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Welsh Government

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Health Education and Improvement Wales (HEIW)

# All Wales Rehabilitation Framework: Principles to achieve a person-centred value-based approach (2022)

**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.**

# Contents



# Forewords

**‘E*veryone in Wales should have longer healthier happier lives, able to remain active and independent, in their own homes, for as long as possible*’**

(A Healthier Wales, 2018)

**Mary Cowern**

Head of Nation, Cymru Versus Arthritis

Given the growing numbers of people living with multiple long-term conditions, the impact that covid has had over the last few years and the backdrop of the NHS waiting lists, there has never been a greater need to focus on holistic person-centred rehabilitation services.

Regardless of your age, condition or where you live, everyone should have the right to rehabilitation. The positive impact rehabilitation has on the quality of life for many cannot be underestimated. It can make the difference between being able to do everyday activities and tasks independently, rather than being reliant on someone else. Having lived with arthritis myself for over 30 years, rehabilitation has been a key part of my treatment and support. It helped me to understand my condition, how to improve it and, most importantly, how to manage my arthritis and live well.

However too often people access services too late or not at all. I’m really pleased to see that this framework recognises rehabilitation as everyone’s business, a collaborative approach which holds the person at the centre. Clearly, we must do more to ensure people are aware of the support available to them in their communities so it’s fundamental that services become more joined up.

The framework’s approach spells a significant cultural shift for rehabilitation services in Wales. It demands commitment and effort across all sectors – health, social care and the third sector – and is a values based, integrated commitment which I am very excited to see. I particularly welcome the recognition of the third sector’s role in delivering these aspirations.

Collaboration is key and I look forward to seeing the principles within this framework embedded by service planners, creating a seamless approach to living well support.

**Gethin Harries**

All Wales Allied Health Professions person-centred rehabilitation lead

The rehabilitation framework will aim to address the sometimes-unclear discussion of a more person-centred, value-based approach to supporting rehabilitation needs, compared to previously established medically modelled processes. It embeds mental health into the consideration of every contact alongside consideration of the wider determinants of health. Living well and supporting a person's wellbeing, including the rehabilitation workforce, carers and independent sectors are its priority to ensure a person's needs are met, recognising that no person lives in isolation with a health condition.

This framework directs the reader to resources that will continue to grow with the development of the rehabilitation programme as part of the Allied Health Professions (AHP) framework and transformation programme and the leadership fellowship programme housed within Health Education and Improvement Wales (HEIW).

**Ruth Crowder**

Chief Allied Health Professions (AHP) Advisor, Welsh Government

Empowering people to live well with supported self-management and high-quality active rehabilitation in their home and community is the business of every one of us in health and care. A rehabilitative and enabling health and care service delivers significant impact and outcomes in enabling people to live the life they want to lead and be integral in every care pathway.

This framework will provide a long-term strategy for maximising the effectiveness of rehabilitation services across Wales and the delivery of person-centred value-based care by the whole workforce. The first national rehabilitation framework, developed in May 2020, as a response to the critical situation during the first wave of the pandemic has been highly effective in raising the profile of the critical importance of rehabilitation, reablement and recovery, including prehabilitation for the people of Wales.

This framework has been developed through engagement with a range of stakeholders, including the health and care workforce, and people with and without lived experience. Their feedback is clear: services need to be far more accessible, person-centred, and flexible. One strong message is that more must be done to increase people's awareness of the importance of rehabilitation; and how to access services in their area. There is evidence of the value and benefit of access digitally, as well as through face-to-face interventions. The third sector offers many creative rehabilitation options and should be an integral part of the required whole system 'offer' for rehabilitation.

Getting rehabilitation right will enable us all to deliver the very best health outcomes for people of all ages and ensure that every person we work with achieves their maximum ability to live the life they want to and do what matters to them.

# Acknowledgements

Many people have worked in partnership to co-produce the All Wales Rehabilitation Framework: principles to achieve a person-centred value-based approach (2022). We would like to thank everyone who was involved in the rehabilitation stakeholder reference group, which included members from health, care and third sectors, trade unions and higher education institutions (HEIs).

We would like to thank the following lived experience groups for their time and thoughts:

- Long Covid patient pathways group in Betsi Cadwaladr University Health Board
- The stroke reference group in Aneurin Bevan University Health Board
- The Powys living well service experience panel in Powys Teaching Health Board.

We would like to thank the following partners:

- Alzheimer's Society Cymru
- Asthma and Lung UK
- British Heart Foundation
- Cardiff University
- Chartered Society of Physiotherapy (CSP)
- Glyndwr University
- Health Education and Improvement Wales (HEIW)
- National Exercise Referral Scheme
- Parkinson's UK Cymru
- Royal College of Occupational Therapy (RCOT)
- Shine Charity
- Tec Cymru
- The Stroke Association
- Welsh National Opera

## Principles of rehabilitation for WALES

**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

See section 8 below for further information on the rehabilitation principles

# Glossary

The glossary provides easy-to-understand definitions for the main terms used in this rehabilitation framework. A further detailed glossary can be found in Appendix A.

| | |
|---|---|
| **Allied Health Professions** | Allied Health Professions (AHP) is a collective term used to describe - 13 different professions in Wales. For this framework, the Allied Health Professionals workforce (AHPs) includes registered and support workers. |
| **Biopsychosocial approach** | A model that considers biological, psychological, and social factors as central to supporting a persons' rehabilitation. |
| **Co-production** | A way of thinking that recognises people's own expertise in solving their own problems. In the context of rehabilitation this means the rehabilitation workforce acknowledging what matters most to people and what will work best for them to achieve this. This contributes to a value-driven approach built on the principle that the people accessing a service are well placed to help design the care they receive. This in turn promotes autonomy and reduces the risk of dependency. |
| **Holistic** | Taking into consideration the complete person during any communication. This is underpinned by the concept that there is a complex link between our physical health and our social and psychological wellbeing. |
| **Needs** | For the rehabilitation framework, 'needs' relate to the ability or capacity to benefit a person. Needs are linked to wellbeing based on person's physical needs (e.g. adequate food, physical health) and social and psychological needs (e.g. a sense of connection to others, feeling understood, a sense of safety, and a sense of status, purpose, and achievement). |
| **Optimisation** | A person-centred approach to safe and effective rehabilitation management, which ensures that people obtain the best possible outcomes. Should not be used to limit rehabilitation goals and aspirations. |
| **People/ person/ child** | Used in this framework instead of patient, service user or customer. It should be recognised that the role of specialised rehabilitation workers is wider than focussing just on the person. It extends to supporting a person's colleagues, family members, carers, and the wider community. This is seen as an important aspect of maximising impact, supporting those proximal to a person to facilitate their wellbeing, and creating capable and self-sustaining communities and communities of practice. |

| | |
|---|---|
| **Person-centred care** | Care that is people focused, promotes independence and autonomy, actively facilitates choice and control, and is based on a fundamental respect for people's autonomy. It recognises that without finding out what really matters to someone we cannot claim to be being person-centred. Finding out what matters requires us to build meaningful, and collaborative relationships with people and their family members. It recognises that care should be holistic to include an emotional, spiritual, pastoral, and religious dimension. |
| **Prehabilitation** | Includes everything that happens when getting ready for a treatment/intervention in whatever time is available before it starts. It might be a programme of support and advice that includes psychological wellbeing, physical activity, and healthy eating. Prehabilitation in some circumstances can result in a person no longer requiring the initial planned/suggested intervention. |
| **Reablement** | Refers to an enabling approach with services that provide rehabilitation for all people with physical or mental disabilities. It helps them adapt to their condition by learning or re-learning the skills needed to function in everyday life. The focus is on promoting and optimising functional independence by practicing activities, rather than interventions aimed at improving underlying impairments. |
| **Strength-based approach** | A collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. |
| **Supported self-management** | How health and care and the wider workforce can support people to develop the knowledge, skills, and confidence to manage their health and wellbeing to continue to do what matters to them. |
| **Versatilist** | A member of the rehabilitation workforce that can apply a depth of skills to a progressively widening scope of situations and experiences, gaining new competencies, building relationships in the process as well as assuming new roles. Generalists and specialists can be versatilists. |
| **Wellbeing** | This is about feeling good, functioning well and comprises an individual's experience of their life, including social norms and values. |

# Introduction

Rehabilitation has become a health and care priority not only in Wales but worldwide. Demand for rehabilitation is increasing due to an ageing population, more people living with long term complex conditions, deconditioning and the adverse effects of the pandemic on people's health and wellbeing. All the health and care workforce, including Allied Health Professionals (AHPs) have shown themselves to be resilient and reactive to population needs. Moving forward we must enable the rehabilitation workforce to fully utilize their person-centered skills. Our varied AHPs workforce has a fantastic opportunity to be key components in all areas of rehabilitation. All health, care, third sector organisations who deliver rehabilitation closer to home will need to be involved.

