NHS
North East and North Cumbria

Our Reference North East and North Cumbria ICB\ FOI ICB 26–197

North East and North Cumbria ICB
Pemberton House
Colima Avenue
Sunderland Enterprise Park
Sunderland
SR5 3XB

Tel: 0191 535 4288
E-mail: nencicb.foi@nhs.net

By Email

13 August 2026

Dear Applicant

Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)

Thank you for your request received on 21 July 2026 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000. The ICB covers the areas of County Durham, Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley.

Please find the information you requested on behalf of the ICB as follows.

Your Request

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

Job role of the person completing this form:
Organisation name (e.g. Trust or ICB name):

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%	☐ 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

4. In a typical month, what proportion of referred patients <u>attend</u> 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.

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.

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.

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.

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.

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.

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.

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.

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.

Our Response

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB on this occasion is not able to provide the requested information. In line with your rights under section 1(1)(a) of the Act to be informed whether information is held, we confirm the ICB does not hold any of the information requested. However, we have determined that the information is held by the mental health hospital NHS foundation trusts (FTs) within the North East and North Cumbria region.

In accordance with our duty under s.16 of the FOIA to provide reasonable advice and assistance to an individual requesting information, we have provided the FOI contacts for those foundation trusts.

NENC Mental Health Hospital FTs	Email
Cumbria, Northumberland, Tyne and Wear NHS FT	foi@cntw.nhs.uk
Tees, Esk and Wear Valleys NHS FT	tewv.foi@nhs.net

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website https://northeastnorthcumbria.nhs.uk/.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Information Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000. Generally, the Information Commissioner cannot make a decision unless you have exhausted the ICB's complaints procedure.

The Information Commissioner can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or www.ico.org.uk.

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk. This will not affect your initial information request.

Yours faithfully

Information Governance Support Officer

Information Governance Support Officer
North East and North Cumbria Integrated Care Board