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Ariennir gan  
**Lywodraeth Cymru**  
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**Welsh Government**

# All-Wales community rehabilitation best practice standards

## September 2023



# Foreword

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Ruth Crowder;  
Chief Allied Health Professions Advisor,  
Welsh Government.

The development of these rehabilitation best practice standards is the next step in our transformation of services to ensure the highest quality of outcomes to the populations of Wales and the best experience for people using services. Since the publication of the Allied Health Professionals Framework for Wales in 2019, we have continued to modernise and develop services that use the unique skills of the allied health professions and wider health and care workforce to deliver the highest value in our services.

Demand and complexity of need continue to increase, and the provision of community-based, well-integrated, person-centred services are an important part of maximising the health and wellbeing of the people of Wales. Rehabilitation is an essential part of every service. It should not only occur at the end of healthcare pathways but be accessible right at the start of a developing issue. Providing rehabilitation, prehabilitation, reablement and recovery services help people keep as well and healthy as possible, recover from health crises and live as well as possible for as long as possible. The World Health Organisation also identifies societal benefits as a result of rehabilitation. In these times of high demand and pressure on our public services, this is an important tool in ensuring that those who can live independently do not have to rely on long-term care and support services unnecessarily.

To support the delivery of the long-term plan for A Healthier Wales, a large number of professionals and service users came together to develop the All-Wales Rehabilitation Framework, which was published in October 2022. The framework sets the principles for all health and care staff delivering rehabilitation. These standards will ensure that no matter where in Wales you live, everyone will be able to access the same quality and consistency of community rehabilitation.



## Mary Cowern; Head of Nation, Versus Arthritis.

Health and care professionals strive to provide high quality, evidence-based care so that service users have the best possible outcomes. Everybody has a right to expect good standards of treatment and care, however for service users it's not always clear what good looks like.

Building on the All-Wales Rehabilitation Framework, these Best Practice Standards bring together in one place what good looks like, but most importantly what good looks like from a service user perspective. Standards that meet the needs of the individual, promoting consistency and quality and putting the individual at the centre.

I know from first-hand experience how important good prehabilitation and rehabilitation is to ensure we are able to live well. These standards provide clarity for both the service user and their support network on what to expect. It is good to see that a holistic approach has been taken with self-management and peer support embedded in these Standards too.

Personalised treatment and support can make the difference between remaining in work, being able to care for your family or losing your independence altogether. It is essential that we share best practice, promote, and strive for excellence in rehabilitation and create a culture where every person in Wales has knowledge of, and is provided with, the best opportunity to receive good quality, consistent care and support to live well. In alignment with Ruth Crowder and Welsh Government, my hope is that these standards will ensure that all populations of Wales will have equal and equitable access to, and provision of quality of community rehabilitation services.

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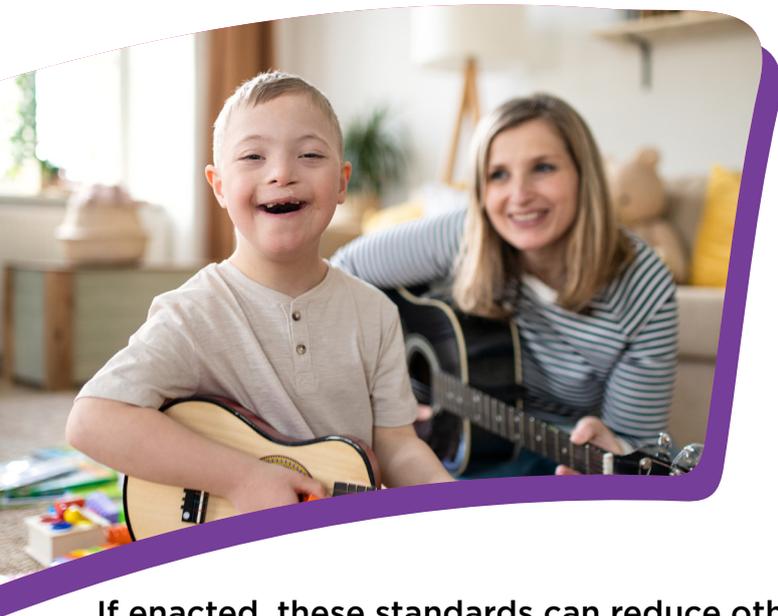
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# Executive summary

These standards and quality enablers have been developed to support the [All-Wales Rehabilitation Framework: Principles to achieve a person-centred, value-based approach \(2022\)](#). They are specific and targeted to inform how community rehabilitation services across the whole life span should be delivered in Wales.

**There are seven best practice standards which have been co-produced through extensive engagement with all stakeholders, with a focus on:**

1. Co-production
2. Biopsychosocial approach
3. Communication and partnership
4. Effective data capture to drive improvement
5. Supported self-management
6. Accessibility at point of need
7. Effective workforce



**The standards will help support people to:**

- Maintain or improve their function
- Compensate for lost function
- Prevent or slow down the loss of function
- Take control to self-manage their condition
- Maintain a better quality of life
- Enter and stay in employment
- Access effective support earlier

**If enacted, these standards can reduce other challenges faced in Wales by supporting:**

- Reduction in demand for primary and secondary care services
- Prevention of admissions and re-admissions
- Reduction in demand and/or visits to A&E
- Reduction in length of hospital stay

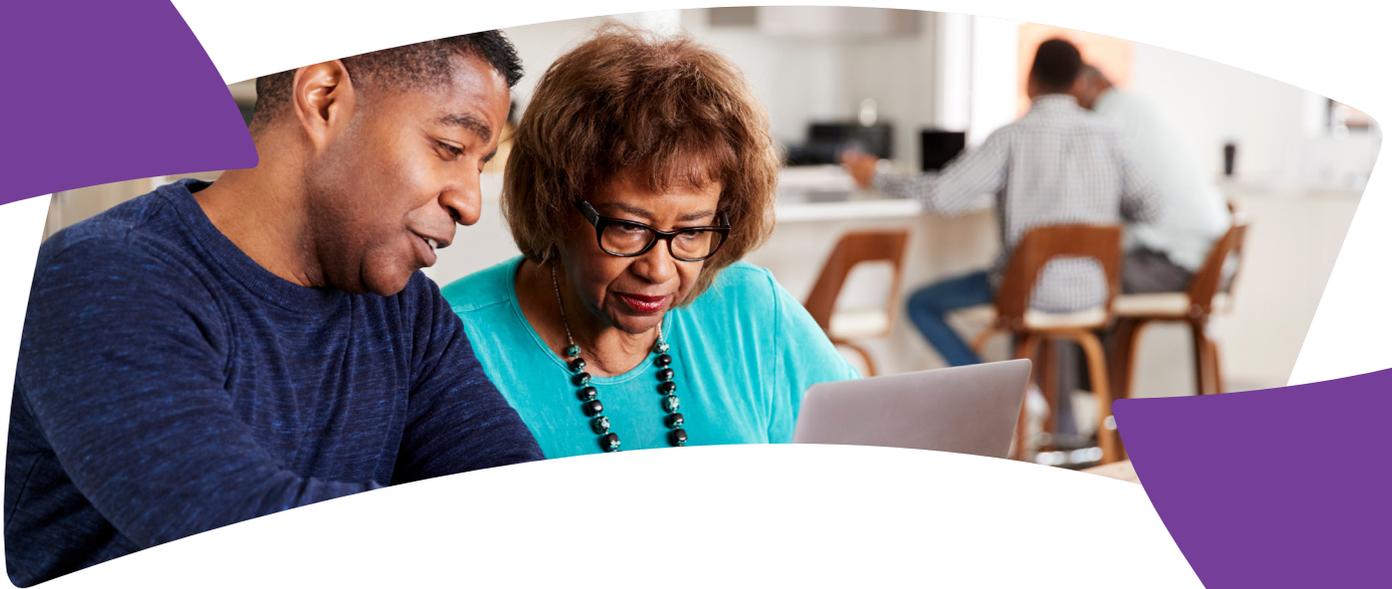
There are resources throughout this document to support the delivery of these standards and quality enablers which will contribute to a healthier and more prosperous Wales, supporting a culture and the conditions needed to drive improvements in health care.

# Introduction

Rehabilitation has become a health and care priority, not only in Wales but worldwide (Rehabilitation in Health Systems: A guide for action, World Health Organisation [WHO], 2019).<sup>1</sup> Demand for rehabilitation is increasing due to the aging population, more people living with frailty and long-term complex conditions, deconditioning and the adverse effects of the pandemic on people's health and wellbeing.

There has never been a greater need to make holistic person-centred rehabilitation the business of everyone working in health and social care. Within this document, the term 'rehabilitation' will be used to encompass both recovery and reablement as well as incorporating prehabilitation. Excellent rehabilitation is a pivotal part of developing the plan for 'A Healthier Wales' (2018),<sup>2</sup> and all the supporting national programmes.

As a result, in October 2022, Welsh Government published the 'All-Wales Rehabilitation Framework: Principles to achieve a person-centred, value-based approach',<sup>3</sup> the supporting Rehabilitation Evaluation Framework,<sup>4</sup> and the Rehabilitation Modelling Tool.<sup>5</sup> These standards are part of the suite of tools to ensure provision of high-quality rehabilitation and reablement services.



Effective rehabilitation is a fundamental health service for people with a wide variety of health conditions, throughout all stages of the life course (Rehabilitation in Health Systems: A guide for action, WHO).<sup>1</sup> Rehabilitation is essential in supporting individuals to achieve and maintain optimal functioning and increase their participation in life and in their communities, such as in education, work, and caring responsibilities (All-Wales Rehabilitation Framework, 2022).<sup>3</sup>

Furthermore, rehabilitation services need to maximise opportunities to empower people to manage their health conditions to remain as independent as possible. The socio-economic impact can be demonstrated through use of local and national resources (including digital, quality improvement and research), as they have the potential to reduce health inequalities and make significant cost savings across the health and care system (WHO, 2019).<sup>1</sup>

It is essential that we begin to ensure there is equity of provision and ease of access to high quality community rehabilitation. A Healthier Wales (2018),<sup>2</sup> and all supporting Welsh health policy requires the provision of more services closer to home within people's communities.

Community rehabilitation services have traditionally been commissioned for single

conditions which can lead to individual needs not being met, lack of care for some, fragmented care for others and services that are not well coordinated and integrated (NHS England Rightcare: Community Rehabilitation Toolkit, 2020).<sup>6</sup> To combat this, the All-Wales Rehabilitation Framework, (2022),<sup>3</sup> recommends a stepped-care, multi-morbidity model of rehabilitation based on the needs of the individual, not condition labels or professional specialities.

Welsh Government are committed to promoting equality, wellbeing and addressing health inequalities in their documents Well-being of Future Generations (Wales) Act, (2015)<sup>7</sup> and A Healthier Wales: Our Plan for Health and Social care,(2018),<sup>2</sup> which focuses on a more personalised, preventative and integrated approach that considers the wider determinants of health.

Currently, not enough people can access the expertise of Allied Health Professionals (AHPs) early enough to maximise their health and improve their recovery. Welsh Government recently announced a new fund of £5 million (Funding to increase allied health professionals and access to community-based care - GOV.WALES),<sup>8</sup> to increase access to skilled professionals and high-quality services in primary and community care. In addition, the long-term future vision of a 'whole system integrated approach to Health and Social Care has been reiterated in the recent announcement on 'Building capacity in community care - Further Faster'.<sup>9</sup>

Access to equitable high-quality, community-based rehabilitation will help us to tackle some of the current pressures facing our health and care system supporting improved flow, reducing readmission following discharge, and reducing unnecessary reliance on long-term social care.