This framework aligns with existing organisation and service pathways and evaluation frameworks. It supports the principles and actions in the Allied Health Professional Framework: Looking Forward Together[1], which put into practice the vision of A Healthier Wales (Welsh Government, 2018)[2]. The Primary Care Model for Wales, developing Primary Care[3] strategy and the National Clinical Framework (NCF)[4] is also supported within this work.

### Audience

This framework will be of interest to all stakeholders associated with rehabilitation; **'Rehabilitation is everyone's business**. The framework is specifically designed to aid the rehabilitation workforce to support a person's needs.

### What is rehabilitation?

Three words, **rehabilitation, reablement and recovery,** are recognised across the health and care landscape to describe the process through which people go to minimise the impact of illness or injury. These words can mean different things to different people. There is a sense of familiarity with one or more of these words depending on whether they are being applied to physical or mental health, health or social care, adult, or children's services.

Rehabilitation is defined as *'a **set of interventions designed** to **optimise** functioning and reduce disability in individuals with health conditions in interaction with their environment'* (Rehabilitation who.int)[5]. Whilst rehabilitation is often seen a physical

[1] Allied Health Professions (AHP) Framework | GOV.WALES
[2] A healthier Wales: long term plan for health and social care | GOV.WALES
[3] Strategic Programme - Primary Care One (nhs.wales)
[4] National clinical framework: a learning health and care system | GOV.WALES
5 Rehabilitation (who.int)

process, most often used within 'health' settings, it is important to note that psychological wellbeing is recognised as an integral part of any rehabilitation journey.

Reablement provides support in a person's own home to improve their confidence and ability to live as independently as possible (Age UK, 2022)[6]. It is most frequently used within social care, relating to the restorative element of rehabilitation.

Recovery can be defined as 'recovering a quality of life and regaining those things important to us that may have been lost due to illness, caring responsibility and/or disability' (Barnsley Recovery and Wellbeing College, 2020)[7]. Recovery involves moving from traditional medical models to strength-based approaches (Xie, 2013)[8], focusing on the person's ability and helping develop their confidence. Being a term most familiar in mental health settings, it reflects the person-centred shift that the rehabilitative process aims to embody.

All three words reflect a process which can apply to people of all ages and can be used to help people affected by physical, mental, social, or cognitive impairments to make the most of their potential to live happier, healthier, and longer lives.

**Within this framework, the term 'rehabilitation' is used to encompass both recovery and reablement. It can be defined as a holistic person-centred process giving equal value to the person, surrounding society and wider determinants. It includes approaches that focus on early intervention for prevention, prehabilitation and supported self-management which are delivered by a skilled workforce across health, social care, and third sectors.**

[6] Intermediate care and reablement (ageuk.org.uk)
[7] What is a Recovery College? - Barnsley Recovery College
[8] Strengths-Based Approach for Mental Health Recovery (nih.gov)

People accessing services and the workforce were asked about their understanding of what rehabilitation means. Results from a survey and lived experience groups are shown in Table 1.

**Table 1 – People and workforce understanding of rehabilitation**

| People's views | Workforce views |
|---|---|
| Reintegration into society | Restoration |
| Participation | Potential |
| Recovery | Re-energise |
| Independence | Hope |
| Holistic | |

Notably, myths and misconceptions around rehabilitation (for example, "Not for people with dementia or who are palliative"), were themes of the stakeholder engagement group. However, positive and more realistic expectations of the impact of rehabilitation were more prominent, such as:

## "Rehabilitation can help people living with dementia and in end-of-life care"

Further information on rehabilitation myths can be found in Appendix B.

This framework includes a visual representation to aid clear messaging about the importance of a person-centred[9] approach in rehabilitation. Illustration 1 shows the person at the centre of their community with AHPs, working closely with each other and the community to deliver rehabilitation support when needed. It also shows that a person with rehabilitation needs should not live in isolation with any associated challenges and should instead be surrounded by a community of support. The approach will reduce multiple referrals and waiting times, ensuring that people are seen in the right place[10] at the right time.

AHP job profiles are available, with examples of each profession's role in rehabilitation (AHP job profiles here in Wales)[11].

9 National clinical framework: a learning health and care system | GOV.WALES
10 Right care, right place, first time: Six Goals for Urgent and Emergency Care - A policy handbook 2021-2026 (gov.wales)
11 https://heiw.nhs.wales/files/ahp-job-profiles-2022/

**Illustration 1: Person-centred care** – an illustration of AHPs working collaboratively with the whole of the community including all multi professionals and stakeholders


## Purpose and context

This framework helps service planners to support the needs of people of all age groups and from every population, from early years to end of life. It focuses on a person's needs and is not disease or condition specific. It promotes consideration of equality, such as the impact of frailty regardless of age when supporting a person's rehabilitation journey. The continued development of rehabilitation throughout health and care is key to improving outcomes and quality of services in Wales. This framework recognises the importance of AHPs and the wider workforce at every stage of a person-centred rehabilitation journey. In line with exampled NICE guidance[12], it identifies that the key to achieving quality is through a whole system approach where all people involved in rehabilitation are engaged and working collaboratively.

Rehabilitation must become "everyone's business" to meet our population's needs and the current increased demand for support as evidenced on the Health and social care (gov.wales)[13] website. A workforce-wide culture is needed that empowers people to be equal partners in maximising their own recovery and independence, especially to ensure a waiting well approach, including prehabilitation as central to ensuring

[12] Overview | Rehabilitation after traumatic injury | Guidance | NICE
[13] Health and social care (gov.wales)

optimisation of person's rehabilitation. The following quote is from a **person with lived experience** of rehabilitation, collected via the rehabilitation insight survey:

**"Rehabilitation is as important to me before surgery as it is afterwards to live as well as possible with a chronic condition"**

Seamless early offering of rehabilitation through supporting people closer to home, across all settings, will require provision of resources, training and the confidence to move the risk of decision-making further away from traditional hospital settings. Early intervention, for example by paramedics and other AHPs, can avoid unnecessary hospital admission, such as assessment or prevention of falls. This can be successfully achieved through workforce training and local application of national guidance (Primary care AHP workforce guidance, 2021)[14].

Ensuring the right skillset is available in a timely manner, closer to home, through the delivery of person-centred collaborative care will further help people with their rehabilitation. An example of developing advanced practitioner roles working in Primary Care to help seamless care and prevent hospital admittance is shown in Table 2.

**Table 2 – Advanced practice and collaboration with Primary Care**

| | |
|---|---|
| Focus | Rotational Advanced Paramedics (APPs) working in the Welsh Ambulance Service Trust (WAST) and various health boards across Wales. |
| Who makes up the team | Advanced Paramedic Practitioners.<br>Primary Care Settings.<br>People with acute/ urgent presentations requiring access to rehabilitation services. |
| Purpose | To extend APPs' knowledge and skill in enhanced assessment and access to pathways as part of a multidisciplinary team in primary care. This is achieved via a rotational work pattern across different settings and helps WAST improve outcomes for people in an emergency situation. |
| Outcomes | Rotational advanced paramedics achieved lower conveyance rates to hospital and higher referral to alternative pathways |

[14] SPPC_Word_template_A4_v2 (nhs.wales)

| | |
|---|---|
| | (including rehabilitation services) compared to the standard paramedic workforce.<br><br>This allowed another profession to shift services to primary care and add value.<br><br>Improved working relationships and understanding of services between WAST and primary care.<br>Identifying peoples' needs at first contact and ensuring appropriate care is accessed avoids duplication and provides a person-centred approach to care.<br>Variety of rotational role improving overall wellbeing of workforce.<br>PACESETTER evaluation of the APP trial is available at www.apppacesetter.co.uk[15]. |
| Future ambitions | Embed rotational working throughout advanced practice rotas in Wales to improve people's choice and management in Urgent and Emergency Care. |

This framework underlines the advantages of all stakeholders being involved in the sharing of expertise and knowledge to support a person's needs and maximise outcomes. AHPs are ideally placed to support a multi-professional approach to enhance co-productive communication between all stakeholders. AHPs and the wider rehabilitation workforce can become versatilists who have a broad set of skills and experience within a scope, but crucially are recognised across other domains (Morello, 2005)[16].

