


## 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 – FAQs

Date submitted	Question / Comment	Response
23.11.23.	<p>In the document, we understand the need to engage with the Active Partnership Network as part of the development of this project. Could you confirm if there has been directive or incentive for them to engage in this project.</p>	<p>There has been no directive or incentive in place for them to engage. As explained in the ITT pack, the APN are well placed given their place-based expertise to provide a critical role in the development of pathways which accurately reflect the local (and national) need. Over the past few years, the network has been involved in various discussions where the need for this work has been regularly expressed. This was further substantiated by the network’s response in the Discovery Exercise. Therefore, the intention here is for the network to contribute to the co-design of this framework development with the appointed partner but no formal commitment has been requested of them as yet. We ask the applicants to be mindful of some of the APs desire to be involved yet the need to balance this with capacity. It is up to the applicant to determine how best to enable this.</p>
27.11.23.	<p><b>Discovery exercise:</b> Who completed this, and can you share the findings? (Reference page 5)</p>	<p>This was completed by all Active Partnerships. The analysis of the submitted responses was conducted by Sport England Insight Team. The summary is available here:</p> <div style="text-align: center;">  <p><b>AP Health, Care &amp; Inactivity Summary R</b></p> </div>
27.11.23.	<p><b>Frictionless:</b> When you mention "frictionless," what do you mean exactly? Is it 'optimum,' 'agreed,' or 'collaborative'?</p>	<p>This refers to the need to develop PA pathways into health and care that are cohesive and smooth, avoiding or overcoming barriers that ultimately impact on people living with LTHCs to be active. Currently, there are often complex processes and hurdles to be overcome which need reviewing to identify the enablers and blockers.</p>

27.11.23.	<p><b>Research partner:</b> It's unclear what the output of the research partner is. Could you clarify? The current statement says 'identify' rather than 'deliver.'</p>	<p>The specification states the need to <i>identify</i> (i.e. have a partner in place who could contribute to this work) and <i>include</i> a Research Partner to provide the academic rigour specifically to contribute to the future learning and evaluation of the Framework's implementation. The ambition here is to learn and evaluate as this pathways work progresses particularly given the complexities that exist now. The learnings throughout this co-design process will then inform future pathways development and contribute to its sustainability post the grant award. It is not intended that an academic review of existing literature is conducted.</p>
27.11.23	<p><b>Different:</b> We've both worked in this area for the last 10-15 years and feel that some of the positioning remains quite traditional. Is there scope for an exploratory approach, such as looking at the future of healthcare and the role of technology?</p>	<p>The deliverables and outputs included in the specification provide the expectation for this work. We are looking for a partner organisation to propose their approach and the key components that would achieve those requirements.</p>
27.11.23	<p><b>Behavioural Support:</b> Could you explain what you mean by 'behavioural support' and 'behavioural science'? Is it about embedding psychology into the pathways or ensuring recommendations are grounded in behavioural science methodology?</p>	<p>The developed pathway and its framework should ensure it enables a person-centred approach by considering the enablers to empower people living with LTHCs to be physically active and support their own self-care. To achieve this, an understanding of behaviour change theories and techniques is required to ensure the pathways are underpinned by the relevant behavioural science to support people to adopt and sustain a healthier active life.</p>
27.11.23	<p><b>Multi-morbidity pathways:</b> Will the framework include clinical guidance? Is clinical knowledge within the team or coproduction aspects expected? Is it primarily about consolidating existing evidence into the toolkits?</p>	<p>Clinical guidance from a condition specific perspective is not required. The framework refers to the components that enable PA pathways into health and care integrate effectively. If there are relevant existing tools that can be included then the organisation can identify these.</p>
27.11.23	<p><b>Advocacy and support:</b> Do you already have a defined group of people you wish to coproduce with, or is there room to bring in different and non-traditional voices?</p>	<p>The ITT outlines some partners that should be included as well as the Active Partnership network. Given that this work needs to reflect the needs of individuals within varying communities, the option of including non-traditional voices can be recommended by the organisation submitting a response to this ITT.</p>
27.11.23	<p><b>Data:</b> Just to confirm, are the recommendations focused on the types of data that could demonstrate the impact of</p>	<p>It is not expected that any recommendations for data systems should focus on demonstrating the impact of the developed toolkit. It is to consider the impact of integrated PA pathways to improve the health of individuals with LTHCs and therefore</p>

	the toolkit/framework or changes in physical activity? Is it about systems changes or directly influencing increases/changes in physical activity?	the recommendation of a minimum dataset to demonstrate this and improve monitoring and evaluation of PA services.
27.11.23	<b>Start date:</b> Is there any flexibility with the start date? Could it be pushed by 2-3 weeks?	There could be flexibility to consider a small time change of a few weeks if needed, as long as the scope of the work could be achieved in the overall time frame.
27.11.23	<b>Main audience:</b> Have health and social care nationally bought into this? How supportive are they of rolling out the framework/toolkit? Is there significant work needed to get large-scale buy-in? How much of this contract is about the tools, resources, and business case to get this embedded to influence health and social care?	Section 4 in the ITT outlines relevant national organisations that would need to be included as part of 'ways of working'. The National Physical Activity and Healthcare Collaborative Group is included here as this work aligns and contributes to their overall aim. This group includes key national partners across this sector, and health and care. The Active Partnership National Organisation works closely with this group and would work closely with the appointed partner to ensure a collaborative co-design approach was achieved. The requirement here is for a toolkit which includes resources, operational processes and guidance to be developed to enable successful implementation at place, not about developing business cases.
27.11.23	<b>Presentation to partners:</b> How many stakeholder sessions are you expecting as part of the communication elements of the work?	There is no specific expectation as to the number of stakeholder sessions to be provided.