Document 2 – Grant Application Questionnaire indicates a word limit, any response will be reviewed to that word limit and any additional information beyond that word limit will not be considered.

###### Bidders are required to provide information/responses to all fields/questions within Document 2 – Grant Application Questionnaire unless the field/question is marked as optional. Applicants must complete Document 2 – Grant Application Questionnaire save the resulting word document and then upload the word document to the e-Tendering system.

###### Bidders are required to provide information/responses to all fields/questions within Document 3 – Form of Application unless the field/question is marked as optional. Applicants must complete Document 3 – Form of Application save the resulting word document and then, print, sign, scan and upload the word document to the e-Tendering system.

###### Bidders must complete their applications within the Atamis portal set out in the "Supplier Response Form". Failure to do so may render the response non-compliant and it may be rejected.

###### NHS England may at its own absolute discretion extend the Closing date for receipt of Bids specified in the timetable. Any extension to the Closing date granted under this paragraph will apply to all Bidders.

###### Bids must be submitted via NHS England’s e-Tendering portal no later than the Closing date for applications set out in the Timetable above. Bids may be submitted at any time before the Closing date for applications

###### .

###### Bids received before the Closing date will be retained unopened until the opening date.

###### NHS England requires the following documents to be submitted as a minimum for your Tender to be accepted (via the Atamis portal):

###### Completed Document 2 – Grant Application Questionnaire;

###### Completed, Printed, Signed, Scanned and Uploaded Document 3 – Form of Application.

###### Bids should not include any extraneous information which has not been specifically requested, including, for example, any sales or marketing literature, standard terms of trading etc.

1. **Form of Agreement**
	1. Upon conclusion of this Grant Application process the successful applicants will be required to sign a Grant Agreement In the form set out within document 4 of this suite of documents.
2. **Confidentiality**
	1. All information made available to the Applicants by NHS England in any form relating to the Grant Agreement and the project shall be treated as confidential and shall not be disclosed to any third party without the prior written consent of NHS England.
3. **Transparency**
	1. Applicants should be aware that the Government has set out the need for greater transparency in public sector procurement and that if they are awarded a Grant Agreement, these NHS England Grant Application documents and the resultant Grant Agreement (with appropriate redactions) will be published on the Contracts Finder website: <https://www.gov.uk/contracts-finder>
	2. NHS England is subject to the greater requirements for transparency across Government operations as updated from time to time. You are hereby formally notified that NHS England may be obliged to publish the Grant Agreement resulting from this Grant Application exercise.
4. **Freedom of Information**
	1. The FOIA, EIR, and public sector transparency policies, including the placing of award notices on the Contracts Finder database, apply to NHS England (together the “Disclosure Obligations”).
	2. Bidders should be aware of NHS England’s obligations and responsibilities under the Disclosure Obligations to disclose information held by NHS England. Information provided by you in connection with this Grant Application process, or with any Grant Agreement that may be awarded as a result of this exercise, may therefore have to be disclosed by NHS England under the Disclosure Obligations, unless NHS England decides that one of the statutory exemptions under the FOIA or the EIR applies.
	3. If you wish to designate information supplied as part of your Grant Application response or otherwise in connection with this application exercise as confidential, you must provide clear and specific detail as to:
		1. the precise elements which are considered confidential and/or commercially sensitive;
		2. why you consider an exemption under the FOIA or EIR would apply; and
		3. the estimated length of time during which the exemption will apply.
	4. The use of blanket protective markings of whole documents such as “commercial in confidence” will not be sufficient. By participating in this application process you agree that NHS England should not and will not be bound by any such markings.
	5. In addition, marking any material as “confidential” or “commercially sensitive” or equivalent should not be taken to mean that NHS England accepts any duty of confidentiality by virtue of such marking. You accept that the decision as to which information will be disclosed is reserved to NHS England, notwithstanding any consultation with you or any designation of information as confidential or commercially sensitive or equivalent you may have made. You agree, by participating further in this application process and/or submitting your Grant Application response, that all information is provided to NHS England on the basis that it may be disclosed under the Disclosure Obligations if NHS England considers that it is required to do so and/or may be used by NHS England in accordance with the provisions of this Prospectus and appended documents.