It is important that health and care support can meet individuals' needs. The Rehabilitation person-centred stepped care model will be described later in this document, showing how the needs of the person can be stepped up or down at any time, with the appropriate response in the right setting.

[15] http://www.apppacesetter.co.uk/
[16] https://www.ee.iitb.ac.in/~hpc/.old_studs/hrishi_page/outlook/report.pdf

# Methodology

This rehabilitation framework aligns with a health and care system that is co-ordinated nationally and delivered locally through regional collaborations in line with developing policy and strategy such as the Accelerated Cluster Development [ACD][17].

A range of methods have been used to gather evidence and demonstrate impact:

- **Rehabilitation stakeholder reference group** of 72 members, including health and care, third sectors, trade unions and higher education institutions provided guidance and expertise.

- **Scoping literature review** looking at current research to examine rehabilitation evidence with a focus on the last 2 years.

- **Lived experience groups** connecting with people with lived experience of rehabilitation to find out what matters most to them.

- **Rehabilitation insight surveys** developed for people and the workforce to gain an understanding of what rehabilitation means and what good rehabilitation looks like to them.

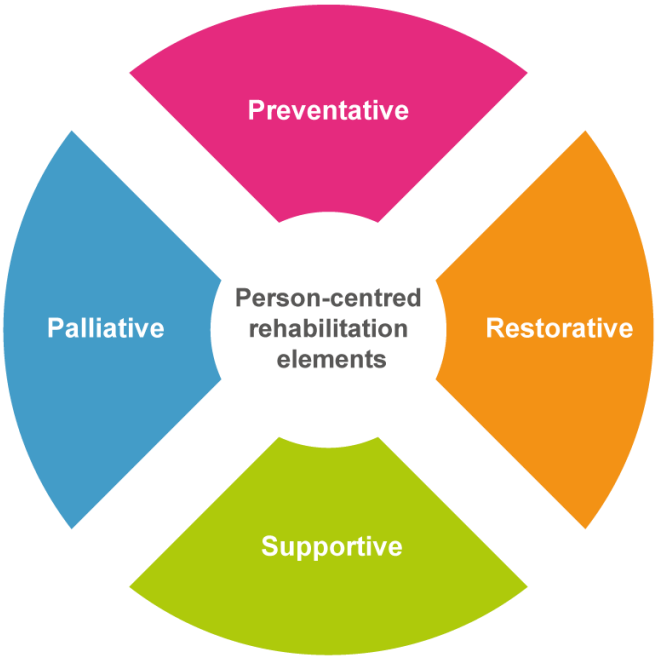
The full survey results can be found in a supporting scoping literature review[18]. The wider workforce in Wales was contacted via the Executive Directors of Therapies and Health Science for each health board, HEIW and social media. Six stakeholder reference group sessions were undertaken lasting 90 minutes each, covering key topics identified through the literature and stakeholder group discussions:

- Terminology
- Raising awareness and access
- Initial rehabilitation offers
- Rehabilitation modelling
- Digital health
- Process and evaluation

The framework has been informed by current evidence and recognises the continued importance of the 4 elements of rehabilitation established by Dietz (Illustration 2) and cited by recent work around prehabilitation and rehabilitation for adults with cancer (Merchant et al, 2022)[19].

[17] Accelerated Cluster Development Toolkit - Primary Care One (nhs.wales)
[18] Available on request. Please email: HSS.RehabAndAHPs@gov.wales
[19] Prehabilitation and Rehabilitation in Older Adults with Cancer and Frailty | SpringerLink

**Illustration 2: The 4 Dietz rehabilitation elements**




These are directly relevant to practice and align with value in health methodology, which includes prevention, early accurate diagnosis, optimising intervention, supportive treatment, and end of life care. This framework demonstrates how these elements should be used in practice to capture the wider population needs. It is important to identify that long term conditions and multimorbidity management will be included in each element, especially when considering a person's ability to live well with life-limiting disease.

Identifying people in need of rehabilitation at the first point of contact is crucial to ensuring access to the right rehabilitation services and appropriate seamless onward referral. For example, a collaborative falls team approach involves paramedics and physiotherapists or occupational therapists working together to take a holistic approach in assessing older adults who have fallen at home, to ensure the right support is given to keep the person at home, avoiding an unnecessary admission to hospital.

# Terminology

The definition of rehabilitation in this framework is based on current evidence, feedback from the stakeholder groups, people and surveys. The framework supports a greater understanding of rehabilitation by the people who access and deliver it, including family and carers, health and care workers, the community and third sector. This framework recognises that terminology can be contentious, and language is important, therefore specific wording has been used to support services to meet a person's needs (See Appendix A – Rehabilitation glossary).

The terms 'person', 'people', and the 'public' are used in the framework to represent everyone who accesses rehabilitation. A person-centred approach is embedded throughout the framework and continued engagement with people who access these services will be key (Patient involvement | The King's Fund (kingsfund.org.uk)[20]. Co-production is a key tool for ensuring that peoples' needs are at the core of their care and people using services input into service design and delivery to enhance quality, value, and improvement.

An example of person-centred rehabilitation around co-production can be found in Table 3.

**Table 3 - Co-productive approach for supporting people with long term conditions**

| | |
|---|---|
| Focus | Supporting people living with long term conditions. |
| Who makes up the team | Psychology practitioner.<br>Assistant psychologists.<br>Advance practitioner.<br>Physiotherapy and dietician.<br>General Practitioner (GP).<br>People with lived experience as part of experience panel.<br>Programme manager and business support.<br>Digital facilitators.<br>Administrative team. |
| Purpose | Co-production to provide ongoing evaluation and development of the service for people with long term conditions.<br>The service provides holistic, person-centred intervention and support. |

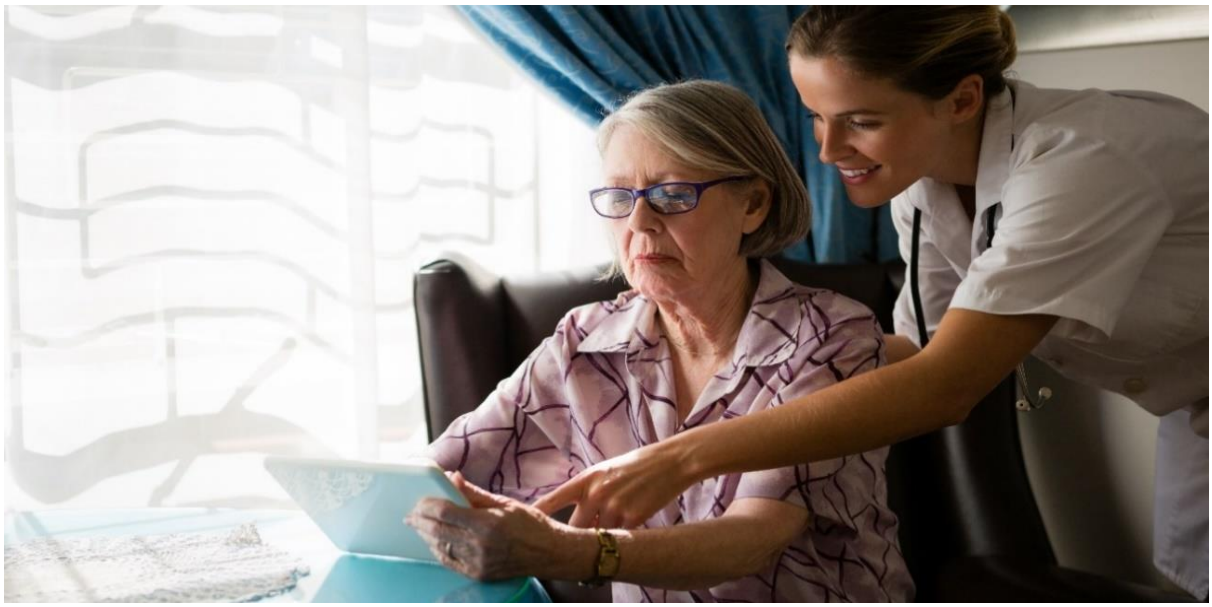
[20] Patient involvement | The King's Fund (kingsfund.org.uk)

| | |
|---|---|
| | Comprehensive biopsychosocial assessment and formulation of value-based needs and goals.<br>Provide the right care at the right time at home (virtual). |
| Outcomes | Enhancement of self-referral to include digital access during the pandemic to ensure easier access to the service.<br>Significant improvement in attendance at appointments due to development of the digital access.<br>Overcame barriers such as digital inequality by accessing the digital facilitator team and third sector support. |
| Future ambition | Continued engagement of people with lived experience to support the development of the service.<br>Continued progression of digital access to the service to meet the needs of the person.<br>Create a sustainable workforce for a rural long term conditions service. |

## Communication

Good communication is key to collaborative engagement and participation in rehabilitation management. A person-centred approach should always be considered when empathetically engaging a person in a meaningful therapeutic conversation to meet the persons need.

