



## **Integrating Physical Activity Pathways into Health and Care Systems**

**Development of a Framework and valid tools to  
ensure that physical activity and its underpinning  
infrastructure is fit for purpose and fully supported.**

# **Invitation to Tender Documentation Pack**

**This Invitation to Tender Document provides the following:**

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## Section 1. Background to this Invitation to Tender (ITT)

### This ITT Documentation Pack

- The information included in this ITT documentation pack have been put together to help the development of a grant funding application by the potential partner organisation(s).
- The information contained, other than the relevant evaluation information, should only be used in connection with the development of a partner response to the requirements.
- This pack is made up of:
  - The background context to the purpose of this ITT, including a summary slide set
  - Information regarding the grant funding application process
  - Application form guidance
  - The actual Application Form is a separate document
  - Evaluation criteria guidance

### This Partner Opportunity

The Active Partnerships National Organisation (APNO) is seeking to work in collaboration with a partner organisation, supporting the overarching aims and objectives to help support people with long term health conditions to become more active. A Framework and Toolkit is required to provide consistent advice and guidance for a variety of settings and audiences, in order to enable frictionless physical activity pathways to integrate across health and care. The developed Framework will be available and shared with a variety of partners, including our network, national and local physical activity partners.

### Who the Active Partnerships National Organisation (APNO) is and what we do

Active Partnerships is a nationwide physical activity and sport network that exists to create a healthier, fairer nation. We take a place-based approach to reducing inequalities through our network of 43 local partnerships. We partner with local and national stakeholders to transform lives through physical activity and affect widespread social change. Our focus is on creating conditions in communities that enable sustainable impact.

### The National Team

We are a small team with bold ambitions. As a membership organisation we connect, strengthen, and enable our network. Our role is not to manage local partnerships. We bring places, people, organisations, sectors, policies, and ideas together to make change happen. We might be joining up local partnerships, agencies, and national government departments, using our insight of places to drive national impact; or amplifying voices and agendas to ensure they are carried further than a single organisation could.

One of our core principles is to be a sustainable and ethical workplace. The climate we create as a fair, socially responsible and environmentally focused organisation is important to us. We are working to understand how best we embed this commitment into our everyday work lives, and we are resolute that being an ethical employer and improving sustainability in all areas of our work must be part of our organisational consciousness.

Equality, Diversity, and Inclusion is at our core. It is central to our work in tackling inequalities, and we have an authentic and transparent approach to everything we do. From the values we hold to the

policies and processes we put in place, and investment we make, our relentless place-based approach helps to reduce inequalities through our diverse network of experts across England. As an organisation we still have work to do but are firmly committed to inclusive practices which demonstrate fairness and equality in everything we do.

The supporting slide set in this ITT Documentation pack provides a summary of:

- The APNO
- The Health Context and National Priorities
- Reframing physical activity to recognise its wider contribution as part of health and care systems: national and local considerations
- The need to develop a framework and valid tools to ensure that physical activity and its underpinning infrastructure is fit for purpose and fully supported.

### Who is funding this work?

The APNO is seeking to work in collaboration with a partner organisation, supporting the overarching aims and objectives to ultimately help support people with long term health conditions to become more active.

The APNO is therefore providing grant funding for this work.

The Active Partnership Network (APN) is increasingly recognised for the core systemic role it plays, given their place-based expertise and ability to develop trusted relationships within their Integrated Care Systems. Sport England shared their confidence in the network and commitment to strengthen how we join forces on the big issue of Connecting with Health and Wellbeing and blend local and national action to support our collective ambitions. Sport England has identified a series of key opportunities for change within this big issue up to 2025 which includes improving the pathway between health and organised activity by removing barriers associated with risk. The APNO is seeking a partner organisation to progress the pathways work.

### Why are we grant funding this work?

#### **National considerations:**

There are significant and increasing pressures within our health and care systems whilst they try to manage 1 in 4 of the population (14.2m) who have multiple Long Term Health Conditions<sup>1</sup> (LTHCs) which is expected to reach 2/3 of those aged 65+ by 2035<sup>2</sup>. Reducing inactivity could prevent up to 40% of LTHCs<sup>3</sup>. It helps manage more than 20 of the most common physical and mental health conditions, playing an essential role in secondary prevention, enables better self-management of conditions and reduces further deterioration or onset of additional physical or mental health conditions.

