Specification for Solihull Specialist Cessation Service 2024

1. Introduction

Tobacco is the single most important entirely preventable cause of ill health, disability, and death in this country, responsible for 64,000 deaths in England a year. Smoking causes harm throughout people's lives, significantly increasing the chance of stillbirth and can trigger asthma in children. It leads to people needing care and support on average a decade earlier than they would otherwise, often while still of working age. Smokers lose an average of ten years of life expectancy, or around one year for every 4 smoking years.

Most smokers know about the harms smoking cause, and three quarters of current smokers stating they would not have started if they had the choice again. Smoking is highly addictive, and this makes stopping difficult, but there are a range of interventions that are evidenced to improve people's chances of quitting.

Solihull recognises the value of providing a local specialist smoking cessation service, and this Service Specification sets out the requirements for a new community based Public Health Service. The aim of the Service is to improve service provision for best value, realise innovative solutions to reach target communities through best practice approaches and wider system collaboration.

The health and inequalities issues linked to smoking, means that reducing smoking rates across the borough directly links to support our strategic priorities, as set out in the Solihull Outcomes Framework 2024/25. Solihull Outcomes Framework

The Service will play a pivotal role in supporting delivery of the national Smoke Free 2030 objective, through reducing Solihull's smoking prevalence rates year on year, to achieve a 5% or less prevalence rate across all community cohorts. The current smoking prevalence rate for the borough is 10.6%, although this is above the England average, we have above average rates for specific community groups.

The 'Stopping the Start' policy paper published in October 2023, sets out central governments ambitious intentions and commitments to tobacco control. The new Service being sought will be partially funded through new investment from OHID, and therefore will be required to have both the capability and capacity to work in accordance with grant conditions.

2. Strategic Context

2.1 National context

Tobacco control is a key public health priority at a local and national level. In 2019, the government set an objective for England to be smokefree by 2030, meaning only 5% of the population would smoke by then. The Khan's Independent Review (2022) 'Making Smoking Obsolete', published in August 2022, concluded that without further action England would miss the smokefree 2030 target by at least 7 years, with the poorest areas in society not meeting it until 2044.

Smoking related health issues cost the NHS approximately £6 billion per year in hospital admissions, GP consultations and prescriptions, as well as operations and treatments

provided for smoking related diseases. The NHS Long Term Plan (LTP) includes additional investment to strengthen health's contribution to prevention and health inequalities, which includes a requirement to provide NHS funded tobacco dependency treatment to all inpatients (admitted overnight in physical acute and mental health related settings), pregnant women and to develop a universal smoking cessation offer as part of specialist mental health services for long term users. .

'Stopping the Start' policy paper published in October 2023, this sets out comprehensive plan to reduce smoking rates, intended to bring England on track to meet the Smokefree 2030 objective. The plan comprises of a wide package of measures, which include a proposal to prohibit the sale of tobacco products to future generations, address the rise in youth vaping and a commitment to increase support available for smokers.

2.2 Local Context

Locally, reducing smoking prevalence is led by the Public Health, and considered a key enabler in improving the health and wellbeing of our residents. This Service will directly contribute to delivering several outcomes outlined in our Solihull Outcomes Framework 2024/25, Health Inequalities Strategy & Living Well in Solihull strategy.

Following a commitment from central government to provide additional investment in local stop smoking provision, Public Health are seeking to commission an enhanced community-based stop smoking. This Service is part of a wider portfolio of prevention services intended to improve the health of Solihull residents.

Our Vision - in line with the Government ambition Smokefree 2030, we wish to make smoking obsolete, and accelerate declines in prevalence in adults to 5 percent or less across all social groups.

Objectives of the Service

- Increase the number of people adopting a healthy lifestyle.
- To reduce smoking prevalence rates incrementally each year, with aim of achieving of 5% or less rate by 2030.
- To provide an accessible, innovative, and cost-effective stop smoking service for Solihull Metropolitan Borough Council residents, ensuring all smokers aged 12 years and older who want to stop smoking are offered stop smoking support.
- To target intensive evidence-based specialist stop smoking support to residents where there is greatest need. Thereby reducing, inequalities in smoking rates and/or health impacts.
- To provide universal stop smoking support, offering residents informed choice so that they can decide the intensity of support most appropriate and sufficient to address their needs.
- To deliver a reliable, efficient, and responsive services to residents, referrers, and other stakeholders.
- To increase awareness and understanding of the health risks associated with smoking to the individual, their families, and the wider community.
- To be proactive and responsive to emerging changes in smoking and tobacco prevalence and need of the Solihull community, identified through data and evidence based best practice updates.
- To adhere to updates from NICE clinical guidelines, The Tobacco Control Alliance (TCA) priorities and National Centre for Smoking Cessation and Training (NCSCT), best practice recommendations.

- To respond to the changing landscape of smoking cessation provision, i.e. e-cigarette provision for pregnant smokers if agreed through Local Maternity and Neonatal System (LMNS) and TCA.

3. Understanding Local Need

Solihull is a broadly affluent borough, made up of 17 wards, with a population of 216,200. The wards are spread across urban and rural settings. Solihull has an overall low average of deprivation, but there is significant polarisation, with some wards within the country's 20% deprived areas. The borough has an above average median age of 43, with the spread ranging from a median age of 33 in Chelmsley Wood to 48 in Knowle. 85.8% (177,248) of Solihull residents described their ethnic group as white British, compared with the England average of 79.8% and the West Midlands average of 79.2%. 22,430 (10.9%) of Solihull residents were from a Black or Asian Minority Ethnic (BAME) group. BAME residents in Solihull is higher among younger groups, and residency in the urban west (Silhill, East Shirley, Olton) are above England average. Click here for additional information on population and place.

Public Health fingertips data (2021/22) shows our local smoking prevalence in those aged 15+ is 10.8%, which is lower than the regional (13.8%) and national (13%) average. However, smoking and the harm it causes aren't evenly distributed. People in more deprived areas are more likely to smoke, and smoking is increasingly concentrated in more disadvantaged groups and therefore is a contributor to health inequalities. In line with national trends there are significantly increased rates of smoking prevalence across priority populations in Solihull as demonstrated below.

