

4th December 2025

Transformation of Stroke Rehabilitation Services in Walsall

1. Aim

This report has been produced to report back to the Committee on the progress with patient, public and staff engagement related to the proposed transformation of Stroke Rehabilitation Services in Walsall.

2. Recommendation

1. That, the Committee consider the proposed Transformation of Stroke Rehabilitation Services in Walsall with particular regard to engagement and determine whether to make any comments.
2. That, in connection with (1) above, a further report be presented to a future meeting of the Committee on the outcome of the final decision by the Black Country Integrated Care Board.

3. Executive Summary

This report provides a summary of engagement and feedback received to date as part of the Stroke Rehabilitation Transformation Listening Exercise. It is intended to:

- Summarise survey responses and emerging themes.
- Highlight equality monitoring data to ensure inclusivity.
- Capture additional engagement activities and stakeholder feedback.
- Identify early risks and mitigation considerations.

4. Introduction and Background

The Stroke Rehabilitation Transformation Programme proposes increasing the level of home rehabilitation support by enhancing community stroke services under the Integrated Community Stroke Service (ICSS) model, and relocating inpatient stroke rehabilitation beds from Hollybank House (Walsall) to West Park Rehabilitation Hospital (Wolverhampton).

5. Objectives of the change:

- Reduce unnecessary inpatient length of stay and support earlier discharge home.
- Deliver sustainable, high-quality care closer to home.
- Improve equity of access across Walsall and Wolverhampton.

The listening exercise launched on 21st October 2025 and ran for six weeks (closing 1st December 2025). Engagement methods included:

- Online survey (hosted on Trust, ICB and partner websites).
- Targeted focus groups and community events.
- Outreach via voluntary sector networks.
- Talking to current inpatients at Hollybank House
- Existing feedback channels (FFT, complaints, compliments).

6. Details

6.1 Engagement 'Survey' Responses

Total responses: 118 (as of 27th November).

5.2 Respondent profile:

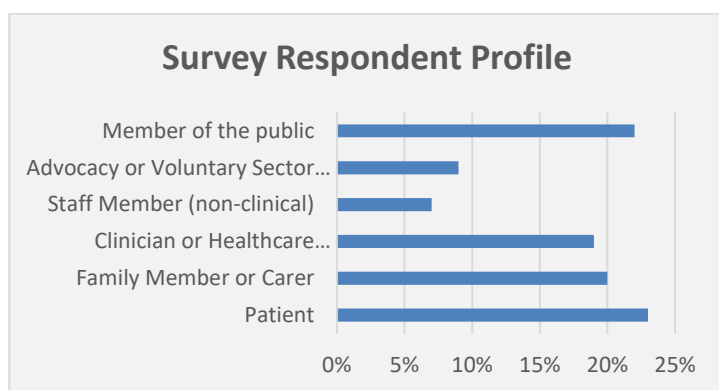


Chart 1. Survey Respondent Profile

Surveys were completed by respondents online/paper completion/or via QR code collection.

5.3 Postcode Dominance

Dominant Postcode Areas

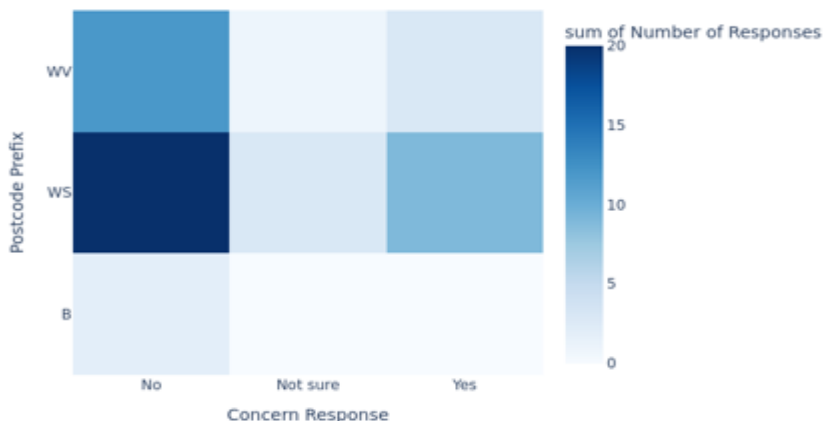
- WS (Walsall): Appears most frequently (e.g., WS1, WS2, WS3, WS4, WS5, WS8, WS9, WS11). This suggests a strong representation from Walsall residents.
- WV (Wolverhampton): Also, common (e.g., WV1, WV3, WV6, WV10, WV11, WV12, WV13, WV14). Indicates significant input from Wolverhampton.
- Other Postcodes: A few entries from B (B24, B72) and mixed Staffordshire areas (Cannock, etc.), but these are less frequent.