The development of these robust, evidence-based, best practice standards in community rehabilitation along with the practitioner self-audit tool ([Appendix 1](#)), and the service user audit tool ([Appendix 2](#)), will ensure everyone involved in the commissioning, delivery and receipt of community rehabilitation services has a common understanding of what good rehabilitation looks like, and what these standards are designed to support.



# What is community rehabilitation?

For purposes of this document, community rehabilitation in Wales is defined as:

“All rehabilitation in a person’s home or community that enables that person to participate in what matters to them. It aims to optimise function, social participation, physical and mental wellbeing. It can involve multiple professions, agencies, and peers.”

This definition recognises what is important to the person and has been co-produced by clinical and non-clinical partners at all levels across Wales, policy makers and more importantly, by those the service is designed to support – the people of Wales. Furthermore, this definition embraces all individuals and does not discriminate against any particular group.

Community rehabilitation can be provided in settings which include but are not limited to care homes, community hospitals, schools, workplaces, community centres, leisure centres, health and social care settings, private sector, and people’s own homes. It can be delivered by a range of organisations to meet the individuals’ needs, including the NHS, local authorities, user led/community groups and independent and charitable organisations, and can be delivered by a multi professional team. Strong inter-professional relationships and collaboration through health, social care, housing, community, third and independent sectors will maximise the resource available to support each person’s optimal management and recovery (All-Wales Rehabilitation Framework, 2022).<sup>3</sup>

Rehabilitation can be supportive, restorative, palliative, preventative or a combination of these. There may be a tiered level of support to individual rehabilitation to ensure people receive the right level of support at the right time. Rehabilitation may be appropriate at any age as a person’s needs change through their life course.



# Why were the community rehabilitation standards developed?



Figure 1

These standards and quality enablers have been developed to support the All-Wales Rehabilitation Framework: Principles to achieving a person-centred, value-based approach<sup>3</sup> (Figure 1). They are specific and targeted to inform how community rehabilitation services across the whole life span should be delivered.

The standards ensure compliance with the 6 domains of quality, and the five quality enablers as set out in Quality and Safety Framework: Learning and Improving (gov. wales),<sup>10</sup> and the Duty of Quality Statutory Guidance (2023),<sup>11</sup> (Figure 2).

These quality dimensions (so-called STEEP) provide a framework to assess quality and to provide guidance and direction for all NHS organisations focusing on a strong quality management system in place at all levels, reducing

variation in quality. The quality enablers have been identified which underpin and influence a blueprint to ensure a system-wide approach to improving quality. This is key in meeting the aspirations set out in A Healthier Wales, (2018),<sup>2</sup> for a quality-driven NHS in Wales, and in readiness for meeting the expectations of the new and strengthened Duty of Quality Statutory Guidance,<sup>11</sup> which came into force on the 1 April 2023.

The standards are a lever for improving and protecting the health, care and wellbeing of the current and future population of Wales. They aim to ensure stronger person-centred care and to improve the accountability of services and apply the prudent and value-based principles of health care (National Clinical Framework),<sup>12</sup> and should be utilised, promoted and adhered to widely across the nation.

The standards will support people with timely access to equal and equitable community rehabilitation no matter where in Wales they live. They will focus on individualised care and will consider the needs of the person and what matters to them rather than what is the matter with them. This signals a move away from condition specific services.

Using the standards and quality enablers set out in this document will contribute to a healthier and more prosperous Wales, supporting a culture and the conditions needed to drive improvements in health care. Strengthening our quality management system helps us make sure our decision-making focuses on improving the quality of health services.



Figure 2

# How can the standards support me in delivering community rehabilitation

“Our team feel that the standards will facilitate the strategic planning and development of the rehabilitation services within our health board and ensure we work in conjunction with the person with rehabilitation needs and evaluate their outcome and the delivery, with service user values at its centre”

(Practitioner, Cwm Taf Morgannwg University Health Board)

These best practice standards have been co-produced through extensive engagement with all stakeholders ([Appendix 3](#)) and have been developed to support not only the service users, but also practitioners, managers, planners, programme leads, and policy leads in the delivery of community rehabilitation ([Appendix 4](#)). They will be used in the delivery of your service, ensuring uniform delivery of community rehabilitation.

If enacted, these standards will reduce other challenges faced in Wales by supporting:

- Reduction in demand for primary and secondary care services
- Prevention of admissions and re admissions
- Reduction in demand/visits to A&E
- Reduction in length of hospital stay



**Wellbeing** – investment in the workforce to provide a holistic person-centred, needs-based approach



**Accessible** – co-produced services that are equitable and inclusive to all



**Living happier, healthier, longer** – healthy living, prevention, supported self-management and optimisation



**Everyone's business** – a collaborative whole workforce and stakeholder ethos



**Sustainable** – long term service planning, embracing digital innovation for societal benefit and greener ways of working and living

Figure 3

The best practice standards and quality enablers set out for both practitioners and the person, maintain the principles of person-centred care, as set out in the All-Wales Rehabilitation Framework<sup>3</sup> ([Figure 3](#)).

The utilisation of these standards nationally will support the delivery of the 6 core principles set out in the AHP Framework for Wales<sup>13</sup> ([Figure 4](#)), ensuring AHPs working in partnership with each other and with people to achieve the quadruple aim as set out in “A Healthier Wales”<sup>2</sup> ([Figure 5](#)), living happier, healthier, longer, lives.



### 1. Inspiring and enabling people to lead healthier lives

Working collaboratively with them and others to transform their lives; being responsive to, and connected with, people and their communities; supporting and resourcing communities and population health improvement.



### 2. Building resilience in the population

Rebalancing the work of AHPs to promote wellbeing, prevention and early intervention, maximising abilities; supporting personal responsibility; empowering people to manage their own wellbeing.



### 3. Accessibility and responsiveness

Being first contact practitioners with a strong presence in health and social care, the independent and third sector; easily accessible 24/7 where appropriate and working outside traditional professional boundaries; being flexible, responsive and collaborative responding to people's needs over the whole life course.



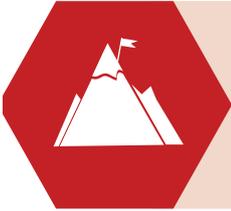
### 4. Strong identity and presence

Recognised as invaluable, essential members of the health and social care workforce; at the forefront of high quality, high impact innovation in existing and emerging services; a credible, strong collective voice for change that promotes evidence-based services for the citizens that need them.



### 5. Visible and transformational leadership

AHP leaders at all levels of the system who can influence and inform strategic and political direction; autonomous AHP leaders who foster excellence in the workforce of the future through retaining, nurturing and growing talent.



### 6. Working at the top of their professional licence

Articulating value, leading and effecting improvement; continually learning, trail blazing, demonstrating and sharing best practice; adopting technology to improve service provision; reflecting and challenging themselves and others to be autonomous practitioners who deliver high quality and value based services.

Figure 4



# Happier

## 1. Improving population health outcomes

- Making a difference to the health and wellbeing of citizens through early action, co-produced intervention, person centred and integrated care
- Reducing the impact of ill health and other social determinants to maximise the wellbeing of the population
- Using AHPs' skills improve citizens' ability to self-care
- Focusing on prevention of avoidable diseases, tackling the causes of long-term conditions and the promotion of public health



## 2. Enhancing the quality of and access to AHPs

- Ensuring the highest quality, safety and accountability of services
- Providing direct, timely access to AHPs who work as early and preventatively as possible within communities and integrated services
- Promoting use of Evidence Based Practice to reduce variation and risk of harm; holding themselves to account to improve quality and outcomes for citizens
- Engaging with increased generation and use of research data, patient experiences and intelligence to inform improved outcomes



### AHPs working in partnership with citizens

## 3. Securing higher value from AHPs through transformation

- Deploying the AHP workforce where they make most impact
- Acting as First Contact Practitioners where this is most appropriate
- Providing rehabilitation, recovery and reablement to ensure care closer to home and reduce dependence on long-term services
- Promoting personalised care and treatment in primary and community services and the third sector



## 4. Inspiring a vibrant AHP workforce

- Promoting a sustainable, well-motivated and engaged workforce who are aligned to new models of service delivery
- Facilitating career progression and promoting strong, identifiable career paths that are evident for all
- Maximising opportunities for leadership and influencing activities at all levels to inform service transformation
- Having a strong and credible shared identity as AHPs who have a collective voice



Healthier

Lives

Longer

Figure 5

The standards have been developed to support all AHPs in maintaining their standards of proficiencies, as set out in the recently updated Health and Care Professions Council (HCPC) Guide,<sup>14</sup> and are designed to support how community rehabilitation services are being delivered, and how the workforce is delivering them in a once-for-Wales approach.

“The standards could help drive clearer and specific outcomes for the service that will have relevance locally and nationally which may be able to create national and local comparisons of standards of care”  
(Practitioner, Powys Teaching Health Board)

# How can the standards support the person accessing rehabilitation

The standards and quality enablers apply to people of all ages and aim to support them in receiving consistent, high-quality, value-based community rehabilitation services. They will ensure the people who are accessing our services are given the knowledge and information they need to support them in receiving individualised, person-centred rehabilitation, that responds to their needs, and is provided in an accessible format to them, including through the medium of Welsh if required. This will ensure the vision from Welsh Governments “More than just words” (2022),<sup>15</sup> is considered - that Welsh should belong and be embedded in health and social care services across Wales so that individuals receive care that meet their language needs, leading to better outcomes. The person will be considered as an equal partner in their own rehabilitation. This will empower the person to improve their own health and wellbeing, in turn improving overall population health and wellbeing. The standards and quality enablers should be made available to the person so that they are clear they are receiving quality rehabilitation.

The standards will help support the person to:

- ✦ Maintain or improve their function
- ✦ Compensate for lost function
- ✦ Prevent or slow down the loss of function
- ✦ Take control to self-manage their condition
- ✦ Maintain a better quality of life
- ✦ Enter and stay in employment
- ✦ Access earlier, effective support, for example for children and young people with developmental conditions to have the best start in life

“If these standards are implemented throughout someone’s rehabilitation journey and beyond, I can only see enhanced outcomes for their health and well-being – they are fantastic”  
(Third Sector, Wales)

“Good clear content which supports the service user”  
(Service user, Co-production forum, Wales)

“As carers we are the experts and informal advocates for the people we care for, so being listened to and heard by healthcare professionals is important and so is being included in any treatment/rehabilitation plans”  
(Carer, Barry)

# Best practice standards and quality enablers

These best practice standards and quality enablers are designed to improve the quality and outcomes of community rehabilitation. They are based on up-to-date research evidence and peer reviewed, published consensus documents ([Appendix 5](#)). They have been written from the perspective of both the practitioner and the person accessing the service. This enables the practitioner to assess the service they are providing and allows the person accessing services to be clear on what they should expect.

## Standard 1

Co-produced community rehabilitation must be built around the needs of patients and their support network, delivering personalised rehabilitation to ensure people have choice and control over the way their rehabilitation is planned and delivered. This includes being able to communicate in a language accessible to you, for example, Welsh. It should place the person at the centre and be based on “what matters to me” conversations and the persons’ individual strengths and needs.