Some of our rates are below benchmarking levels and will require a targeted approach as they are above the population rate.

SMOKING PREVALENCE IN PRIORITY POPULATION			
	Solihull rates	**England rates**	**Regional rate**
Smoking in early pregnancy (2018/19)	14.7%	12.3%	14.5%
Smoking prevalence in adults with anxiety or depression (2016/17)	17.4%	25.8%	24.6%
Smoking prevalence in adults with a long-term mental health condition (2022/23)	17.9%	25.1%	24.6%
Smoking prevalence in adults in routine and manual occupations (2022)	24.6%	24.2%	22.5%

When income and smoking expenditure are considered, each year in Solihull it is estimated that 4,765 households with a smoker fall below the poverty line. The concentration of smoking and higher levels of tobacco dependency in those already living in hardship compounds inequality and increases poverty. People living with social and economic hardship and those with mental health conditions are most likely to find quitting tobacco difficult, sometimes because smoking is more common in the communities they live in, they tend to have started younger and have higher levels of dependency on tobacco, all of which make it harder to quit successfully. However, they are no less likely to make attempts to quit[i].

Smoking has a significant negative effect on individual earnings and employment prospects. Current smokers are 5% less likely to be employed than non-smokers and long-term smokers are 7.5% less likely to be employed. It is estimated that there are 477 people out of work in Solihull due to smoking.

The impact of smoking on health shows that current smokers are 2.5 times more likely to require care and support at home and need care on average 10 years earlier than non-smokers. The estimated cost to Local Authorities is £67.8 million per year. It is estimated that 3,998 people receive informal care from family and friends in Solihull due to a smoking related condition.

Who smokes? - [ii] The 2021 OHID data shows that in Solihull 10.8% adults continue to smoke cigarettes. (14.9%: 332,000 adults across Birmingham and Solihull combined Authority) with 10,200 of these people admitted to hospital because of smoking related illness, with approximately 4000 people dying because of smoking related illness between 2017-2019.

A Fair Treatment Assessment completed in August 2023 (appendix 1), identified that smoking and the harms it causes are not evenly distributed across the borough, with smoking increasingly concentrated in more disadvantaged groups. In line with national trends there are significantly increased rates of smoking prevalence across the below community groups:

- Pregnant women
- Adults with anxiety or depression
- Adults with a long-term mental health condition
- Adults in routine and manual occupations

The assessment also considers the specific needs in relation to smoking across all the protected characteristics.

4. Requirements

4.1 Functional requirements

Public Health is seeking to commission a community-based Stop Smoking and Tobacco Control Service, The Service will be delivered in line with local population needs, the evidence base, national policy, and local drivers. The Service model will be built around the principle of a free universal offer of support available for to those who smoke and/or have a tobacco dependency.

The Service will be available at a range of community-based settings, with technology utilised to provide a virtual and digital offer. Delivery of the Service will be through a range of formats, to include face to face, virtual, 1-1, and groupwork Interventions.

The Service is required to adapt and flex to be responsive to changes in smoking prevalence and tobacco usage, proactively reflecting this in service delivery.

The service will offer appropriate support for individuals who use alternative smoked (e.g., Shisha) and smokeless tobacco.

The provider will be responsible for identifying people who use smokeless tobacco and generate referrals from GPs, dentists, pharmacists, and other healthcare professionals,

The provider will consult with local voluntary and community organisations that work with, or alongside, communities to understand their specific issues and needs in relation to smokeless tobacco and ensure service provision is culturally appropriate and accessible.

The Provider will be responsible for:

- Ensuring service information, advice and support is available in a range of formats and accessible locations.
- Improving visibility of stop smoking support.
- Providing information and advice on available treatment options: NRT and E-cigarettes quit smoking aids and assisting clients to choose the most appropriate and sufficient option.
- Whilst the Pharmacotherapy and E Cigs budget will remain the responsibility of the Council. Administering NRT & E Cigarettes will be the responsibility of the provider.
- Information and advice to those who want to stop vaping, in accordance with guidance
- Providing interventions in a range of community settings and formats (face to face or virtual, 1-1, groupwork) across Solihull, including but not limited to community hubs, substance misuse services, social housing, centres hosted by the Voluntary and Faith sector, secondary health care venues and Primary Care Networks.
- Inclusion of 24/7 digital support, such as an AI phone app/NHS app.
- Developing and delivering a communications strategy, which will raise awareness of the harms of smoking and tobacco use, encourage people to quit, and provide information on the range of local and national support options.
- Reducing health inequalities in Solihull by ensuring service provision is tailored and prioritises groups at high risk of tobacco related harm.
- Provision in workplace settings.
- Delivering 'Very Brief Advice (VBA)' training to the wider health system and referral key partners.
- A database suitable for capturing a patients quit journey up to 12 weeks including details of pharmacotherapies used, that is compliant with NHS Digital reporting requirements.
- Information sharing agreements should be in place to enable effective monitoring of interventions and outcomes between stop smoking providers, for example ICB and community provision as part of the NHS long term plan.

4.2 Interventions

The Service shall provide a 12-week comprehensive, flexible and evidence-based behaviour change programme, which will be tailored to meet the specific needs of individuals. Interventions will be delivered in accordance with NICE Guidance[1] and the National Centre for Smoking Cessation and Training practice guidance[2]. Interventions will include but are not limited to:

- Helping clients to identify why they smoke, their smoking triggers and their smoking behaviour. Offering supportive and non-judgemental advice and support. Motivational interviewing, self-compassion attitudes and applying an asset-based (or strengths-based) approaches, to support individuals to value the skills, knowledge, and resources they have to abstinence from smoking.

- Working with patients who would like to reduce the harm from smoking to cut down, to increase their readiness to quit by helping them to develop a schedule detailing how much they aim to cut down (and when) in the lead up to that date. Patients will be encouraged to set a specific quit date. Normally this quit date should be within 6 weeks of them starting 12 week behavioural support.

- Behavioural support and licensed stop smoking medicines, or nicotine containing devices (Electronic Vaping Devise/vapes) will be utilised as appropriate to achieve a 12-week CO[3] verified quit in adults 18 +, and 4 weeks co- verified quits in children aged 12-17 with support of NRT for those children 12 years and above, in line with best practice. Please note that Electronic Vaping Devise are an age restricted products and not permitted for use in under 18's by law.

