

## Freedom of Information Request

Reference Number: [EPUT.FOI.22.2551](#)

Date Received: [08.07.2022](#)

### Community swimming for Learning disability clients

#### Information Requested:

1. Does your Trust offer a physical activity programme\* to patients with severe mental ill health (psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder)?

[a. Yes](#)

~~[b. No](#)~~

\*by physical activity programme we mean any programme that incorporates an element of physical activity.

2. Does your trust offer more than one physical activity programme?

[a. Yes \(if yes, please complete a separate form for each programme\). In collaboration with Sports for confidence](#)

[a. Yes](#)

~~[b. No](#)~~

3. Please enter the name of the programme you are completing the form for:

[Community swimming for Learning disability clients](#)

[SFC also has started session in Brentwood Community Centre since 23<sup>rd</sup> June 2022](#)



SfC

A4\_Waterside\_Comb



SfC Basildon multi

flyer.pdf



SfC

Chelmsford\_Multi - land sing sessions



SfC Clacton stretch



SfC Dementia

friendly swimming V

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

[a. All service users](#)

~~[b. People in early intervention services](#)~~

~~[b. People with psychosis](#)~~

~~[c. People with schizophrenia](#)~~

~~[d. People with schizoaffective disorder](#)~~

~~[e. People with bipolar disorder](#)~~

5. In a typical month approximately what proportion of eligible patients are referred?

[a. 2 -4 clients per month for community swimming \\_\\_\\_\\_\\_](#)

~~[b. Don't know for other activities run by SFC](#)~~

6. In a typical month approximately what proportion of patients referred, attend the programme?

[a. 2 clients per month for community swimming \\_\\_\\_\\_\\_](#)

~~[b. Don't know](#)~~

7. What are the key features of this programme? Select all that apply.

[a. Supervised physical activity sessions](#)

- b. Information or education about physical activity
  - c. Physical activity counselling from a trained facilitator
  - d. Peer support
  - e. Other (please give details) reasonable adjustments
8. What type of physical activity is available?
- Swimming
  - ~~Access to a gym~~
  - ~~Football~~
  - ~~Access to fitness classes~~
  - Walking group
  - ~~Netball~~
  - Cycling
  - ~~Yoga~~
  - ~~Basketball~~
  - Other (please state) Curling, Boccia, Cricket, Multisports etc [Please refer the leaflets attached]
9. What is the setting of this programme?
- a. Inpatient
  - b. Outpatient/Community Learning Disabilities
  - ~~c. Mixed inpatient and outpatient~~
10. What is the format of this programme? Select all that apply.
- a. One-to-one face-to-face
  - b. Group face-to-face
  - ~~c. One to one online~~
  - ~~d. Group online~~
  - ~~e. One to one by telephone~~
  - ~~f. Other (please give details)~~
11. How is the programme arranged?
- a. Ongoing course
  - b. Drop-in sessions
  - ~~c. Over a fixed period (e.g., 1 session a week for 8 weeks)~~
  - ~~d. Other (please give details)~~
12. If more than one mode of support was selected in Q10, can each patient choose how they receive support?
- Yes (please give details)
  - ~~b. No~~
  - ~~c. N/A~~
13. Is everyone who accesses services able to access the physical activity programmes as part of standard care? Please tick all that apply
- a. Yes
  - ~~b. Only those who express an interest in physical activity~~
  - ~~c. Only those who are eligible, if yes how is the decision made and by whom~~
  - ~~d. No~~

14. Who supports patients in this programme? Select all that apply.
- a. Fitness instructor
  - ~~b. Healthy living advisor~~
  - c. Physiotherapist
  - d. Occupational therapist
  - ~~e. Mental health worker trained in physical activity (e.g., nurse)~~
  - f. Peer support worker
  - g. Other (please give details) Swimming teacher
15. What level is the person providing the support trained to?
- a. To degree level or above in a relevant area- Qualified therapist
  - b. Other training (please give details) Swimming and Fitness instructors
16. Does the Trust signpost service users to physical activity programmes outside of the Trust?
- a. Yes
  - ~~b. No~~
17. If yes, who provides these programmes? Select all that apply.
- a. Local council in collaboration with community centres
  - ~~b. Secondary care trust~~
  - ~~c. Other NHS (please give details)~~
  - ~~d. Not for profit company~~
  - e. Charity
  - ~~f. Other third sector organisation (please give details)~~
18. Does the Trust use any other strategies to promote physical activity in people with severe mental ill health? (e.g., one-off activity health promotion events, brief advice during healthcare contacts, environmental prompts)
- ~~a. One off activity events~~
  - b. Brief advice during healthcare contacts
  - ~~c. Financial support (e.g. free gym membership)~~
  - d. Sign posting to activities
  - d. Other (please give details) – provide reasonable support to support the safe transition from specialist community service to community activities
19. Do you feel that the physical activity provision in the trust meets the needs of the patients?
- a. Yes
  - ~~b. No~~
20. If there is anything else you would like to say about physical activity please state below.
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**Publication Scheme:**

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT's Publication Scheme is located on its Website at the following link <https://eput.nhs.uk>