Active Sussex Stroke Reconditioning Project - Summary

Date: 10 November 2025

Active Sussex Stroke Reconditioning Project

The project was a six-month pilot to help people recovering from a stroke get better and stronger. It was a collaborative effort by East Sussex Healthcare NHS Trust, Active Sussex, East Sussex County Council and Rother District Council.

Why the Project Was Needed

Many people who have a stroke or other complex health problems spend a lot of time in the hospital. Their bodies become weaker, which is called deconditioning. It can make it harder for them to get better and go home. This project wanted to find a way to help patients stay active and avoid getting weaker while they were in the hospital.

Aim

To test a novel approach to support patients to remain active whilst in a community hospital.

Objective

1. Change the way the system addresses deconditioning in older people with long-term health conditions in hospital settings across East Sussex
2. Demonstrate the impact of NHS Services working collaboratively with the voluntary sector to achieve better health outcomes for residents.

What the Project Did

The project brought special health instructors into the Bexhill Irvine Unit at Bexhill Hospital. These instructors worked with hospital staff to hold exercise classes for patients twice a week. The project also helped patients make a plan for staying active after they left the hospital. The goal was to make sure patients had a smooth journey from the hospital to community groups and classes.

What They Found

The project helped patients in many ways:

- **Physical Strength**: Patients experienced a 35% increase in physical performance (Sit-to-Stand test). Their ability to balance also improved. There were no falls that caused a broken bone during the project.
- **Wellbeing and Confidence**: Patients' mental wellbeing scores improved by 21%. They also felt 60% more confident about their health. Patients said they felt less lonely and had more confidence and a sense of purpose.
- **Rehabilitation Efficiency:** The project resulted in a 25% reduction in rehabilitation complexity, which means patients became more independent and required less care.
- **Culture shift**: Staff observed that patients were more willing to participate in physical activity, and nurses noted a shift in the ward's culture toward proactively encouraging movement throughout the day.

The project showed that physical activity should be a main part of care, not just an extra option. While many patients did well, some still faced problems in staying active after leaving hospital, such transport, money, social isolation, and health-related anxieties.

Impact

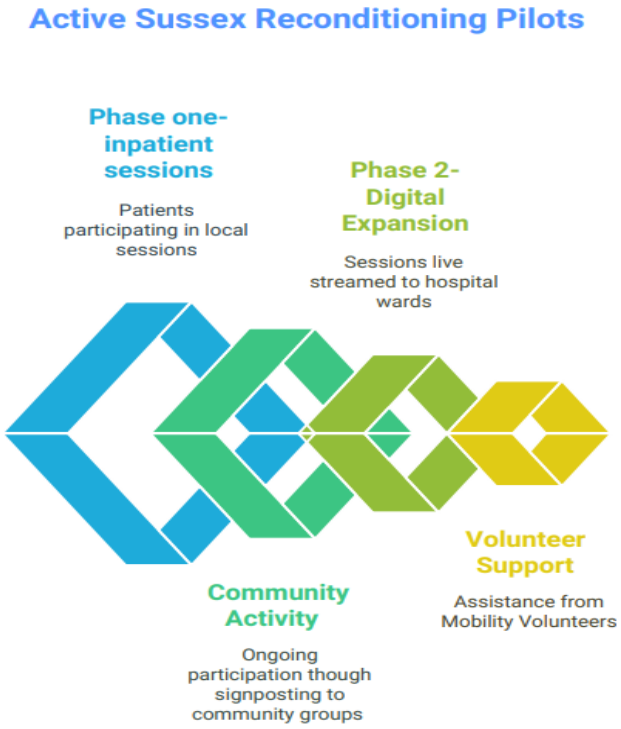
A short video presents an overview of the project and the impact on a patient capturing the emotional and practical effects of the intervention from their perspective. It also features reflections from staff members who contributed to the project, offering a broader view of its impact on both care delivery and outcomes. See **Appendix 1** for quotes from patients and partners about the project.

Unlocking Stroke Recovery: The Power of Exercise

What Happens Next

Evidence shows that the project has not only improved outcomes for individual patients but has also started to create a new culture of integrated, prevention-focused rehabilitation in Sussex. The project offers a scalable model that could be used in other settings. Future plans, involve using digital and live-streamed sessions to make the program more accessible and to continue embedding physical activity as a core part of clinical care, not just an optional add-on. With the goal to make physical activity a core part of recovery for everyone in the area.

