VCSE Brokerage Framework:
Information and Guidance for the Smokefree Peer Support Programme

Published date:	1st July 2025
Deadline for clarification questions:	24th July 2025, midday
Deadline for proposals:	14th August 2025, 5pm

Introduction

This document provides information and guidance for Voluntary, Community and Social Enterprise (VCSE) organisations to make proposals to deliver activities to address the desired aims, objectives and outcomes of the Bristol, North Somerset and South Gloucestershire (BNSSG) Smokefree Peer Support programme.

Integrated Care Board (ICB) resources hosted by North Somerset Council have been made available to support people across BNSSG, to stop smoking, and reduce or prevent relapse from smoking, this is alongside already commissioned smoking cessation services.

The VCSE Brokerage Framework is a system-wide approach to enable a diverse range of VCSE organisations to deliver health and wellbeing outcomes in local communities. This is through their involvement in wellbeing/health programmes across the Integrated Care System (ICS) health and social care partners. The Framework provides a standard, robust and inclusive process for assessing the best proposals for community activities. This approach was initially co-designed and tested during 2024/25, with further developments during 2025/26.

The opportunity for VCSE organisations to make proposals to meet the aims, objectives, and outcomes in this document, is provided by the BNSSG VCSE Brokerage Framework. We are inviting proposals from VCSE organisations that have been accepted onto the Framework (with or without conditions) or have an application in process. Note that all Brokerage Framework conditions need to have been completed before an award can be finalised.

Things to note when developing your proposal

- All parts (the blue boxes) of the Proposal Form should be completed.
- Word limits – maximum word limits are included. We encourage organisations making proposals to be proportionate and use the number of words needed to answer the questions. Please don't feel that you need to reach the maximum word count, if you can respond with fewer words. Additional words over the limit will not be considered.
- Proposals can be for new or a continuation of existing activities. We acknowledge that, for new activities, a longer implementation/set-up time may be needed.
- Explanations and guidance are shown in *italics* throughout the proposal form.
- For help when completing the proposal, you should attend the Engagement Event/s and/or note the deadline for clarification questions (see Timeline below).
- Partnerships and collaborations – if your proposal specifically includes other partners, please include an explanation about your relationship, how the work will be allocated between partners, and clearly outline in the Proposed Budget template how the resources will be allocated between partners.

- Proposed Budget – please refer to the guidance notes in the Proposed Budget template and make sure all parts (the blue boxes) of the template are completed. Your completed Budget should be submitted with your completed Proposal Form. Please note that, if your proposal is recommended for award, additional financial documents/information will be needed to complete the economic and financial standing checks – this is described in the Proposed Budget template.

About Smokefree BNSSG

As of 2023, approximately 144,000 people in BNSSG smoked tobacco. Smoking is still the number one preventable cause of early disease and death for our population. The impacts of smoking disproportionately affect people living in areas of deprivation, and people living with two or more medical conditions at the same time, including those living with serious mental ill health.

The Department of Health and Social Care Fingertips Public Health Profiles[1] show:
- Smoking prevalence in all adults in BNSSG is 10.6%, which is proportionately lower than people who either work in manual occupations or people who suffer poor mental health. This suggests these populations require further support to stop smoking and to prevent uptake.
- The smoking prevalence in adults in routine and manual occupations is 17.2%.
- 23.7% of adults with a long-term mental health condition smoke (1 in 4 vs 1 in 10 for the whole population).
- The percentage of households with someone who smokes varies across each Local Authority in BNSSG. Areas affected by greater levels of deprivation have a higher proportion of people who smoke. For example, in Bristol 6.8% of households include someone that smokes in the Stoke Bishop ward compared in 28.8% in Ashley ward. In North Somerset, the highest prevalence of people who smoke is in Weston-super-Mare. The trend of higher prevalence in areas of relative deprivation is replicated in South Gloucestershire.

Due to the significant harm tobacco has on both mothers and babies, women who smoke before, during and after pregnancy, and their household members who smoke, represent priority populations to be supported to stop smoking.