Physical activity (PA) remains chronically underutilised within NHS care and population health management. PA needs to be framed as a core part of our health and care systems, enabling an integrated approach to prioritise PA as part of and alongside routine care, recognising physical

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<sup>1</sup> No Time to Lose', Nov. 2022. The Richmond Group of Charities  
[https://richmondgroupofcharities.org.uk/sites/default/files/final\\_rg\\_mlhc\\_report\\_a4\\_0.pdf](https://richmondgroupofcharities.org.uk/sites/default/files/final_rg_mlhc_report_a4_0.pdf)

<sup>2</sup> Canca-Sanchez JC, Garcia-Mayor S, Morales-Asencio JM, et al. Predictors of health service use by family caregivers of persons with multimorbidity. J Clin Nurs 2021 doi: 10.1111/jocn.1581.

<sup>3</sup> Public Health England, Everybody Active Every Day, 2014

inactivity as a key risk factor for poor health. A Consensus Statement<sup>4</sup> on the risk of PA for people with LTHCs clearly demonstrates that the benefits of being active fundamentally outweigh the risks. However, pathways between health and organised activity need to be improved by removing barriers associated with risk. The [co-designed Easier To Be Active 5 I's framework](#), based on lived experience, highlights the need to create a seamless integrated offer between health, sport, and physical activity for people with long-term conditions to be more active, and suggests ways for this to be achieved.

### **Considerations at Place – from the Active Partnership Network perspective:**

The health and care landscape is very complex and segmented. In June 2023, a **Discovery Exercise** was undertaken to deepen understanding of what is going on and what support is needed across the network. All 43 Active Partnerships shared their work priorities and experiences of integrating physical activity into their local health and care systems, which was considered an essential or high priority for almost all Active Partnerships (90%) over the next 6-12 months.

One of the main areas identified as requiring future support was greater clarity and guidance in enabling physical activity pathways between health and activity to be improved, including removing barriers associated with risk. This has been a recurring theme since the Consensus Statement was published in 2021. In addition, 13 Active Partnerships within the Live Longer Better Community of Practice and Learning, similarly highlighted the challenges faced in creating pathways to support people to benefit their health through movement.

### **What is required?**

In consideration of the above national and local AP (Active Partners) considerations, it is clear that personalised frictionless activity pathways need to be in place, to reduce variability and provide consistent quality assured models of delivery, trusted by health and care colleagues, and provide better support for those communities in most need.

Exercise Referral schemes have traditionally included and supported individuals with LTHCs. However, PA pathways into health as referred to in this tender opportunity, is inclusive of broader activity opportunities as well as specific structured exercise programmes. The strength of this broad offer is the cornerstone to integrated care, servicing a pathway that can be tailored to personalised care needs.

To integrate PA pathways into Health and Care operational guidance needs to be developed which includes **core components and a toolkit providing a 'Framework' of support**, that can be applied to help the APN and service providers at local level whilst also informing national partners and subsequent guidance. It will also contribute and complement Sport England's ambitions to improve the pathways between health and organised activity by removing the barriers associated with risk.

In addition, any pathways infrastructure must be grounded in behavioural support, enabling an individualised approach to empowering self-care and self-management of their LTHC(s), considerate of many individuals presenting with multi-morbidities, and therefore adopting a person-centred approach.

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<sup>4</sup> Hamish, R. et al., Benefits outweigh the risks: a consensus statement on the risks of physical activity for people living with long-term conditions. British Journal of Sports Medicine. 2021.Vol. 56, Issue 8. <https://bjsm.bmi.com/content/56/8/427>

## Section 2. Scope of work

### Timescales

The indicative timescale for this procurement process is set out below:

Stage	Date
Invitation to Tender issued	W/C Mon. 20 <sup>th</sup> November 2023
Deadline for clarification questions	Wednesday 6 <sup>th</sup> December, 17.00
Deadline for application submission	Friday 8 <sup>th</sup> December, 12.00
Applicant interview (optional)	Monday 18 <sup>th</sup> , or Tuesday 19 <sup>th</sup> December
Notification of result to successful Applicant	Thursday 21 <sup>st</sup> December
Project commencement	Monday 15 <sup>th</sup> January 2024 (subject to grant award)

The APNO reserves the right to amend the above timetable.

**Funding:** the grant funding available is between **£180,000 – £200,000**

It is not the parties intention to create a contract for services. This will be a Grant Award. As a grant funding arrangement, VAT should not be included in the application cost breakdown.