- Interventions that are multi-sessional will as a minimum offer, a pre-quit assessment, a planning to quit session, support on quit day, and then weekly support for at least the 4 weeks following the quit date. This will culminate in a total potential client contact time of at least 2.5 hours (from pre-quit preparation to four-weeks after quitting). Ongoing support to the end of 12-week period is required with CO-validation taking place at 12 weeks to confirm smokefree status. The Provider shall ensure effective monitoring, service user compliance and on-going access to medication.

- A peer support/stop smoking champions scheme that actively helps to build demand for the service by raising awareness of the harms of smoking and promotes the Service.

4.3 Eligibility

Adults aged 18+ and children and young people aged 12-17 years who are a resident of Solihull (i.e., Council Tax is paid to Solihull Council), or be registered with a Solihull GP to access and be provided with this free service.

---

[1] Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE

[2] Briefings and practice guidance (ncsct.co.uk)

[3] Biochemical (CO) verification is important to validate smoking status and as a marker of quality service provision.

The Service will be available to individuals who want to temporarily abstain from smoking for example because they are going to have a hospital operation or treatment. Clients who are completing cut down to quit programmes and temporary abstinence are encouraged to use NRT medication or Electronic Vaping Devise to avoid compensatory smoking and to increase chances of stopping in the longer term.

The Service will be available to smokers who do not want to or are not ready to stop smoking in one go.

4.3.1 Target Groups

In addition to the universal offer, the Service will have an enhanced focus on reducing smoking and tobacco dependency for 'target population groups' to effectively maximise a reduction in smoking prevalence and health inequalities. Target groups are cohorts who are recognised as having above average smoking prevalence rates, generally face additional challenges in successfully stopping smoking, and therefore require a more intensive approach to engage them, and to support them to successfully quit.

Target groups are defined as:

- Routine & Manual Workers.
- Sick & Disabled/long term unemployed
- Under 25's
- Current diagnosed Mental Health Condition
- Socio-economic disadvantaged
- Pregnant women and their partners
- Care leavers.

4.3.2 Children and Young People aged 12-17 years old.

Stop Smoking and Tobacco Control will be available for children and young people who want to stop smoking and be embedded with other programmes to ensure they reach as many children and young people as possible (e.g., through healthy school programmes, and health services on secondary school sites and in other youth services and settings).

The Service must offer behavioural support over the duration of the 6–8-week period at an appropriate intensity in line with needs of C&YP. A combination of face-to-face individual 1-1 and closed group support, online and via phone must be offered via a range of accessible venues in line with the wants of service users and best current evidence. Additional support may be given by text or phone, online through websites, apps and other digital and social media as appropriate.

The service should be tailored to the young person's level of addiction and dependence, quitting and medical history and personal factors. The service should address barriers to quitting for young people.

Provision will be available across the borough in a number of appropriate settings that are accessible to children and young people including: schools, colleges, community buildings, community youth team settings, education and referrals centres, temporary housing and accommodation and living accommodation for looked after children, community mental health service buildings for children.

The provider must develop a Gillick Competency policy to ensure appropriate measures are in place for consent where parents will not be notified that their child is accessing stop smoking treatment.

4.3.2 Workplace provision

Stop Smoking sessions delivered to workplace groups in Solihull will be open to all employees irrespective of their place of residence of GP.

4.4 Out of Scope

SMBC will retain responsibility for Pharmacotherpay (NRT) products.

Children who are below age 12 and who smoke will be able to access the service by exception and at the discretion of the provider but would normally be supported via their GP.

The Provider has the right to refuse service provision to any individual who displays behaviour that is deemed unacceptable by the Provider.

4.5 Service Location and venues.

The Service will be and available in a variety of formats , which may include a combination of 1-1, group, online, video conferencing, telephone, text support and through a digital application. However, face to face support must remain priority provision and first line offer.

Providers delivering this Service are expected to be working towards a smokefree organisation. A Smokefree organisation has:

- A comprehensive Smokefree Policy in place across the whole site including grounds, car parks, entrances, and exits.
- An electronic vaping policy
- All staff are encouraged to stop smoking and have access to support.

4.5 1 Face to Face delivery

In person support will be available at a range of locations across the borough that are assessed as appropriate to meet the diverse needs of Solihull residents. Local intelligence, for example local health profiles, and the Fair Treatment Assessment will inform the Providers planning of locations. Community settings will include but are not limited to community hubs, substance misuse services, social housing, centres hosted by the Voluntary and Faith sector, secondary health care venues and Primary Care Networks.

The Provider’s fixed sites shall be suitable to accommodate open access, as well as scheduled one-to-one appointments and group activities and may act as the central base for multi-disciplinary teams. The venues must be accessible and convenient and be in an appropriate setting that does not stigmatise patients. Premises shall be fully compliant with all requirements of the Disability Discrimination Act in respect of accessibility.

The Provider shall provide and operate all required premises within the Contract Price. It is the responsibility of the Provider to ensure that all Provider premises (including vehicles) being used for the Service are fit for the purpose of providing the Service, including compliance with any respective standards. The Provider shall conduct regular risk assessments on all premises utilised.

The Provider shall be responsible for securing and developing any fixed site premises and shall be responsible for any rent, maintenance, running costs, safety and upkeep of any premises used for the provision of the Service.

The Provider shall provide the Commissioner with details of proposed locations for delivery of the Services and component interventions and must notify the Commissioner of any planned changes to service locations.

4.5 2 Remote Delivery

The Provider shall offer remote sessions using a range of options such as telephone or video platforms (e.g., WhatsApp, Messenger, Teams, Zoom etc.). Advisors should always ensure that patients are asked what their preference is and ensure they have, and can use, the necessary technology if required.

At the 4-week and 12 week quit marker the Provider should make every effort to encourage a face-to-face appointment to validate a quit by a CO measure. Where this is not possible, a self-reported quit will be acceptable for monitoring purposes.

4.6 Operating Hours

The Service will be available at times which best meet population needs. This will include evenings and weekends.

