Reference: FOI.ICB-2627/167

Subject: Physical activity provision between inpatient mental health stay and Community

I can confirm that the ICB does not hold the information requested; please see responses below:

QUESTION	RESPONSE
I am writing to you today via a freedom of information request to find out what provision your Trust provides for physical activity provision for individuals transitioning back to the community after an inpatient mental health stay. Please refer to requesters template enclosed.	The ICB does not hold this information. We advise you to contact the providers directly as follows: For adults; Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust: Freedom of Information :: Avon and Wiltshire Mental Health Partnership NHS Trust Children's inpatient mental health beds are commissioned by NHS England: NHS England » Freedom of Information Act and Environmental Information Regulations

The information provided in this response is accurate as of 29 July 2026 and has been approved for release by Helena Fuller, Deputy Director of Business, Strategy and Planning for NHS Bristol, North Somerset and South Gloucestershire ICB.

FOI request for physical activity provision for individuals transitioning back to the community after an inpatient mental health stay.

Please complete these questions to the best of your knowledge and return to: XXXX, XXXX, XXXX

Job role of the person completing this form: Click or tap here to enter text.

Organisation name (e.g. Trust or ICB name): Click or tap here to enter text.

Section 1: Core Physical Activity Provision

1. Does your organisation offer access to physical activity programme(s)* for people living with severe mental ill health (i.e. psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder) that support engagement with physical activity during/following the transition from inpatient mental health settings?
   **by physical activity programme, we mean any programme that incorporates an element of physical activity.*
   ☐ Yes
   ☐ No

2. If yes, please tell us the name(s) of the programme(s) or type of referral(s). If you are unsure of the name, please describe the type of programme it is.

   Click or tap here to enter text.

3. In a typical month, what proportion of eligible patients **<u>are referred</u>** to NHS-led physical activity programmes to support with physical activity during/following the transition from inpatient mental health settings? Please click one box.

   ☐ 0%
   ☐ 1 – 10%
   ☐ 11 – 20%
   ☐ 21 – 30%
   ☐ 31 – 40%
   ☐ 41 – 50%
   ☐ 51 – 60%
   ☐ 61 – 70%
   ☐ 71 – 80%
   ☐ 81 – 90%
   ☐ 91 – 100%
   ☐ This data is not routinely collected

Please proceed to next page

4. In a typical month, what proportion of referred patients **attend** NHS-led physical activity programmes to support with physical activity during/following the transition from inpatient mental health settings? Please click one box.

☐ 0%	☐ 51 – 60%
☐ 1 – 10%	☐ 61 – 70%
☐ 11 – 20%	☐ 71 – 80%
☐ 21 – 30%	☐ 81 – 90%
☐ 31 – 40%	☐ 91 – 100%
☐ 41 – 50%	☐ This data is not routinely collected

5. What is the primary setting for this provision?

   ☐ Inpatient only
   ☐ Community only
   ☐ Mixed (programmes that span both settings)

6. Who can be referred to this programme? Select all that apply.

   ☐ All individuals with mental ill health.
   ☐ People with specific diagnoses.
      ☐ People with psychosis.
      ☐ People with schizophrenia.
      ☐ People with schizoaffective disorder.
      ☐ People with bipolar disorders.
      ☐ Other. Please specify. Click or tap here to enter text.
   ☐ People engaged with specific services (e.g. working adults, older adults).
      ☐ People in early intervention services.
      ☐ Other. Please specify. Click or tap here to enter text.
   ☐ People with specific characteristics. Please specify. Click or tap here to enter text.
   ☐ People in a specific location. Please specify. Click or tap here to enter text.

7. Who delivers the physical activity support? Select all that apply.
   ☐ Registered clinical staff (e.g. Physio, Nurse, OT).
   ☐ Specialist fitness instructors / exercise specialists.
   ☐ Peer support workers.
   ☐ Private sector or charity staff / volunteers.
   ☐ Community-based organisations (e.g. voluntary, community, and social enterprise organisations) staff / volunteers.
   ☐ Other. Please specify. Click or tap here to enter text.

Please proceed to next page

8. What is the format of the programme? Select all that apply.
   ☐ One-to-one in-person
   ☐ Group in-person.
   ☐ One-to-one online.
   ☐ Group online.
   ☐ One-to-on by telephone.
   ☐ Advice only.
   ☐ Other. Please specify. Click or tap here to enter text.

Section 2: The Transition Pathway

9. Is physical activity support explicitly included and formally documented in the standard discharge planning process for individuals admitted to inpatient services?

   ☐ Yes. Please specify. Click or tap here to enter text.
   ☐ No.
   ☐ Unsure.
   ☐ Other. Please specify. Click or tap here to enter text.

10. Are physical activity goals integrated into broader social care or recovery plans (e.g., Section 117 aftercare plans)?

    ☐ Yes. Please specify. Click or tap here to enter text.
    ☐ No.
    ☐ Unsure.
    ☐ Other. Please specify. Click or tap here to enter text.

11. Who is primarily responsible for initiating a referral for physical activity support during the discharge planning process? Select all that apply.

    ☐ Registered clinical staff (e.g. physiotherapist, nurse, occupational therapist)
    ☐ Exercise specialist.
    ☐ Peer support worker.
    ☐ Discharge coordinator.
    ☐ Patient.
    ☐ Other. Please specify. Click or tap here to enter text.