The Grant Award does not represent consideration for a taxable supply to Active Partnerships and is therefore not subject to Value Added Tax ("VAT"). If HM Revenue and Customs rules that VAT is payable, then the amount of the Grant payable by Active Partnerships will be deemed to be inclusive of VAT. The Organisation acknowledges that the Active Partnerships National Organisation will not be obliged to make any further payment in addition to the Grant in respect of any VAT.

**Term of Grant Award:** the grant award is for 15 months and aims to commence from 15<sup>th</sup> January 2024 until 31<sup>st</sup> March 2025.

The APNO has the right to amend this start and end date depending on any amendments that may have to be made to the ITT process.

## Section 3. Specification

### Overall requirement for this tender opportunity

The APNO wishes to enter into an agreement with an external organisation or consortium to work in partnership with the APNO to:

- Develop an **operational Framework** to support the delivery of consistent, quality assured approaches, that enables effective integration of physical activity (PA) into and within, local health and care pathways. The Framework should prioritise people with, or at risk of long-term health conditions to access PA, in order to shift the balance of care from acute to community, reducing pressures on NHS and Social Care services.
- Adopt a **solution-focused approach** enabling co-design of conditions for change through the design and development of the framework, involving the Active Partnership network and their relevant stakeholders to ensure place-based involvement.
- Support the **development of robust pathways** that drive health improvement through the PA sector which can be localised at place, subsequently enhancing the confidence and trust of NHS and Care professionals, to encourage and enable people in their care to be more active.
- Consider system challenges through **place-based applications**, such as sharing health data.
- Work proactively with the Active Partnerships Network, its National Organisation and key partners to **co-design frictionless PA pathways into health and care**, underpinned by collaboration, conformity, trust, and a passion for the shared purpose.

### Deliverables / Outcomes

- To provide a **framework** for the delivery of PA and health pathways that provides clear standards for a variety of settings and the professionals involved, informed by existing and emerging insight and intelligence gathered at place.
- To develop a toolkit of **guidance and resources** for successful implementation of the pathways framework at place.
- To provide recommendations for **digital platform** development to act as a future accessible resource for the framework guidance and standards developed, enabling easy access to its component parts and as a whole.
- To capture the principles of **operational guidance and practice** to inform and contribute to future evidence base, including identification of gaps in evidence and practice.
- To provide a process learning report from the framework's development with recommendations for its future monitoring, evaluation, and learning.
- To support all aspects of **communication** throughout the design process, including presentations to partners and ensuring sense making is applied and communicated as part of this.

### Project Outputs

1. **Research partner:** identify and include a Research Partner, who could provide the academic rigour to contribute to the future learning and evaluation of the Framework's implementation (although it is not considered necessary for a full review of existing literature, other than to be aware of the existing evidence-base to inform the pathways and its Framework development).
2. **PA Framework components:** identify the component parts of the Framework and its developed standards which will act as enablers (as well as overcoming barriers) for successful implementation

and adoption at place. The standards will aim to improve consistency of quality services across England, whilst also reducing inequalities and enhance equity of access and inclusion through service design and delivery.

3. **Framework Toolkit:** a Framework of tools is required to support the practical implementation including self-monitoring tools / audit, to guide local development and subsequent quality assured implementation. (NB: in the future, an accreditation process may be considered for future development, enabling self-assessment to benchmark a quality assured approach to implementation).
4. **A Framework for a variety of settings and audiences:** the Framework should be developed to be applicable for a variety of settings (e.g., inclusive of community, leisure settings etc.) and audiences / professionals (e.g., Active Partnerships, PA / exercise providers, community activity providers etc.,) and consider how the Framework might manifest itself and operate across all levels, including at a Primary Care Network (PCN) level, a whole City/Borough level, an ICB/ICP level (sub-regional) and national.
5. **Integrated Pathway:** the framework should include key characteristics to streamline the pathways, including for example, a core integral function to assess the needs of an individual and allow them to access the right level and type of support they require, through a single point of access.
6. **Behavioural support:** the pathway and its framework should ensure its processes are underpinned by behavioural support, reflecting the principles of personalised planning and care.
7. **Multi-morbidity pathway:** the pathway framework should provide clear guidance, resources, and support to enable *safe and* effective management for people with long-term health conditions, presenting with multi-morbidities, to be physically active.
8. **Advocacy and support:** throughout the framework development, a collaborative co-design approach should be fostered working in partnership with the APNO to drive innovation with better decision-making by including key strategic decision-makers / national partners on this journey (e.g., National PA & Health Collaborative Group, NHS Horizons, Richmond Group of Charities, ukactive, CIMSPA, National Sector Partners, Future Public Leisure Group, RCGP etc.).
9. **Active Partnerships:** Active Partnerships, alongside other key partners in the local ecosystem, will play a critical role in bringing their own local experience and expertise to contribute to collaborative Framework development, given their strategic positioning at place.
10. **Test and Learn approach:** it is recommended that the Framework development includes ‘test and learn’ opportunities at place, throughout this tender period, to inform ultimate successful implementation. These ‘test and learn’ opportunities should be assessed in a variety of settings representative of demographic variations, including geographical (rural as well as urban), areas of higher deprivation and need, etc. It should also consider the ease of accessibility for people with a variety of LTHCs and associated deconditioning to enable inclusivity. This work should also include the final development and learnings from these opportunities.