* 1. Grant Application responses are also submitted on the condition that the appointed Applicant will only process personal data (as may be defined under any relevant data protection laws) that it gains access to in performance of this Grant Agreement in accordance with NHS England’s instructions and will not use such personal data for any other purpose. The Applicant(s) awarded funding will undertake to process any personal data on NHS England’s behalf in accordance with the relevant provisions of any relevant data protection laws and to ensure all consents required under such laws are obtained.
1. **Canvassing**
	1. Any applicant who, in connection with this Grant Application process:
		1. offers any inducement, fee or reward to any employee of NHS England or any person acting as an advisor for NHS England or in connection with the application process; or
		2. does anything which would constitute a breach of the Prevention of Corruption Acts 1889 to 1916; or
		3. contacts any employee of NHS England about any aspect of the application process, except through the agreed communication channel(s) authorised in this document;

will be disqualified from any further involvement in this process, without prejudice to any other civil remedies available to NHS England and without prejudice to any criminal liability which such conduct by an Applicant may attract.

**PART E: EVALUATION**

1. **Overall approach**

20.1 Bids will be considered based on the written submissions (completed Document 2 – Grant Application Questionnaire). No interviews or presentations are planned. The evaluation team will comprise representatives from:

* NHS England prevention team
* NHS England Healthcare Public Health team
1. **Evaluation framework**
	1. The evaluation framework is shaped by the contents of this prospectus. NHS England wants bidders to demonstrate:
2. In summary, how they meet the priorities outlined in section 6 above. Bidders are required to specify the outputs and outcomes they intend to achieve.

1. Details of the bid

Bidders are required to demonstrate that they have the skills and experience necessary to deliver their bid including:

* Knowledge of the evidence base around tobacco dependence treatment, the national policy context and likely future developments.
* Established expertise and connections within Regional Tobacco structures, which mean the regional tobacco aspect of the work can be completed quickly and to a high standard.
* Access to expertise in tobacco dependence delivery – which can be brought to bear in supporting implementation.
* National reach with extensive stakeholder groups working to build a smoke free environment in England – with particular reach into public health and Local Authority Stop Smoking services, an area NHS services have so far struggled to make links with.

Bids are sought which are well-structured and targeted in the proposed means of service delivery.

1. Sound financial plans

Bidders need to provide details of their proposed high level costs using the financial template provided in the application form. 100% of the scoring will be attributed to quality. The financial questionnaire will be reviewed and scrutinised to ensure that any proposed costs are feasible, realistic and provide good value for money. Where the Authority considers the costs set out in the financial questionnaire to be unrealistic i.e. those that are either too high or too low compared with service bids, the authority reserves the right to seek further clarification from the bidder as to how costs have been established. Where the Authority considers that the explanation by the bidder is insufficient to justify the proposed costs, then the Authority may, at its discretion, reject the bidder’s bid as being unrealistic.

1. **Scoring mechanism**
	1. The proposed scoring matrix is set out at table 1*.* It reflects the evaluation framework described above. Bids will be ranked in order of their total quality score and funding will be allocated to the top scoring bidder.
	2. NHS England will issue grant funding to the organisation (or consortium) which submits the bid with the highest quality score (the top ranked bid) in accordance with table 2 below.
	3. Section 1 – 2 questions of Document 2 – Grant Application Questionnaire are not scored and are for information purposes only.
	4. Section 4 questions 1 to 8 of Document 2 – Grant Application Questionnaire are designed to evaluate the quality of bidders’ submissions. Bidders will be scored in relation to these questions using the scale set out in table 1 below:

