

# Making the right to rehabilitation a reality: Community Rehabilitation Alliance position statement

## Introduction

The co-signatories of this statement are all experts in rehabilitation and together make up the Community Rehabilitation Alliance (CRA). Together our aims are:

1. To raise awareness of an individual's right to rehabilitation.
2. To gain political commitment to delivering universal access to rehabilitation to meet an individual's needs.
3. To improve the quality of rehabilitation services through new models and approaches, better data collection, planning, commissioning and delivery of services.

## What is rehabilitation?

Rehabilitation optimises a person's functioning and reduces the experience of disability.

Rehabilitation ensures people with a health condition or impairment can remain as independent as possible and participate in education, work and meaningful life roles. Our definition of rehabilitation needs relate to the physical, mental, communication, social, sensory, cognitive and emotional wellbeing of adults and their families and carers.

Rehabilitation is a series of interventions and treatments which help improve, maintain or slow the loss of independence and quality of life. Rehabilitation also enables and optimises medical interventions. Rehabilitation can prevent problems from escalating or new complications developing. When accessed early enough, rehabilitation (including prehabilitation) can reduce disease progression and improve treatment outcomes. Rehabilitation cuts across the health and social care<sup>1</sup> systems supporting people in different settings, and often reducing the need for care.

## Context

Demand for rehabilitation is rising, due to our ageing population; the increasing incidence of chronic disease; earlier identification of conditions across all age groups; and improved survival rates. The rehabilitation process spans both physical and mental recovery, promoting positive outcomes in both. Despite the positive impact of high-quality rehabilitation on quality of life and long-term NHS and social care costs, community rehabilitation is currently piecemeal, condition-specific and varies significantly depending where you live. The Covid-19 pandemic has exacerbated this situation.

## What are the issues?

1. **Services are a postcode lottery**, patchy provision fuels health inequalities – contributing to levels of ill health and disability being greater in areas of deprivation.
2. **Fragmented services**, means that people may be lost at transition points between acute and community services and between health and social care. Also, people with multiple conditions have to access many different, often condition specific, services to meet their needs.
3. **Waiting times are long** and people often miss out on the optimum outcome due to delays in their rehabilitation.
4. **Lack of data** on rehabilitation needs, service delivery and outcomes, limits service improvement, workforce planning and effective commissioning.
5. **Insufficient workforce and lack of the right skill mix** means people's needs can't be met. The workforce needs developing across NHS, social care and carers, the voluntary sector and the sports and fitness industry.
6. In the context of **COVID-19, there are further challenges**, including:
  - a) The prioritisation of people with COVID-19 has resulted in decreased access to and availability of services for others, causing their health to deteriorate;
  - b) Social distancing, self-isolation and shielding has led to a deterioration in the mental and physical health of people previously not identified by services;

- c) The pandemic has prompted rehabilitation services to incorporate more digital services. However, digital solutions need careful handling to avoid widening inequalities in access;
- d) There are concerns that future surges in the virus may result in changes in the prioritisation and further changes to delivery of services.

## **The case for investment in community rehabilitation**

### The ethical imperative

- People have a right to rehabilitation, so they can remain as independent as possible, can participate in their local communities and are less dependent on carers.
- The failure to meet rehabilitation needs drives the cycle of disability, poverty and health inequality.
- Some groups and communities, e.g. BAME communities and those on lower incomes, are less likely to access rehabilitation services than others, exacerbating health inequalities.

### The quality of life imperative

- Rehabilitation enables people to live as well as possible.
- High quality rehabilitation can improve treatment experience.
- Rehabilitation can enhance self-management of long term conditions and impairments.
- For people with serious mental illness, community rehabilitation often provides a better patient experience and improved outcomes than inpatient care.
- Individuals with a higher quality of life can contribute more to society.

### The economic imperative

- Effective community rehabilitation can prevent costly medical interventions.
- Quality rehabilitation reduces demand on the intensive parts of health and social care systems and supports people and their family/carers to participate economically in society.
- Timely access to rehabilitation reduces the number of people who require social care.

### The benefits of rehabilitation are many.

- For people with long-term conditions, it enables them to live well whilst feeling more confident in managing their condition or impairment.
- For people with degenerative conditions, it enables them to maintain function and ability whilst slowing the progression of their condition or impairment.
- For people with acquired neurological conditions, it enables them to adapt to their new life situation and maintain independence.
- For people with life-limiting conditions, it enables them to adapt.
- For people after an accident or illness, it restores previous functions or helps them to relearn skills where this isn't possible.

## **Conclusion**

Community rehabilitation services offer many benefits and must be improved and invested in to respond to today's needs and prepare for the future. We are already failing to provide sufficient community rehabilitation and with the added pressure of people recovering from COVID-19, the demand for community rehabilitation is only going to increase. To make national community rehabilitation a reality, community rehabilitation services need to change:

- Services must be universal, irrespective of where a person lives
- Services must be personalised to meet the individual's needs, providing the right level and intensity of rehabilitation for the individual
- Services must be integrated across the whole system
- Services should be run by trained and skilled health and care professionals as well as the wider rehabilitation workforce, which includes appropriately qualified exercise professionals in community-based and leisure services, so people can access the right support, when and where they need it.