4.7 Staffing requirements

The Provider will maintain a highly motivated and competent staffing team that has sufficient capacity to deliver the service. The staffing team will have the necessary skills and competencies to effectively deliver the requirements of the Service.

The Provider will ensure staff are:

- Trained in Very Brief Advice in Smoking Cessation and completed the National Centre for Smoking Cessation recommended training (NCSCT e-learning)
- Have specialist knowledge on the harms of smoking and tobacco dependency.
- Understand the issues and challenges smokers face when stopping smoking and have the ability to use this knowledge and understanding to provide a tailored response.
- Capable of identifying and assessing individuals needs and working with them to develop a shared plan to quit.
- Have good written and verbal communication and inter-personal skills.
- Able to confidently engage with individuals and have motivational conversations.
- Able to work constructively in partnership with other agencies including Social Care, Health, Housing etc.

The Provider will undertake regular training and development with their staff and volunteers. Where additional training needs are identified, the Provider shall arrange training and supervision to help staff to develop the necessary skills and competence to provide effective support.

Ideally staff employed to undertake tobacco control work will be non-smokers.

The provider must retain up to date records of staff accreditation and make these available for audit by the commissioner.

4.8 Quality

4.8.1 Best evidence, Best Practice and Clinical Guidelines

The Service will be provided in accordance with best local, national and international evidence, guidance and best practice. The Provider will ensure they are up to date with new developments, research, and guidance. This will include, but is not limited to : DOH, OHID, NCSCT, NHS England, Kings fund, Nice Guidance, Cochrane reviews, ASH UK, Royal College of Physicians, examples below:

Stopping the Start Policy Paper

Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE

E-cigarettes and vaping: policy, regulation and guidance

National Centre for Smoking Cessation

Action on smoking and health

NCSCT stopping vaping v9

4.8.2 Managing Databases

Consideration to ethical and compliance with legal[4] issues when managing and/or using a database, including ownership of data and data structures and data protection.

If you are not the owner of the database, assurance is required that you have the appropriate rights to access and permission to share relevant data.

Regardless of the ownership of the database, any personal data contained within it will be subject to data protections law (based on the General Data Protection Regulations (GDPR) and the Data Protection Act (DPA).

4.8.3 Digital Applications

[4] 1988 Copyrights, Designs and Patents Act and Copyrights and Rights in Databases Regulations 1997

Digital stop smoking interventions delivered via the use of information technology such as text messages or smartphone applications can assist with expanding the reach of a stop smoking service among people who might not otherwise access support. Digital interventions should be designed to deliver evidence-based behaviour change techniques.

Digital applications are required to be compliant with Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018[5]. In addition, any application which deploy cookies, is required to ensure users are informed about cookies, give consent for their use, or decline them. In the UK, the key law governing the use of cookies is the PECR. Providers will be required to undertake a Data Security Self-Assessment, as part of GDPR.

5. Partnership & Interdependencies

Successfully achieving our vision requires a strong partnership approach. Birmingham and Solihull's co-chaired Tobacco Control Alliance is being refreshed and it is envisaged will play a pivotal role in building the essential multi agency commitment that is needed for connectivity across the system.

This Service will represent the principle local offer to smokers who are seeking help to quit. This will operate in conjunction with work led by our Trading Standards team to reduce the availability of cheap and illicit tobacco, and NHS funded tobacco treatment services to be offered to anyone admitted overnight to hospital, pregnant women and their households and long-term users of mental health services.

Effective partnership will be demonstrated through established referral pathways, training to key frontline practitioners, and signposting.

5.1 Referral Pathways and Processes

Partnership working with other services, agencies, and stakeholders across Solihull and the Integrated Care System for Birmingham and Solihull will be integral to embedding seamless identification of potential patients and routes into Service pathways. In addition, there must be reciprocal signposting to other relevant services for patients to support them to address other lifestyle changes wider social determinants of health (for example, the Adult Weight Management Service, Social Prescribing Link Workers, Health, and Wellbeing Care Coordinators)

The Provider will:

- Work with Responsible Officers at the Solihull Metropolitan Borough Council and Providers of the NHS Tobacco Dependency Services to ensure an efficient and effective transfer of care pathway for smokers discharged from the NHS Tobacco Dependency Services is established and maintained.
- Work with Responsible Officers at the Solihull Metropolitan Borough Council to support Birmingham and Solihull Tobacco Control Alliance.
- Work with Responsible Officers at the Solihull Metropolitan Borough Council to deliver Swap to Stop and other relevant initiatives.

---

[5] Understanding accessibility requirements for public sector bodies - GOV.UK (www.gov.uk)

- Feedback to Providers of the NHS Tobacco Dependency Services results of the 28-day review.
- Work jointly with maternity services to provide an 'opt-out' referral pathway to the Service for all Solihull pregnant women who smoke, which is compliant with UK GDPR and best practice.

Partnerships and referral sources will be developed and maintained with:

- GP practices and Primary Care Networks (PCNs)
- Community pharmacies and Local Pharmaceutical Committee.
- Registered Social Landlords (RSL's)
- Social Care services.
- Solihull Integrated Addiction Service
- Local employers of routine and manual occupations.
- Fire services.
- Sexual health services.
- Solihull Family Hubs
- Health Visitors, School Health Nurses and Further Education Colleges.
- Mental Health Services.
- Maternity services (antenatal and postnatal), contraceptive services, and fertility clinics.
- Secondary Care NHS Tobacco Dependency Service.
- Solihull Youth Justice Service
- BSol Integrated Care Board (including Medicines Management and Optimisation Team).
- Commercial and Private Organisations.
- VCSE or organisations such as Citizen Advice Bureau.
- Carers networks
- Other Lifestyle services (such as Adult Weight Management Programme, Lifestyle Checks and Solihull Active).

The Provider shall accept referrals from any source and have clear and accessible processes to accept referrals. The Provider will be required to work with partners to maintain existing and establish new referral pathways that are suitable for the needs of referrers and clients.

The Provider shall ensure that the Service works with partners to accommodate their preferred referral method where possible, e.g., electronic referral from primary care systems.

The Provider shall ensure that the Service attempts to contact a service user within 24 hours of receipt of referrals and arrange an appointment within 2 working days of receipt of an enquiry or referral. A minimum of 3 attempts at differing times of day should be made. If the service has been unable to contact a service user, a follow up invite to contact the service should be sent by text, email, or post.

