



Invitation to Tender

Issue Date: 02/02/2024

Commissioning Body: Waterford Sports Partnership (WSP) on behalf of the Physical Activity for People with Chronic Conditions (PACC) initiative

Tender Title: *Learning and Development Consultancy in Support of Waterford Community-based Information and Signposting Pilot Initiative (an initiative of PACC designed to increase the participation of people living well with chronic conditions in community-based physical activity programmes)*

1. Introduction

Waterford Sports Partnership, on behalf of the PACC initiative, invites submissions from suitably experienced individuals, agencies or multi-disciplinary teams to facilitate a learning and development process that will include elements of research, facilitation and evaluation. Full details of the consultancy are outlined below.

2. Background and Context

One in two Irish people over the age of 50 has at least one long-term, chronic condition and these are inversely associated with socio economic status. Physical activity is an important part of treatment in many chronic conditions as well as in preventing the development of further conditions. The majority of individuals living with chronic conditions do not need medically supervised programmes and should be able to take part in community-based programmes that aim to increase physical activity and functional fitness.

Physical Activity for People with Chronic Conditions (PACC)

The PACC initiative involves a multi-stakeholder collaboration that was initiated in 2021 by the Carlow, Waterford and Westmeath Sports Partnerships with initial funding secured under the 2020 Dormant Accounts Innovation Fund, managed by Sport Ireland. Core stakeholders involved in the strategic direction and oversight of the initiative are the aforementioned Sports Partnerships, the HSE and Higher Education Institutions, specifically the South East Technological University (SETU), Carlow and Waterford and the Technological University of the Shannon (TÚS) in Athlone. As an initiative, PACC evolved from a recognition of:

- the personal and therapeutic benefits of physical activity for people experiencing ongoing, chronic health conditions; and
- notable obstacles to regular and appropriate physical activity opportunities for people with chronic health conditions in Ireland.

Since April 2021, a Core Stakeholder Group, involving the partners listed above, has worked together to plan, conceptualise and oversee the implementation of the initiative. The PACC core stakeholders aspire to an Ireland in which people with chronic conditions have equal opportunity to access regular, appropriate, supported and high quality physical activity in accordance with their needs and interests. Consequently, PACC has set out to understand and address systemic barriers to the participation of people with chronic conditions in physical activity through the creation of a replicable, multisectoral, evidence-informed, collaborative initiative that generates learning and builds on evidenced practice.

Following a comprehensive consultation process during 2021, PACC established three pilot projects to test new ways of working to overcome obstacles to participation. Though each pilot is unique, all

projects are linked by their ambition to engage individuals with chronic conditions, exercise professionals, medical practitioners and academics in a collaborative approach to increase participation in physical activity by individuals living with chronic conditions. The pilot projects have involved:

- i. adapting and extending an existing model of clinically supervised exercise provision for people with chronic conditions, with a particular emphasis on broadening access to disadvantaged groups, reducing dropout, and enhancing exercise referral between health professionals and exercise providers¹;
- ii. researching, consulting and developing quality assured, multi-level, accredited training and CPD packages for professionals in the fitness and physical activity sectors and students in relevant degrees that will increase their capacity to work with a wide range of chronic conditions, in a manner that will be recognised in both exercise and medical fields; and
- iii. examining and increasing the access of individuals living with chronic conditions to existing community-based, non-medically supervised physical activity programmes by developing and strengthening a formalised engagement process between healthcare professionals, social prescribers and community-based physical activity providers.

Each of the aforementioned pilot projects is designed and managed by a pilot project working group that feeds into the overall PACC Core Stakeholder Group. This invitation to tender document pertains to resourcing the development of **Project iii**² above, with the successful consultancy working closely with the respective Pilot Project Working Group.

Membership of the Pilot Project Working Group for this project includes representatives of WSP; HSE Chronic Disease Hub, Waterford; HSE Healthy Eating and Active Living Programme; HSE Self Help Management, CHO5; Technological University of the Shannon (TÚS) and the Waterford Social Prescribing Service (City and County). The group is supported by the PACC Programme Facilitator.

3. Community-based Information and Signposting Towards Physical Activity: Overview of Project

The Community-based Information and Signposting Pilot Project evolved from a consultation process undertaken on behalf of the PACC Core Stakeholder Group in 2021. The consultation process identified a number of significant barriers to the participation of people with chronic conditions in physical activity, including:

¹ This project is now concluded and PACC is considering an additional project to add to its portfolio of innovations.