**Table 1 – Scoring Matrix**

|  |  |
| --- | --- |
| **Score**  | **Interpretation**  |
| **4 – Excellent** | The bidder’s response provides full confidence that the bidder understands and can deliver its own specified outcomes well and addresses the priorities the bid is designed to address. The bidder’s response includes value add elements.  |
| **3 – Good** | The bidder’s response provides a good level of confidence that the bidder understands and can deliver services that address the priorities and the bidder's response addresses all or most of the requirements set out in the question.  |
| **2 – Satisfactory** | The bidder’s response provides a satisfactory level of confidence that the bidder understands and can deliver services that address the priorities and the bidder's response addresses at least some of the requirements set out in the question. However, the response is lacking in some areas.  |
| **1 – Poor** | There are weaknesses (or inconsistency) in the bidder’s understanding of its services will address the priorities. And the bidder’s response fails to address some or all of the requirements set out in the question.  |
| **0 – Unacceptable**  | No response and/or information provided is deemed inadequate to merit a score.  |

* 1. A breakdown of the criteria and score weightings that will be used to assess bids in Section 5 is set out in table 2 below.

**Table 2 – Weighting**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Criteria/Question** | **Word Limit**  | **Section Weighting**  |
| 1 | What relevant experience and expertise in supporting delivery of tobacco policy, including engaging NHS organisations and stakeholders, at a national and local level would you bring to the delivery of the grant? | 500 | 25% |
| 2 | How would you deliver the outcomes planned for this grant relating to supporting delivery of the tobacco LTP commitments? | 800 | 40% |
| 3 | How would you deliver the outcomes planned for this grant relating to regional/sub regional tobacco structures?  | 500 | 25% |
| 4 | How will you provide value for money in this grant? | 200 | 10% |
| **Total**  | **2000** | **100%** |

* 1. Bids scoring below the question threshold for any question will not be further considered and evaluation for the bid will cease. The bidder will be excluded from the process and no further questions or the financial questionnaire will be reviewed.
	2. NHS England may reject any bid which does not meet the overall threshold of 50% in respect of all criteria unless no bid achieves these criteria. If no bids achieve the minimum threshold of 50% then NHS England reserves the right award funding to the bidder with the highest quality score.
	3. In the event that two bids achieve the same quality score, of the two bids, the bid that achieves a higher score for question 2 will be ranked higher.
	4. In the event that two bids achieve the same quality score and the same score for question 2, of the two bids, the bid that achieves a higher score for question 3 will be ranked higher. This ranking system will continue with questions prioritised in the following order: question 1, question 4.
	5. In the event that two bids achieve the same quality score and the same score for every question, of the two bids interviews will be held to determine which bid is most appropriate.

**PART F: ARRANGEMENTS FOR AWARD**

1. **Grant offer**

18.1 Once a decision has been made to award a grant a formal approval letter will be issued along with a completed copy of the grant agreement. The receiving organisation will be required to sign and return the grant agreement as an indication of acceptance. Any re-negotiated costs and associated delivery arrangements will be reflected in this documentation.

1. **Terms and conditions**
	1. A copy of the grant terms and conditions are provided elsewhere in the bidders’ pack. Receipt of any grant monies is conditional on the applicant’s compliance with the terms and conditions of funding. Specific points to note are:
2. Grant payments will be made in quarterly instalments in advance
3. Where applicable the required insurance liability levels are as follows:
* Public liability: £5million
* Employer’s liability £5million
* Professional liability: £5million
1. **Reporting arrangements**
	1. Reporting is necessary so as to provide assurance that the grant is utilised for the purposes for which it is given. The reporting arrangements are shaped by the terms and conditions of funding. Specific points to note are:
* Representatives from NHS England will meet with the nominated project lead/s to review progress quarterly.
* Quarterly reports may need to be submitted covering the financial and operational aspects of the project. The latter would make reference to delivery against the outcomes specified within the bidder’s application and subsequently agreed with the commissioner.
* Annual accounts must be supplied within 6 months of the end of each financial year.
* All monitoring and evaluation will be led by NHS England.