5.2 Professional Training & Resources

Very Brief Advice (VBA) is a proven 30 second clinical intervention developed in the UK, that can be delivered by all professionals. VBA is a three-stage model based on:

Ask – do you smoke?

Advise – methods of quitting.

Act – refer to local Stop Smoking Service.

VBA will be a critical enabler in reducing rate of smoking and the Provider will be required to roll out VBA training across:

GPs/dentists/pharmacists/ health visitors/adult & child Social Care and Wider settings to practitioners who regularly engage with smokers, which will include but is not limited to housing/SIAS/Family Hubs/ food banks/ Employment Hub/College and Schools/voluntary, community and faith organisations.

To raise awareness, promote the service offer and to keep partners up to date with the latest research, best practice and emerging trends, a training package will be developed and provided to key partners.

Resources and training provide evidence based clear facts about vaping for adults and Children and Young People.

The uptake and impact of training will be monitored and reported quarterly to the Commissioner.

5.3 Signposting

The Service will establish processes to support reciprocal signposting to other relevant services, to enable patients to address other lifestyle changes, barriers to their success in stopping smoking, for example adult weight management, lifestyle or health check, physical activity, debt advice etc.

6. Equality and Diversity

As a local authority we are bound by the Public Sector Equality Act, and therefore require this service to support us in our duty. The provider must read the Solihull Fair Treatment Assessment 2023 and implement findings as appropriate. The Provider shall ensure that the Service shall continually assess need and understand the constraints and barriers for the specified priority groups and have regard to specific protected equality characteristics outlined in the Equality Act 2010:

1. Age
2. Gender
3. Race
4. Disability
5. Religion or Belief
6. Sexual Orientation
7. Gender Reassignment
8. Marriage or Civil Partnerships
9. Pregnancy and Maternity
10. Poverty and financial inclusion

The Provider shall adopt a culture of proactive engagement with service users to identify and address barriers to access. The Provider shall consider the different needs of priority groups and offer flexibility in service delivery; this may include providing an alternative offer responding to a specific need, e.g., poor mobility or low literacy. The Provider shall ensure that service users accessing the service reflect the demographics of the priority populations they are commissioned to serve.

The Provider shall ensure that the service is accessible to service users from a diverse range of ethnic, religious, and cultural backgrounds; this will include providing culturally responsive interventions in a variety of community languages.

The provider will ensure that the service in terms of staffing is representative of the Solihull community and is culturally competent in delivery of stop smoking support addressing the needs of all smokers sensitively. Staff will be culturally appropriate and trained.

The Provider shall ensure that it offers a reasonable adjustment under the Equality Act to service delivery, where appropriate, to ensure ease of use for all client's groups, including those with a learning disability, mental illness, autism, and physical disability or sensory impairment. This may include, but not be limited to, the offer of remote delivery, posting out of materials and treatment (e.g., NRT), out of hours service delivery including evenings, longer appointment times, easy to read information, information in alternative formats etc.

The Provider must have a policy regarding Equality and Diversity. The provider must adhere to the policy to ensure that it does not discriminate on the basis of protected characteristics. The provider must comply with the Equality and Diversity Act 2010 and monitor compliance.

7. Performance and Monitoring

7.1 Information Reporting Requirements

To support an outcomes approach, performance will be assessed using a Results Based Accountability method, which is based on measures which demonstrate:

- What did you do?
- How much did you do?
- How well did you do it?
- Is anyone better off?

To demonstrate how outcomes are being achieved and the effectiveness of interventions, The contract will be monitored, and each quarter the Provider shall provide quantitative and qualitative information. This will include demographic information to evidence compliance with equality responsibilities, and contribution to health inequalities. There is also a requirement to collect and submit quarterly in compliance with activity NHS-E England Stop Smoking Services Collection requirements.

All data must be collected on a database, such as current database provided by Bionical Solutions Ltd. or alternative agreed database approved by commissioners ***No paper forms can be accepted.*** SMBC currently directly commission a compliant database, and this will continue to be used during the early implementation phase. If the Provider does not have a compatible in-house database, there is an option to take responsibility for sub-contracting with the existing or another appropriate provider. All systems and

communications should comply with all aspects of the Data Protection Act 2018, UK's General Data Protection Regulation. The provider will carry out regular audits and assessments against national guidance (e.g., NICE guidance) and report to the Commissioner as requested.

The Provider will undertake regular data checks / audits to ensure data reporting is consistent and accurate and follow the exception reporting procedure when results fall outside the expected success rate range. For example, where 4-week quit rates are lower than the 35% or above 70%, the Provider will determine the reasons for unusual performance, and identify best practice and ensure it is being followed and to improve performance and delivery.

7.2 Service Outcomes and Key Performance Indicators

Increasing the number of people setting a quit date and 4 week quit outcomes will support delivery of Solihull Public Health objectives as detailed in table 1.

Table 1

Strategy	**Objective**
Tackling health inequalities in Solihull; a blueprint for Solihull 2022-2025	Improving health inequalities to improve the lives of those with the worst health outcomes.
Solihull Outcomes Framework	More people adopt a healthy lifestyle
Living well in Solihull – An all-age prevention strategy for Solihull 2023-2028	Improving access to information and advice, including digital access, to support prevention

The OHID grant carries yearly quit targets as detailed in table 2. These are combined with Solihull existing targets to form a key performance indicator framework for this Service, as detailed in appendix 2.

Table 2

National Goal Increase	Smoking Population Proportion	1 Year figure (Goal* Smoking Proportion)	5 Year Figure	Y1 (25%) Increase	Y2 (50%) Increase	Y3 (125%) Increase	Y4 (150%) Increase	Y5 (150%) Increase
193,908	0.317%	614	3,072	154	307	768	921	921

Current Rate (as reported in SSS)	Year 1 Total	Year 2 Total	Year 3 Total	Year 4 Total	Year 5 Total
619	773	926	1,387	1,540	1,540

SMBC reserve the right to verify submissions of performance and monitoring data.
The Provider will comply with DHSC minimum standards for data collection, collation, and reporting in line with the most current guidance (NCSCT and PHE Stop Smoking Services Monitoring Guidance 2014). Full and accurate completion of individual client data on the DH recommended Gold Standard client data monitoring forms and data verification for each client (as referenced in the Stop Smoking and Nicotine Cessation Services Monitoring Guidance

The provider is expected to collect 4 and 12 week quit data as specified in the Key Performance outcomes Table 1

8. Service Branding, Marketing and Communications

Marketing of the service is the responsibility of the provider. The provider must develop an annual communications plan that outlines how they will promote the Service to high priority prevalence groups. This should be done via a wide range of routes to promote access to the service and share information on what is available locally, e.g., using social media, GP practices text messages to patients, print media and other collateral such as bus and market advertising.