### The practitioner

**Rehabilitation is co-produced and supports people holistically with what matters to them**

#### Quality enabler

- ☒ I engage in meaningful conversations and communicate in an appropriate individualised format that the person understands
- ☒ I identify “what matters to you” rather than “what’s the matter with you”?
- ☒ I utilise a range of skills to work in partnership with the person to set their own goals and to co-produce holistic, high-quality rehabilitation
- ☒ I offer the person a range of different options for their rehabilitation
- ☒ Rehabilitation continues until a person achieves what matters to them

### The person

**I am supported with holistic, co-produced rehabilitation that focuses on what matters to me**

#### Expectations

- ☒ I feel listened to and supported in identifying what matters to me rather than what’s the matter with me, and my rehabilitation focuses on this
- ☒ My opinions matter and I have the time to consider my treatment options with shared decision making
- ☒ My rehabilitation responds to changes in my needs and is an active and enabling process, instils hope, offers support, and inspires me
- ☒ My rehabilitation is co-produced, holistic, written down and communicated in an appropriate format to me
- ☒ Rehabilitation continues until I achieve what matters to me

“The value of utilising the voices of those with lived experience should be embraced to guide, shape and support delivery of community rehabilitation. We must continue to use the strengths of the individual and their community to support health and well-being”  
(Service User, Wales)

“A holistic approach to therapy and person-centred care should be adopted”  
(Practitioner, Anonymous)

# Supporting resources

## Resources to support me/my team in the delivery of Standard 1

### 1.1 Trusted Assessor

- ✚ The Strategic programme for Primary Care has developed a Trusted Assessor Competency Framework, with accredited educational resources to support person centred care and support and the principles of strengths-based practice:

- [Trusted Assessor Toolkit - Primary Care One \(nhs.wales\)](#)

### 1.2 Shared Decision Making

- ✚ The National Institute for Health and Social Care (NICE) resources for clinicians and people receiving care, includes guideline and NICE patient decision aids: [Shared decision making - NICE guidelines - NICE guidance - Our programmes - What we do - About - NICE](#)

- ✚ This summary guide is aimed at people leading local implementation of shared decision making (SDM):

- [shared-decision-making-summary-guide-v1.pdf \(england.nhs.uk\)](#)



### 1.3 Motivational Interviewing

- ✚ Learning resource available as part of the Motivate 2 Move Module developed by health Education and Improvement Wales to give all health care professions, the background information to educate and motivate patients about the health benefits of physical activity:

- [Enhancing Motivation to Change - CPD for General Practitioners \(heiw.wales\)](#)

### 1.4 What Matters Conversations

- ✚ Resource and guidance developed by Social Care Wales and Future Generations to support What matters conversations and assessment:

- [Direct payments and why “what matters”... - Social Care Wales](#)

- [Ensure you are having ‘what matters’ conversations - The Future Generations Commissioner for Wales](#)

## 1.5 Person-centred

- 5 National Institute for Health and Social Care (NICE) published guidance in 2015 on home care covering the planning and delivery of person-centred care for older people living in their own homes (known as home care or domiciliary care). It aims to promote older people's independence and to ensure safe and consistently high-quality home care services:
  - [Overview - Home care: delivering personal care and practical support to older people living in their own homes - Guidance - NICE](#)
- 5 A core skills education and training framework developed by Health Education England and Skills for Health to enable knowledge and activities of person-centred approaches:
  - [Person-Centred-Approaches-Framework.pdf \(skillsforhealth.org.uk\)](#)

## 1.6 Co-production

- 5 An interactive training and learning session looking at what, when and how co-production should be used, developed as part of the "The Together for Children and Young People (2) Programme":
  - [An introduction to co-production - NHS Wales Executive](#)
- 5 Co-production Network for Wales - a community of people who believe in the value of co-production and citizen involvement:
  - [Co-production Network for Wales \(copronet.wales\)](#)
- 5 Role of patients and the public in health and care and service design by The Kings Fund:
  - [Patient involvement - The King's Fund \(kingsfund.org.uk\)](#)



## Standard 2

Effective rehabilitation adopts a biopsychosocial approach due to the diversity of needs of the person. This is because two people with the same diagnosis may have very different abilities and needs because of a complex interaction between their health conditions, the environments they live in, their values and beliefs, and their aspirations and motivations.

### The practitioner

**Rehabilitation is based on appropriate biopsychosocial assessments**

#### Quality enablers

- ☒ I undertake proportionate, needs-led, biopsychosocial assessment in the persons' own environment
- ☒ Rehabilitation interventions are based on individual strengths and needs rather than diagnosis
- ☒ I have a clear understanding of underlying impairments and prognosis and provide effective rehabilitation
- ☒ Rehabilitation addresses the complexity of a person's situation including the social and environmental factors impacting them
- ☒ I am aware of diverse social and cultural needs and provide appropriate support

### The person

**My rehabilitation considers my wider personal circumstances and needs**

#### Expectations

- ☒ My rehabilitation is tailored to my personal circumstances, including, my strengths, roles and responsibilities
- ☒ I know where to go for support; practical, emotional, financial, condition specific, either through the voluntary sector or statutory services
- ☒ The people supporting me with my rehabilitation have a good understanding of why I am experiencing difficulties and what my options are
- ☒ My social and environmental factors, including my diversity, cultural and personal needs are taken into consideration
- ☒ I can have an assessment in my own environment

“Services need to consider the mental health effects as well as the physical health effects”

(Practitioner, Anonymous)

“Everyone involved working together to achieve goals - physical, intellectual, emotional and social”

(Service User, Hywel Dda University Health Board)

# Supporting resources

## Resources to support me/my team in the delivery of Standard 2

### 2.1 Rehabilitation

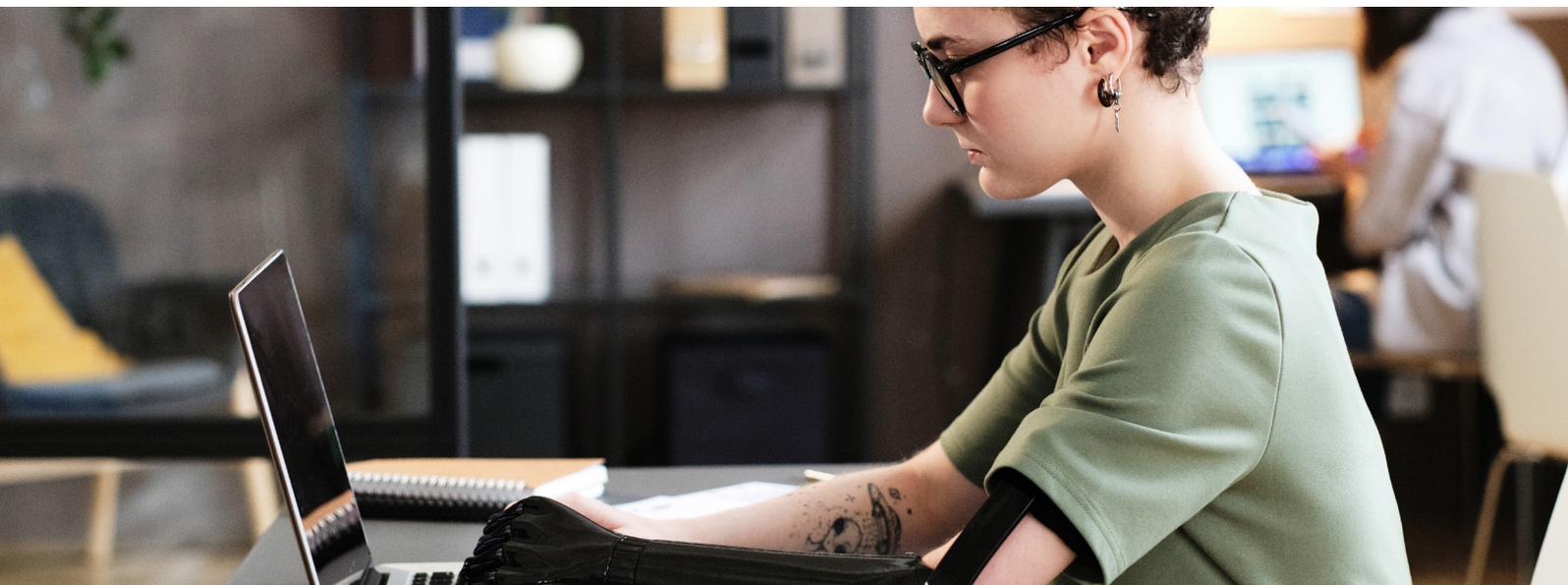
- ✦ A document to support the priorities of a person, using a value-based approach to reach the wider rehabilitation needs of the people of Wales, setting out a definition for and 5 co-produced principles of rehabilitation:
  - [All Wales Rehabilitation Framework: Principles to achieve a person-centred \(gov.wales\)](#)
- ✦ Useful resources to support understanding of Vocational Rehabilitation and to support individuals to return to work, ensuring work is everyone's business:
  - ['Who can issue fit notes: Guidance for healthcare professionals'](#)
  - ['AHPs supporting work and health' from the Vocational Rehabilitation Association](#)
  - ['Health and work champions - Promoting the health benefits of good work'](#)
  - ['A statement for health and work'](#)

### 2.2 Home First

- ✦ Delivering Home First:
  - [Delivering Home First \(gov.wales\)](#)
- ✦ The Six Goals, co-designed by clinical and professional leads, span the urgent and emergency care pathway and reflect the priorities in Welsh Government's Programme for Government 2021-2026, to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. Effective community rehabilitation is a key element of delivering this vision:
  - [Right care, right place, first time: Six Goals for Urgent and Emergency Care - A policy handbook 2021-2026 \(gov.wales\)](#)

### 2.3 Loneliness

- ✦ Connected Communities Strategy recognises the impact being lonely and/or socially isolated can have on our physical and mental health. Community rehabilitation has a key role to play in supporting individuals to connect with their local communities:
  - [38912 Connected Communities: Loneliness Strategy English \(gov.wales\)](#)



## 2.4 Social prescribing

As part of this strategy the Primary Care Division, part of the Health and Wellbeing Directorate in Public Health Wales is working with partners to support the development of a national framework for social prescribing and is coordinating the four key social prescribing deliverables identified in the strategy. Many professionals working in community rehabilitation undertake social prescribing as part of their role:

- [Social Prescribing - Public Health Wales \(nhs.wales\)](#)
- [phw.nhs.wales/services-and-teams/primary-care-division/social-prescribing/social-prescribing/social-prescribing-interfacespdf](https://phw.nhs.wales/services-and-teams/primary-care-division/social-prescribing/social-prescribing/social-prescribing-interfacespdf)

## 2.5 Make every contact count (MECC)

Making Every Contact Count (MECC) is an approach to behaviour change that aims to empower staff working particularly in health services, but also partner organisations, to recognise the role they have in promoting healthy lifestyles, supporting behaviour change and contributing to reducing the risk of chronic disease. Many professionals working in community rehabilitation utilise this approach as part of their role:

- [Making Every Contact Count - Public Health Wales \(nhs.wales\)](#)
- [MECC // Public Health Network :: Home](#)

## 2.6 Disability

The Action on Disability: The Right to Independent Living Framework and Action Plan, published by Welsh Government in 2019 sets out the ambition to enable disabled people fulfil their potential and achieve their ambitions and dreams in line with the 'Social Model of Disability'. Welsh Government defines "independent living" as meaning all disabled people having the same freedom, dignity, choice and control as other citizens at home, work, in education and in the community. Community rehabilitation has a key role to play in ensuring people of all ages and from all communities are able to maintain independent living, enjoy well-being and access appropriate support when and how they need it:

- [action-on-disability-the-right-to-independent-living-framework-and-action-plan.pdf \(gov.wales\)](#)

## 2.7 Mental health support

Public Health Wales have collated resources to enable people worried about their own or someone else's mental health to access support:

- [Mental Health Support - Public Health Wales \(nhs.wales\)](#)

## Standard 3

Effective partnerships and good communication are central to providing seamless rehabilitation in the right place for everyone. This ensures good outcomes for people throughout their rehabilitation including when moving between services and settings.