² Titled Community-based Information and Signposting Towards Physical Activity.

Theme	Priorities
<ul style="list-style-type: none"> the availability of structured and supported exercise services in communities 	<ul style="list-style-type: none"> the need for community-based, accessible services about which patients, clinicians and service-providers alike could be confident; the value of, and benefit from, group-based exercise programmes; the importance of locally-based services (in so far as possible), taking cognisance of issues of transport; rural provision and IT deficiencies; the need for programmes be low cost or involve no cost to the end-user, particularly in situations of disadvantage; the need to match services and programmes to the functional capacity of participants.
<ul style="list-style-type: none"> information flow 	<ul style="list-style-type: none"> trust of exercise-provision and referral to physical activity programmes are reliant on an effective flow of information; ongoing effective information flow is as an important vehicle in promoting partnership between health and exercise professionals (and not simply as a one-off exercise at the time of referral).

Against that backdrop, the pilot project set out to develop a formalised engagement process between healthcare professionals, social prescribers and community-based physical activity providers, and to test that engagement in Waterford city and county. The project has worked towards the following outcomes:

- increased information-flow, linkage and collaboration between WSP and i) Waterford Social Prescribing Service and ii) Waterford Chronic Disease Hub;
- people living well with chronic conditions in Waterford city and county have i) increased knowledge of community-based physical activity opportunities and ii) increased confidence to participate in community-based programmes; and
- increased participation of people living well with chronic conditions in the programmes of WSP.

In the longer term, the project is also working towards the establishment of an evidence-informed, collaborative, community-based information and signposting process that, via evaluation, will be identified as an innovative and replicable good practice model in contributing to the participation of people with chronic conditions in physical activity.

Implementation

Throughout 2022, the Pilot Project Working Group met consistently to put in place a process for signposting clients to the programmes of WSP. Primary activities involved:

- Replacing the PAR-Q³ with the GAQ⁴ as the screening tool used by WSP for programme participants. The GAQ was viewed as a more welcoming document and more positive in its approach to encouraging participation in physical activity.
- Engagements between representatives of WSP and 40 health professionals from across the HSE in Waterford and Dungarvan. The purpose of these engagements was to initiate a relationship between the WSP and health professionals, providing WSP with an opportunity to present its work and, in particular, its community-based exercise programmes. Similarly, a core function of the engagements was to explore opportunities for health professionals to signpost people living well with chronic conditions to those community-based programmes.
- Alongside the Waterford Social Prescribing Service, selecting four HSE services with which to work intensively to trial the signposting process and learn by doing. The services in question were Cardiac Rehab, Respiratory Integrated Care, the Diabetic Dietician and the Waterford Integrated Care for Older Persons Programme.
- Creation of a dedicated webpage on the WSP website for health personnel, social prescribers and any individuals with chronic illnesses interested in accessing a suitable programme.
- The agreement of an approach to signposting, which involved the preparation of A5 cards for distribution to participating services and subsequently to potential programme participants. Cards included contact details of WSP, encouraging potential participants to contact the Sports Partnership for further clarification of programmes and availability. Each service received 50 cards and each card was numbered for tracking purposes and dated.

The focus of activity in 2023 was on implementing this process, with varying degrees of success recorded (i.e. in the form of people living well with chronic disease approaching WSP following signposting, participating in and/or completing programmes).

Rationale for Consultancy

The Pilot Project Working Group finds itself at an important juncture at the beginning of 2024. There is a strong commitment within the Working Group to the independent evaluation of its work, particularly in terms of its impact on the participation of people living well with chronic conditions in community-based exercise programmes of WSP. And there is an equally strong commitment to capturing learning from programme implementation that will have value to similar efforts that are evolving, and will continue to evolve, in other communities.

³ Physical Activity Readiness Questionnaire

⁴ Get Active Questionnaire

However, there is also a shared recognition within the Working Group that more needs to be done to strengthen the delivery and impact of the project in Waterford. The Group recognises that, to date, it has developed its own approach to information-sharing and signposting. In other words, it has ploughed its own furrow without reference to other models in operation or without reference to national/international evidence of what works in this space.