Geographic Spread

- Responses are concentrated in Walsall and Wolverhampton, which aligns with the service areas under discussion.
- There is minimal representation from Birmingham (B postcodes) and other outlying areas.

Implications

- The consultation primarily reflects views from local populations most affected by the proposed changes.
- If the aim was to capture broader regional feedback, outreach to Birmingham and South Staffordshire may need strengthening.



WS (Walsall) shows the darkest shade under “Yes”, confirming the highest concern levels.
WV (Wolverhampton) has lighter intensity for “Yes” and stronger for “No”, indicating fewer concerns.
B (Birmingham) is entirely light under “Yes” and “Not sure”, meaning no concerns reported.

Chart 2. Heatmap showing postcode prefixes vs. concern responses.

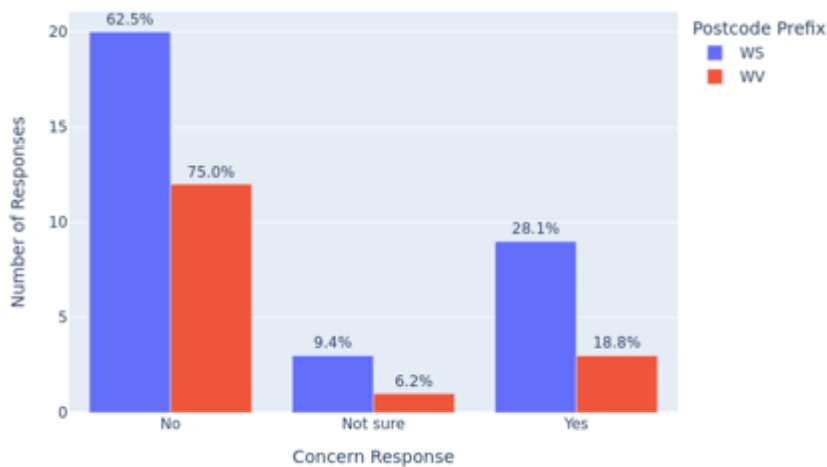


Chart 3. No of responses vs concern level via postcode

Heatmap: WS postcodes have the highest concern levels compared to WV and B.
WS vs WV Comparison: Walsall respondents are more likely to say “Yes” (28.1%) than Wolverhampton (18.8%).
Age Breakdown: Concerns in Walsall are concentrated among older age groups (50–69), while WV shows low concern across all ages.



Chart 4. No of responses via age group

6.0 Engagement Sessions

Over the engagement period, a diverse range of sessions were held to capture views from patients, carers, community representatives, and professional stakeholders. These sessions spanned formal reviews, community events, focus groups, and targeted outreach, reflecting a commitment to inclusive engagement.

6.1 Types of Engagement Sessions Attended:

- Clinical and Strategic Forums:** Participation in the *Clinical Senate Review* and meetings with the *North Midlands Integrated Stroke Delivery Network* ensured alignment with regional priorities and provided assurance on staff and public engagement.
- Stroke Association Engagement:** The Stroke Association played a key role in shaping discussions through the *Clinical Senate Review* and the *Stroke & Heart Support Group in Bloxwich* and *Cannock Tuesday Stroke Group*. Their involvement strengthened links with the Integrated Stroke Delivery Network and ensured survivor and carer voices were represented.
- Community and Cultural Events:** Attendance at *Diwali Celebrations* and the *Health and Wellbeing Event at Stan Ball Centre* enabled dialogue with faith leaders and community members, surfacing practical considerations such as transport, parking, and carer support.
- Multi-Faith Engagement:** A dedicated Multi-Faith Focus Group at Nashdom brought together representatives from different faith communities to discuss culturally sensitive communication and support needs.
- Voluntary and Community Sector (VCS) Networks:** Sessions with Walsall VCSE teams and local hubs (e.g., Brownhills, Bloxwich) highlighted the importance of mentoring schemes, community champions, and digital inclusion strategies.