### The practitioner

Rehabilitation is organised in a way to ensure good communication and coordination between the person, their family, carers and networked to all agencies involved

#### Quality enablers

- ☞ I work with and share relevant information with all stakeholders, including wider health and social care, voluntary and community sectors and the third sector
- ☞ I know who is responsible in the delivery of each of the persons' rehabilitation goals
- ☞ I can easily access specialist and expert advice and support as required
- ☞ I know when and how to transfer care and can manage transitions between all community rehabilitation services effectively
- ☞ I actively listen to the individual, their family and carers and what they need

### The person

Everyone involved in my rehabilitation is clear on what is happening, when and why. This includes me and my support network

#### Expectations

- ☞ When I am seen, it is by the right person, with the right skill, doing the right thing at the right time in the right place
- ☞ Everyone I see has all the information from other services that they need, and I don't need to repeat myself
- ☞ My support network and I are listened to and are involved in all aspects of developing and updating my rehabilitation
- ☞ I know who is responsible for co-ordinating my rehabilitation and how to contact them
- ☞ My family is made to feel welcomed in my appointments and I can choose how much they are involved in my rehabilitation

“To ensure effective service, we should be using partners across disciplines and agencies to deliver and facilitate community rehabilitation”

(Practitioner, Swansea Bay University Health Board)

“It is helpful to have someone to tell me what is happening and why. It sometimes seems like a jungle with no clear way through”

(Service User, Wales)

“The exercise at home team gave us all the information about my mother's conditions and they even included a booklet specifically aimed at carers to help me better understand mum's condition and be able to better support her”

(Carer, Barry)

# Supporting resources

## Resources to support me/my team in the delivery of Standard 3

### 3.1 Multi-professional working

- ✦ The Strategic Programme for Primary Care is collating a toolkit to support the health, social care and third sector professionals to work together efficiently to deliver effective person-centred community services: 'Multi-Professional Framework for Integrated Working' found in the Community Infrastructure Programme pages

○ [Primary Care One](#)

- ✦ As part of this the University of South Wales to develop a development matrix and self-assessment tool for multi-professional teams to assess themselves and support their development

○ [\(264\) Development Matrix for Multi-Professional Working - YouTube](#)

### 3.2 Carers

- ✦ Carers have a vital role to play in supporting individuals who are accessing community rehabilitation. Carers Wales and Carers Trust Wales have developed resources, including a training module, a summary of the key messages and case studies, which give an overview of the key aspects of the Social Services and Well-being (Wales) Act 2014 in relation to unpaid carers.

○ [Carers and the Act - Social Care Wales](#)

### 3.3 Sharing Information

- ✦ Sharing information in a timely, safe and effective way should be facilitated by health and social care clinical information systems, such as the Welsh Community Care Information System (WCCIS):

○ [Digital Community Care Record - Digital Health and Care Wales \(nhs.wales\)](#)

### 3.4 Communication

- ✦ Standards to ensure that the communication and information needs of people with a sensory loss are met when accessing our healthcare services:

○ [all-wales-standards-for-accessible-communication-and-information-for-people-with-sensory-loss-large-print\\_0.pdf \(gov.wales\)](#)



## Standard 4

Good data is essential to drive improvement in the quality and value of community rehabilitation services. Data needs to capture how much and how well rehabilitation is being delivered and what impact it is having from the perspective of the person accessing the service.

### The practitioner

Rehabilitation is outcome focused with clear person reported experience and outcome measures to continually improve services

### Quality enablers

- It's clear when I have achieved what matters to me, and I have opportunity to communicate my experiences and ideas
- My individual rehabilitation needs are evaluated and reviewed regularly
- I have regular opportunities to discuss my progress towards my rehabilitation needs
- Providing feedback is easy and I am aware how it is used
- There are robust systems of data collection and monitoring that are standardised to benchmark against local and national standards
- I use the evaluation framework to review and develop services
- I contribute to research, audits, service evaluations, quality improvement and evidence-based rehabilitation initiatives
- I share good practice locally, regionally, nationally and internationally through rehabilitation networks

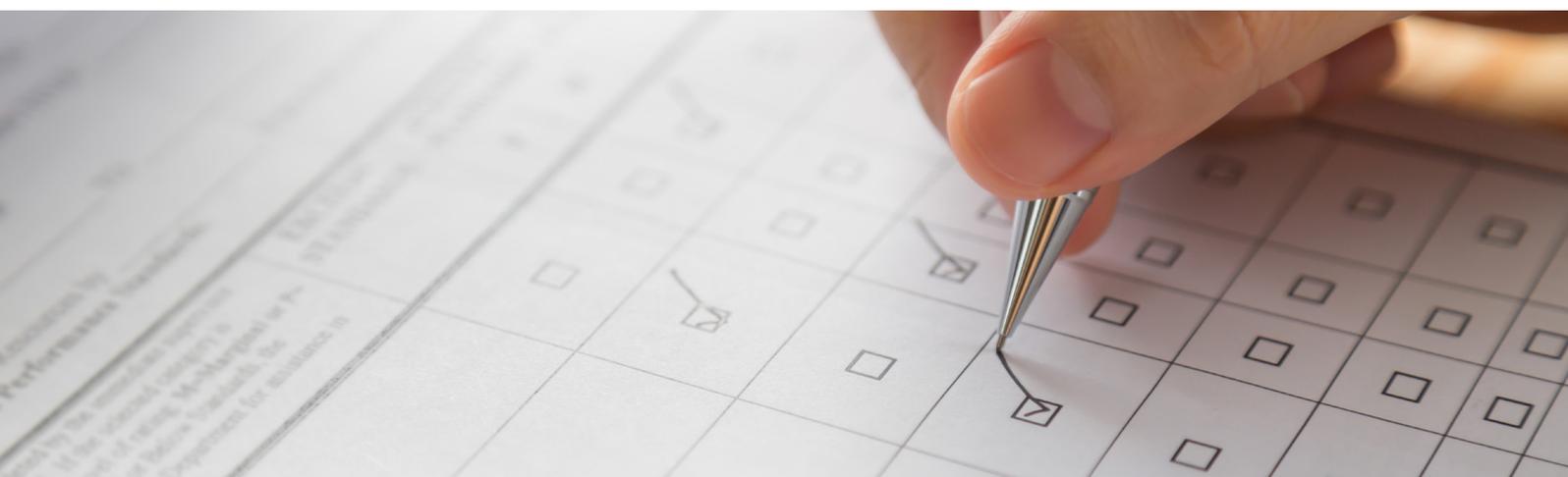
### The person

My personal goals, achievements and experiences are recorded and regularly reviewed

### Expectations

- It's clear when I have achieved what matters to me, and I have opportunity to communicate my experiences and ideas
- My individual rehabilitation needs are evaluated and reviewed regularly
- I have regular opportunities to discuss my progress towards my rehabilitation needs
- Providing feedback is easy and I am aware how it is used

“We need to embrace value based health care, and patient reported experience and outcome measures, in the delivery and monitoring of community rehabilitation services”  
(Practitioner, Anonymous)



# Supporting resources

## Resources to support me/my team in the delivery of Standard 4

### 4.1 Rehabilitation evaluation tool

- 📌 Welsh Government published evaluation guidance and a framework to support health boards, local authority, third and voluntary sector services to understand demand for and evaluate the impact of rehabilitation for all of Wales alongside the All-Wales Rehabilitation Framework: principles to achieve a person-centred value-based approach (2022) and the Rehabilitation Modelling Resource:
  - [rehabilitation service evaluation framework](#)

Collecting, collating, and presenting data to inform evaluation and development of community rehabilitation services is challenging. There are several programmes of work that should facilitate this over the next year.

### 4.2 Value in Health

[Home - Value in Health \(nhs.wales\)](#)

- 📌 The Welsh Value in Health Centre has developed a standard operating policy for patient reported outcome measures. Once implemented it will simplify and enable a consistent approach to outcome collection:
  - [The PROMS Standard Operating Model \(PSOM\) - YouTube](#)
- 📌 There are validated core service user questions and a Framework for Assuring Service User Experience for Wales, which was last updated in 2018. This is currently being revised and should be published later in 2023:
  - [validated-core-service-user-questions-and-updated-framework-for-assuring-service-user-experience\\_0.pdf \(gov.wales\)](#)

### 4.3 National Data Resource

- 📌 Capturing and collating activity data over multiple digital platforms continues to be a challenge to understanding the demand for and impact of community rehabilitation. The National Data Resource (NDR) is a new national platform that brings together data about health and social care services from across Wales:
  - [National Data Resource \(NDR\) - Digital Health and Care Wales \(nhs.wales\)](#)
  - [NDR Data Strategy \(nhs.wales\)](#)

This will facilitate the evaluation of community rehabilitation and the impact it has on primary and secondary care services

### 4.4 Improvement Cymru/Quality Improvement

- 📌 There are several teams that can help with your local service developments. Each health board has a Value in Health Team and a Quality Improvement Team that can provide training and support to local teams develop their services.

### There are also several national resources

- 📌 Improvement Cymru forms part of the NHS Executive. They aim to support the creation of the best quality health and care system for Wales so that everyone has access to safe, effective and efficient care in the right place and at the right time:
  - [Improvement Cymru - Public Health Wales \(nhs.wales\)](#)

## Their work includes

- 📌 Improvement Cymru Academy to support individuals and teams to develop their improvement skills and expertise:
  - [Improvement Cymru Academy - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/improvement-cymru-academy)
- 📌 Q Lab Cymru- who support workshop series and projects, bringing together topic specialists, improvement experts and service users from across the system to explore, develop, test and implement ideas to make progress on the complex challenges facing health and care services in Wales:
  - [Q Lab Cymru - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/q-lab-cymru)
- 📌 The Quality Improvement Skills Training (QIST) programme in Health Education Improvement Wales gives healthcare professionals the knowledge and practical skills to make real time changes. These changes can enhance health services and improve the learning environment:
  - [Quality Improvement Skills Training \(QIST\) - HEIW \(nhs.wales\)](https://www.nhs.uk/quality-improvement-skills-training)
- 📌 The Bevan Commission, hosted by Swansea University, facilitate and guide health and care transformation in organisations across Wales and internationally through a number of programmes:
  - [Home - Bevan Commission](https://www.bevancommission.org)
- 📌 The Dragon's Heart Institute can help teams take their ideas further, connecting them with peers, resourcing them for the road ahead, and training them to co-produce solutions alongside global leaders in health. They run the Spread and Scale Academy which provides a platform to learn and network, and drive positive change:
  - [Spread and Scale Academy Returns to Cardiff this October - Dragon Heart Institute \(dragonsheart.org\)](https://www.dragonsheart.org)



## 4.5 Research

- 📌 There is a clear link between research and improving the quality and effectiveness of health and social care services. Health and Care research Wales can support health and social care professionals to get involved in research in a variety of ways:
  - <https://healthandcareresearchwales.org>
- 📌 The Council for Allied Health Professional Research (CAHPR) Cymru offers research advice and support to researchers in Wales
  - <https://cahpr.csp.org.uk/content/wales>
- 📌 Life Sciences Hub Wales has dedicated resources, support and guidance for taking your innovation forward:
  - <https://lshubwales.com>

## Standard 5

A core part of community rehabilitation is supporting people to stay well, take control of their lives, maintain independence, and support self-management as part of a sustainable health solution for Wales.

