Who are we?

We are a collective of 50 charities, trade unions and professional bodies coming together to call on all political parties to ensure there is equal access to high quality community rehabilitation services for all. For further information please contact the Community Rehabilitation Alliance at CommunityRehab@csp.org.uk.

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MANIFESTO FOR COMMUNITY REHABILITATION

The Rehab Challenge

not too big to solve, too important to ignore

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OUR CALL:
EQUAL ACCESS TO HIGH QUALITY, PERSON CENTRED, COMMUNITY REHABILITATION

As a collective of 50 organisations we stand ready to work with you to deliver effective, person-centred community rehabilitation services to all those who need them so that people can live well longer.

What do we mean by a 'right to community rehabilitation'?

We define community rehabilitation as the provision of assessment, advice and tailored rehabilitation support to improve people's health and wellbeing, outside of acute hospital wards working with local partners including the fitness and leisure, and voluntary sectors. Everybody should have access to high quality, personalised community rehabilitation – where and when they need it. This can be support because of a long-term condition, following an injury or to be in the best shape possible for a medical intervention.

Ensuring people can access the high quality rehab they need is also essential to making NHS and social care systems more sustainable by reducing demand on the most expensive parts of the system.

Gaps in Provision

Currently many people who would benefit from rehabilitation are missing out. This results in increased pressures on NHS and social care.

- **Only 15% of people with lung disease** deemed eligible for **pulmonary rehabilitation** are referred for it[i]
- **Across England, Wales and Northern Ireland only 50% of eligible patients take up the offer of cardiac rehabilitation,** and this rate is even lower for women, people from Black Asian and Minority Ethnic backgrounds and economically deprived patients[ii]
- **After a hip fracture operation only one in five services provide people with rehabilitation** on discharge from hospital, despite evidence that this is what best aids recovery[iii]
- **Falls prevention services are a postcode lottery** if everywhere provided high quality falls prevention support, 29,000 injuries due to falls in older people could be prevented every year[iv]
- **44% of people with ongoing neurological conditions[v]** don't have access to community rehabilitation for their condition despite the evidence that rehabilitation can slow down the progression of neurological conditions : 22% would like psychological therapy and 13% would like physiotherapy but can't get it[vi]
- **Most people with a cancer diagnosis are not given support before treatment** to improve their fitness levels, diet and mental health – in spite of strong evidence that this improves treatment outcomes[vii]
- **Of the 1.3 million people living with traumatic brain injury, only 40% receive neurological rehabilitation[viii]** and
- **Of people referred to local authority vision rehabilitation following a sight loss diagnosis, only 17% received any independent living skills training and 37% received training in orientation and mobility. [ix]**

If people can access private community rehabilitation, then they do so. But not everyone has this option. **This falls short of the NHS Constitution**. The NHS Constitution pledges to provide a comprehensive health care system to; meet individuals' needs; prevent and improve mental and physical health problems; promote equality and **for this to be universal and free of charge.**

Local authority rehabilitation is an adult social care statutory duty (s.2, Care Act 2014), intended to delay, reduce and prevent the escalation of care needs. These services are not subject to financial assessment, and should be provided free of charge, but they are unregulated, and so go unreported and unmonitored leading to variability in the amount, quality and range of services offered.

There have been great medical advances in recent decades. Many more people now survive illness and injury that would previously have killed them. For example, deaths from stroke have halved over the last decade.[x] **The challenge for the government and the NHS now is to ensure people can live well for longer.** The **NHS Long Term Plan** sets this goal. Comprehensive high quality community rehabilitation is the way to achieve it.

The UK is in the bottom half of OECD Countries when it comes to the proportion of our health spending invested in meeting long-term health needs.[xi] Existing NHS and local authority resources need to be aligned behind comprehensive community rehabilitation options.

The impact of Covid-19 on community rehabilitation services

Covid-19 has increased the urgency of improving access to high quality, patient centred, community rehabilitation. Tackling the growing elective care backlog and ensuring the best outcomes from surgery and long-term condition diagnoses is dependent on equal access to rehabilitation.

Many community rehabilitation services were paused as the rehabilitation workforce was redeployed to the acute sector, interrupting rehabilitation for people with long-term conditions, frailty and falls, vision rehabilitation and injuries. Lockdown restrictions, shielding and pausing of wider services such as day centres have led to widespread deconditioning and a deterioration in the mental and physical health of people including those previously not identified by services. As well as the loss of skills and independence in previously confident individuals who were former recipients of rehabilitation services.

In addition, Long Covid is affecting an estimated 970,000 people as of September 2021,[xii] with almost all requiring supported self-management, and an estimated 90% needing to participate in a rehabilitation programme in order to regain their health.[xiii]

Why is community rehabilitation important?