### "What matters to you?"



Effective communication should encompass understanding of cultural, religious and social beliefs as well as considering wider determinants of health. This should include consideration of a person's capacity and consent. A cultural shift is needed in all health and care workforce[21] behaviour and attitudes to engage in meaningful conversations to meet the needs of all. Investment in the development of communication skills and supported self-management education, commitment, support, and resilience will be important to deliver this cultural shift.

Innovation such as the use of digital health has been demonstrated across Wales before, during and following the pandemic and has successfully enhanced communication. AHPs have led on the increased use of digital formats to support peoples' ability to engage with rehabilitation during the pandemic.

Digital innovation is currently focussed on three principal areas:

- Video consulting
- Telehealth
- Telecare

(TEC Cymru | Digital Health Wales)

Data collection and the communication of its benefits is a key aspect of digital innovation.

Rehabilitation in Wales now has an opportunity to continue to embrace the benefits of digital health and integrate into more blended approaches post pandemic. Table 4 below shows a good example of innovative digital use to reach adults with learning disabilities during the pandemic.

**Table 4 – Innovative digital use**

| | |
|---|---|
| Focus | Person-centred rehabilitation community-based service. |
| Who makes up the team | Physiotherapists.<br>Adults with learning disability.<br>Families and support staff. |
| Purpose | Provide options for all people needing rehabilitation.<br>Videos were created on social media channels to help people in the community with the following topics: |

[21] https://gov.wales/sites/default/files/publications/2019-05/social-services-and-well-being-wales-act-2014-the-essentials.pdf

| | |
|---|---|
| | • Chest clearance techniques.<br>• Yoga for wheelchair users.<br>• Aerobic exercise sessions to music. |
| Outcomes | People have reported improvements in their general wellbeing and conditioning.<br>People have not needed to travel to and from physical sessions which has meant greater compliance with management plans and sessions that are more accessible for all.<br>Through community peer support, family members and support workers shared ideas on improving person-centred rehabilitation collaboratively.<br>48 videos were shared on social media.<br>359 hours of "watching time" developed over a year with almost 4000 "views". |
| Future ambition | The social media channel remains online for those who prefer it, and they hope to maximise these "digital opportunities" so that people can continue to benefit in the future. |

A more psychologically informed workforce, consistently available to people requiring rehabilitation, especially during the acute phase of support will ensure a person becomes truly part of a person-centred decision-making approach when considering their needs. Improved therapeutic communication skills will support the workforce to have more complex conversations post pandemic, with the aim of improving the person's experience as well as the confidence and wellbeing of the workforce. Please see the Resources section for more information on communication.

## Seamless care

The ambition in Wales is for rehabilitation services to deliver support and care closer to home. This means either at home or in a local community setting, whilst recognising that there may be some requirement for hospital-based treatment. The 'Discharge to Recover then Assess (D2RA) pathways must form the basis of seamless hospital discharge. People who require on-going rehabilitation need to access the appropriate pathway with an agreed plan. This will support access to rehabilitation that is appropriate to their needs to ensure that short-term services do not become long-term provision unnecessarily.

Providing timely, person-centred rehabilitation (including prehabilitation) can help to avoid costly hospitalisation, reduce hospital length of stay and prevent re-admissions. This is achieved through engagement of specialist and tertiary services with primary and community services to ensure continuity of care into community. Table 5 provides an illustration of this with a focus on providing the right conditions to optimise a person's outcomes.

**Table 5 – Example of specialist seamless care from acute into the community**

| | |
|---|---|
| Focus | A person's rehabilitation journey from critical care into the community. |
| Who makes up the team | AHPs – physiotherapy and occupational therapy.<br>2 Band 4 physiotherapy technicians with additional training in occupational therapy support. |
| Purpose | Provide early intervention to people by deploying skilled AHP workforce where the need is required.<br>Provide seamless care through supporting the different multi-professional teams to deliver person-centre care in acute and community ward-based settings, then into the community in collaboration with local reablement teams. |
| Outcomes | Reduction in readmittance rate from 20% to 4.7% within the first 30 days following discharge from hospital, resulting in capacity for those who need it most at the right time.<br>Improved staff recruitment.<br>Redeployment of staff for where the need is required.<br>Support from innovative service managers to provide financial resource across traditional hospital pathways.<br>Follow up clinics more focused with the right people attending at the right time. |
| Future ambition | Improve access to psychologically informed support services throughout rehabilitation journey.<br>Develop generalist technicians through dietetic and speech and language training and support.<br>Consider sustainable spread and scale of this type of service. |

# Principles of rehabilitation for WALES

The WALES rehabilitation principles in Illustration 3 were created based on information provided by stakeholders and align with the NHS and whole system core values which have been set out in A Healthier Wales (2018).

**Illustration 3: Principles of rehabilitation for WALES**


The principles:

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

Relates to the workforce and the people accessing rehabilitation services and resources. The workforce will offer a holistic person-centred, needs-based approach, supported, and empowered by the development of community-based rehabilitation to provide care closer to home. To help services retain and grow their workforce, effective communication, mentorship and learning opportunities should be in place to help people feel valued and enjoy their role. Further information on wellbeing can be found in the Resources section of Appendix C.

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

There are known health inequalities in access to rehabilitation and poorer experiences of health services reported by some social and ethnic groups (RCOT, 2022).[22] People with the greatest need should be supported at the earliest opportunity to access prudent rehabilitation. Empowerment of the wider social, health, community, and third sectors is essential to embed rehabilitation into all care. This should be inclusive of the local population reflecting diversity, cultural and personal needs with the aim to increase access to rehabilitation closer to home. Consideration should also be given for people living in more rural communities.

People should be enabled to know how to access, and easily return to the right support at the right time through formats such as single points of access. This will reduce the impact of being unable to access rehabilitation and resources through traditional inclusion and exclusion criteria.

Table 6 gives an example of how reablement and social care teams have worked collaboratively to ensure access to services at the right time.

**Table 6 - Collaboration and access at the right time**

| | |
|---|---|
| Focus | Develop an integrated health and social care service. |
| Who makes up the team | Memory reablement service:<br>Occupational therapist.<br>Rotational occupational therapist.<br>Occupational technician.<br>Support at home team staff. |
| Purpose | To support people to regain or maintain skills and remain living well, as independently as possible at home.<br>Promote benefit of memory reablement service via early referral and input. |
| Outcomes | People felt supported on leaving hospital which in turn led to establishing their daily routines earlier to become as independent as possible. |
| Future ambition | 100% independence for people requiring no formal ongoing service provision for the next quarter. |

[22] Roots of recovery: Occupational therapy at the heart of health equity - RCOT

Integrated multi-professional ways of working should be explored to reduce the number of contacts from health and care professionals and to minimise risk to people and service providers. This will maximise efficiency to continue to prudently meet the needs of people equitably and can include 7 day working and 24-hour accessibility.

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

Focussing on the health needs of the population with consistent, evidenced-based health messages when people use rehabilitation services is key to promoting overall health, wellbeing, and engagement in meaningful conversation. All health and care staff should be supported to use every opportunity to integrate healthy messaging within their rehabilitation conversations, relating to the needs of the person, using active listening skills. 'Making Every Contact Count' (MECC)[23] is one example of how staff can utilise their interactions with individuals to raise awareness and support them to make small positive changes to optimise physical and mental health and wellbeing.