- 11. Implementation Plan:** an outline of a project plan is required (as part of the application process) to provide an indicative timeline for key elements of this project's development. A detailed project plan will be required in the early implementation phase of the post grant award.
- 12. Data systems:** make recommendations for data systems to capture a recommended minimum dataset to improve monitoring and evaluation of PA services (development of a data system platform is out of scope for this tender).
- 13. Tiered approach to PA interventions:** the pathway, its framework and standards should consider any increased level of participant risk according to their presenting symptoms and condition and behavioural support needs and recommend relevant experience and qualifications required from the PA / Exercise provider. This will be informed by national partners who are addressing pathways improvement between health and organised activity by removing barriers associated with risk as these are interdependent elements of pathway provision.
- 14. Workforce:** the Framework development should include consideration of workforce requirements and make recommendations for future work / alternative organisations to address:
  - a. Basic requirements for knowledge and skills of all activity providers to effectively interact, engage and support people with LTHCs to be physically active.
  - b. Outline the knowledge, skills, competences, and behaviours of key roles as part of the pathways development, from triage through to behavioural support and activity guidance.
  - c. Consider the role of Specialist Exercise Instructors in line with tiered approach to interventions.
  - d. Include any recommendations for employers recruiting into these roles, particularly reflecting on the patient/customer needs and the lived experiences of the workforce they connect with.
- 15. A person-centred approach:** the co-design development of this framework should be informed by insight and existing evidence. In addition, those with lived experience should play a key part in the development of this framework, to ensure it is reflective of their experience and aspirations.

## Alignment

Throughout the co-design and development of this Framework, the appointed partner should ensure synergy and consideration of key existing evidence, national guidance and previous learning including (but not exclusive to):

- The [Consensus Statement](#)
- [Sheffield Hallam's: #easiertobeactive](#)
- NICE guidance, including: [Physical Activity: Exercise Referral Schemes PH54](#)
- [Future of Public Leisure and the development of Active Wellbeing Services](#)
- [Major Conditions Strategy](#)
- [We Are Undefeatable campaign Insight and Richmond Group of Charities physical activity advocacy work](#)
- [CIMSPA Professional Standard Working with People with Long Term Conditions](#)

## Section 4.

### Ways of Working

The APNO is working closely with relevant national organisations to progress the ambitions to integrate physical activity into health and care systems. This includes the National Physical Activity and Healthcare Collaborative Group whose aim is to *'make Physical Activity a norm for the prevention and management of Long-Term Conditions in the health system'* (see supporting summary slide set). All partners recognise the key role that the APN plays, given their place-based expertise and ability to develop trusted relationships within their Integrated Care Systems.

Sport England shared their confidence in the network and commitment to strengthen how we join forces on the big issue of Connecting with Health and Wellbeing and blend local and national action to support our collective ambitions. This is further endorsed by Sport England's commitment to expand place-based partnerships via the network of people in their existing Local Delivery Pilots and Active Partnerships, alongside a universal offer that all places can benefit from.

Therefore, it is the expectation that the appointed partner will ensure close collaboration as part of a collaborative co-design approach with the APN and should be mindful of their capacity to support this. By working collaboratively with some of the APs, this may provide an opportunity to utilise a 'test and learn' approach, ensuring local health and care agendas are considered.

In addition, the partner will work closely with the APNO to foster partnerships with key strategic decision-makers and national partners to drive innovation with better decision-making on this journey.

As the APNO is responsible for the tendering of this opportunity, they will be responsible for managing the grant award and supporting its development throughout the timescales of this award. The appointed partner will therefore be expected to work closely with, and accountable to, the Strategic Health Lead within the APNO with an agreed monitoring process in order to achieve identified and agreed objectives.

