Engaging Communities, Transforming Lives



Invitation to Tender Integrating Physical Activity Pathways into Health and Care Systems: the background context



Active Partnerships & the National Organisation

- A country-wide network of 43 Active Partnerships (APs).
- Movement strategy.
- more' as drivers for social change.
- to improve health.
- approach.
- membership organisation we exist to:



We CONNECT places, people organisations, sectors, policies, ideas and tools to make change happen.



We STRENGTHEN people, organisations, sectors, ideas, outcomes and impact.



We ENABLE. Whether it's enabling others, enabling change or enabling the realisation of our vision.

A system partner of Sport England: working together to deliver system-wide change for their Uniting the

Our work informs, influences and shapes national, system and local place approaches to support 'moving'

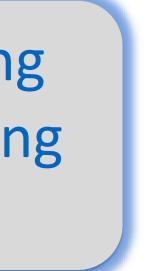
APs are independent charitable organisations, focusing on inactive people and under-represented groups

They act as a strategic enabler: work with a range of local cross sector stakeholders, taking a whole system

The Active Partnerships National Organisation is the independent national charity of the AP Network. As a

Our collective focus is:

Improving health through addressing strategic priorities relating to reducing inactivity levels, in areas of need



National Priorities

The Health Context:

- years expected to spend in good health will continue to decline.
- conditions.
- inactivity as a key risk factor for poor health.

National Priorities:

To help address this, the National Physical Activity and Healthcare Group (which comprises of key partners including NHS Horizons, Sport England, OHID, RCGP, Richmond Group of Charities, ukactive, etc.) has an over-arching aim: to make Physical Activity a norm for the prevention and management of Long-Term Conditions in the health system.

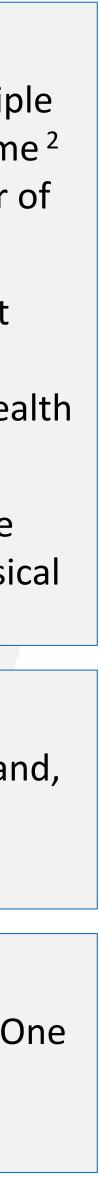
Sport England's Opportunities for change:

Within their Uniting the Movement ⁵ Strategy this includes their 'health & wellbeing advocacy' which outlines 3 key opportunities for change. One of these focuses on the need to improve the pathway between health and organised activity by removing barriers associated with risk.

There are significant and increasing pressures within our health and care systems trying to manage 1 in 4 of the population who have multiple Long-term Health Conditions (LTHCs)¹. Our ageing population will continue to increase to 13 million (22% of the population) in 10 years time² and two thirds of adults will have multiple LTHCs by 2035, more likely to experience mental health problems ³. Fundamentally, the number of

We know that reducing inactivity could prevent up to 40% of LTHCs and physical activity (PA) can help to manage more than 20 of the most common physical and mental health conditions⁴. Therefore, physical activity should play an essential role in primary and secondary prevention, enabling better self-management of conditions and reduces further deterioration or onset of additional physical and mental health

Yet PA remains chronically underutilised within NHS care and population health management. The ambition is for PA 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



National and Local Considerations

Recent National Evidence and Information:

The Local Challenge:

- relationships with their Integrated Care Systems.
- Consensus statement was published in 2021.
- trusted by health and care colleagues and better support those communities in most need.
- to enable a more personalised pathway between health and physical activity.

A <u>Consensus Statement</u> on the risk of PA for people with LTHCs clearly demonstrates that the benefits of being active fundamentally outweigh the risks (2021)⁵. However, pathways between health and organised activity need to be improved by removing barriers associated with risk.

The <u>co-designed Easier To Be Active 5 I's framework</u>, based on lived experience, highlights the need to create a seamless integrated offer between health and physical activity for people with long-term conditions to be more active and suggests ways for this to be achieved.

Our Active Partnership network is recognised for its core systemic role it plays, given their place-based expertise and ability to develop trusted

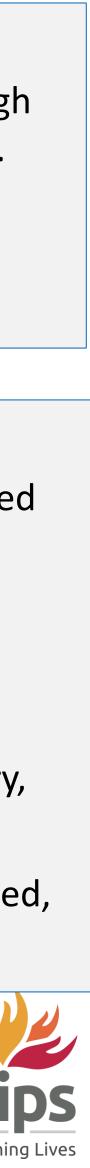
The network has identified as one of the main areas requiring future support is greater clarity and guidance in enabling physical activity pathways between health and activity to be improved, including barriers associated with risk. This has been a recurring theme since the

Personalised frictionless activity pathways need to be in place, to reduce variability and provide consistent quality assured models of delivery,

Cultural and systemic barriers associated with inaccurate perceptions of risk that exacerbate inequalities, need to be understood and removed,



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Reframing physical activity to improving pathways into health Ambitions

Therefore, in consideration of:

- The role that PA can play in reducing the time people spend in poor health.....
- How physical activity can critically help to reduce the pressures on our NHS and Primary Care colleagues, particularly in prevention & rehabilitation.....
- How physical activity can also reduce the economic cost for individuals, businesses and the local economy negatively impacted.....

We need to reframe physical activity to recognise its wider contribution as part of health and care systems.

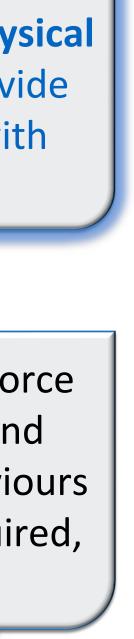
To do this, we need to develop a framework and valid tools to ensure that physical activity and its underpinning infrastructure is fit for purpose and fully supported.

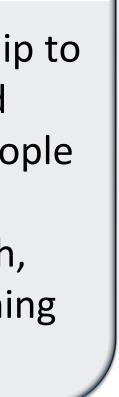
Three ambitions have been identified as outlined on this slide. The first ambition is the focus of this tender opportunity.

1. For the **operational elements of Physical** Activity for Health Pathways, to provide frictionless pathways into health, with consistent QA models.

2. To develop a representative workforce that is customer centric, inclusive and equipped with the right skills & behaviours to provide the specialist support required, trusted by health professionals.

3. To advocate and work in partnership to scale up the quality, quantity and accessibility of physical activity to people with specialist health needs. Therefore, realising the vast health, economic and social potential reaching the people who need it most.





References

- <u>final rg mltc report a4 0.pdf (richmondgroupofcharities.org.uk)</u> 1.
- Kingston et al., Projections of multi-morbidity in the older population in England to 2035: Estimates from 2. the Population Ageing and Care Simulation (PACSim) model. Age Ageing. 2018
- Canca-Sanchez JC, Garcia-Mayor S, Morales-Asencio JM, et al. Predictors of health service use by family 3. caregivers of persons with multimorbidity. J Clin Nurs 2021 doi: 10.1111/jocn.1581
- Public Health England, Everybody Active Every Day, 2014 4.
- https://www.sportengland.org/about-us/uniting-movement 5.
- Hamish, R. et al., Benefits outweigh the risks: a consensus statement on the risks of physical activity for 6. people living with long-term conditions. British Journal of Sports Medicine. 2021.Vol. 56, Issue 8. https://bjsm.bmj.com/content/56/8/427