The provider must agree any proposed promotional materials for the service with Solihull Metropolitan Borough Council (the Commissioner).

9. Information Governance and Data Security

Data provided by the Provider may be used by Solihull Metropolitan borough Council for data quality reviews, contract and performance management, strategic needs assessments and epidemiological studies, resource allocation, audits, research, and service planning.

10. Social Value

The Public Services (Social Value) Act came into force on 31 January 2013. This requires the Local Authority to consider how we can secure wider social, economic, and environmental benefits through commissioning. SMBC defines Social Value as:

“*A process whereby organisations meet their needs for goods, services and works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment.”*

All Suppliers and Providers commissioned by the Local Authority will have a proportionate responsibility to do their bit for the borough. Solihull is signed up to the National Themes, Outcomes and Measures framework.

Many parts of this service specification will support the Provider to do this. The provider will make specific social value commitments, using the National TOMs, for the duration of the contract and provide evidence against each social value objective to explain how each commitment will be delivered. Providers should refer to Appendix H Social Value Dos and Don'ts for Tenderers for advice on how to submit a good Social Value response."

11. Appendices

Appendix 1 – Smoking Fair Treatment Assessment

Appendix 2 – KPI framework

Schedule 1 Supplement – Service Relevant Clarifications:

Ref	Date Received	Subject	Clarification	Clarification Response
001	07/05/24	Core funding	Based on the information given in paragraph 1.10 of the ITT, can you please advise as to the guaranteed annual budget of the core service is (without the grant funding).	Please refer to the price schedule which provides full break down into Public Health and OHID Grants.
002	07/05/24	Targets KPI's	Can you please confirm whether the quit targets in Table 2 of the service spec (page15-16) are for 4 week quits or setting quit dates.	Quit targets in Table 2 are Setting quit dates.
			Also, for avoidance of the doubt, are the KPIs in Appendix 2 the combined targets (core service and grant) for the full budget?	Appendix 2 KPI's are combined targets of Core and Grant
003	07/05/24	NRT/PT	For the avoidance of the doubt, can commissioners please confirm that NRT/Pharmacotherapy is not expected to be paid from the service budget?	The NRT/Pharmacotherapy budget is separate to the service budget and will remain the responsibility of the commissioners.
			Also, how is the pharmacotherapy currently being supplied (prescription/ direct supply/ voucher?)	NRT is direct supply. E Cigs – on-line voucher redemption
			Also, for avoidance of the doubt, are the KPIs in Appendix 2 the combined targets (core service and grant) for the full budget?	Appendix 2 KPI's are combined targets of Core and Grant
005	09/05/24	Dispensing Fees and	Do you reimburse community pharmacies:	- Only Pharmacies contracted to deliver Smoking Cessation service on behalf of SMBC are

Ref	Date Received	Subject	Clarification	Clarification Response
		Postage for community pharmacies		reimbursed for NRT Medications – this would be at trade price. Pharmacies must only supply NRT recommended by commissioners.
			- Vaping products. At what price?	- Pharmacies are paid a set price per quit attempt there is no payment for dispensing.
			- Do you offer community pharmacies a dispensing fee for NRT and vapes? - What is the dispensing fee?	- Service offer requires patients to be seen in person within pharmacy. There is therefore no requirement for home delivery or postage.
011	13/05/24	GDPR Schedule 15	We note that Schedule15 of the contract for this service indicates the provider would be the Data Processor. We believe that the provider would be a Data Controller rather than a Data Processor. Please could commissioners confirm whether this is negotiable?	We will confirm arrangements with the successful provider.
			Any clarity you are able to provide regarding the above would be greatly appreciated.	
013	13/04/24	Q4	Question 4 (value) states: "Include proposed number of clients who can be supported each year, including numbers of outputs divided by the total funding." Can you please advise which outputs you are expecting to see i.e. quit dates set, 4-week/12-week	Outputs required: Setting a quit date and 4-week quits, as set out within the KPI framework.

Ref	Date Received	Subject	Clarification	Clarification Response
			quits, CO verified quits? This will ensure all providers give the same data to enable value for money to be determined.	
014	13/04/24	Various	1. Can you please confirm the assets that are being transferred to the new provider?	There are no assets.
			2. Which information systems do GP use?	Bionical Solutions Ltd. Contract expires 31 March 2025 when alternative arrangements for sourcing database transfers to provider.
			3. Can you please confirm the incumbent's activity over the last three years? Where appropriate can this be broken down by core service and any subcontractors/service level agreement providers?	This was commissioned as part of a wider service so not applicable as this is a new standalone service.
			4. Can you please confirm the Information System being used to capture performance and produce reports? Is this the same for the core service and subcontractors/service level agreement providers where applicable? Is it the responsibility of the provider to provide a database as part of the contract?	Please refer to response to no.2. The responsibility for sourcing a database will transfer to the new supplier.
			5. Can you please confirm details (names and monthly/yearly rents) of all premises currently being	Leases are short term and would need to be negotiated

Ref	Date Received	Subject	Clarification	Clarification Response
			used to deliver this service; are leases available to the new provider?	by new providers with venues.
			6. Can you please confirm the previous budget and target/activity	Not relevant as this is a new service model.
			8. Will outcomes achieved through digital apps be counted towards the KPIs? We have a stop smoking app as a standalone product.	Outcomes achieved through digital app will be counted towards KPI's. Breakdown of how quits are achieved will be required.
			12. Will the Council provide an indemnity for any missing, misleading or incorrect TUPE information provided to the Provider prior to the start of the Agreement for the transferring employees?	The Council will exercise its reasonable endeavours to verify the completeness, authenticity and accuracy of the information or document, but no indemnity will be provided.
			13. Can you please confirm if NRT AND Pharmacotherapy is included in the financial envelop?	This is excluded.
			14. Can you please confirm the pharmacotherapy spend over the last 3 years broken down by year.	This is excluded and not relevant.
015	14/05/24	ISSA	As an existing provider of services to Solihull Council, are we required to complete a new Security Self-Assessment for this tender or is the existing one sufficient?	You will need to complete a new Information Security Self-Assessment.
016	14/05/24	Q4	Please can we request some reassurance around the	Yes.

