Community Rehabilitation Alliance (CRA)

The Lord Kamall
Parliamentary Under Secretary of State for Technology, Innovation and Life Sciences
Department of Health and Social Care
39 Victoria Street London, SW1H 0EU
Sent by email: PSLords@dhsc.gov.uk

cc Maggie Throup MP, Parliamentary Under Secretary of State for Vaccines and Public Health
cc Ed Scully, Director of Primary and Community Health Care, Department of Health and Social Care

24 February 2022

Dear Lord Kamall

We are writing on behalf of the Community Rehabilitation Alliance of 54 patient organisations, charities and professional bodies to welcome your recent response to Baroness Finlay of Llandaff's amendment to the Health and Care Bill on community rehabilitation.

Rehabilitation ensures full recovery and optimisation following elective procedures and to avoid the revolving door scenario where patients just get re-referred back into the service

We would like to expand further on the importance of this amendment and the need for specific guidance to Integrated Care Systems (ICSs) on rehabilitation to be clearly set out as the Bill goes forward. We also support the requirement for Integrated Care Boards (ICBs) to include at least one person who is an allied health professional (AHP).

Baroness Finlay's amendment required Integrated Care Boards (ICBs) to produce an annual rehabilitation plan. In responding you expressed your hope that "ICBs will be required to provide, and improve provision of, community rehabilitation services". We welcome your recognition of the importance of rehabilitation services and thank you for your input to this important cause. However it is not clear how, without legislation or clear reference to rehabilitation services in Bill guidance, this will be achieved.

There are many people with rehabilitation needs including people living with frailty and dementia, long-term conditions, sensory loss, and people with acute disability resulting from accident or illness, at home and in residential care. These needs have been exacerbated by the pandemic, with increased levels of social isolation, and prolonged levels of depression and anxiety.

Furthermore, people with pre-existing long-term conditions and disabilities have become deconditioned – affecting their mobility, wellbeing, communication and confidence. Even before Covid, people with long-term conditions already accounted for 55% of all GP appointments, 68% of all outpatients and emergency admissions and 77% of all inpatient bed days.

If action isn't taken now, the impact on health will be long-term and for some, irreversible, deepening health inequity. We know that rates for having multiple long-term conditions are higher amongst women and people from certain ethnic groups and managing those conditions is therefore key to reducing health inequities.

Clearing the elective backlog and enabling people to recover as well as they possibly can is dependent on equitable access to the appropriate rehabilitation service.

However access is patchy and unable to cope with rising demand. This results in frequent visits to GP surgeries, delayed discharge and increased demand on expensive hospital services and a struggling social care system.

ICSs are intended to bring about major changes in how health and care services are planned, paid for and delivered, and are a key part of the future direction for the NHS as set out in the NHS Long Term Plan. It is clear that in order to deliver on many of the Long Term Plan commitments, equitable access to high quality community rehabilitation is essential.

Despite rising demand on underfunded and overstretched services there is no plan to tackle workforce shortages or additional funding for rehabilitation services in either the Elective Recovery Plan or Integration White Paper published earlier this month. It is therefore clear that strong encouragement is not enough and ICSs will require specific guidance on the provision and improvement of rehabilitation services.

We are a broad coalition with expertise and would welcome the opportunity to discuss next steps with you or the Bill team. To arrange a meeting please contact our Co-Chair of the Community Rehabilitation Alliance, Sara Hazzard at communityrehab@csp.org.uk

Yours Sincerely

Caroline Abrahams, *Charity Director at Age UK*
Kate Lee, *Chief Executive of the Alzheimer's Society*
Sue Brown, *Chief Executive of the Arthritis and Musculoskeletal Alliance*
Sarah Woolnough, *Chief Executive of Asthma UK and British Lung Foundation*
Stephen Aspinal, *Chief Executive of the British Association of Sport Rehabilitators*
Maris Stratulis, *National Director at the British Association of Social Workers*
Andy Burman, *Chief Executive of the British Dietetic Association*
Sarah Mistry, *Chief Executive of the British Geriatrics Society*
Professor Gillian Mead, *President of The British and Irish Association of Stroke Physicians*
Sarb Bajwa, *Chief Executive of the British Psychological Society*
Dr John Burn, *President of the British Society of Rehabilitation Medicine*
Professor Karen Middleton CBE, *Chief Executive of The Chartered Society of Physiotherapy*
Professor Pam Enderby OBE, *Patron of the Community Therapists Network*
Dr Nassif Mansour, *Chairman of the Primary Care & Community Neurology Society*
Elizabeth Nightingale, *Neuro Services Lead at Chiltern Music Therapy*
Catherine White, *Chief Executive of ICU Steps*
Nick Moberly, *Chief Executive of the MS Society*
Catherine Woodhead, *Chief Executive of Muscular Dystrophy UK*
Vic Rayner, *Chief Executive of the National Care Forum*
Charlotte Augst, *Chief Executive of National Voices*
Georgina Carr, *Chief Executive of the Neurological Alliance*
Caroline Rassell, *Chief Executive of Parkinson's UK*
Simon Labbett, *Chair of the Rehabilitation Workers Professional Network*
Matt Stringer, *Chief Executive of the Royal National Institute of Blind People (RNIB)*
Steve Ford, *Royal College of Occupational Therapists*
Kamini Gadhok MBE, *Chief Executive of the Royal College of Speech and Language Therapists*
Craig Jones, *Chief Executive of the Royal Osteoporosis Society*
Jenny Clarke, *Co-Founder & Chief Executive of Same You*
Professor Frederike van Wijck, *President of the Society for Research in Rehabilitation*
Dr Kevin Campbell-Karn, *Chair of the Society of Sports Therapists*
Nik Hartley OBE, *Chief Executive Officer of the Spinal Injuries Association*
Juliet Bouverie OBE, *Chief Executive of the Stroke Association*
Heidi Travis, *Chief Executive of Sue Ryder*
Charles Colquhoun, *Chief Executive of Thomas Pocklington Trust*
Chloë Hayward, *Executive Director of the UK Acquired Brain Injury Forum*
Huw Edwards, *Chief Executive of UK Active*