### The practitioner

People are supported with the knowledge, skills and equipment needed to optimise their function, independence, and well-being in the long term

### Quality enablers

- ✦ I support the person to optimise and maintain their wellbeing, independence, and social roles, including work and education in the long term
- ✦ I enable access to the resources and equipment to support the person to self-manage and progress their rehabilitation, and agree a review date if appropriate
- ✦ I work with the person to signpost, empower, engage and to inform them when they should self-refer
- ✦ I consider sustainability and new ways of working, such as deploying modern technology and I support the person being digitally included
- ✦ I promote the benefits of and enable secure access to assistive technology and support the person in their use

### The person

I feel confident that I have the knowledge, skills and equipment I need to optimise my function, independence and well-being in the long term

### Expectations

- ✦ I am supported with the information I need and have the skills and knowledge to manage and optimise my independence, function and well-being
- ✦ I am aware of what support is available to me, this includes resources to self-manage and access to peer support
- ✦ I have the equipment I need to support me and have been trained on how to use and maintain it
- ✦ I know how to access appropriate online resources and have been supported to prevent me from being digitally excluded

“We need to continue to encourage the use of technology and making loaning devices easier and more accessible to people”  
(Practitioner, Anonymous)

“I would like to be offered support to manage my long-term health condition and how to deal with flares of pain”  
(Service User, Wales)

“AHPs should be able to suggest further support and signposting to ensure that the service user does not feel alone living with their health condition”  
(Service User, Caerphilly)

“I was supported to accept to learn how I can do things differently rather than being frustrated by what I can't do. This was facilitated with the right equipment and I had clear guidance on how to use this”  
(Service User, Conway)

# Supporting resources

## Resources to support me/my team in the delivery of Standard 5

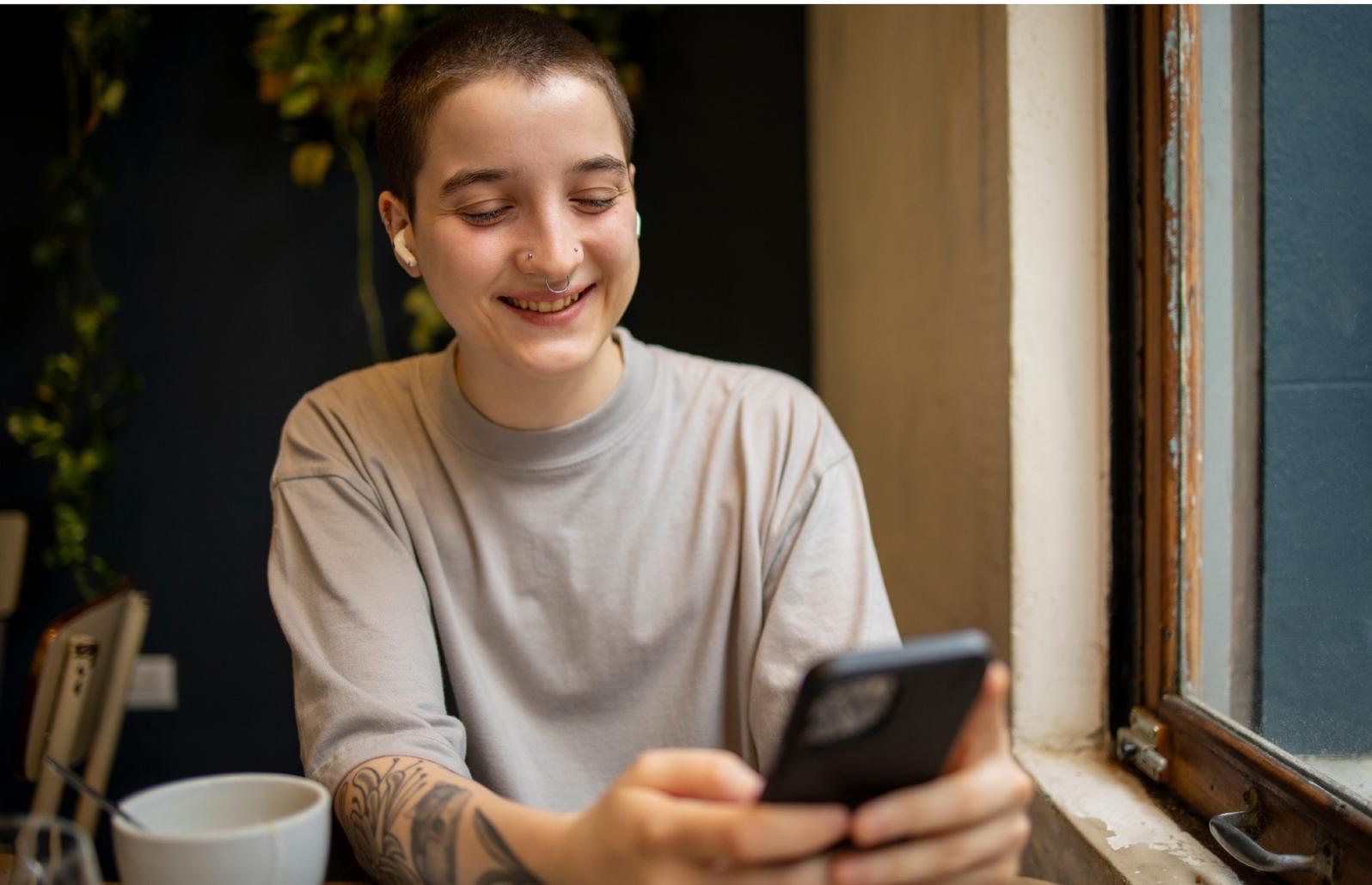
### 5.1 Self-Management

- ✦ Self-management support is when health professionals, teams and services (both within and beyond the NHS) work in ways that ensure that people with long-term conditions have the knowledge, skills, confidence and support they need to manage their condition(s) effectively in the context of their everyday life. The health foundation has developed a number of resources to support effective implementation:
  - [A practical guide to self-management support - The Health Foundation](#)
  - [Person-centred care: from ideas to action - The Health Foundation](#)
  - [Evidence: Helping people help themselves - The Health Foundation](#)
- ✦ Several health boards have commissioned training and adopted the Bridges approach to self-management:
  - [Bridges Self-Management](#)
- ✦ National Voices, a coalition of health and social care charities in the UK have compiled information from 228 systematic reviews and found that the top things you can do to support self-management:
  - [supporting\\_self-management.pdf \(nationalvoices.org.uk\)](#)

### 5.2 Signposting

- ✦ Cardiff and Vale University Health Board have developed a web-based resource to help individual understand and navigate the support they need to keep themselves well:
  - [Home - Keeping Me Well](#)





### 5.3 Sustainability

- 📄 In the Well-being of Future Generations Act, the Sustainable Development Principle means that public bodies must act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own need:
  - [Health and Sustainability - Public Health Wales \(nhs.wales\)](#)
  - [Sustainability - NHS Wales Shared Services Partnership](#)
- 📄 This NHS Wales Decarbonisation Strategic Delivery Plan has been developed to drive an ambitious but realistic reduction in carbon emissions from NHS Wales's operations. NHS Wales Decarbonisation Strategic Delivery Plan:
  - [NHS Wales Decarbonisation Strategic Delivery Plan \(gov.wales\)](#)

### Digital Inclusion

- 📄 The NHS in Wales is committed to enabling people to use digital technologies to manage their own health, wellbeing and care. Digital Health Care Wales and TEC Cymru have developed some resources to support this:
  - [Digital Inclusion - Digital Health and Care Wales \(nhs.wales\)](#)
  - [dhcw.nhs.wales/files/publications/digital-inc-guide-0619-english-pdf/](#)
  - [Digital inclusion in health and care \(gov.wales\)](#)
  - [TEC Cymru - Digital Health Wales](#)
  - [Digital Health Wales - Digital Health Wales](#)
  - [Developing the digital skills of the social care workforce - Nuffield trust](#)

## Standard 6

Rehabilitation services need to be accessible to people when and where they need so that longer term issues can be minimised, resulting in better health and wellbeing for the individual and a reduced burden on society.

### The practitioner

Access processes are timely, explicit, easy, efficient and equitable

### Quality enablers

- Community rehabilitation and interventions are timely, co-ordinated and prevent avoidable impairment and disability
- The community rehabilitation service has a single point of access
- The community rehabilitation service is flexible to meet the needs of the person and delivered close to home where possible
- Early or direct access is available to enable people to remain in control of their lives
- People can self-refer whenever possible and access the same quality of rehabilitation regardless of where they live in Wales
- There is a clear point of contact for the person requiring rehabilitation

### The person

I know what I need to do, who to ask and where to go to access rehabilitation

### Expectations

- When I need rehabilitation, I know how to access it as there is a single point of access
- I am seen in a timely manner as close to home as possible to ensure I remain in control of my life and prevent avoidable impairment and disability
- I can contact the team providing rehabilitation when I need to
- I know when and how to re-access the service if required and ask for review

“Community rehabilitation services should have a simplified point of entry and provide easy re-access to support/services when required for top up therapy”

(Practitioner, Cardiff and Vale University Health Board)

“The service should provide timely assessment and intervention to community rehabilitation service users with access to appropriate services that deliver quickly”

(Practitioner, Betsi Cadwalader University Health Board)

“Targeting people sooner to embed memory strategies, memory aids and adaptations at an earlier stage of dementia when individuals still have the ability to learn new habits, can support people to remain independent sooner for longer. On average people embed 7 strategies into their lives and improve in 10 out of 11 Occupational domains of standardised measure (OCAIRS). Some continued to improve beyond three months post intervention, demonstrating the importance of early intervention”

(Practitioner, Aneurin Bevan University Health Board)

# Supporting resources

## Resources to support me/my team in the delivery of Standard 6

### 6.1 Frameworks

- ✦ Generally, it is recognised that the earlier someone can access rehabilitation when they need it, the better the long-term outcomes are, and the lower the burden on the wider health and social care system. Timely access to services is a key theme in Welsh Government and the following documents:
  - 'The Duty of Quality Statutory Guidance 2023 and Quality Standards 2023': [Duty of Quality Statutory Guidance \(gov.wales\)](#)
  - Quality and Safety Framework: Learning and Improving 2021: [Quality and Safety Framework: Learning and Improving \(gov.wales\)](#)
  - Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021-2026: [Right care, right place, first time: Six Goals for Urgent and Emergency Care - A policy handbook 2021-2026 \(gov.wales\)](#)
  - Primary and Community Care AHP' Workforce Guidance:<sup>16</sup> [Strategic Programme - Primary Care One \(nhs.wales\)](#)
- ✦ 6.1 The Community Infrastructure (CI) Toolkit is a collection of information, and resources, designed for anyone (inclusive of profession, area, or level of practice) supporting the delivery of place-based care, regardless of setting:
  - [Community Infrastructure \(CI\) Programme - Primary Care One \(nhs.wales\)](#)

Local measures should be in place in each Health Board to ensure the standards and quality enablers here can be met.



## Standard 7

Rehabilitation requires a motivated, engaged and valued health and social care workforce, with the capacity, competence and confidence to meet the needs of the people of Wales.