Table 7 provides an example of how MECC has been used in children's services to help staff to have healthy lifestyle conversations.

**Table 7 – MECC introduction into practice**

| | |
|---|---|
| Focus | Develop use of MECC in paediatric services. |
| Who makes up the team | Paediatric physiotherapy team.<br>Public health team. |
| Purpose | Commitment to population health through using the MECC approach.<br>Using the everyday conversations and interactions that the workforce has with children and their families to support them to make positive changes to their physical and mental health and wellbeing.<br>Implementation plans to support the teams work around MECC and healthy conversations.<br>Staff training and education. |
| Outcomes | 80% of staff felt that MECC training has provided them |

[23] MECC // Public Health Network :: Home

| | |
|---|---|
| | with the skills they needed to have healthy conversations.<br>86% of staff reported that MECC has supported them in improving the quality of their healthy conversations.<br>86% of staff felt that the MECC training has had a positive impact on their own health behaviours.<br>86% of staff felt that MECC training has improved their awareness of local support services.<br>67% of staff now report feeling confident or very confident in having healthy lifestyle conversations with children and their families. |
| Future ambition | Working with communities and partners to improve health and wellbeing.<br>Increase benefits to more children, their family and population health to in turn help with staff health and wellbeing.<br>Continue to promote rehabilitation as everyone's business to provide person-centred care. |

A multi-professional approach to rehabilitation should be promoted, identifying opportunities for proactive intervention, supported self-management, and crisis avoidance in primary and community care. A management plan with the person should be agreed upon and followed through their rehabilitation journey. This can help people because it only requires them to tell their story once.

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

The importance of active listening by our rehabilitation workforce and learning from the person, family, carers (paid and unpaid), was seen as key by the rehabilitation stakeholder group to develop and improve services for all populations. Co-production is required from the start with continued evaluation through broad collaboration between health, social care, community, third sector multiagency involvement and people. A good example of a regional partnership between local authorities, public health and third sector is the Super-Agers project[24] provided across Cwm Taf

[24] Super-Agers: Transforming the lives of older adults - Bevan Commission

Morgannwg University Health Board. This project aims to co-produce supportive community activities for older adults with a focus on maintaining independence in their local communities.

The role of health and care support workers is becoming increasingly relevant in all rehabilitation settings. HEIW have a pivotal role to play in supporting the collaborative development of training needs in rehabilitation to create an enabling approach across all settings and services.

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

New ways of working, such as deploying modern technology, should be introduced wherever they can to improve people's experiences of effective services, reduce risk to individuals and the health and care workforce. For digital services to be sustainable it is important people are supported to prevent them from being digitally excluded (please refer to Table 3 for an example of good practice). Digital innovation can also lead to a greener NHS allowing people to access support closer to home, meaning less travel and a positive impact on staff wellbeing.

Long term service planning will empower AHPs and the wider rehabilitation workforce to progress current achievements in rehabilitation. Continued collaborative working and sharing of successful initiatives and lessons learnt across professions and regions will allow for continued sustainable services.

Training for AHPs and the wider workforce throughout all areas of Wales will provide opportunities for the workforce to stay local and produce gold standard rehabilitation for the people of Wales closer to home.

## Rehabilitation person-centred stepped care model

All elements of rehabilitation require integrated multi-professional and multi-agency input. A rehabilitation person-centred stepped care model is proposed, which is based on a person-centred approach and can be mapped to the six-component model of the whole system approach described in the National Clinical Framework[25]. It is

[25] National Clinical Framework Welsh Government 2021.pdf

recognised that there are different models of rehabilitation currently being used in Wales and this framework is designed to support a regional tiered approach and maintain consistency of language. This person-centred stepped care model is iterative as people can move through and between any stage at any time.

| | | | | | |
|---|---|---|---|---|---|
| **Collaborate with me to grow well, living a happier healthier longer life** | **Collaborate with me to stay well and support myself** | **Assess and monitor me closely** | **Step up my care and keep me at home** | **Support me by providing good care locally/ care-based setting** | **Step-down my care and support me at home/ community** |

The Rehabilitation person-centred stepped care model provides guidance on what element may be required across the whole system.

It is not intended to specify how or where rehabilitation should be delivered, but is designed to support health boards, social care and third sector services to describe their offer to individuals depending on the component of rehabilitation they need. It can also support the mapping of existing services to inform service developments to mitigate any gaps. The rehabilitation workforce will need the relevant level of knowledge and skill to deliver personalised rehabilitation programmes.

**Table 8 – Rehabilitation person-centred stepped care model**

| National Clinical Framework Component | Element of rehabilitation | |
|---|---|---|
| | **Public health Initiatives** | |
| **Collaborate with me to live a happier, healthier, longer life** | • Maintaining healthy routines, activities and relationships that matter to me.<br>• Building my health and wellbeing.<br>• Making informed decisions.<br>• Workplace health.<br>• Keeping emotionally and physically fit and well. | • Pre-diabetes All Wales diabetes prevention programme.<br>• Skills to eat well - Nutrition skills for life programme.<br>• Managing a healthy weight - Foodwise for life programme. |

| | | |
|---|---|---|
| | • Making Every Contact Count (MECC).<br>• Social prescribing.<br>• Falls prevention. | • Child development / early years:<br>- Language and communication.<br>- Nutrition, optimum growth, and development.<br>- Physical activity and motor skills. |
| **Collaborate with me to stay well and support myself** | **Primary & community based (health, social care and third sector)**<br>• Maintaining healthy routines, activities and relationships that matter to me.<br>• Mental wellbeing.<br>• Direct access for advice and support.<br>• First contact practitioners.<br>• Long term conditions and pain supported self- management.<br>• Optimisation / prehabilitation. | • Therapeutic play.<br>• Vocational rehabilitation.<br>• AHP health & work report.<br>• Occupational health.<br>• Social prescribing.<br>• Pre-diabetes.<br>• Nutrition skills for life.<br>• Memory assessment services / diagnostic support. |
| **Assess and monitor me closely** | **Primary & community based (health, social care and third sector)**<br>• Preventative approaches.<br>• Direct access for advice and support.<br>• First/ direct contact practitioners.<br>• Multidisciplinary teams (MDT).<br>• Locality based multi professional teams. | • Virtual wards.<br>• Occupational health.<br>• Peer support groups.<br>• Diagnosis and non-surgical management of eye movement disorders. |
| **Step up my care and keep me at home** | **Primary & community based (health, social care and third sector)**<br>• Mental health recovery.<br>• Reablement/prehabilitation /rehabilitation.<br>• Specialist evidence-based condition-specific rehabilitation.<br>• Multimorbidity rehabilitation: stratified model of delivery for condition specific as well as | • Preventative care planning.<br>• Palliative care.<br>• Assistive equipment and environmental modifications.<br>• Vocational rehabilitation.<br>• Occupational health.<br>• Peer support groups. |

| | | |
|---|---|---|
| | symptomatic rehabilitation for individuals with multiple conditions to self-manage. | • Right sizing community pathway 1.<br>• Home enteral feeding. |
| | **Bed based facility** | |
| **Support me by providing good care locally/ care-based setting** | • Community beds in hospital.<br>• Care homes.<br>• Therapy led community hospital wards.<br>• Intermediate care facility supporting discharge to recover then assess pathway 3. | |
| | **Primary & community based (health, social care and third sector)** | |
| **Step-down my care and support me at home/ community** | • Discharge to recover then assess pathways 2 and 4 (in a person's own home or existing intermediate care placement), which can involve any single or combination of the following:<br>- Optimisation / Reablement / Rehabilitation.<br>- Specialist evidence-based condition-specific rehabilitation.<br>- Assistive equipment and environmental modifications.<br>- Vocational rehabilitation. | • Multimorbidity rehabilitation: stratified model of delivery encompassing condition specific as well as symptomatic rehabilitation for individuals with multiple conditions to self-manage.<br>• Mental health recovery.<br>• Anticipatory care planning.<br>• Palliative care rehabilitation.<br>• Occupational health. |

This model is designed to support planning for the demand for rehabilitation needs across Wales, recognising the complexity and scope of the rehabilitation reach.