- **Patient and Carer Focus Groups:** Dedicated discussions with inpatients/family and carers at *Hollybank, Ward C21*, and community-based forums like the **Friendship Group** and **Stroke & Heart Support Group** provided lived experience insights on continuity of care, emotional support, and rehabilitation preferences.
- **Specialist Stakeholder Engagement:** Engagement with organisations such as *Healthwatch Walsall and Wolverhampton, Headway Black Country, and Walsall Society for the Blind* broadened the reach including those with sensory impairments and neurological conditions.
- **Carers Rights Promotional Stand:** Presence at the Carers Rights event provided an opportunity to engage directly with carers, highlighting their role in supporting recovery and the importance of tailored information and resources.
- **Staff engagement sessions:** Sessions held with the staff at Hollybank House to continue to listen to their thoughts and answer any questions. Meetings arranged based on their wants and needs and made accessible to those who couldn't attend through recordings and minutes.

6.2 Stakeholder Influence: Feedback from these sessions shaped key considerations in the emerging model:

- **Community-Centric Care:** Strong endorsement for home and community-based rehabilitation, supported by VCS partnerships.
- **Equity and Access:** Concerns around transport, digital exclusion, and carer capacity informed mitigation planning (e.g., travel cost schemes, offline communication options).
- **Continuity and Quality:** Stakeholders stressed the need for clear pathways, consistent standards, and robust staffing during transition.
- **Inclusive Communication:** Suggestions included virtual tours of facilities and culturally sensitive engagement, ensuring carers and families are fully involved.

Breadth of Engagement: The engagement reached across **geographies (Walsall, Wolverhampton, Cannock)**, **demographics (age range 22–101, diverse ethnic backgrounds)**, and **stakeholder types (patients, carers, VCSE, statutory bodies, faith groups, staff)**. This breadth demonstrates a comprehensive approach to capturing varied perspectives, including underrepresented communities.

Additional Communication Initiative: To enhance accessibility, a **British Sign Language (BSL) video explainer** was produced and published on Trust websites, with further sharing across partner networks. This resource supports inclusive communication for Deaf communities and complements other outreach efforts such as the Talking Newspaper broadcast for visually impaired audiences.

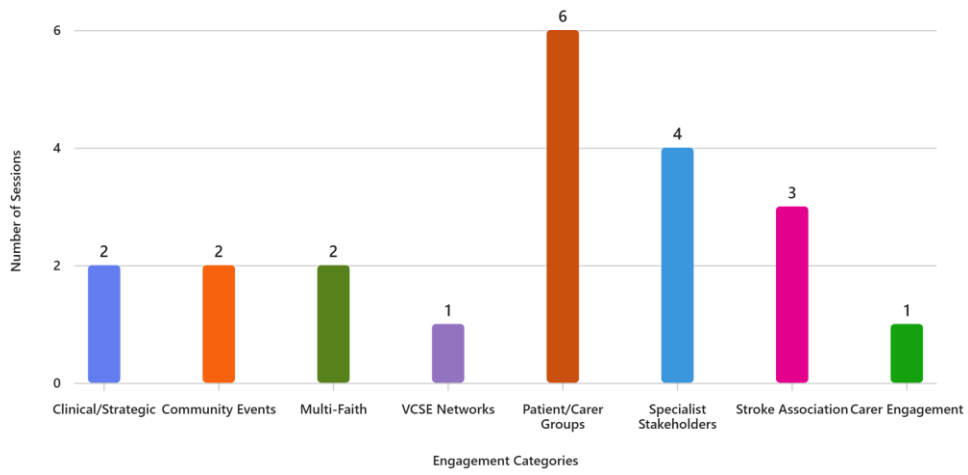


Chart 5 Engagement by stakeholder type.