- **Long-term conditions, illness and injury can ruin people's lives and take away their independence.** Rehabilitation enables people to achieve their potential and provides support for us all to live as well as possible;
- **Community rehabilitation reduces demand** on the most expensive parts of the NHS and social care. Most emergency admissions are of people with long term health conditions, increasingly more than one.[xiv] Making community rehabilitation available to people before they are in crisis cuts demands on emergency care;
- **Rehabilitation for people with heart diseases** reduces risk of dying prematurely from a cardiovascular event by 26%,[xv] reduces unplanned readmissions by 18%,[xvi] and reduces all-cause mortality by 13%[xvii]. If just 65% of the people eligible for cardiac rehabilitation received it, the saving to NHS could be £30 million per year[xviii];
- **People with traumatic brain injuries** who receive rehabilitation once they have left an acute hospital ward cost the NHS and social care £27,800 less a year than those who don't[xix];
- **Chronic obstructive pulmonary disease** (COPD) costs the NHS £1.9 billion per year and is the 2nd largest cause of emergency admissions.[xx] If everyone eligible for pulmonary rehabilitation received it, emergency admissions would be cut by 13%[xxi] and
- **Falls are the largest cause of emergency hospital admissions for older people,[xxii]** with the risk more than doubled for people with sight loss,[xxiii] as well as the 6th largest cause of disability.[xxiv] Falls prevention services reduce serious falls among older people by 24%. We could save £59 million in emergency admissions if these were universal.[xxv]

Community rehabilitation reduces reliance on a struggling social care system

- **Following hip fracture operations, 90% of patients will need support from social care.** Timely access to community rehabilitation reduces the number of people who need social care[xxvi];
- **Each hip fracture costs £8,237 in social care and £9,739 in hospital care.** Fracture liaison services are a proven model of community rehabilitation that, if universal, would save £400 million from social care and NHS budgets[xxvii];
- **A young person with a brain haemorrhage** normally moves on from an acute hospital ward to an older person's care home for life. If, instead, they moved to a neuro centre for rehabilitation, within 5 years they could be living independently. Over the course of a lifetime, this saves £2 million from social care and NHS budgets[xxviii] and
- **For sight impaired people,** vision rehabilitation avoids £3 of NHS and social care costs for every £1 by improving independence and reducing the risk of accidents and falls.[xxix]

Improving access to community rehabilitation services reduces inequity

40% of people have at least one long term condition.[xxx] Rates for having multiple long-term conditions are higher amongst women than men, and even higher among older women and women from certain ethnic groups.[xxxi] While community rehabilitation provision is patchy, the health and social care systems are neither comprehensive nor universal. This fuels health inequalities – contributing to the fact that levels of ongoing ill health and disability are greater in areas of deprivation.[xxxii]

- Across England, Wales and Northern Ireland less than 50% of eligible women, people from Black, Asian and Minority Ethnic backgrounds and economically deprived patients access cardiac rehabilitation[xxxiii];
- Many people pay for community rehabilitation to support their recovery or to manage their condition because they can't get what they need from the healthcare system. But many people cannot afford to and they shouldn't have to;
- Often what is offered to people is not timely or suitable to meet their needs – for example if they work, or have more than one condition;
- Driving improvements so that everyone has access to the best rehabilitation option for them will improve our public health and wellbeing, and reduce inequalities in health and other areas;
- Ensuring flexibility to meet the individual's needs. Making telehealth and digital provision an option but ensuring this is integrated within in person provision, so that services are more accessible and flexible and people aren't further excluded;
- Where necessary, rehabilitation services must be specialist to support people with very distinct needs, and linked up with more generalist rehabilitation services and support for people to transfer to when appropriate and
- Recognition of access and provision to rehabilitation as a factor in health inequities, including racial inequity, and poor access for people with serious mental health issues and learning disabilities.

It is clear that redesigning rehabilitation services must tackle the existing inequities in the health system by being inclusive and providing high quality person centred rehabilitation to everyone who needs it.

Rehabilitation must change and innovate to help us all live well longer

Covid-19 provides us with many of the solutions – new models of care, different ways of working and greater use of technology. We need to take this opportunity to drive improvements in rehabilitation services and development of the rehabilitation workforce to deliver this.

To meet modern population needs, services need to:

- **Be fully accessible,** helping people overcome any barriers they face;
- **Be truly person-centred,** tailored to meet individuals' multiple physical and psychological needs, rather than by single condition silos which is inefficient and ignores the interplay between physical and mental health;
- **Be seen as an equal priority** to domiciliary care, and nursing and residential care in local authority adult social care planning and provision;
- **Embrace social prescribing** and be networked with existing sports, leisure and voluntary sector activities and
- **Harness new technology and innovation** seen in the response to the pandemic to provide a wider menu of options.

There are new models and innovative services that show how these principles can be put into practice and offer solutions to the challenges we face. This includes the Integrated Long Term Conditions model co-produced by members of the Community Rehabilitation Alliance – which has gained widespread support from stakeholders. These initiatives need to be supported to drive lasting transformation and service improvement.

The rehab challenge is not too big to resolve but too important to ignore.

We call on parliamentarians to take these three pledges:

- **To support universal access to high quality person centred rehabilitation as a right, and for this to be reflected in the NHS constitution when this is debated in Parliament;**
- **To support the call for a national review of current rehabilitation provision and support the inclusion of this as a priority when the NHS Mandate comes before Parliament;**
- **To amend the Health and Care Bill to:**

  - mandate every Integrated Care Board to have a Rehabilitation Lead with responsibility for ensuring effective provision and integration of services for physical and psychological rehabilitation; and

  - include local authority rehabilitation services and staff in the list of regulated adult social care activities.

  - Deliver a rehabilitation workforce with the right numbers and skills to meet population need.