Please proceed to next page

12. Which of the following best describes your organisation's approach to supporting physical activity during or after discharge from inpatient mental health care? Select all that apply.

    ☐ No routine pathway/protocol in place.
    ☐ Informal signposting (giving a leaflet/web link).
    ☐ Formal referral to/from an NHS provider.
    ☐ Formal referral to external/community or VCSE provision.
    ☐ Shared/integrated pathway involving NHS and community practices.
    ☐ Unsure.
    ☐ Other. Please specify. Click or tap here to enter text.

13. At what point does community-based physical activity support typically begin? Please answer based on any of your Trusts policies, protocols or pathways.

    ☐ While the individual is still an inpatient.
    ☐ Immediate (within 72 hours of discharge).
    ☐ Short-term (within the first 7–14 days).
    ☐ Delayed (after the first month).
    ☐ Unsure.
    ☐ Other. Please specify: Click or tap here to enter text.

14. Do individuals have any influence in selecting the *type* and *location* of their post-discharge physical activity? (e.g., assigned to a specific programme vs. choosing from a menu of options).

    ☐ Yes. Please specify. Click or tap here to enter text.
    ☐ No.
    ☐ Unsure.
    ☐ Other. Please specify. Click or tap here to enter text.

15. Do you record whether an individual actually attended the community activity after inpatient discharge? (e.g., formal feedback loop, informal phone call, or no tracking).

    ☐ Yes. Please specify. Click or tap here to enter text.
    ☐ No.
    ☐ Unsure.
    ☐ Other. Please specify. Click or tap here to enter text.

Please proceed to next page

16. Do individuals admitted to inpatient services have the opportunity to visit the community physical activity venue *before* they are formally discharged from the hospital?

☐ Yes. Please specify. Click or tap here to enter text.
☐ No.
☐ Unsure.
☐ Other. Please specify. Click or tap here to enter text.

17. Do individuals delivering physical activity services in the community have the opportunity to visit inpatient settings to meet individuals referred *before* they are formally discharged from the hospital?

☐ Yes. Please specify. Click or tap here to enter text.
☐ No.
☐ Unsure.
☐ Other. Please specify. Click or tap here to enter text.

18. What level of clinical risk information is shared with community physical activity providers during the referral process? (e.g., No information shared, basic safety alerts only, full risk assessment summary).

☐ No information shared.
☐ Basic safety alerts only.
☐ Full risk assessment summary
☐ Other. Please specify. Click or tap here to enter text.

19. Are there clear or designated responsible roles for ensuring a physical activity handover occurs during transition? Please answer based on any Trust policies, protocols or pathways.

☐ Yes. Please specify. Click or tap here to enter text.
☐ No.
☐ Unsure.
☐ Prefer not to say.

Section 3: Governance, System Integration and Partnerships

20. Is the transition support time-limited? (E.g. 12 weeks of support).

☐ Yes. Please specify. Click or tap here to enter text.
☐ No.
☐ Unsure.
☐ Prefer not to say.

Please proceed to next page

21. Does the transition support time involve a gradual handover to mainstream community activity?

    ☐ Yes. Please specify. Click or tap here to enter text.
    ☐ No.
    ☐ Unsure.
    ☐ Prefer not to say.

22. How is physical activity support currently funded? (e.g., core NHS budget, short-term grant funding, local authority public health budget, or charitable donations).

    ☐ Core NHS budget .
    ☐ Short-term grand funding.
    ☐ Local authority public health budget.
    ☐ Charitable donations.
    ☐ Self-funded/paid for by service-user.
    ☐ Other. Please specify. Click or tap here to enter text.

23. Do you have formal partnerships with private, charity or community-based organisations to support physical activity post-discharge?

    ☐ Yes. Please specify. Click or tap here to enter text.
    ☐ No.
    ☐ Unsure.
    ☐ Prefer not to say.

24. How is the communication managed between inpatient teams and community physical activity providers?

    ☐ Shared records .
    ☐ Email.
    ☐ No formal communication.
    ☐ Other. Please specify. Click or tap here to enter text.

25. Does your organisation require any form of 'medical clearance' or 'fitness to exercise' sign-off from a clinician before an individual is referred to community physical activity services? For example, this may include a formal risk assessment, clinical review, physical health check, or confirmation of clinical judgement to indicate suitability.

    ☐ Yes. Please specify. Click or tap here to enter text.
    ☐ No.
    ☐ Unsure.
    ☐ Prefer not to say.

Please proceed to next page

Section 4: Outcomes and Future Development

26. Based on existing policies and protocols, what outcomes do you prioritise for physical activity during transition? Select all that apply.

    ☐ Social inclusion and community connection.
    ☐ Prevention of hospital readmission.
    ☐ Reduced social isolation.
    ☐ Improved mental health symptom management.
    ☐ Improved physical health outcomes.
    ☐ Other. Please specify. Click or tap here to enter text.

27. Does your service formally measure social, physical, or mental health outcomes related to physical activity participation (e.g., social isolation, community belonging, or specific symptoms)?

    ☐ Yes. Please specify. Click or tap here to enter text.
    ☐ No.
    ☐ Unsure.