7. Thematic Analysis of Engagement Feedback

This table summarises the key themes emerging from engagement activities related to the proposed stroke service changes. It captures stakeholder sentiment, illustrative quotes, and recommended actions to address concerns and build confidence in the new model. The insights reflect feedback from patients, carers, community representatives, and specialist organisations, ensuring that planning is informed by lived experience and diverse perspectives.

Theme	Key Insights	Example Quotes	Recommended Actions
Agreement with Model	Majority agree or partially agree, but trust depends on investment and clear communication.	<i>“If carried out to plan with correct investment it should benefit.”</i> (Survey) <i>“General support for the proposed model of care, but trust depends on assurances about travel and sustained investment.”</i> (Patient Partners Group)	<ul style="list-style-type: none"> • Publish clear roadmap. • share virtual tours. • provide regular updates on staffing and community resource investment.
Relocation Concerns	Travel distance, cost, and accessibility are major issues, especially for elderly carers and deprived communities.	<i>“Three buses to get to West Park is ridiculous for some.”</i> (Survey) <i>“Concerns about financial and logistical strain on families, particularly those from deprived areas.”</i> (Healthwatch Wolverhampton)	<ul style="list-style-type: none"> • Offer subsidised transport for those eligible. • promote NHS Travel Cost Scheme. • flexible visiting hours. • explore shuttle service options.
Positive Aspects	Quality of inpatient care praised; community rehab and technology seen as beneficial if resourced properly.	<i>“Physio staff were amazing.”</i> (Survey) <i>“Strong endorsement for locally delivered, person-centred model supported by community organisations.”</i> (Friendship Group – Brownhills)	<ul style="list-style-type: none"> • Maintain high inpatient standards. • invest in community rehab tech (AI, VR, Telecare). • involve voluntary sector in delivery.
Challenges	Staffing shortages, risk of premature discharge, and lack of community resources highlighted repeatedly.	<i>“Community teams are not equipped to cope with the sudden switch.”</i> (Survey) <i>“Protecting and supporting staff through the transition is critical.”</i> (Headway Black Country)	<ul style="list-style-type: none"> • Accelerate recruitment. • provide staff training. • phased implementation. • monitor discharge safety and continuity of care.

Theme	Key Insights	Example Quotes	Recommended Actions
Suggested Support Needs	Transport assistance, flexible visiting hours, mentoring schemes, carer training, psychological support needed.	<p>“Requests for free travel and mentoring schemes for carers.” (Survey)</p> <p>“Consider transport offer for Walsall and show virtual tours of facilities.” (Diwali Community Event)</p>	<ul style="list-style-type: none"> • Develop carer support packages; • mentoring schemes; • psychological support; • clear communication channels for families.
Equality Monitoring Highlights	Diverse respondents including BAME, Deaf, Blind, and people with disabilities; need for inclusive communication and support.	<p>“Will BSL interpreting be readily available?” (Survey)</p> <p>“Need for better access to learning disability nurses and inclusive pathways.” (Friendship Group – Brownhills)</p>	<ul style="list-style-type: none"> • Raise awareness of availability of BSL interpreters. • culturally appropriate materials. • offline options for digitally excluded; disability support.

Table 1. Thematic Analysis of Feedback

7.1 Equality, Diversity & Inclusion (EDI) Monitoring

This section provides a summary of Equality, Diversity, and Inclusion (EDI) data collected during engagement. It includes age distribution, disability and long-term conditions, core EDI category representation, ethnicity, gender, and sexual orientation. These insights inform service design to ensure accessibility, inclusivity, and equity for all stakeholders.