Equally, having developed an overarching approach to information-sharing, it is evident that this approach is being implemented inconsistently by practitioners from the participating services – and with mixed results in terms of people with chronic conditions coming forward to participate in programmes of WSP. The Pilot Project Working Group has, to date, operated at a distance from health professionals who implement the signposting process and hasn't had the capacity to involve those individuals in a facilitated learning and development process on their needs and challenges, and on how the signposting process could be refined/strengthened to result in improved participation outcomes for people with chronic conditions.

The Pilot Project Working Group therefore not only wants to access external expertise to conduct independent evaluation, it also wishes to access expertise that will facilitate all stakeholders in this initiative to work strategically towards improved signposting, improved participation of people with chronic conditions and an impactful model(s) for dissemination and replication.

4. Consultancy Terms of Reference

The following outlines the Terms of Reference for the proposed consultancy:

- a) Over a 12-month period from commencement of contract, meet periodically with the Pilot Project Working Group as part of an iterative *plan, do, review* process designed to inform the ongoing development of the pilot project. This will contribute to a shared approach to the proposed learning, development and evaluation process. It will also contribute expertise to the design, delivery and leadership of the Community-based Information and Signposting Pilot Initiative in Waterford.
- b) During the first quarter of the 12-month consultancy, draft a learning, development and evaluation framework for agreement with the Pilot Project Working Group. Once agreed, this framework will govern and guide all subsequent activities of the consultancy.
- c) Undertake a detailed literature review⁵ and prepare a short report that captures learning from similar information and signposting initiatives nationally and internationally, focusing in particular on what does and doesn't work in i) improving participation outcomes and ii) in creating an evidence-based standard operating model. It is anticipated that this will be a

⁵ Primarily academic but to include grey literature, as appropriate.

substantial output of the consultancy and it is suggested that between 15% and 20% of consultant days should be applied to this activity.

- d) Prepare, facilitate and record three learning and development workshops with key stakeholders⁶ in the Waterford Project (to be implemented quarterly) in a manner that will:
- interrogate the the *what works* evidence from the literature review in the context of the practical circumstances of participating services;
 - explore motivators and barriers to signposting within individual services;
 - consider shared approaches to locally-based information and signposting challenges that can be tested in Waterford; and
 - review and tweak progress towards a standard operating model for the project in Waterford.

In parallel, these workshops should be prepared in a manner that facilitates the capturing of learning from the experience of the Waterford pilot project, enabling valuable evaluative material to be collected in respect of what was done, what was achieved, what was learned and what needs to be improved in future. As above, it is anticipated that up to 20% of the consultancy would be devoted to the efficient and effective delivery of these workshops.

- e) In the first quarter of the consultancy and using project data from 2023, conduct an interim evaluation of the Community-based Information and Signposting Pilot Initiative. This will result in a short interim evaluation report that details output and outcome from the project in 2023. Findings from the evaluation will subsequently be integrated into the learning and development workshop proposed in item d) above.
- f) In the final quarter of the consultancy, conduct a full evaluation of the project to date. The emerging evaluation report should be initially presented in draft to the Pilot Project Working Group before finalisation and should:
- comprise quantitative output and outcome data analysis, along with qualitative data from a series of key informant interviews/focus groups;
 - propose a standard operating model⁷ for the project in Waterford that can be made available for dissemination, inclusive of road map and toolkit based on the Waterford project's experience;
 - recommend next steps in the development of the initiative in Waterford.

Item f) should absorb up to 30% of the consultancy input.

⁶ Including members of the Pilot Project Working Group, representatives from the Waterford Social Prescribing Service and representatives from individual HSE services participating in the signposting process. This element will not involve engagement with end users.

⁷ Or operating models for different services in accordance with their unique contexts and needs.

5. Reporting Relationship

This consultancy will be managed on behalf of the PACC Core Stakeholders by WSP and a representative of WSP will be nominated as the primary point of contact in managing the contract.

The project will be directed and overseen by the aforementioned Pilot Project Working Group. The successful consultancy will be expected to work *with*, as much as work *to*, the Pilot Project Working Group and it is recommended that submissions give due consideration to facilitating a collaborative working relationship with working group members.

6. Required Attributes & Expertise

WSP, on behalf of the PACC initiative, invites submissions from suitably experienced individuals/agencies/multi-disciplinary teams to conduct this consultancy. Specific emphasis is placed on the need for multiple competences within the successful consultancy, with experience and expertise required in areas such as facilitation, process and outcome evaluation, research and consultation with the variety of stakeholders identified above.