### The practitioner

Rehabilitation is provided by a compassionately led, adequately resourced, flexible, and skilled workforce

### Quality enablers

- ✦ I have a sense of autonomy and belonging, and my contribution to the service is valued by my team
- ✦ I have regular communication, clinical supervision, mentoring, and peer support to support my learning and role delivery
- ✦ My team has enough staff with the relevant skill mix to deliver the appropriate intensity of rehabilitation to enable the person to achieve what is important to them
- ✦ Anticipated rehabilitation demand, workforce and skill mix is mapped to population needs through the rehabilitation modelling resource
- ✦ Teams can work flexibly across the day and week in different locations in person or virtually to ensure best use of staff and their wellbeing
- ✦ There is a culture of strong compassionate leadership at all levels that is demonstrated by everyone within the service

### The person

I feel listened to, understood, and supported by an effective rehabilitation team

### Expectations

- ✦ I can access rehabilitation at a time and place that is most appropriate for me to achieve what matters to me from someone with the right knowledge and skills
- ✦ I always feel my rehabilitation is provided in a compassionate way and supports my needs
- ✦ All the different professionals involved in my rehabilitation have the skills and knowledge to support my needs
- ✦ Access to rehabilitation should be available to me from a variety of different professionals and peers as close to home as possible

“Compassionate working should be supported in the community rehabilitation service and in team interactions”

(Practitioner, Cardiff and Vale University Health Board)

“Access to AHPs should be provided in my local surgery or closer to home”

(Service User, Wales)

# Supporting resources

## Resources to support me/my team in the delivery of Standard 7

### 7.1 Frameworks

- ✦ The recently published Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales supports health care professional to work at the top of their licence to support community rehabilitation and facilitate care closer to home:

○ [heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/](https://heiw.nhs.wales/files/enhanced-advanced-and-consultant-framework/)

### 7.2 Rehabilitation Modelling Resource

- ✦ The Rehabilitation Demand Modelling Resource can help you understand the capacity you need in your workforce to meet the demand for your service:

○ [rehabilitation-modelling-resource.pdf \(gov.wales\)](#)

There are monthly drop in sessions to support people to use the tool facilitated by the AHP Transformation Team in HEIW and the Modelling development Team in the delivery Unit of the NHS Executive. and please email

[HEIW.AlliedHealthProfessions@wales.nhs.uk](mailto:HEIW.AlliedHealthProfessions@wales.nhs.uk) for more information



### 7.3 Compassionate Leadership

- ✦ The NHS long-term plan sets out a national vision for leadership that is both compassionate and diverse. These resources will support us to achieve a cultural change and promote compassionate leadership:

○ [Interactive Compassionate Leadership Principles for Health and Social Care in Wales - Gwella HEIW Leadership Portal for Wales](#)

○ [Caring to change Kings Fund May 2017.pdf \(kingsfund.org.uk\)](#)

○ [Michael West on compassionate and inclusive leadership - The King's Fund \(kingsfund.org.uk\)](#)

○ [Compassionate Leadership Principles for Health and Social Care in Wales](#)

### 7.4 Gwella Leadership Portal

- ✦ Health Education and Improvement Wales, which hosts the AHP transformation Team have a variety of online resources to support individuals develop their clinical and leadership skills:

○ [Gwella HEIW Leadership Portal for Wales](#)

○ [Allied Health Professionals: Resources - Gwella HEIW Leadership Portal for Wales](#)

## 7.5 Training and Education

- There is a new on-line learning management system Y Ty Dysgu will support the development and coordination of all-Wales, multi-professional education and training for people working in community rehabilitation across Wales:
  - [Welcome! - Ytydysgu Heiw](#)
  - [Education and training - HEIW \(nhs.wales\)](#)
  - [Postgraduate education for healthcare professionals - HEIW \(nhs.wales\)](#)

## 7.6 Wellbeing/thriving teams

- Wellbeing sites and resources from health boards, trusts and organisations across NHS Wales and Social Care Wales to support your health and wellbeing:
  - [Wellbeing sites - HEIW \(nhs.wales\)](#)
  - [heiw.nhs.wales/files/weds-staff-health-and-wellbeing/manager-wellbeing-matters/](https://heiw.nhs.wales/files/weds-staff-health-and-wellbeing/manager-wellbeing-matters/)
  - [Get-your-board-onboard-with-health-and-wellbeing-priorities\\_0.pdf \(nhsemployers.org\)](#)
  - [Fronting up to the problems: what can be done to improve the wellbeing of NHS staff?](#)



# Additional supplementary resources to support

## Rehabilitation

- 📌 World Health Organisation: Rehabilitation Competency Framework. The WHO have produced a Rehabilitation Competency Framework that defines the core values and beliefs shared by the rehabilitation workforce, and encompasses the competencies, behaviours, knowledge and skills required to perform the range of activities and tasks involved in rehabilitation practice and service delivery:
  - [Rehabilitation Competency Framework \(who.int\)](https://www.who.int/publications/m/item/rehabilitation-competency-framework)
- 📌 World Health Organisation: Adapting the WHO Rehabilitation Competency Framework to a specific context:
  - [Adapting the WHO Rehabilitation Competency Framework to a specific context](https://www.who.int/publications/m/item/adapting-the-who-rehabilitation-competency-framework-to-a-specific-context)
- 📌 The Community Rehabilitation Alliance have published standards aligning with our own in Wales:
  - [Rehab on Track Community Standards ENG FINAL.pdf \(csp.org.uk\)](https://www.csp.org.uk/rehab-on-track-community-standards-eng-final)
- 📌 Health Education England have published a useful resource for commissioning of rehabilitation services:
  - [Commissioning guidance for rehabilitation \(england.nhs.uk\)](https://www.england.nhs.uk/publications/commissioning-guidance-for-rehabilitation/)
- 📌 The World Rehabilitation Alliance (WRA) focuses on promoting rehabilitation as an essential health service that is integral to Universal Health Coverage and to the realization of Sustainable Development Goal 3 **Ensure healthy lives and promote well-being for all at all ages**:
  - [World Rehabilitation Alliance \(who.int\)](https://www.who.int/publications/m/item/world-rehabilitation-alliance)
- 📌 Scottish Government have developed their own Rehabilitation and recovery framework
  - [Rehabilitation and recovery: a person-centred approach](https://www.scotland.nhs.uk/rehabilitation-and-recovery-a-person-centred-approach)

## Data and Benchmarking

- 📌 NHS Benchmarking Network: Their vision is to enable members to improve patient outcomes, raise health standards and deliver quality health and care services through data excellence, benchmarking and the sharing of innovation:
  - [NHS Benchmarking Network - Raising standards through sharing excellence, providing evidence and insight.](https://www.nhs.uk/benchmarking-network/)



## Person-Centred Care

- 📄 A useful resource from the Personalised Care Institute in England outlining the values, behaviours and capabilities required by a multi-professional workforce to deliver Personalised Care. It sets out an educational framework for learning the essential elements to this approach and supports ongoing professional development. Personalised Care Institute. Curriculum 2020:
  - [The-personalised-care-curriculum.pdf \(personalisedcareinstitute.org.uk\)](https://personalisedcareinstitute.org.uk/The-personalised-care-curriculum.pdf)
- 📄 This resource from the Care Council for Wales, notes that part of the duty to promote well-being means putting robust arrangements in place for encouraging the involvement of people:
  - [Planning and Commissioning Resource Guide - January 17.pdf \(socialcare.wales\)](#)

## Prudent Health Care

- 📄 A resource from Welsh Government for Prudent Healthcare:
  - [securing-health-and-well-being-for-future-generations.pdf \(gov.wales\)](#)

## Mental Health

- 📄 Dementia Support: Allied Health Professionals (AHP) can significantly improve the lives of people living with dementia. Improving access to AHP services, ensuring faster access so people can get help as soon as possible after diagnosis, communication on the benefits of AHP interventions and ensuring staff work with patients and their families to explain the difference they can make can all make a significant difference:
  - [Allied Health Professionals Dementia Framework \(gov.wales\)](#)
- 📄 A video to explain the vision statements and cross cutting principles that Welsh Government has developed for the new Mental Health Strategy for Wales and as part of its pre-consultation:
  - [The Mental Health Strategy for Wales; vision statements and cross-cutting principles. - YouTube](#)

## Equality and Diversity

- 📄 Welsh Government are committed to an anti-racist Wales and an inclusive Wales. Action plans have been developed which includes high level goals, actions and outcomes. The key purpose is to make meaningful changes to the lives of Black, Asian and Minority Ethnic people, and those from the LGBTQ communities in Wales:
  - [41912 An Anti-Racist Wales - Race Equality Action Plan for Wales \(gov.wales\)](#)
- 📄 LGBTQ Action plan:
  - [LGBTQ Action Plan English purple and green \(gov.wales\)](#)

## Welsh Language

- 📄 Welsh Governments strategy for the whole of Wales, and we want every part of the country to share in the vision of a million Welsh speakers by 2050:
  - [Cymraeg 2050: A million Welsh speakers \(gov.wales\)](#)

## Workforce

- 📄 National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges:
  - [National Workforce Implementation Plan \(gov.wales\)](#)

## Case study

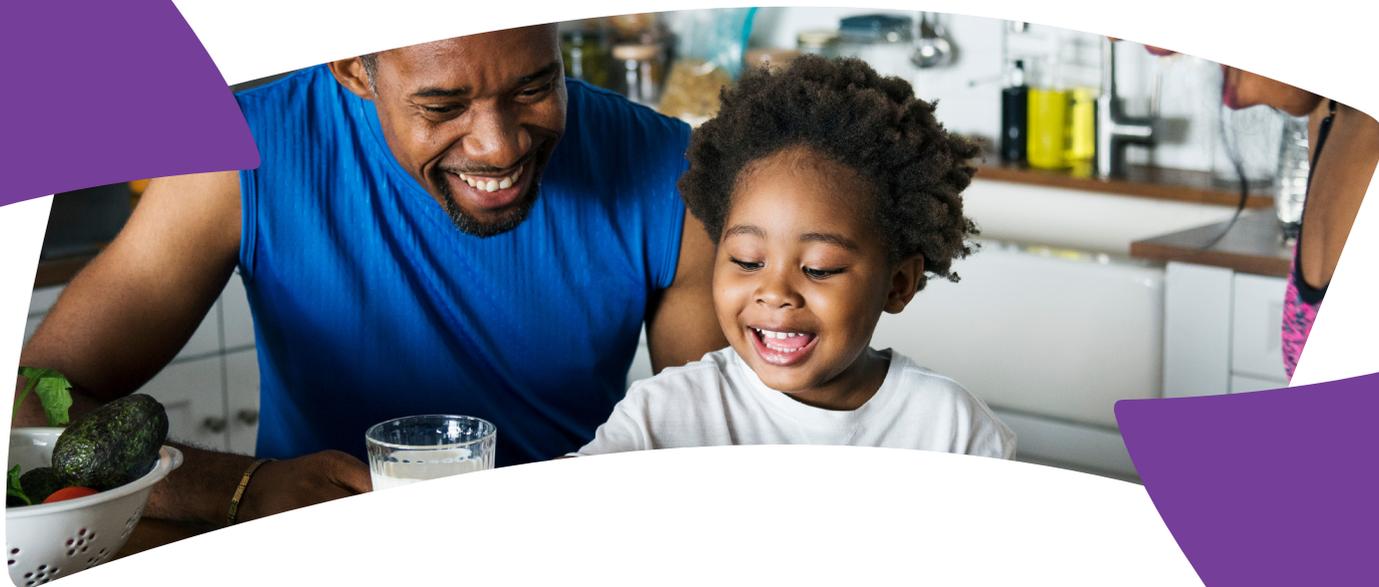
We are aware of many excellent community rehabilitation services in Wales. The Home First Intermediate Care Team (ICMDT), In Hywel Dda UHB have demonstrated how their service meets each of the standards:

### Brief

Mr A had returned home following an assessment in hospital for urosepsis. He was promptly discharged with the support of his family. At home, Mr A was getting out of bed when he fell onto the floor and was unable to get up. His daughter found him on the floor, assisted him back onto the bed and contacted the GP. GP reviewed and referred into the Community Acute Response Team.