Age Distribution of Respondents

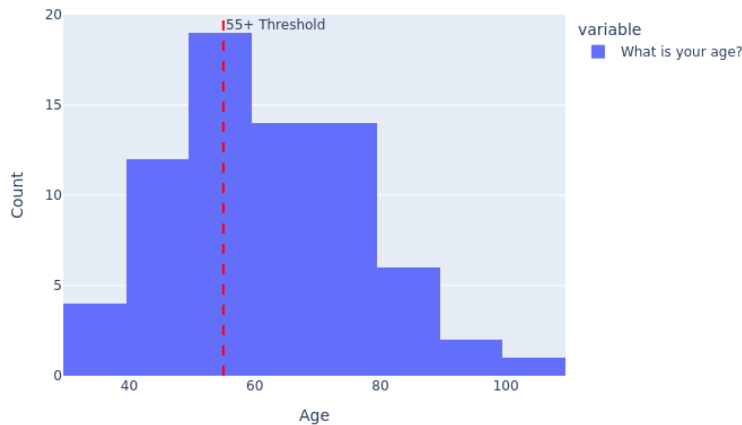


Chart 6 Age Distribution

Ethnicity Distribution

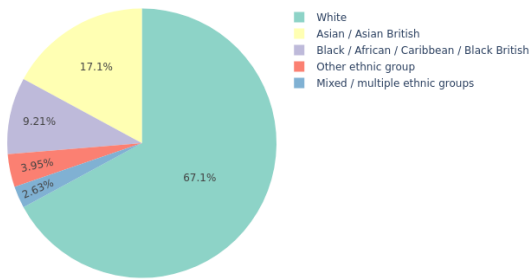


Chart 7 Ethnicity Distribution

Disability / Long-term Conditions Breakdown

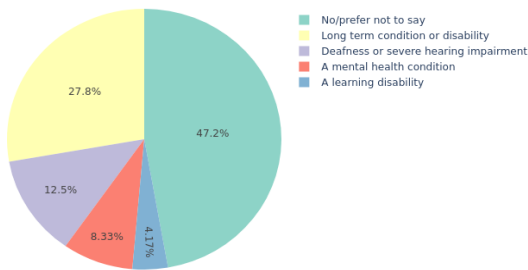


Chart 8 Disability/Long Term Conditions

Gender Distribution

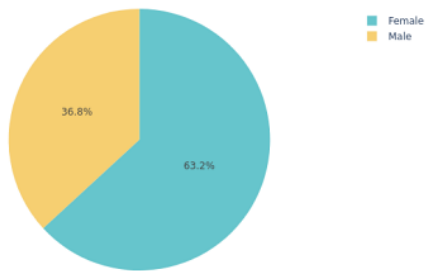


Chart 9. Gender Distribution

Sexual Orientation Distribution

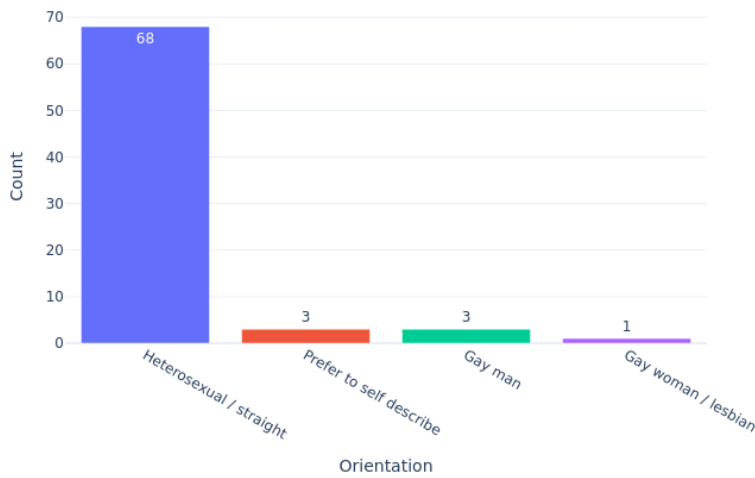


Chart 10 Sexual Orientation

Core EDI Category Representation

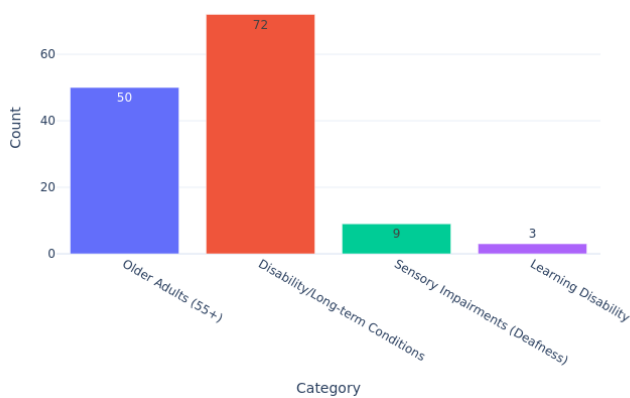


Chart 11. Core EDI representation

The equality monitoring data demonstrates strong representation from older adults, with nearly 70% of respondents aged 55 or above, confirming alignment with a core EDI priority group. The age range spans from 31 to 101 years, highlighting the need for age-sensitive service design.