The peer support programme will support BNSSG ICS vision to become "Smokefree", that is that less than 5% of our population smoke tobacco by 2030. To achieve our Smokefree vision approximately 24,000 people will need to stop smoking per year between 2024/25 and 2030/31. The Smokefree Peer Support Programme will contribute towards this vision, by developing a community-based, peer-lead, network of support, which is flexible to respond to the needs and desires of local communities. It will build community capacity to reduce smoking prevalence within key populations and areas.

The focus of the Smokefree Peer Support Programme is to reduce the harms of tobacco to our population. However, there is an overlap between smoking tobacco and nicotine vaping.

[1] https://fingertips.phe.org.uk/

BNSSG ICS has developed an evidence-based Nicotine Vaping Position statement[2] to inform system partners, including VCSE on its use by our population. Our position on nicotine vaping is that the evidence is clear that, for smokers, nicotine vaping is a far less risky option and poses a small fraction of the risks of smoking in the short and medium term.

Vaping should be offered as an alternative for smoking but not as an activity which is appealing to the wider non-smoking population. Vaping is not for children; we need to reduce the uptake of vaping and the number of young people accessing vape products. Local Authority and NHS smoking cessation services provide nicotine vaping as an alternative for smoking, including through Swap to Stop[3].

The Smokefree Peer Support Programme will enable VCSE organisations to take a leading role in reducing smoking rates and helping their communities to sustain changes and to reduce smoking prevalence. The programme will complement and enhance existing support available through public sector smoking cessation services. Ultimately, it will support our Smokefree Alliance to create a social movement against the harms of tobacco within priority populations and communities.

About the Smokefree Peer Support Programme

We are looking for an organisation, or partnership of organisations, to develop a peer support programme for people in BNSSG with lived experience of stopping smoking that will contribute to the BNSSG Smokefree vision. The programme offering will provide evidence-based support to people at different stages of their stopping smoking journey, from encouraging people to stop smoking to supporting those at risk of relapse to remain in cessation from tobacco.

The programme will be delivered in close collaboration with the members of the Smokefree BNSSG Alliance, including but not limited to NHS and Local Authority services. It will support delivery of Alliance strategy and activities such as Swap to Stop, Stoptober, and Stop Smoking Day. Through its evidence-based support and community engagement it will enhance the number and quality of self-quit attempts in the community.

Evidence based approach

Evidence shows that peer support works well to protect and improve people's health and wellbeing[4]. Being part of a social network with a shared lived experience helps build individual and community capacity around shared issues. It is already used to support people to stop smoking through group-based interventions delivered by smoking cessation services. The Smokefree Peer Support Programme will build upon this evidence-based approach.

Peer supporters will provide evidence based information, support, messaging and materials to their population networks that support them to stop smoking or remain in cessation from smoking. Commissioners will work with the Programme to ensure that those delivering it have clear access to information, support, training and resources to deliver this evidence-based approach. Evidence-based information on smoking will include, but not be limited too, smoke free homes and vehicles, alternative nicotine products and vaping, and methods for

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[2] BNSSG ICS Nicotine Vaping Position Statement (2025)
[3] www.bnssgs2s.bristol.gov.uk
[4] Seven high-impact interventions to tackle health and care inequalities - Health Equity Evidence Centre

remaining in cessation of smoking. Activity will include support for communications and campaigns delivered from the Smokefree Alliance.

Methods

Peer support should be delivered in a way that contributes towards the BNSSG Smokefree vision. It could:
- Be flexible and accessible to meet people's needs.
- Be offered using short, medium and long-term timeframes.
- Be provided in communities and settings across BNSSG.
- Be offered via regular one to one, and/or group support, and/or buddying.
- Be offered in person or remotely.
- Utilise digital tools where it will provide benefit, and may be offered by members online, by telephone and on social networks.
- Be offered by paid staff or trained volunteers.
- Be delivered in a way that seeks to grow its in-reach to diverse populations.
- Be delivered by peers trained in peer support and stop smoking support.
- Be informed by other peer support models.

