



# Community Rehabilitation Alliance (CRA)

## CRA Party Conference Messages – Autumn 2021

The **Community Rehabilitation Alliance (CRA)** is an alliance of 50 charities and professional bodies formed in 2019, all committed to improving rehabilitation. Our priorities are:

- to gain universal access to rehabilitation to meet needs
- to improve the quality of rehabilitation through new models, better data collection, planning, commissioning and delivery of services

The following key messages were co-created by the CRA, at the full quarterly meeting on 23/9/21 to complement each organisation's own messaging at party conferences and other opportunities this autumn.

### Key CRA messages for Autumn 2021

**Main message:** The rehab challenge is not too big to solve and it is too important to ignore.

**Good rehabilitation is multi-faceted:** High quality, personalised community rehabilitation should be available to all, providing physical, cognitive, communication, and psychological support when and where it's needed, to promote quality of life and independence.

**The impact of rehabilitation can be life changing:** when person-centred and holistic, rehabilitation can enhance physical and psychological well-being and resilience. It can improve mental health, and prevent loneliness and isolation. It can prepare people for treatments such as chemotherapy, increasing the likelihood of success. Rehabilitation can offer people hope.

**When rehabilitation is not available:** access to rehabilitation is a postcode lottery at best, with devastating consequences for peoples' lives and huge economic costs to the state. We know that lack of access to rehabilitation can cause acute health crises, mental health problems, education drop-out, unemployment, homelessness, and, in some cases, increased contact with the criminal justice system. All with knock-on effects for the NHS, social care, the economy and the exchequer.

**Rehabilitation is vital to the pandemic recovery:** People recovering from Covid and Long Covid need rehabilitation, increasing the pressure on already over-stretched services. Together with pandemic measures such as the lock downs, we have seen a significant deconditioning of older people which also requires a rehabilitative response. These two trends coupled with the pent-up need from services put on hold to cope with the pandemic, mean the rehabilitation professions are facing a tidal wave of need like never before.

**Rehabilitation saves money:** access to timely, effective rehabilitation in the community reduces hospital admissions, speeds up hospital discharge, and reduce reliance on social care, reducing the pressure on the

most expensive parts of the system. When effective community rehabilitation is in place, people can receive the support they need away from acute settings, and waiting lists for hospital and care services can be eased. Rehabilitation can also keep people in their jobs and off benefits.

**Lack of access to rehabilitation is a driver of health inequity:** lack of access to rehabilitation exacerbates health inequalities – contributing to the fact that levels of ongoing ill health and disability are greater in areas of deprivation. Rehabilitation is an essential feature of the levelling up agenda, it is an opportunity and an imperative. Universal access to improved rehabilitation provision should be central to Building Back Better.

**Rehabilitation services must change to meet modern population needs:** increasingly people have multiple long term conditions, yet rehabilitation services are organised in medical silos, usually prompted by crisis. Rehabilitation needs transforming as well as making more accessible – personalised to individual needs, making most use of digital technology, applying existing assets in communities including leisure facilities and community centres.

**Expanding the rehabilitation workforce:** to meet the volume of needs we must make full use of the potential wider rehab workforce – be that voluntary sector, exercise professionals, support workers, carers - working with registered clinicians.

**A new model has been developed.** The CRA has co-designed a new integrated model of community rehabilitation. 20-30 pilots of this model have been given the go-ahead – in the first year they will meet rehab needs of people with long covid, but then will help people with any long term condition who would benefit. We need to learn from this new approach and, if successful, make sure they are rolled out nationwide.

### Our asks to parliamentarians in 2021

1. Support universal access to high quality, person-centred rehabilitation as a right, and ensure this is reflected in the NHS constitution when this is debated in Parliament.
2. 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.
3. To amend the Health and Care Bill to:
  - mandate every Integrated Care System (ICS) Board to have a Rehabilitation Lead with responsibility for ensuring effective provision and lead 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.

### Our members

[Adult Cerebral Palsy Hub](#); [Age UK](#); [Alzheimer's Society](#); [Arthritis and Musculoskeletal Alliance](#); [The Asthma UK and British Lung Foundation Partnership](#); [British Association for Cardiovascular Prevention and Rehabilitation](#); [The British Association of Sport Rehabilitators](#); [British Geriatrics Society](#); [British Heart Foundation](#); [British and Irish Orthoptic Society](#); [The British Psychological Society](#); [British Society of Rehabilitation Medicine](#); [The British Dietetic Association](#); [British Association of Social Workers](#); [Centre for Ageing Better](#); [Royal College of Podiatry](#); [Community Therapists Network](#); [The Chartered Society of Physiotherapy](#); [The Disabilities Trust](#); [Headway – the Brain Injury Association](#); [ICU Steps](#); [Independent Neurorehabilitation Providers Alliance](#); [Later Life Training](#); [Leonard Cheshire](#); [Macmillan Cancer Support](#); [Meningitis Research Foundation](#); [MS Society](#); [Muscular Dystrophy UK](#); [The National Care Forum](#); [The Neurological Alliance](#); [National Voices](#); [Nuffield Health](#); [Parkinson's UK](#); [Primary Care and Community Neurology Society](#); [The Queen's Nursing Institute](#); [Rehabilitation Workers Professional Network](#); [Royal College of Occupational Therapists](#); [Royal College of Physicians](#); [Royal College of Speech and Language Therapists](#); [Royal Osteoporosis Society](#); [Royal National Institute of Blind People \(RNIB\)](#); [The Society for Research in Rehabilitation](#); [Spinal Injuries Association](#); [Sue Ryder](#); [Stroke Association](#); [Thomas Pocklington Trust](#); [UK Active](#); [The United Kingdom Brain Injury Forum](#); [Versus Arthritis](#).

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