### Co-Production

The team were able to establish what mattered to Mr A by providing a holistic, individualised approach to his rehabilitation. Goals were co-produced based on his needs and included to be able to mobilise inside with a stick independently, to be able to get in and out of bed, shower, dress, toilet and carry out meal preparation independently.



### Biopsychosocial Approach

Mr A lived alone in a bungalow. Prior to his referral, Mr A was very independent, able to mobilise independently inside and outside, have a wash in his shower and dress, and cook independently. Following referral, the team were able to assess in his home environment, with all aspects of his care considered, including social and environmental factors.

### Communication and Partnership

Mr A had good family support and was keen for their involvement. We ensured all were clear on his rehabilitation. Mr A's daughter highlighted some concerns regarding her father's weight loss. The physiotherapist was able to promptly refer to the dietician through established networks. The physiotherapist also identified that Mr A needed support with ADL's and was able to contact a nurse to support with a package of care which started the next day.

## Effective data capture to drive improvement

Outcome measures for Mr A were collected to monitor changes and ensure his needs were being met. These included increasing weight, which improved from 69.8kg to 71kg within 3 weeks. Mr A also completed a strengthening and mobility programme and met all goals that mattered to him. Mr A was able to remain at home, improving his experience of care.

## Supported Self-Management

Mr A required assistance of one to get out of bed and to transfer. Mobility was limited due to pain. The physiotherapist deemed equipment was required to allow him to increase independence. A bed lever, a Mowbray, wheeled commode, and a Rollator Zimmer frame was provided the next day by the nurse and therapy assistant practitioner, and he was educated in how to use them.

## Accessibility at Point of Need

Following the initial GP assessment, Mr A was referred to our ICMDT service via a simple referral process and was seen within an hour in his own home. This rapid MDT response was able to prevent crisis and enable the service user to remain in his own home, meeting his expectations and preventing a hospital admission.

## Effective Workforce

All practitioners involved in Mr A's care had the right skills and ability to manage his needs effectively at home at the right time. We ensure the team have a great sense of value, and everyone has access to the support required to provide an effective service, fostering a sense of wellbeing and satisfaction.

## Outcome

Following a rapid MDT response, three days after the initial referral, Mr A's mobility improved, double handed calls three times a day was reduced to single handed. Twelve days later Mr A was moved to the Home-based rehabilitation pillar for two single handed calls a day. Two weeks following starting home based rehabilitation, Mr A was discharged with no further services required. He was also discharged from the physio and dietetic team and an admission to hospital was prevented.



## How will you know if the standards are being met?

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Community rehabilitation service data and analysis is critical in the delivery of high-quality community rehabilitation (Making Community Rehabilitation Data Count, Community Rehabilitation Alliance, 2022).<sup>17</sup> Incomplete or lack of standardised data makes it very difficult to know how effective your service is, and to make the case to planners and commissioners to ensure there are adequate resources to deliver rehabilitation.

To support you and your team evaluate if the standards and quality enablers are being met within your service, and to allow you to gain an enhanced understanding of your community rehabilitation provision, we have developed an interactive electronic self-audit tool for both practitioners ([Appendix 1](#)), and those accessing the service ([Appendix 2](#)) to audit. These will ensure we work in collaboration with our users and ensure everyone has an opportunity to feedback and to understand if the standards, the quality enablers, and the expectations are being met. The tools will provide immediate feedback on you and/or your services and will support identification of specific standards that may need to be developed. This information will also support you in identifying quality improvement projects or service redesign initiatives and may also provide additional support for business or commissioning cases.



To support you and your service in the delivery of these quality enablers, we have provided specific accessible resources after each standard to improve knowledge, skills and learning. The audit tool will also facilitate additional discussions within your team to consider ways to improve the delivery of the standard and quality enablers, and to look at local solutions. You may also find it beneficial to adopt the service user tool locally and use the template to develop your own Microsoft form for your specific service to give to the service user so you can monitor the feedback within your team.

Practitioners will be able to revisit and re-audit at any given time to monitor changes in skills and provision, however, we would recommend cycles of 6 to 12 months to measure change over time. It is important to note that it is a tool designed to support you in the development of your service rather than a performance measure, and is designed to reflect where you are in relation to the standards. The link to the tools is here:

[heiw.nhs.wales/our-work/allied-health-professions-ahps/community-rehabilitation-standards](https://heiw.nhs.wales/our-work/allied-health-professions-ahps/community-rehabilitation-standards)

These standards and quality enablers will provide the benchmark for community rehabilitation services to identify areas of improvement and to reduce variation of services across Wales. In addition, these service information and audit tools will support to:



Figure 6

- 5 Understand the existing level of services available to the local population
- 5 Appreciate whether the services are meeting the expectations of the people, their families and carers
- 5 Review the quality of services and identify current gaps in provision
- 5 Identify current opportunities to enhance or develop services/systems at local level
- 5 Consider future demand from any projected increase in prevalence

The standards support the creation of a single core dataset for all community rehabilitation services and will make a huge contribution to the perceived and realised value of community rehabilitation services in Wales. To ensure that resources result in better quality and consistency of community rehabilitation, we need to continually strive improve our data infrastructure. This means services providing consistent data on service delivery and outcomes.

The development of these standards and quality enablers support the recommendations the Community Rehabilitation Alliance<sup>16</sup> advise on what good data driven community rehabilitation looks like.

Welsh Government recognise the importance of robust service data. In 2020, Welsh Government published the rehabilitation demand and capacity modelling tool<sup>5</sup> and rehabilitation evaluation document.<sup>4</sup> Both of these will provide improved data and intelligence for rehabilitation services. Digital Health and Care Wales are developing a platform to share community data with the National Data Resource (NDR).<sup>18</sup> This platform is currently in development, and it is expected that this service will be available in 2024/25.

Utilisation of this document, standards and audit tools will support you in the delivery of the “once for Wales” approach and support the provision of an equal and equitable, person-centred, value-based quality service.

## Next steps

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The co-produced definition and standards form a solid foundation on which to build continued service improvements in community rehabilitation. The process of development of this document has brought together a group of dedicated and experienced people with a lived experience of rehabilitation services from both a personal and professional perspective. We need to ensure we keep the momentum and enthusiasm to continue to drive measurable improvements in the provision of community rehabilitation services.

In particular:

- ✦ These standards need to be adopted to underpin all rehabilitation services and practice in Wales.
- ✦ An all-Wales forum in which to share learning and developments will help embed the quality improvements sought. Continuing the network of rehabilitation-experienced people mentioned above may be a good way to deliver this.
- ✦ Practitioners should use the practitioner self-audit tool in ([Appendix 1](#)) to evaluate achievement of the standards.



# Endorsements

We are proud to advise that this document, along with the best practice standards and quality enablers have been endorsed by:



the british  
psychological society  
promoting excellence in psychology



**Right to Rehab  
Campaign**  
(RTR)



**ROYAL COLLEGE  
of PODIATRY**



Ariennir gan  
**Lywodraeth Cymru**  
Funded by  
**Welsh Government**



**Royal College of  
Occupational Therapists**  
Coleg Brenhinol  
Therapyddion Galwedigaethol



**CHARTERED SOCIETY  
OF PHYSIOTHERAPY**  
CYMDEITHAS SIARTREDIG  
FFISIOTHERAPI



**CYMRU  
VERSUS  
ARTHRITIS**



**ASTHMA+  
LUNG UK**

# Appendixes

## Appendix 1 - Practitioner/Service self-audit tool

Read each statement and tick how you feel about each one. This will help us assess the community rehabilitation services you are providing and identify any areas for improvement.

Key: Agree=3; Mostly agree=2; Mostly disagree=1; Disagree=0

### Practitioner/service self-audit tool

#### 1. Rehabilitation is co-produced and supports people holistically with what matters to them

I engage in meaningful conversations and communicate in an appropriate individualised format that the person understands	Agree	Mostly agree	Mostly disagree	Disagree
I identify “what matters to you” rather than “what’s the matter with you”?	Agree	Mostly agree	Mostly disagree	Disagree
I utilise a range of skills to work in partnership with the person to set their own goals and to co-produce holistic, high-quality rehabilitation	Agree	Mostly agree	Mostly disagree	Disagree
I offer the person a range of different options for their rehabilitation	Agree	Mostly agree	Mostly disagree	Disagree
Rehabilitation continues until a person achieves what matters to them	Agree	Mostly agree	Mostly disagree	Disagree

#### 2. Rehabilitation is based on appropriate biopsychosocial assessments

I undertake a proportionate, needs led, biopsychosocial assessment in the persons’ own environment	Agree	Mostly agree	Mostly disagree	Disagree
I ensure rehabilitation interventions are based on individual strengths and needs rather than diagnosis	Agree	Mostly agree	Mostly disagree	Disagree
I have a clear understanding of underlying impairments and prognosis, and provide effective rehabilitation	Agree	Mostly agree	Mostly disagree	Disagree
Rehabilitation addresses the complexity of a person’s situation including the social and environmental factors impacting them	Agree	Mostly agree	Mostly disagree	Disagree
I am aware of diverse social and cultural needs and provide appropriate support	Agree	Mostly agree	Mostly disagree	Disagree

**3. Rehabilitation is organised in a way to ensure good communication and coordination between the person, their family, carers and networked to all agencies involved**

I work with and share relevant information with all stakeholders, including wider health and social care, voluntary and community sectors and the third sector	Agree	Mostly agree	Mostly disagree	Disagree
I know who is responsible for the delivery of each of the persons' rehabilitation goals	Agree	Mostly agree	Mostly disagree	Disagree
I can easily access specialist and expert advice and support as required	Agree	Mostly agree	Mostly disagree	Disagree
I know when and how to transfer care and can manage transitions between all community rehabilitation services effectively	Agree	Mostly agree	Mostly disagree	Disagree
I actively listen to the individual, their family and carers and what they need	Agree	Mostly agree	Mostly disagree	Disagree

**4. Rehabilitation is outcome focussed with clear person reported experience and outcome measures to continually improve services**

The effectiveness and efficiency of rehabilitation is continually evaluated and developed based on the outcomes important to the person and their feedback on their experience	Agree	Mostly agree	Mostly disagree	Disagree
There are robust systems of data collection and monitoring that are standardised to benchmark against local and national standards	Agree	Mostly agree	Mostly disagree	Disagree
I use the evaluation framework to review and develop services	Agree	Mostly agree	Mostly disagree	Disagree
I contribute to research, audits, service evaluations, quality improvement and evidence-based rehabilitation initiatives	Agree	Mostly agree	Mostly disagree	Disagree
I share good practice locally, regionally, nationally and internationally through rehabilitation networks	Agree	Mostly agree	Mostly disagree	Disagree

## 5. People are supported with the knowledge, skills and equipment needed to optimise their function, independence, and well-being in the long term

I support the person to optimise and maintain their wellbeing, independence, and social roles, including work and education in the long term	Agree	Mostly agree	Mostly disagree	Disagree
I enable access to the resources and equipment to support the person to self-manage and progress their rehabilitation, and agree a review date if appropriate	Agree	Mostly agree	Mostly disagree	Disagree
I work with the person to signpost, empower, engage and to inform them when they should self-refer	Agree	Mostly agree	Mostly disagree	Disagree
I consider sustainability and new ways of working, such as deploying modern technology and I support the person being digitally included	Agree	Mostly agree	Mostly disagree	Disagree
I promote the benefits of and enable secure access to assistive technology and support the person in their use	Agree	Mostly agree	Mostly disagree	Disagree