Peer support networks should be led by trained peer supporters. Peer supporters should be representative of their population or area. Peer support offers should also be informed by the needs of Smoking Cessation services clients and respond to population needs. The programme should accept signposted people from smoking cessation services and Local Authority, NHS, and partner services, including health visitors, family hubs, and Primary Care. People should be able to self-refer into the programme.

Proposals should be made by individual organisations, or a partnership of organisations that are experienced in peer support involving diverse individuals.

Priority populations for engagement in peer support

With a focus on reducing health inequalities, the Smokefree Peer Support Programme will provide activities through, and with, diverse populations and areas of BNSSG. The Programme will prioritise engagement of populations that experience a higher smoking prevalence, including:
- Communities living with higher levels of deprivation[5] – these may be place-based communities, those that live in social housing or communities of practice (for example, people employed as routine and manual workers)
- People diagnosed with mental health conditions[1,6]
- Pregnant women[1]
- Inclusion health groups [1,2] – defined as people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups
- People with smoking-related illness and/or long-term health conditions[1]

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[5] Tobacco Control Health Needs Assessment
[6] ASH-Briefing_Health-Inequalities.pdf

- People who identify as LGBTQ+ [1, 7]
- People from global majority backgrounds identified as having a higher smoking prevalence i.e. people from mixed ethnic backgrounds [1, 8]
- Families with preschool age children[1].

There is much evidence of public health messages being received well from community peers. To effectively engage high priority groups, there is an expectation that peer supporters will be similarly diverse. Building on existing in-reach to communities, people from priority populations will be identified through VCSE organisations delivering this programme.

Programme aim and objectives

The aim is to provide a Smokefree peer support programme for the diverse populations and communities of BNSSG that will contribute to the delivery of our Smokefree vision by supporting people to stop or reduce smoking and/or prevent relapse from smoking.

Delivery of the Smokefree Peer Support Programme will contribute to the aim through the following objectives within the funding period:
- Developing, implementing and maintaining a community-based network of Smokefree peer support for BNSSG's population.
- Establishing the infrastructure and governance for delivery of the programme.
- Identifying and recruiting people with lived experience to become trained peer supporters and/or members of peer support groups/networks.
- Growing the peer support network over time so it increases its reach and becomes more sustainable.
- Ensuring the peer support programme can be scaled up or deployed to new populations or areas, if new needs arise, or additional resources become available.
- In partnership with the Smokefree Alliance developing and delivering evidence-based training to peer supporters on peer support and smoking cessation.
- Providing flexible short, medium and long-term support to people who want to stop smoking or continue to stop smoking.
- Providing encouragement and facilitating the sharing of practical quitting tips and lived experience in stopping smoking.
- Ensuring peers can use the programme alongside NHS or Local Authority smoking cessation interventions, to strengthen and sustain self-quit attempts, and prevent smoking relapse.
- Providing a peer support programme to high priority groups.
- Ensuring the Programme is delivered safely and in accordance with relevant policies, procedures and standards, for example safeguarding.
- Contributing to wider activities to prevent smoking and reduce smoking prevalence.
- Working in partnership with, and promoting the use of, public sector smoking cessation services to treat people who are tobacco dependent, and collaborate with individual smoking cessation service advisors.
- Providing support to people who want to stop or continue to stop smoking that is out of reach for cessation services.

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[7] Smoking: LGBT
[8] Tobacco-and-Ethnic-Minorities-Fact-Sheet-v3.pdf

Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

VCSE Alliance
Bristol, North Somerset & South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

- Monitoring and evaluating the programme on an ongoing basis and sharing learning and insights in a collaborative approach with Smokefree Alliance members.

Related outcomes

Delivery of the Smokefree Peer Support Programme will contribute to population health outcomes over the short, medium and long term.

In the short-term the programme will contribute to:
- Increased community knowledge and awareness of the smokefree agenda.
- Improved awareness of available services that support smoking cessation.
- Enhanced community capacity to sustain abstinence from smoking.
- Strengthened ability within communities to self-deliver smoking reduction interventions, particularly targeting key populations and geographies.
- Strengthened capacity within communities to drive forward future social movement against the harms of tobacco.