Alongside age, respondents reported a range of disabilities and long-term conditions, including mental health issues, physical impairments, sensory disabilities such as deafness, and learning disabilities. These findings underscore the importance of inclusive planning that addresses mobility, communication, and accessibility challenges.

In addition to age and disability, the data reflects diversity across ethnicity, gender, and sexual orientation. Respondents include individuals from White, Asian, Black, and mixed ethnic backgrounds, as well as those identifying across a spectrum of sexual

orientations. This diversity reinforces the need for culturally appropriate materials, BSL interpretation, and offline communication options for digitally excluded groups.

Collectively, the insights highlight that equity considerations must be embedded in transport planning, carer support, and community rehabilitation pathways to ensure fair and inclusive access for all.

8. Staff Engagement

In conjunction with the public conversation, a more comprehensive programme of staff engagement has been put in place. These forums have provided opportunities to share contemporaneous information with staff, but the primary focus has been to answer any questions they have to ensure their voices were listened to and heard. Each staff group were asked what form they would like these meetings to take in terms of frequency and content, ensuring their wants and needs were met and the programme of engagement followed their agenda, not that of the leadership team.

Staff engagement began in April 2024 following the Hollybank House evacuation and has continued throughout the proposed service change process. Between then and 25th September 2025, when the Scrutiny Committee took place, nine engagement sessions were held. This included two group meetings with staff from Walsall and Wolverhampton who were scheduled to attend the Clinical Senate focus groups. One-to-one meetings were also provided. The sessions aimed to prepare attendees by discussing the agenda, sharing perspectives on the proposed changes, and outlining the process and next steps. Since 25th September, additional engagement sessions have continued to maintain open dialogue and provide ongoing support for staff, as detailed below.

Date:	Agenda items discussed:
1 st October 2025	All staff were invited to an in-person meeting (link on Teams also shared) with the Chief Nursing Officer for Walsall, the Divisional Director of Operations for Community and the Divisional Director of Nursing for Community. The Professional Lead for Allied Health Professionals (AHPs) also shared more detail about the proposed service and pathways going forward and the Interim Deputy Divisional Director for Operations gave an update about the potential estate options for the Community Team. Staff were again able to raise any concerns and ask any questions.
14 th October 2025	<p>The Service Lead attended a staff meeting. During the session, staff shared several preferences regarding future meetings:</p> <ul style="list-style-type: none"> They would like at least one week's notice ahead of any scheduled meetings. They would appreciate an agenda or overview in advance, outlining the topics to be discussed. They suggested holding meetings every four weeks, with the option to stand them down if there are no significant updates. They requested consistent messaging across communications. <p>To support this, a message book has been introduced, allowing staff to anonymously submit questions or comments. These contributions will help shape the content of future meetings.</p>