The capacity to work in a collaborative manner with the Pilot Project Working Group, reviewing planning and taking direction from its members is a pre-requisite of the consultancy.

7. Submission Process & Required Documents

Interested parties are invited to submit a costed tender for the work outlined above. Tenders for this work should:

- outline the tenderer's understanding of the consultancy task and the policy/practice context informing it;
- outline important methodological considerations relevant to the success of the consultancy;
- propose an approach to completing the consultancy, inclusive of planning, review, implementation and writing stages (and associated activities);
- suggest a timeline for project delivery;
- submit a budget breakdown for all elements of the consultancy, including consultancy fees, VAT (if relevant) and all expenses;
- include a capability statement, identifying the roles to be undertaken by each of the nominated team members, professional details of all members of the consultancy and outlining evidence of experience of working with a range of relevant stakeholders;
- describe project leadership and management considerations and how these will be addressed;
- disclose any conflicts of interest that emerge in the delivery of this consultancy project, alongside proposals for how these will be overcome.

Additionally, CVs for all personnel/team members should be appended to the submission. Verification of tax clearance should also be provided, as well as evidence of valid insurance (professional indemnity).

8. Awarding Criteria & Scoring Format

Evaluation of tender submissions will be based on criteria specified in the Terms of Reference above, using the following awarding criteria:

No	Requirement/ Criterion	Weighting Criteria	Minimum Scoring Required
1	Understanding of brief	20%- 60 marks	60% of marks required (36/60)
2	Relevant knowledge, expertise , experience and resources allocated	30% - 90 marks	60% of mark required (54/90)
3	Content and Quality of Proposed Methodology	30% - 90 marks	60% of marks required (54/90)
4	Cost- to include all costs/ expenses	20% - 60 marks	60% of marks required (36/60)
	Total Marks	300	180

Following initial shortlisting, tenderers may also be required to present for interview as part of the tendering process.

9. Projected Timeline

It is anticipated that the successful consultancy will be commissioned no later than the end of March, 2024 with an initial briefing meeting with relevant representatives of the project working group to take place within two weeks of award of contract.

Thereafter, it is projected that the consultancy will undertake its work within a twelve-month period. A draft framework document will be submitted to the pilot project working group for review within the first quarter. Once agreed, this framework will govern and guide all subsequent activities of the consultancy.

10. Budget

The maximum budget available for this consultancy is €40,000, inclusive of VAT and all expenses. An overall price for the work should be clearly detailed and specified in the tender document, with a breakdown of individual elements and associated timeframe for the delivery of key milestones. Prices quoted should provide detail of consultancy costs, VAT and expenses as appropriate.

Payments will be made in three instalments as follows:

- 30% of budget upon signing of contract with Waterford Sports Partnership;
- 30% at the mid-point of the consultancy⁸; and
- 40% upon submission of final documentation agreed with the project working group.

11. Ownership of Material

Ownership of material and documentation resulting from this consultancy will reside with the PACC Core Stakeholders. Any documentation sought by Waterford Sports Partnership, on behalf of PACC, must be returned to the Waterford Sports Partnership as requested.

12. Conflict of Interest

Any registered interest involving the consultant(s) and WSP, PACC or its member agencies, their staff or relatives must be fully disclosed in the response to this Invitation to Tender, or should be communicated to WSP upon such information becoming known to the consultant(s). In any case, such information must be made available prior to the award of the contract.

13. Queries

Any queries relating to the proposed consultancy should be directed by email to Neil Haran, PACC Facilitator and operating on behalf of Waterford Sports Partnership at njharan1968@gmail.com. Closing date for receipt of queries will be 5pm on 21st February 2024.

14. Deadline for Submission

Completed tender documents should be submitted electronically by 5pm, 26th February, 2024 to Rosarie Kealy, Coordinator, Waterford Sports Partnership at rkealy@waterfordsportspartnership.ie. Please mark ***Tender Submission: Learning and Development Consultancy in Support of Waterford Community-based Information and Signposting Pilot Initiative*** in the subject line.

⁸ To be agreed following the Pilot Project Working Group's approval of the planned learning, development and evaluation framework that will guide the entire consultancy.