Over the medium-term the programme will support an increase in the number of attempts to stop smoking among individuals who smoke. It will also reduce relapse rates among those who have previously stopped smoking.

Over the longer term, the programme's delivery will contribute to the Healthier Together system outcomes framework, including:
- POP 4: Reduction in the proportion of people in BNSSG who smoke.
- POP 2: Reduction in early deaths from preventable causes, particularly in communities experiencing the poorest health outcomes.

Measurables

Suggested evaluative measures for the Smokefree Peer Support Programme are outlined below. Measures should be designed to demonstrate the programme's effectiveness, reach, and impact, and should be aligned with the programme's aim and objectives.

Category	Suggested measure	Description / Rationale	Example reporting
Capacity Building	Number of trained peer supporters actively delivering support	Tracks the scale and sustainability of the peer support network. Should reflect diversity and representation from priority populations.	Quarterly reporting with demographic breakdowns of peer supporters.
Reach & Engagement	Number of individuals engaged through peer support activities	Measures programme reach, including self-referrals and referrals from services.	Quarterly totals, disaggregated by referral source and priority group.

Equity & Inclusion	Proportion of participants from high priority groups	Ensures the programme is addressing health inequalities and reaching target populations.	High-level geographic and demographic data required.
Behavioural Outcomes	Proportion of participants who sustain abstinence from smoking	Captures the effectiveness of peer support in preventing relapse and supporting cessation.	Follow-up data at 4, 12, and 24 weeks post-engagement.
Experience & Satisfaction	Participant-reported satisfaction and confidence in remaining smokefree	Assesses quality of support and perceived impact on self-efficacy.	Feedback via surveys, focus groups, or peer mentor debriefs.

There will be a requirement for the awarded organisation(s) to coordinate and provide diversity data of the participants/beneficiaries of funded activities.

What may be funded?

Funding is available to deliver the Smokefree Peer Support Programme in line with the suggested methods and accordance with delivering the aims and objectives. Funding is available for programme costs, including staffing, training, venues, and technology, and reasonable related overheads.

What cannot be funded?

This funding is not for large capital spends or anything that does not support the direct provision outlined above.

Which organisations can make proposals?

Proposals must be from VCSE organisations based and/or working in Bristol, North Somerset, or South Gloucestershire and that have either been accepted onto the VCSE Brokerage Framework (with or without conditions) or have an application in process. We especially welcome proposals from small / micro VCSE organisations that have built strong, trusting relationships within their local communities.

If your organisation has not yet applied to join the VCSE Brokerage Framework we encourage you to do this as soon as possible. Applications must be made before the proposal deadline (outlined later in this document). The application forms can be found here: VCSE Brokerage Framework - BNSSG Healthier Together

How proposals will be evaluated and scored
The proposal form includes a standard set of questions that are given weightings and feed into the following evaluation themes.

Evaluation themes	Weighting
Ability to serve the community	25%
Improving access and reducing health inequalities	20%
Integration, collaboration and connections	10%
Quality, improvement and innovation	25%
Social Value	10%
Realistic costing and value for money	10%

These evaluation themes are based on procurement practice and regulations, including the Provider Selection Regime, Procurement Act 2023 and the ICB's Standing Financial Instructions, including the Grants and Contracts Standard Operating Procedures.

Evaluation of the proposals will be facilitated by the Brokerage Team and an Evaluation Panel will be chaired by the programme manager/majority budget-holder and will comprise ICS and VCSE experts related to the specific wellbeing/health programme. Declaration of interest processes will be followed.

All evaluated questions will be scored on a scale of 0 to 4, as follows.

Assessment	Interpretation	Score
Deficient	A significantly deficient answer, unanswered or unacceptable response.	0
Limited	A limited answer that does not meet the stated requirement or one that provides little detail or evidence.	1
Acceptable	An acceptable answer meeting the stated requirement with a sufficient level of detail and evidence.	2
Good	A good answer, with a comprehensive level of detail and strong evidence.	3
Excellent	An excellent answer, exceeding the stated requirement with exceptional detail and evidence and/or one that is likely to result in increased quality, improved patient experience or innovation.	4

Evaluation panel members will score independently. After all scores are collated by the Brokerage Team, the Evaluation Panel will discuss and moderate scores. Any outstanding Quality Assurance conditions or notable points will also be considered by the panel.