4 th November 2025	Staff who attended the Clinical Senate in September were invited to share their thoughts and experiences of the engagement process with members of the Partnership and Transformation Committee (members of the Board). Staff reported they felt they hadn't been involved in the process and there was a lack of transparency. Reassurance was given by Board members that their feedback would be taken on board and shared with relevant leaders, and they apologised to staff for their experiences thus far.
7 th November 2025	<p>All staff invited to an in-person meeting (link of Teams also shared) with the Group Chief Community and Partnerships Officer. The questions collated in the message book from SRU and the Community Stroke Team formed the basis of the agenda, and all questions were answered.</p> <p>Key points covered: If the proposal is approved, the unit won't close until it is safe to do so, meaning the 1st April is not a definitive date for closure. Staff previously requested to visit West Park- 3 dates have been arranged in December and will be coordinated to enable people to attend around service delivery. The Matron and Ward Manager from West Park are also coming to meet staff on the 24th November.</p> <p>Further reassurance about HR processes and employment going forward.</p> <p>The Community Stroke Team requested reassurance that they will be involved in decisions about where they will be based going forward. This reassurance was given.</p> <p>Concern around accessibility to transport for families and carers. It was advised the Associate Director of Patient Voice has completed work around this to explore supportive options.</p> <p>The staff groups were again asked if they were happy with the proposed frequency of meetings and when worked best around their clinical commitments. The SRU team and Community Stroke Team requested different schedules going forward so these have been accommodated in the plan.</p>
24 th November	Staff on the Stroke Rehabilitation Unit met with the Chief Nursing Officer for The Royal Wolverhampton NHS Trust, and the Matron and Ward Manager from West Park Rehabilitation Hospital. This was an informal meeting with no agenda which enabled staff to ask any questions they had about West Park and the culture and service there.
25 th November	Meeting held with the Professional Lead for AHPs and the Clinical Lead for Specialist Rehabilitation with the Community Stroke Team. The proposed workforce model was shared and any questions answered. Reinforced the desire to design the service and workforce collaboratively. Shortlisted options for office space were also shared with the team. They expressed their initial thoughts about the options presented, with a strong preference for 1 of the options. Staff enquired as to what provision will be made for gym space, which is critical for a community-based rehabilitation service. Staff were advised this is still being explored but there are feasible options available. A question was again asked about why Walsall Manor wasn't an option for the unit. Consensus was gained amongst staff present that this would be a backward step as it was recognised that an acute setting does not offer the space or environment needed to deliver optimal rehabilitation.

Below is a summary of planned future meetings:

Date	Proposed agenda (as requested by staff)
3 rd , 10 th & 17 th December	Opportunities for staff based on the Stroke Rehabilitation Unit at Hollybank House to visit West Park Rehabilitation Hospital and meet the team there.
5 th December	Meeting for all staff with the Group Chief Community and Partnerships Officer and the Chief Nursing Officer from The Royal Wolverhampton NHS Trust to share feedback from Scrutiny Committee and answer any further questions recorded in the staff engagement books.
16 th December	Meeting with the Professional Lead for AHPs and the Clinical Lead for Specialist Rehabilitation with the Community Stroke Team.

9. Workforce Modelling

In order to deliver the new proposed clinical model, meeting the Integrated Community Stroke Service (ICSS) staffing recommendations is essential. The staff modelling is based on the number of referrals services receive per annum. This workforce will enable both Trusts to deliver safe, effective, and efficient stroke rehabilitation in the community. Adequate levels of specialist therapists, nurses, and psychology staff enable the service to function as intended, providing timely, intensive, multidisciplinary care that improves outcomes while reducing costs across the wider system.

In Walsall, the care currently delivered mirrors the pathways described in the ICSS model. The augmentation to the workforce enabled by the proposed transformation, will ensure they are able to deliver the intensity, frequency and multidisciplinary care advocated. The model and associated workforce (in terms of professions and whole-time equivalents) have been shared with staff. Once this has been approved via the relevant committees, staff have been informed they will be consulted about the makeup of the workforce in terms of banding. This will ensure we are codesigning a workforce that meets national recommendations and provides opportunities for staff already on development pathways in the service (for example, completing apprenticeships).

10. Conclusion

The engagement exercise demonstrates broad support for the principles of the proposed stroke rehabilitation transformation model, but confidence from both the public and staff depends on addressing practical barriers and equity concerns:

- Travel and accessibility remain the most significant challenges, particularly for vulnerable groups with various mitigations being put in place.
- Stakeholders value continuity of care, culturally inclusive communication, and robust community resources to prevent premature discharge. Positive feedback on community-based rehabilitation and technology integration suggests opportunities for innovation, provided investment and workforce readiness are assured.

Embedding transport solutions, carer support, and on-going inclusive engagement with all will be critical to delivering a safe, equitable, and trusted transformation. Walsall Healthcare NHS Trust is committed to using the outputs of the engagement in order to shape the delivery of the transformation of Stroke Rehabilitation Services and to continue the engagement with all stakeholders throughout the process.

10. Recommendation:

3. That, the Committee consider the proposed Transformation of Stroke Rehabilitation Services in Walsall with particular regard to engagement and determine whether to make any comments.
4. That, in connection with (1) above, a further report be presented to a future meeting of the Committee on the outcome of the final decision by the Black Country Integrated Care Board.