## 6. Access processes are timely, explicit, easy, efficient and equitable

Community rehabilitation and interventions are timely, co-ordinated and prevent avoidable impairment and disability	Agree	Mostly agree	Mostly disagree	Disagree
The community rehabilitation service has a single point of access	Agree	Mostly agree	Mostly disagree	Disagree
The community rehabilitation service is flexible to meet the needs of the person and delivered close to home where possible	Agree	Mostly agree	Mostly disagree	Disagree
Early or direct access is available to enable people to remain in control of their lives	Agree	Mostly agree	Mostly disagree	Disagree
People can self-refer whenever possible and access the same quality of rehabilitation regardless of where they live in Wales	Agree	Mostly agree	Mostly disagree	Disagree
There is a clear point of contact for individuals using rehabilitation	Agree	Mostly agree	Mostly disagree	Disagree

**7. Rehabilitation is provided by a compassionately led, adequately resourced, flexible and skilled workforce**

<b>I have a sense of autonomy and belonging, and my contribution to the service is valued by my team</b>	Agree	Mostly agree	Mostly disagree	Disagree
<b>I have regular communication, clinical supervision, mentoring, and peer support to support my learning and role delivery</b>	Agree	Mostly agree	Mostly disagree	Disagree
<b>My team has enough staff with the relevant skill mix to deliver the appropriate intensity of rehabilitation to enable the person to achieve what is important to them</b>	Agree	Mostly agree	Mostly disagree	Disagree
<b>Anticipated rehabilitation demand, workforce and skill mix is mapped to population needs through the rehabilitation modelling resource</b>	Agree	Mostly agree	Mostly disagree	Disagree
<b>Teams can work flexibly across the day and week in different locations in person or virtually to ensure best use of staff and their wellbeing</b>	Agree	Mostly agree	Mostly disagree	Disagree
<b>There is a culture of strong compassionate leadership at all levels that is demonstrated by everyone within the service</b>	Agree	Mostly agree	Mostly disagree	Disagree

## Appendix 2 - Service user audit tool

Read each statement and tick how you feel about each one. This will help us assess the community rehabilitation services provided to you and identify any areas for improvement.

Key: Agree=3; Mostly agree=2; Mostly disagree=1; Disagree=0

### Service user audit tool

1. I am supported with holistic, co-produced rehabilitation that focuses on what matters to me				
I feel listened to and supported in identifying what matters to me rather than what's the matter with me, and my rehabilitation focuses on this	Agree	Mostly agree	Mostly disagree	Disagree
My opinions matter and I have the time to consider my treatment options with shared decision making	Agree	Mostly agree	Mostly disagree	Disagree
My rehabilitation responds to changes in my needs and is an active and enabling process, instils hope, offers support, and inspires me	Agree	Mostly agree	Mostly disagree	Disagree
My rehabilitation is co-produced, holistic, written down and communicated in an appropriate format to me	Agree	Mostly agree	Mostly disagree	Disagree
Rehabilitation continues until I achieve what matters to me	Agree	Mostly agree	Mostly disagree	Disagree
2. My rehabilitation considers my wider personal circumstances and needs				
My rehabilitation is tailored to my personal circumstances, including my strengths, roles and responsibilities	Agree	Mostly agree	Mostly disagree	Disagree
I know where to go for support; practical, emotional, financial, condition specific, either through the voluntary sector or statutory services	Agree	Mostly agree	Mostly disagree	Disagree
The people supporting me with my rehabilitation have a good understanding of why I am experiencing difficulties and what my options are	Agree	Mostly agree	Mostly disagree	Disagree

Rehabilitation continues until I am as well as I can be	Agree	Mostly agree	Mostly disagree	Disagree
My social and environmental factors, including my diversity, cultural and personal needs are taken into consideration	Agree	Mostly agree	Mostly disagree	Disagree
I can have a detailed assessment in my own environment	Agree	Mostly agree	Mostly disagree	Disagree

### 3. Everyone involved in my rehabilitation is clear on what is happening, when and why. This includes me and my support network

When I am seen, it is by the right person, with the right skill, doing the right thing at the right time in the right place	Agree	Mostly agree	Mostly disagree	Disagree
Everyone I see has all the information from other services that they need, and I don't need to repeat myself	Agree	Mostly agree	Mostly disagree	Disagree
My support network and I are listened to and are involved in all aspects of developing and updating my rehabilitation	Agree	Mostly agree	Mostly disagree	Disagree
I know who is responsible for co-ordinating my rehabilitation and how to contact them	Agree	Mostly agree	Mostly disagree	Disagree
My family is made to feel welcomed in my appointments and I can choose how much they are involved in my rehabilitation	Agree	Mostly agree	Mostly disagree	Disagree

### 4. My personal goals, achievements and experiences are recorded and regularly reviewed

It's clear when I have achieved what matters to me, and I have opportunity to communicate my experiences and ideas	Agree	Mostly agree	Mostly disagree	Disagree
My individual rehabilitation needs are evaluated and reviewed regularly	Agree	Mostly agree	Mostly disagree	Disagree
I have regular opportunities to discuss my progress towards my rehabilitation needs	Agree	Mostly agree	Mostly disagree	Disagree
Providing feedback is easy and I am aware how it is used	Agree	Mostly agree	Mostly disagree	Disagree

## 5. I feel confident that I have the knowledge, skills and equipment I need to optimise my function, independence and well-being in the long term

I am supported with the information I need and have the skills and knowledge to manage and optimise my independence, function, and well-being	Agree	Mostly agree	Mostly disagree	Disagree
I am aware of what support is available to me, this includes resources to self-manage and access to peer support	Agree	Mostly agree	Mostly disagree	Disagree
I have the equipment I need to support me and have been trained on how to use and maintain it	Agree	Mostly agree	Mostly disagree	Disagree
I know how to access appropriate online resources and have been supported to prevent me from being digitally excluded	Agree	Mostly agree	Mostly disagree	Disagree

## 6. I know what I need to do, who to ask and where to go to access rehabilitation

When I need rehabilitation, I know how to access it as there is a single point of access	Agree	Mostly agree	Mostly disagree	Disagree
I am seen in a timely manner as close to home as possible to ensure I remain in control of my life and prevent avoidable impairment and disability	Agree	Mostly agree	Mostly disagree	Disagree
I can contact the team providing rehabilitation when I need to	Agree	Mostly agree	Mostly disagree	Disagree
I know when and how to re-access the service if required and ask for review	Agree	Mostly agree	Mostly disagree	Disagree

**7. I feel listened to, understood, and supported by an effective rehabilitation team**

<p><b>I can access rehabilitation at a time and place that is most appropriate for me to achieve what matters to me from someone with the right knowledge and skills</b></p>	<p>Agree</p>	<p>Mostly agree</p>	<p>Mostly disagree</p>	<p>Disagree</p>
<p><b>I always feel my rehabilitation is provided in a compassionate way and supports my needs</b></p>	<p>Agree</p>	<p>Mostly agree</p>	<p>Mostly disagree</p>	<p>Disagree</p>
<p><b>All the different professionals involved in my rehabilitation have the skills and knowledge to support my needs</b></p>	<p>Agree</p>	<p>Mostly agree</p>	<p>Mostly disagree</p>	<p>Disagree</p>
<p><b>Access to rehabilitation is available to me from a variety of different professionals and peers as close to home as possible</b></p>	<p>Agree</p>	<p>Mostly agree</p>	<p>Mostly disagree</p>	<p>Disagree</p>

## Appendix 3 - Methodology Timeline





## Key

Cross organisational collaboration

Sounding board

AHPs across wales

Service users

Welsh Government

## Appendix 4 - Who are the standards and audit tools aimed at

### Public

No, not applicable.

### Service users

Yes. Support understanding on the level of community rehabilitation service they should expect to receive and to be able to provide feedback on their experience of the service.

### Practitioners

Yes. Support them in the delivery of the community rehabilitation service by giving clear guidance and the self-assessment tools will guide to resources to support learning.

### Managers

Yes. Support them in the delivery of the community rehabilitation service and provide an audit tool to complete so they can benchmark their service.

### Planners

Yes. Provide a clearer understanding of how community rehabilitation services should be delivered and evaluated.

### Programme leads

Yes. Provide a clear framework that can be used across programmes to ensure that all community rehabilitation services deliver quality and equity.

### Policy leads

Yes. Enhance an equal “once for Wales” approach. In line with strategic aims and direction on NHS

## Appendix 5 - Scoping document list

- 5 [Rehab on Track. Community Rehabilitation Best Practice Standards. Community Rehabilitation Alliance. \(2022\)](#)
- 5 [Rightcare: Community rehabilitation toolkit Health Education England. \(2020\)](#)
- 5 [Commissioning Guidance for Rehabilitation. Health Education England. \(2016\)](#)
- 5 [Rehabilitation and Recovery: A Once for Scotland Person-Centred Approach to Rehabilitation in a Post-COVID Era. Scottish Government. \(2022\)](#)
- 5 [Rehabilitation in health systems: Guide for Action. World Health Organisation. \(2019\)](#)
- 5 [All-Wales Rehabilitation Framework: Principles to achieve a person-centred value-based approach \(2022\)](#)
- 5 [Allied Health Professions Framework for Wales: Looking Forward Together. \(2019\)](#)
- 5 [Wales Community Children's Occupational Therapy Services. Benchmarking audit report. \(2022\):](#)
- 5 [Developing a reablement service for people with memory problems or dementia living at home in Wales. Resource Document. Social Services Improvement Agency. \(2015\)](#)
- 5 [2021 BSPRM Standards for specialist rehabilitation for community dwelling adults - update of 2002 standards. British Society of Rehabilitation Medicine. \(2021\)](#)
- 5 [Gold Reablement Standards. Social Services Improvement Agency. \(2012\) No Link - contact \[HEIW.AlliedHealthProfessions@wales.nhs.uk\]\(mailto:HEIW.AlliedHealthProfessions@wales.nhs.uk\) for copy](#)
- 5 [The quality statement for cancer. Welsh Government. \(2021\)](#)
- 5 [Quality statement for palliative and end-of-life care for Wales. Welsh Government. \(2022\)](#)
- 5 [Standards for Specialist Rehabilitation of Spinal Cord Injury. Spinal Cord Injury Clinical Network. \(2022\)](#)

# Acknowledgements

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Author: Rhian Harrington, Welsh Clinical Leadership Training Fellow, 2022-2023

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- ✦ The AHP leadership group
- ✦ The Cardiff & Vale Co-Production Forum
- ✦ Welsh Government
- ✦ The AHP Dementia Network
- ✦ The Royal College of Occupational Therapists
- ✦ The Chartered Society of Physiotherapy
- ✦ Directors of Therapies
- ✦ Glyndwr University, Wrexham

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- 6 Rightcare: Community Rehabilitation Toolkit (2020). NHS England. Available at: [nhs-rightcare-community-rehab-toolkit-v12.pdf \(england.nhs.uk\)](#)
- 7 Wellbeing of Future Generations Act (Wales) (2015). Available at: [The Well-being of Future Generations | GOV.WALES](#)
- 8 Press Release: Funding to increase allied health professionals and access to community-based care (2023). Welsh Government. Available at: [Funding to increase allied health professionals and access to community-based care | GOV.WALES](#)
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