Ref	Date Received	Subject	Clarification	Clarification Response
			funding for this contract? In Question 4, Value (Price), we are asked to give our proposed outputs for the full contract term (5 years), based on the defined budget (£322,250.00). However, question 3.3 (Sustainability), suggests that the budget my reduce by c50% during the contract term if the OHID grant is discontinued. Can the council please confirm that any outputs presented in the provider's response to Question 4 will be subject to review in line with any reduction in the contract budget?	
019	14/05/24	ITT	Within the service specification, Care Leavers are included as a target group. However, within 08 Schedule 1 Appendix 1 Smoking Fair Treatment Assessment (p17), the analysis given against Care Leavers refers to Looked After Children. Can you please advise if we should focus on Care Leavers, Looked After Children or both?	Please include both.
020	14/05/24	Quit with Bella	Will the Quit with Bella app still be available to residents once the new service is in place?	It is the responsibility of the provider to source the digital app.
021	14/05/24	Pricing	Please can we clarify the year 1 to year 5 pricing	The OHID funding and targets are set by Central Government, and it is our

Ref	Date Received	Subject	Clarification	Clarification Response
			against the annual increase in KPI's	understanding that the funding level and targets are indicative and set annually by Central Government.
			We understand that the OHID and PH funding is the same each year and the pricing document confirms this, in that the annual cost for delivery of the service cannot go above the annual funding of £322,250.	
			But the KPI's for number of quits attributed to the OHID funding increases across the term of the contract from 154 in year 1 to 921 in year 4 and 5.	
			How would the commissioner like to see the increased costs that would be necessary to increase the no of quits from 154 to 921 as this is not flatlined as the pricing document would suggest this needs to be shown.	
023	15/05/24	ITT	1. Is a provider expected to have fixed premises site in Solihull?	1. No. but will be required to be visible locally and hold face to face clinics locally.
			2. Can you confirm the current level of 4-week and 12-week quits and what percentage of each is CO-verified?	2. Not relevant due to change in contract values. 52% of patients quits are CO Verified. CO Verification would only be measured against face-to-face appointments.

Ref	Date Received	Subject	Clarification	Clarification Response
			4. Will there be a KPI for number of CO-verified 4-week and 12-week quits?	4. Yes based on face-to-face interventions only.
024	16/05/24	ITT	1. The Quit Manager licence is currently held (and paid for) by Solihull MBC. Will this arrangement continue under the new contract or should the cost of the licence be built into the costs?	1. The existing licence for quit manager is due to expire on the 31/03/25. As per the tender documents responsibility for extension of licence or purchase of alternative database will fall with new provider.
			2. Does the contract spec include direct commissioning/sub-contracting of Primary Care Providers (pharmacists and GPs) by the provider? If so, is there a designated or ring fenced amount that is expected to be spent on sub-contracting to Primary Care?	2. Commissioning and sub-contracting of primary care providers will be responsibility of new provider. There is no designated or ring-fenced amount for this area of intervention.
025	16/05/24	ITT	Please can commissioners provide more information regarding 5-year targets set in section 7.2 of the specification, specifically how the baseline of 619 quits per year has been set? According to NHS digital Q4 (Annual) statistical report April 22-March 23, in Solihull 619 people set a quit date, with 295 successfully quitting (53 CO verified). Do the tables in section 7.2 set targets for quit dates, rather than quits achieved?	Yes, the tables in section 7.2 set targets for quit dates.

Ref	Date Received	Subject	Clarification	Clarification Response
			Any clarity you are able to provide regarding the above would be greatly appreciated.	
027	17/05/24	Specification	With reference to 14.3.2 of the specification, is there an expectation that interventions for young people will be 6-8 weeks, rather than 12?	Yes, however as also stated in the spec: The service should be tailored to the young person's level of addiction and dependence, quitting and medical history and personal factors. The service should address barriers to quitting for young people.
028	17/05/24	Service Volumes	Please can you provide some additional information around the service volumes, as follows:	
			1. Document '08 Schedule 1 Appendix 2 KPI Framework v5 FINAL' states that the number of clients setting a Quit Date in Year 1 should be 1,600, and that this should increase in the following years. To what extent do you expect these numbers to increase in each of the following years? For example, will you adopt the approach described in our question 3 below?	1. 1600 setting a quit rate allows for a 50% drop out achieving 4wk quits. The targets set will be reviewed annually and will reflect OHID targets and performance.
			2. We note that on pages 15-16 of the specification, Table 2 shows yearly targets for quits, as follows: Year 1 - 773; Year 2 - 926; Year 3 - 1,387; Year 4 - 1,540; Year 5 - 1,540. Please can you confirm whether or not	2. Page 15-16 refer to additional numbers required by OHID funding. The KPI framework provides the actual targets for both SQ and Quits.

Ref	Date Received	Subject	Clarification	Clarification Response
			these are the definite quit targets for the service? (e.g. the KPI Framework doc states the quit target for Year 1 as 800).	
			3. If the answer to question 2 above is 'yes', will you be expecting the provider to deliver double the number of Quit Dates as quits for each year of the contract (as per Year 1, where the KPI Framework states the Quit Date target as 1,600 and the quits target as 800)? i.e. would you expect 1,852 clients to set a Quit Date in Year 2, and 2,774 clients to set a quit date in Year 3, and so on?	3. The KPI's will be reviewed annually as part of contract management and will be in line with OHID requirements, it is not a doubling every year target.
			4. If the answer to question 2 above is 'yes' are these volumes to be delivered in their entirety solely by this service, or are they the total to be achieved collectively across the local authority area by the Solihull Stop Smoking Service AND any other locally commissioned services (such as pharmacy or GP stop smoking services)?	4. Volumes within KPI Framework will be delivered in the entirety by the new provider and any subcontractors they wish to contract with.
029	17/05/24	Specification	1. Table 2 on pages 15-16 of the spec states the 'Current Rate (as reported in SSS)' as 619. To ensure we have understood this correctly, please can you clarify whether this number relates	1. Page 15-16 refer to additional numbers required by OHID funding, based on previous years rates. The KPI framework provides the actual targets for both SQ and Quits.