**Rehabilitation modelling resource**

The Rehabilitation modelling resource[26] has been designed as a tool for organisations to use in conjunction with local demand and capacity work to address the gaps in service delivery. The rehabilitation modelling resource has made predications based on clinical expertise and currently available evidence. These predictive assumptions are detailed within the rehabilitation modelling resource as is the methodology used to create the tool. It is likely the assumptions will change as the evidence develops.

There is currently minimal dataset capturing existing demand for, or impact of rehabilitation services across Wales. Good data and intelligence are essential to inform services, workforce and peoples understanding of the value and impact of rehabilitation to inform future improvements. The rehabilitation modelling resource provides the opportunity to detail to our workforce the current or anticipated demands across Wales and supports efficient deployment of staff and other resources to maximise health outcomes.

**Evaluation framework**

The evaluation framework has been developed to support organisations to move towards a common dataset. It supports the rehabilitation modelling resource and aims to support organisations and services to deliver value-based healthcare[27]. The evaluation framework will also help provide more seamless and integrated rehabilitation services in the future. To attempt to capture the wide rehabilitation needs across Wales 4 examples of personas that have touched rehabilitation services and resources, have been set out in the Rehabilitation Evaluation Framework[28].

[26] Rehabilitation modelling resource
[27] Value-Based Healthcare for Wales - Value in Health (nhs.wales)
[28] Rehabilitation Evaluation Framework

# Personas

Due to the wide-ranging rehabilitation needs across Wales, a move away from the previous four population groups is required to align with a more needs-based whole population focus. The following 4 personas have been developed to give a common reference point in any rehabilitation setting to help understand how demand can be met safely and effectively.

| | |
|---|---|
| **Persona 1 – Preventative** | People awaiting paused or urgent and routine planned care but would benefit from access to rehabilitation in the form of 'prehabilitation' to stop functional deterioration. Aim to reduce or prevent further invasive medical or surgical intervention. |
| **Persona 2 – Restorative** | People who require community or hospital-based rehabilitation services as a result of a rapid change in function due to accident, injury, or illness. This can include urgent and emergency care with generalist, specialist and versatilist input. |
| **Persona 3 – Supportive** | People self-caring and managing in their community, those experiencing a gradual decline in function, or those living with variable functional implications of long-term conditions. Can access supportive rehabilitation resources with the aim of restoring / optimising functional ability. Aim to avoid step up care and empower people to establish expectations around future care planning. More emphasis on third sector input for longer term health needs. |
| **Persona 4 – End of life care** | People seen either in the community or hospital settings by health, social, or third sector services. Emphasis on making the most of opportunities to improve quality of life including engagement in interpersonal relationships, fulfilling best hopes for preferred place of care, enacting advanced care plans. |

**Persona 1 - Preventative**

| | |
|---|---|
| **What I've done** | Our son, Luca has cerebral palsy. He was unable to walk whilst awaiting surgery on his Achilles tendon, which was delayed due to the pandemic. Luca has interacted with care offered via his tablet; we witnessed his engagement and confidence increasing with this. He learnt that he needs to wait well to be better following his surgery. |
| **What has helped me** | Luca has been seen by a multidisciplinary team comprising a physiotherapist, occupational therapist, podiatrist, orthotist, psychologist, and paediatric consultant. Wellbeing, social participation, and alternative activity strategies have helped him find new ways of being active and reconnecting with his friends. The multidisciplinary team have worked collaboratively with the school to provide further support and help whilst there. |
| **What's improved** | I am back in school and playing with my friends. I enjoy being active again and look forward to returning to football when my leg is better. |

"My leg was painful but following support from the team I now feel confident to return to school".

**Luca**

**8 years old**

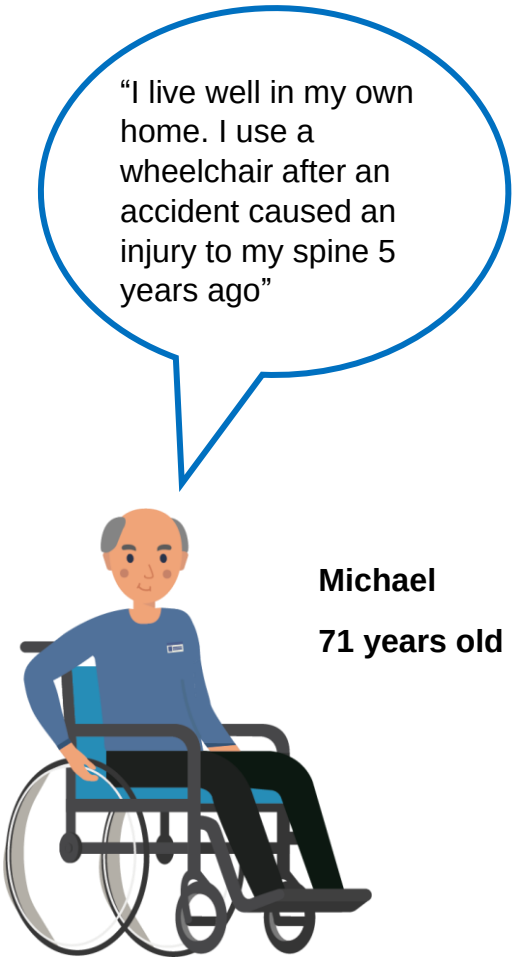
**Persona 2 - Restorative**

| | |
|---|---|
| **What I've done** | I was fully involved in all early conversations about management of care. My family, carers and relevant multi-professionals were all present. |
| **What has helped me** | My rehabilitation started straight after I was admitted with AHP staff working flexibly to support me from the acute setting through to home until the community rehabilitation services were ready to continue my management plan. |
| **What's improved** | There were no gaps in my rehabilitation journey which meant I did not return to any hospital setting and I achieved the outcomes that I wanted. I enjoy attending the National Exercise Referral Scheme in the local leisure centre to continue my rehabilitation. |


**Sian**

**38 years old**

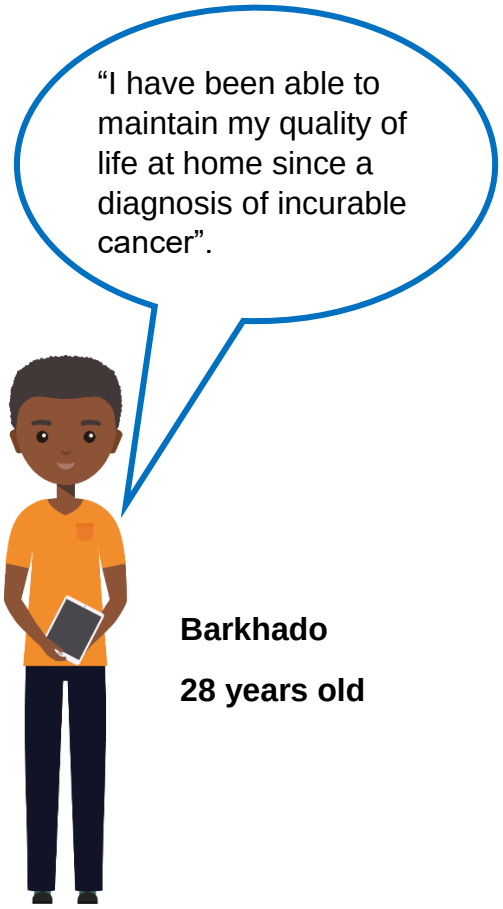
**Persona 3 - Supportive**




| | |
|---|---|
| **What I’ve done** | My rehabilitation continued through attending the local leisure centre, which included a community support group. |
| **What has helped me** | Digital Communities Wales[29] have helped me learn to use my electronic devices. Now I can keep in touch with family and friends who live away and I use activity and mindfulness apps which are great. |
| **What’s improved** | I am happy that I can now manage my day-to-day tasks on my own. I am aware where to get help when needed.<br><br>My awareness of healthy eating has also improved through attending a recent lifestyle programme. |

[29] Digital Communities Wales (gov.wales)

**Persona 4 – End of life care**




**Barkhado**

**28 years old**

| | |
|---|---|
| **What I’ve done** | I wished to be supported to manage my symptoms and maintain a good quality of life. My needs and goals were listened to by a very proactive therapy led assessment and holistic exploration. |
| **What has helped me** | I was given practical support to maintain my function, independence and participate fully in the advanced care planning discussions to make my future wishes and needs known. |
| **What’s improved** | I have felt enabled to live as well as possible in my chosen home environment and I have been empowered by a cohesive multi-professional team approach and supported self-management mechanisms such as a digital healthcare resource. |

Many rehabilitation services and people stories were shared during and following the stakeholder meetings, please see these in Appendix C.