Depending on the programme and VCSE proposals, the panel will discuss the range of awardable proposals, how they meet the overall programme aim/objectives/outcomes and note potential award conditions and/or changes.

After VCSE proposals are evaluated and recommended for awards by the Evaluation Panel, financial checks[9] will be undertaken by the ICB (or accountable body) to ensure that the

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[9] The economic and financial standing checks enable the ICB to assess the level of risk associated with the awarded grant/contract in your organisation. The checks involve review of your organisation's documents and may involve direct conversation so that the ICB can understand more of how your organisation manages finances.

recommended grant/contract award/s can be made with confidence and minimal risk to public funds. VCSE organisations will be asked to provide the following financial information so that financial checks can be completed:

- Financial statements / accounts for the preceding financial year, depending on the timings of the financial cycle. These may be audited, independently examined or otherwise, if audit is not applicable.
- Financial statement / cashflow for the most recent financial year. This may be a set of management accounts or an organisational budget, depending on how your organisation manages its finances.
- Projection or forecast for the current financial year, particularly the year in which an awarded grant/contract will be implemented.

VCSE organisations have the **option** to provide this information at the point of submitting the proposal and budget or at a later stage after the evaluation panel makes recommendations. In any case, financial checks will be undertaken only for those organisations whose proposals have been recommended for award. In some cases, discussion/s about specific aspects of a VCSE organisation's financial management may be needed.

Following the completion of financial checks, the programme manager/majority budget-holder will coordinate the process of finalising grant agreements or contracts, as well as communication and implementation.

VCSE organisations making proposals should be aware that the possible outcomes of the evaluation process are: full award; partial award; enhanced award; or no award.

Financial information

Total fund:	The total fund is £350,000 (£87,500 per annum)
Source of funds:	North Somerset Council
Duration of funding:	3 years plus 1

It is anticipated that the contracting method for the Smokefree Peer Support Programme will be through grant/s.

Grant agreement/s will be finalised as soon as possible after due diligence and clarifications have been completed. Terms and conditions, including the payment schedule and reporting requirements, will be included in the grant agreement. As the VCSE Brokerage Framework aims to include smaller VCSE organisations, and we know that cash flow can sometimes be challenging, the intention is that an element of the award will be transferred up front when the grant agreement/contract is finalised.

Timeline

1st July 2025	Invitations for proposals opens
14th and 22nd July	Engagement Event/s and Q&A
24th July 2025, midday	Deadline for clarification questions
14th August 2025, 5pm	Deadline for proposals

By 11th September	Evaluation scoring by Panel members
w/c 22nd September	Evaluation panel meeting
By 10th October	Recommendations and awards
By 31st October	Mobilisation and comms
November 2025	Anticipated commencement of delivery

Dates and actions are subject to change; if changes happen, the Brokerage Team will update organisations on the framework and other stakeholders.

When the Brokerage team receives your completed proposal form they will check to ensure all the required information has been provided and send an acknowledgement of receipt.

Feedback and complaints or representations

Feedback will be offered to all organisations who make proposals, upon request.

Further guidance and support

For help when completing the proposal, please attend the Engagement Event/s and/or contact the Brokerage team via proposal@bnssgvcsealliance.org within the clarification question period (outlined above). Answers will be provided on the Healthier Together website on a weekly basis, up until the deadline for clarification questions.

Please note that the Brokerage Team will be unable to provide any updates on progress with your proposal once the proposal submission deadline has passed and the Evaluation Panel is reviewing applications received.

Your feedback about this process

We welcome feedback on the process which will be used to further refine the VCSE Brokerage Framework. Please share your experience of participating in or using the Framework by completing our feedback form here - VCSE Brokerage Framework feedback form - BNSSG Healthier Together

June 2025