Ref	Date Received	Subject	Clarification	Clarification Response
			to the most recent annual number of quits achieved in Solihull? Or if this isn't correct, please can you clarify what the 619 number relates to?	
			2. If the answer to question 1 above is 'yes' (i.e. 619 is the most recent annual number of quits achieved in Solihull), please can you share what the budget was for this delivery? This will be extremely helpful for context.	2. Previous budget is not available/shared due to the service being completely different and part of an integrated lifestyle service.
030	17/05/24	ISSA	In regards to 'Appendix G Schedule of Processing Data, Personal Data and Data Subjects', please could the commissioner advise if the Solihull 'Information Security Self-Assessment' should be completed as part of the submission i.e. by tender submission date, or only by the successful bidder once the tender has been awarded?	This can be completed as part of your submission, or you can wait until notified if successful.
032	20/05/24	Appendices & Q4	2. Question 4 query - the test requests that we include proposed number of clients per year including OUTPUTS divided by total funding. Can I just clarify if this should read outcomes (number of quits etc) rather than outputs (activity)?	2. We are using outputs as an outcome indicator.
036			Could you please provide further clarification	The OHID targets were shared for information to bidders. The

Ref	Date Received	Subject	Clarification	Clarification Response
	22/05/24	Quit Date Targets	regarding the Quit Date Set targets. Table 2 in the spec suggests these increase year on year up to 1540 in year 4 and 5, however the KPI table indicates these start at 1600 in year one and increase year on year?	targets set in the KPI framework represent a combination of OHID and Public Health targets. KPI threshold targets will be reviewed and agreed annually.
			Is the table purely showing OHID targets which should then be added to Public Health Targets to total 1600 in year one? If so, could you provide break down of Public Health Targets year on year?	
			Or, if this is correct, what is the anticipated increase by commissioners year on year to year 5 in total?	
039	22/05/24	ITT Part 3 Appendix G	Thank you for responding to our question regarding the role of Data Controller vs Data Processor. Noting that you have said that you will confirm arrangements with the successful provider, can you please confirm whether providers should still submit appendix G as part of their submission, even though details could change post award, or whether only the successful provider will be asked to provide this post award, following further discussion and agreement.	After consultation with our information governance, we advise that as per the original position, the Council is the data controller, and the provider will be the Processor.
			Any clarity you are able to provide regarding the above	Appendix G is a part of the ITT which needs to be returned by

Ref	Date Received	Subject	Clarification	Clarification Response
			would be greatly appreciated.	the tenderer. The schedule is also replicated in the contract Schedule 15 (see Part 2 of the ITT) - and this is finalised with the successful provider's detail. However, we do ask that you complete the document with your DPO's details and sign that section of the Part 3 - Appendix G.
				Ref GDPR and Appendix G, minor queries can be discussed pre-signing any contract.
040	23/05/24	Transfer of Service Users	Can the council please clarify if there will be a transfer of service users from the current service to this new service.	Yes, there will be a transfer of service users. The current service will continue until 31/8/24, which is expected to provide a short period of crossover where both services will be running. All open service users will transition by 1/9/24.
041	28/05/24	Q4	We have reviewed the responses regarding the targets (Q036), and we do require some further clarity. Could the commissioner please provide each years expected activity (SAQD/Quits) to support responses to Question 4:	KPI's will be mutually reviewed annually between the provider and PH commissioners, against performance achieved local prevalence rates and OHID defined targets.
			4.1 How will the Provider build demand to achieve performance targets within the defined budget, and maintain quality interventions demonstrating	The KPI's are set to demonstrate return on investment for both the PH grant and OHID grant funding combined. (Grant doubling LA stop smoking budget)

Ref	Date Received	Subject	Clarification	Clarification Response
			a good return on investment (value for money)?	
			• Include proposed number of clients who can be supported each year, including numbers of outputs divided by the total funding.	The number setting a quit date would need to be distinctly higher to allow for drop out to conversion into achieving 4 and 12 week quits.
				The SQD KPI target is: 1600 (x2 The OHID SQD target: 773 rounded up aspirational target)
				The KPI 4 week quits are: 800 – (50% or above conversion from SQD)
				So, for year 2 based on OHID SQD target of 926, (x2) the PH KPI would be 1850 (rounded down) and 4 week quit target would be 925 (rounded down based on 50% or above conversion rate) and so on . .
				To reiterate the targets are not set to double year on year, these workings are based on targets published by OHID and Solihull prevalence rates - that could change. The above are approximations only. KPI's will be reviewed and set in contract review meetings.
043	29/05/24	Payments	We have a question regarding the quarterly payments. Are they in arrears or in advance? We have to pay for our staff and resources monthly and within 30 days. To support	Our preference would be to pay invoices quarterly in arrears, but we are able to pay invoices monthly in arrears if this is preferable to the successful bidder.

Ref	Date Received	Subject	Clarification	Clarification Response
			provider's cash flow, would commissioners be willing to consider paying by month, which is in line with good public sector procurement policy?	
048	18/06/24	App Data	Please confirm that the proposed app being used as part of your delivery plan is able to provide data on Solihull 4 and 12 week quits and is compatible with NHS Digital quarterly returns?	[ABL Health] In response to your question, we use the Smoke Free app which can be supported with NRT / Vape and provide data on 4 and 12 week quits. Yes, the outputs can be collated and submitted to the DoH reports.

---

[i] *Up in Smoke How Tobacco Drives Economic and Health Inequalities CA-West Midlands Position ASH 2022.*

[ii] *Local Tobacco Control Profiles* *Local Tobacco Control Profiles - OHID (phe.org.uk)*