## Requirements to improve and expand rehabilitation

Training and upskilling multi-professional teams is needed to embed supported self-management and co-production into all care settings, including the expansion into the community. The wellbeing of all the workforce will be vital in this transition of practice. This together with advances in technology and more integrated ways of working will support the economies of scale required for the increased demand. Empowering the population to self-care and self-manage their health will require a shift in traditional rehabilitation approaches. Through ongoing engagement with all health and care workforce, a move towards a living well, needs-based focus with clear national and local messaging around this change is required.

HEIW has developed a digital resource, 'Rehabilitation Helping people, Help Themselves'[30], to support the workforce. Key topics within this training are communication and positive approaches to risk. To promote independence, responsibility for taking risks must be a balance between safeguarding an individual from harm and enabling them to lead a more independent life where they effectively manage risks. This needs to be considered in relation to the impact upon personal wellbeing of both people and the workforce. Compassionate leadership[31] is an example of a model that can be used to ensure that the wellbeing of all the workforce is fully supported. Supervision/coaching sessions with peers and mentors need to be established, regularly maintained, and fully understood to assist reflective and learning needs of our rehabilitation workforce.

HEIW work closely with all education institutions to encourage people to consider becoming AHPs or to work closely with AHPs. The HEIW website[32] contains resources for pre-registration and post-registration training, including the acknowledgement of rehabilitation becoming more complex, allowing for different skill mixes that can effectively deliver rehabilitation and allows people to work at the top of their licence. Furthermore, the Health & Care Professions Council (HCPC) standards[33] set out requirements for training, education, conduct, ethics, and practice for registered AHPs.

## Securing outcomes

Rehabilitation resources must be integral throughout all pathways and services of the system to maximise value-based, person-centred outcomes. Strong inter-professional relationships and collaboration through health, social care, housing, community, third and independent sectors will maximise the resource available to support each

30 Rehabilitation Awareness Training - Ytydysgu Heiw
31 Interactive Compassionate Leadership Principles for Health and Social Care in Wales - Gwella HEIW Leadership Portal for Wales
32 HEIW website
33 Standards | (hcpc-uk.org)

person's optimal management and recovery. Shared goal setting is important to maximise outcomes by working towards one rather than multiple goals at a time.

Rehabilitation services will need to access opportunities to highlight socio-economic impact through use of local and national resources, e.g. digital, quality improvement and research. Further information on these can be found in the Resources section. Rehabilitation enables people to live more independently and provides wider socio-economic benefits, such as enabling people to return to work, education, caring and being part of their community.

The original Welsh Government Rehabilitation Framework (May 2020) suggested the introduction of clinical outcome measures such as World Health Organization Disability Assessment Schedule (WHODAS) to enable prudent healthcare approaches.

Welsh Government funding of the Adferiad (Recovery)[34] programme has helped ensure personalised care closer to home for people who need support with management of exacerbation of long-term conditions, to include those with Long Covid, which can prevent further needs and costs in the future. Work is being done across many sectors to produce an all-Wales approach and consistency is being reached in some elements of care, e.g. use of a quality-of-life measure such as the EQ5D5L, for Adferiad project funding showing socio-economic value when planned resources are invested into the right areas. As well as reducing reliance on long-term health and care services, rehabilitation is an investment, with cost benefits for both the person and services.

The value of personal, population and social outcomes need to be considered with any outcome measure. Collection of data and access to technology will improve rehabilitation programmes and services longer-term, allowing growth and stability in the AHP and wider rehabilitation workforce. Data can be used for comparisons and learning from those with better outcomes and the same or lower costs.

## Actions and next steps

There are a wide range of rehabilitation services and teams in place across Wales delivered by health, social care, and third sector services. Many of these teams will have a workforce with the knowledge, skills, and ability to meet the rehabilitation needs highlighted by the four personas. The specific needs of specialist services/ specialities will vary, but the Wales principles of rehabilitation will still be relevant. The following recommendations are designed to be used in conjunction with local clinical expertise.

34 https://cedar.nhs.wales/files/adferiad-recovery-long-covid-service-national-evaluation-v1-3-pdf/

To make rehabilitation available to everyone at the right time, in the right place and accessible and person-centred, service planners will:

- **Work with people with lived experience from the local population and the workforce to ensure rehabilitation is inclusive and meets the needs of all.**

- **Collaboration of all multi-professionals and leaders including budget holders, finance and workforce leads to provide investment in resource to start and sustain rehabilitation services with long term planning.**

- **Support and promote the AHP and the wider rehabilitation workforce to become leaders of innovative practice through use of digital and data, working to the top of their licence.**

- **Develop the use of research, evaluation, and evidence-based practice within rehabilitation.**

- **Develop data sets on rehabilitation provision. This will provide a fuller picture of the landscape in terms of availability and access to the rehabilitation workforce and the types available.**

- **Work to provide a more flexible workforce to help wellbeing, career development and succession planning to ensure longevity of services.**

The workforce will need to:

- **Focus on continued development of communication skills to ensure delivery of a holistic person-centred approach. It is suggested that developing a biopsychosocial approach to practice will support this.**

- **Work collaboratively across health, social care, housing, third and independent sectors.**

- **Develop supervision, mentoring and peer support to help career progression, satisfaction, and wellbeing.**

Future work will be undertaken by the AHP framework programme team in HEIW, this will include further scoping to understand how person-centred rehabilitation is being delivered and to what extent across Wales. Understanding service need through benchmarking what good rehabilitation looks like will support further design of learning opportunities and developments of quality statements. Understanding population

needs, especially those who have difficulty accessing services, will make service planning easier and lead to improved services for all.

All rehabilitation stakeholders will be supported to continue to develop further collaboration, co-production, and evaluation of practice.

**The Welsh Government Rehabilitation Framework: principles to achieve a person-centred value-based approach (2022)** sets out an ambitious aim of delivering person-centred rehabilitation to meet the needs of all people across Wales. By investing in the right resources and working together we can ensure that all adults and children have timely access to the right information and services, in the right place, to support them to live the life they want to and do what matters to them.

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# Appendices

## Appendix A – extended rehabilitation glossary

This is an extended glossary to include language used in this document and from conversations in stakeholder meetings with people with lived experience and the workforce.

**Access** - is the ease with which all persons can access a commodity, facility, service, or product. It includes number and location of facilities or outlets, their opening times, distance and ease of travel, and language and medium of communication (Overview | Dementia, disability, and frailty in later life – mid-life approaches to delay or prevent onset | Guidance | NICE).

**Activation** – 'an individual's knowledge, skill, and confidence for managing their health and health care' (Supporting people to manage their health | The King's Fund (kingsfund.org.uk). Recognising their importance and confidence in promoting and using supported self-management in health and wellbeing with inclusion of a family member or carer.

**Acute care** – a branch of secondary care where a person receives early active, short-term treatment for acute injury or episode of illness, an urgent medical condition, or during recovery from surgery (Acute care - The Health Foundation).

**Allied health professionals (AHPs)** – are 13 individual professions who collectively and individually embed value-based health and care. They apply their skills, experience, and professional values to lead and deliver evidence-based care to improve the lives of people in Wales (Allied Health Professions (AHP) Framework | GOV.WALES).

**Baseline** – 'An initial measurement of a condition that is taken at an early time point and used for comparison over time to look for changes' (Definition of baseline - NCI Dictionary of Cancer Terms - NCI). Care needs to be taken to ensure it is accurate, relates to the persons outcomes and does not limit rehabilitation management.

**Co-production** – '… refers to a way of working where service providers and users work together to reach a collective outcome. The approach is value-driven and built on the principle that those who are affected by a service are well placed to help design it' (Co-production - Mind).

**Disability** – Physical or mental impairment that has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities. People are disabled by barriers in society, not by their impairment or difference (Social model of disability | Disability charity Scope UK).

**Generalist/ Specialist –** A generalist is a person with a wide array of knowledge on a variety of subjects whilst a specialist concentrates primarily on a particular subject or activity (Morello, 2005). Collaboration is required to provide seamless person-centred care.

**Goals** – in healthcare, goals refer to a desired achievement of one or more healthcare activities, considered as an intermediate step to reach a specific health objective (healthcare goal contsys.org).