## Section 5. Application Procedure

### Application Form

A **separate Application Form** is provided as part of the attachments circulated with this ITT Documentation Pack. The organisation is required to complete the separate application form, in response to the questions below:

1. Please describe how and why your organisation's experience and expertise ensures you are well placed to work in partnership with the APNO to develop, and deliver a high-quality framework to integrate physical activity pathways into health and care. (Max. 300 words)
2. Describe the approaches / methods you would take to lead the development of this Framework and its valid tools, and in particular, how would you ensure the APN would be involved. (Max. 500 words)
3. How would you ensure that the development of this Framework would be implemented and adopted beyond the term of this grant award? i.e., how would you ensure its longevity and sustainability. (Max. 250 words)
4. Provide an overview of what you consider at this stage, may be the key components to be included in this Framework and its tools. (You may include visuals to support your response if you wish to). (Max. 300 words)
5. Describe how you would foster positive relationships with national partners, to engage them as part of this collaborative co-design approach? (Max. 250 words)
6. Describe how you would ensure this Framework and its underpinning infrastructure would be grounded in behaviour change theoretical principles, ensuring a person-centred approach and in consideration of a variety of multi-morbidities that individuals may present with. (Max. 300 words)
7. Please identify any possible issues or challenges that could be encountered during this Framework development and describe how you would attempt to overcome or avoid these. You should present this in a table to identify any potential risks and their mitigations associated with the issues or challenges you consider may be encountered. (Max. 250 words)
8. Project costs: What is the cost for your organisation to provide this work up to a maximum of £200k to be achieved by the end of March 2025. Please provide the headline cost breakdown.
9. Please tell us any other information that you feel would be relevant to your application, for example if there are any conflicts of interest that would need to be managed or what additional value your organisation would bring to this work. (Max. 200 words)
10. Please provide an outline of a project plan to include indicative timelines for key elements of this project's development (this should be an additional attachment).

The form will include general information about the applying organisation.

The Application Form should be submitted **by Friday 8<sup>th</sup> December, 12.00**

## Section 6. ITT Evaluation Process and Interview

Please note: **late applications will not be accepted.**

### Assessment and Evaluation Panel

The answers provided will be assessed against the criteria below. An assessment and evaluation panel will review all applications and score the responses, as part of the short-listing process. An assessment and evaluation panel meeting will then be held with the panellists to collate scores and validate the process. The top 3 Applications with the highest score will then be invited to interview, on either **Monday 18<sup>th</sup> or Tuesday 19<sup>th</sup> December.**

Assessment Criteria:

Criteria and the related question	Weighting
Q1. Track record of organisation's expertise and experience in the integration of physical activity pathways into health and care sector.	15%
Q2. Proposed approach / methodology to harness a co-design approach, including the Active Partnership Network considering their expertise at place but acknowledging capacity.	15%
Q3. Considerations given for future sustainability.	10%
Q4. Initial thinking of key components to be included in the Framework.	15%
Q5. Ability to foster positive relationships with national partners, ensuring they are part of the journey.	15%
Q6. An understanding of the need for, and reasons why, this Framework should be underpinned by behaviour change theoretical approach, and in consideration of a variety of multi-morbidities individuals may present with.	10%
Q7. Identification of relevant issues and challenges that may be encountered with possible solutions (using a table to identify risks and their mitigation).	10%
Q8, Q9. To what extent the organisation's cost for this service provides optimal value for money to achieve the full requirements of this tender opportunity.	10%
Q10. A project plan has been included provided an overview of key project timelines.	Y/N
Q11. Organisation is able to start Jan 2024.	Y/N

### The Interview

If your organisation / consortium is successful and invited to interview, you will be asked to expand on specific areas of your application response(s) or to clarify or substantiate responses. Given timescales, it is not expected that you prepare a slide set to support your responses to the specific interview process but of course if you wish to, you can.

We anticipate the interview taking no longer than 1 hour.

You will be notified if you have been invited to an interview **by Wednesday 13<sup>th</sup> December.**

### The Outcome

Following the interviews, the interview panel will discuss and confirm selection of the preferred partner.

The chosen partner will be notified by **Thursday 21<sup>st</sup> December.**



Please note, if you are appointed as the chosen partner, you will be required to start delivery in early January 2024. In the Application Form, you will be asked to confirm you are able to do this.

If you have any questions as you complete the Application Form, please contact:

Annie Holden - [aholden@activepartnerships.org](mailto:aholden@activepartnerships.org)