The project will remain connected with the NHS 10 Year Plan to make sure it reflects national priorities around prevention, personalised care, and joined up community support. It also strengthens the project's sustainability by embedding it across the wider system, improving outcomes and reducing health inequalities in rehabilitative care.



Appendix 1

Patient quotes:

"I really enjoy the sessions that the ladies from 20/20 health run. Before coming to the groups, I often found that my gym sessions could be a bit overwhelming as there was a lot to take in and understand. With the groups I was able to exercise in a room full of people in a similar situation to me without judgement of fear of embarrassment. After my fall I was anxious to get moving again, so once I went back to the group, I was greeted with kind words and encouragement".

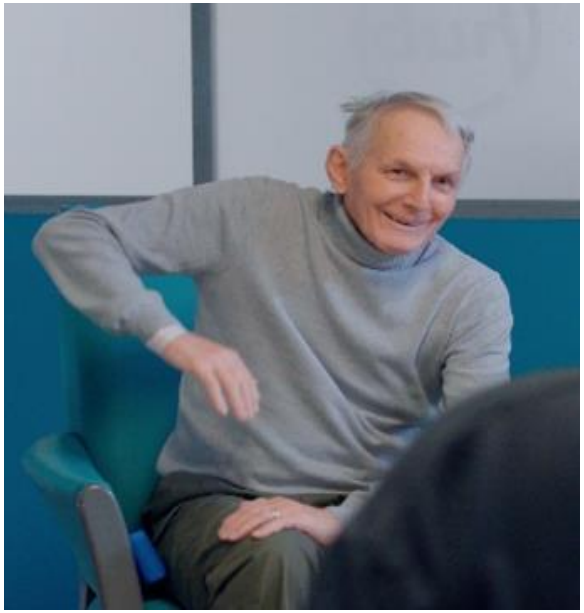
"Hospitals can often be a lonely place, however the community atmosphere gave me events to look forward to and has formed friendships that has carried over following my discharge."

"My time in hospital was strange as I didn't feel much of a connection with those in my bay, the groups gave me a chance to have meaningful interactions with patients of a similar age to me, and those with similar values."

"The groups at the Irvine unit are simply wonderful and were a great joy when I was there. As anyone will tell you I can talk the legs off an iron chair. However so could the others in the group. I felt respected and was grateful for the time I was given to ensure I was comfortable and happy".

"I've always been a sociable person and having the chance to be able to speak to new and friendly people every week was a blessing. The loneliness you can feel whilst in hospital can be overwhelming, but the smallest bit of kindness can make a world of difference, and that's exactly what the groups did for me".

"All the groups at BIU were a laugh. Luka and the ladies from 20/20 Health were a joy to be around and gave me and the other patients a reason to get out of bed and get moving".



Partner quotes:

"One of the key things we have really enjoyed about this pilot is partners working collaboratively to deliver the project. It's been a great way to test out all those strengths of the different partners and how they come together to help us deliver something that's much better for patients. This project will offer our system in Sussex a really great opportunity from which to build on how we work much better with our community partners." **Karen Poole, AHP Rehabilitation Consultant, ESHT.**

"Having somebody else based in that community setting can give you a better idea of what's going to happen after they leave. This reinforces our clinical understanding. It's one thing understanding how many sets of stairs someone can do, but as soon as someone gets home, they are faced with new challenges that we in an inpatient setting don't see. It's nice to know more about that continuation and it further develops our practices in the clinical setting." **Luke House, Associate Practitioner, ESHT**

"It's been really good to individuals going through their recovery and needing our help less. We are seeing patients now coming into the community and doing some of our exercise session. Just seeing that process that they go through and that progress that they make from coming into the stroke unit to then coming out into the community is fantastic". **Jas Gray, Exercise Instructor, 20/20 Health**.

"This project has shown the real power of collaborative working across health and the community voluntary sector. By aligning our expertise and resources, we've been able to offer more holistic and personalised support to patients at risk of deconditioning, both in hospital and at home. Going forward, this kind of integrated partnership working is essential if we want to achieve better health outcomes, reduce inequalities, and build truly preventative, community focused healthcare." **Ross Joannides, Strategic Relationship Manager, Active Sussex.**

"The Active Rother Partnership programme recognises the importance of reducing inactivity amongst residents. We were delighted to be a partner in this exciting approach to reducing the risk of deconditioning amongst stroke patients. This project has recognised how through being more active and working together collaboratively, we can play a significant role in improving health and wellbeing outcomes amongst our local population." **Stuart Ramsbottom, Active and Healthy Communities Specialist, Active Rother.**