**Health inequalities** - are avoidable, unfair, and systematic differences in health between different groups of people (What are health inequalities? | The King's Fund (kingsfund.org.uk).

**Health promotion** – '… is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions' (Health Promotion who.int).

**Intensity** – '… a measure of the number, technical complexity, or attendant risk of services provided' (Intensity of care | definition of intensity of care by Medical dictionary (thefreedictionary.com). The magnitude of a quantity, time, used by staff and people receiving rehabilitation but needs to be fully understood and suitable for the person.

**Learning disability** – A significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), and with everyday activities (What is a learning disability? | Mencap).

**Learning difficulty** – There are many types, such as dyslexia, attention deficit-hyperactivity disorder (ADHD), dyspraxia and dyscalculia. A person can have one, or a combination. As with learning disability, a person with learning difficulties might have a mild learning difficulty or a severe learning difficulty. A person with Additional learning needs has a learning difficulty/ disability which requires additional learning provision (Additional Learning Needs and Education Tribunal (Wales) Act | GOV.WALES).

**Multimorbidity** - is the presence of two or more long-term health conditions, which can include defined physical or mental health conditions, such as diabetes or schizophrenia (Multimorbidity | Health topics A to Z | CKS | NICE).

**Needs** – Used in this document in relation to wellbeing. A key aspect to delivering person-centred rehabilitation.

**Older adults** - those aged 60 or above, make important contributions to society as family members, volunteers and as active participants in the workforce (Mental health of older adults who.int). However, it is not easy to apply a strict definition because

people can biologically age at different rates. It is suggested that older adult is used instead of terms such as the elderly. Frailty over age is being more widely used to look at likelihood of care and support needs.

**Optimisation** - the action of making the best or most effective use of a situation or resource. In relation to rehabilitation, it is about maximising outcomes and not used to limit hope or further progress.

**Person/ Child (People)** – 'a human being regarded as an individual.' (Oxford Languages and Google - English | Oxford Languages oup.com).

**Person-centred care** – '… refers to a process that is people focused, promotes independence and autonomy, provides choice and control, and is based on a collaborative team philosophy. It considers people's needs and views and builds relationships with family members. It recognises that care will need to be holistic and so includes a spiritual, pastoral and religious dimension.' (Person-Centred Care - NHS Wales Shared Services Partnership).

**Prehabilitation** – is a term used to describe the practice of optimising an individual's functional ability and minimising impairment prior to surgery, with the aim of improving postoperative outcomes (Durrand 2019). It may be considered preventative rehabilitation or restorative or described as therapeutic play in the case of children enabling them to achieve their milestones and acquire new skills (Rehabilitation: a framework for continuity and recovery 2020 to 2021 [HTML] | GOV.WALES). For further information please see the Prehabilitation video produced by Swansea Bay University Health Board (Prehabilitation - Swansea Bay University Health Board (nhs.wales).

**Prudent healthcare** - encourages people to consider what care they need, including whether they can look after themselves (self-care), and to use the most appropriate service for their clinical need, not the nearest or most familiar (securing-health-and-wellbeing-for-future-generations.pdf gov.wales).

**Reablement -** refers to an enabling approach and associated services that provide rehabilitation for all people with physical or mental disabilities. It helps them adapt to their condition by learning or re-learning the skills needed to function in everyday life (Social Care Institute for Excellence, 2013). The focus is on promoting and optimizing functional independence by practicing activities, rather than interventions aimed at improving underlying impairments (Tessier et al., 2016).

**Reasonable adjustments** – changes or adjustments should be made for access to education, employment, housing, goods, and services (such as shops, hospitals, leisure centres) and associations and private clubs (such as Scouts and Guides). All organisations have a legal duty to ensure services are accessible to people with a

disability as they are for everyone. The needs will vary from person to person (Equality Act 2010 legislation.gov.uk).

**Recovery** - can mean different things. For some people, it will mean no longer having symptoms of their health condition. For others, it will mean managing their psychological wellbeing, regaining control of their life, and learning new ways to live the life they want.

**Rehabilitation** – Rehabilitation is *a* ***set of interventions designed*** *to* ***optimise*** *functioning and reduce disability in individuals with health conditions in interaction with their environment'* (Rehabilitation who.int).

**Strength-based approach** - a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets (Strengths-based approaches - Care Act guidance | SCIE). There are multiple ways in which the strength-based approach can be applied, including leadership, counselling, community and social work, paediatrics, and much more.

**Supported self-management** – proactively identifies the knowledge, skills and confidence (activation) people have to manage their own health and care (Microsoft Word - SSM Summary Guide.docx (england.nhs.uk).

**Social prescribing** – sometimes referred to as community referral – social prescribing is a means of enabling GPs, nurses and other health and care professionals to refer people to a range of local, non-clinical services, such as leisure centers, or specific programmes such as arts and gardening to support people to do things for their wider wellbeing.

**Value-based healthcare** - encourages us to focus on meeting the goals of people and to help manage expectations throughout care or treatment. It means improving how people are involved in decision making using the best evidence to hand, avoiding any unnecessary variation in care, and becoming more creative to determine where the resources we have are best spent for improved peoples' outcomes (Home - Value in Health nhs.wales).

**Versatilist –** a person who is a versatilist applies depth of skill to a rich scope of situations and experiences, building new alliances, perspectives, competencies, and roles. They gain the confidence of peers and partners (Morello, 2005).

**Wellbeing** - is about feeling good and functioning well and comprises an individual's experience of their life, and a comparison of life circumstances with social norms and values (PowerPoint Presentation publishing.service.gov.uk).

**Wider determinants** - also known as social determinants, wider determinants are a diverse range of social, economic and environmental factors which impact on people's health and wellbeing (UK_AHP_Public_Health_Strategic_Framework_2019-2024.pdf (ahpf.org.uk).

## Appendix B – Rehabilitation myths

Some of the misconceptions around rehabilitation that were expressed by staff during the stakeholder sessions has been challenged:

- Rehabilitation can help people living with dementia and in end-of-life care.
- Older people can live their life and improve following illness and injury.
- Stroke recovery is ongoing and not time limited.
- Rehabilitation is for mental and physical health and wellbeing.

Challenging myths can be achieved through the promotion and communication of a rehabilitation ethos which is inclusive of all. Any assumptions and barriers will need to be addressed through early stakeholder engagement prior to someone starting a rehabilitation journey. Comments made in the rehabilitation insight survey that went out to the public via social media have also challenged common myths.

- 'Everyone is different, so the opinions of people need to be heard all through the process'.
- 'Rehabilitation is as important pre surgery as it is post-acute episode and to live as well as possible with a chronic condition'.
- 'Rehabilitation has a specific connotation, broken body, Road Traffic Accident or stroke, through education make clear it is also about ageing and wellbeing'.

## Appendix C - Resources

### Communication

Meaningful communication focuses on the health needs of the person and is always an opportunity to promote overall health and wellbeing. 'Five Ways to Wellbeing' is an approach that focusses on overall wellbeing. Examples of how health boards have used the 'five ways' can be found below:

5 Ways to Wellbeing | Melo Cymru Mental Wellbeing in Gwent

Home - Keeping Me Well

Keeping physically well - Public Health Wales (nhs.wales)

### Digital

Resources to support the rehabilitation workforce:

Digital Health Wales | Digital Health Wales

DHEW | Digital Health Wales

Health Informatics - Value in Health (nhs.wales)

Home - Digital Health and Care Wales - Digital Health and Care Wales (nhs.wales)

TEC Cymru | Digital Health Wales

### Education and training

Pre and post registration training which includes information on different areas of the rehabilitation workforce:

Education and training - HEIW (nhs.wales)

Rehabilitation Awareness Training - Ytydysgu Heiw

### Quality Improvement

Resources to support the rehabilitation workforce:

QIST - HEIW (nhs.wales)

Home - Value in Health (nhs.wales)

Improvement Cymru - Public Health Wales (nhs.wales)

## Research

Resources to support the rehabilitation workforce:

Homepage | Health Care Research Wales (healthandcareresearchwales.org)

Wales | Council for Allied Health Professions Research (csp.org.uk)

Home - Bevan Commission

Life Sciences Hub Wales | Life Sciences (lshubwales.com)

## Rural communities

Resources to support the rehabilitation in rural areas:

Home | Rural Health and Care Wales