Intermediate care and reablement in Wales
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1 About this factsheet

This factsheet covers intermediate care and reablement.

Further explanation of these terms can be found below in sections 2 and 4, but broadly speaking they are both likely to consist of a varied range of integrated health (NHS) and/or social care services (provided by the local authority) that can be offered on a short term basis to prevent unnecessary hospital admission or a premature placement in long-term residential care.

If offered, services must be free of charge for periods up to and including six weeks.

Note: The information given in this factsheet is applicable in Wales. Different rules apply in England, Northern Ireland and Scotland. Contact Age UK, Age NI and Age Scotland respectively for further information – see section 11 for their contact details.

2 What are intermediate care and reablement?

Background

Intermediate care and reablement services were developed in the early 2000s in both England and Wales, though the Welsh Government issued its own guidance on the topic to local authorities and the NHS in Wales. Although at the time these were new terms, intermediate care and reablement services built upon existing provision and ideas to help older people to readjust to living at home following a hospital stay and/or prevent unnecessary hospital stays.

Introduction to intermediate care and reablement

There is quite often confusion as to what constitutes intermediate care and what constitutes reablement. Sometimes this results in the terms, in error, being used interchangeably.

In general, however, intermediate care can be said to be a health service (NHS) led service, whereas reablement is social care led (i.e. by the local authority social services department).
Section 2.1 and section 2.2 below have further information on the definitions used for intermediate care and reablement, respectively. Section 2.3 discusses some of the overlaps and differences between the two terms.

Broadly speaking, it can be said that intermediate care services and reablement services must have the aim, through therapy or treatment, to support someone to recover or maintain their ability to live independently at home. Services without these characteristics would not be classified as intermediate care or reablement.

For example, in the case of personal care services provided in someone’s own home by social services, there may well be no expectation that the person will realistically reach a point when support is no longer needed and thus the support will be provided indefinitely; whereas, intermediate care or reablement services are provided on a short term basis because the person has been assessed as having the capability to regain some or all of their ability to carry out daily living tasks.

2.1 Intermediate care – general definitions in use in Wales

“Intermediate care describes a range of services providing time limited support to [NHS] patients (up to 6 weeks) which promote independence by avoiding unnecessary hospital admission or admission to long term care, facilitates timely discharge from hospital and forms a bridge between hospital, home, dependence and independence. Intermediate care is provided on the basis of a comprehensive assessment resulting in a structured individual care plan that involves active therapy, treatment, social work intervention, or opportunity for recovery. Intermediate care involves cross-professional working and agencies working in partnership”\(^1\).

Intermediate care services should also “maximise people’s rehabilitation and recovery after illness and minimise dependence on long term health and social care services”. There will be a “planned outcome of maximising independence and typically enabling [someone] to resume living at home”\(^2\).

\(^1\) Getting back on your feet: reablement in Wales, August 2012, RVS
2.2 Reablement – general definitions in use in Wales

Reablement services aim to encourage and support people to learn or re-learn skills necessary for daily living, following a period of illness or after a stay in hospital. Reablement support is about helping you to discover what you are capable of doing for yourself, and to give you confidence when moving around your home and with tasks such as washing, dressing and preparing meals.

**Reablement services are most frequently delivered in your own home.**

Staff will discuss and assess your needs to find out what you can do and what is causing difficulty. You will then agree a plan describing the support you will need to help you improve. The emphasis is on staff supporting you to attempt and complete tasks described above rather than undertaking tasks on your behalf – helping you discover what you can do for yourself and giving you the confidence to try.

“At heart, reablement is about helping [you to] maximise [your] ability to live life as independently as possible...it’s an outcome-focused, personalised approach, whereby the person using the service sets their own goals and is supported by a reablement team to achieve them over a limited period. It focuses on what people can do, rather than what they can’t, and aims to reduce or minimise the need for ongoing support after reablement”. Additionally, it will involve “integration and collaborative working between health, housing and social services; appropriate collaboration with services provided by the third and private sector [and] a focus on prevention and early intervention in order to avert possible crises”.

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**Note:** Analysis in Wales found that 71% of people who receive a reablement service “require either a decrease in level of support or none at all”, following the reablement period.

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3 Getting back on your feet: reablement in Wales, August 2012, RVS
4 Reablement Services in Wales, December 2014, Social Services Improvement Agency Wales (SSIA) (SSIA no longer exists and its functions fall within the remit of Social Care Wales)
2.3 Differences and similarities between intermediate care and reablement

Differences

A report from 2012, produced by RVS (the Royal Voluntary Service), is helpful in regard to setting out the most significant differences, as follows:

- Intermediate care is “a group of services aimed at preventing admission to hospital, speeding hospital discharge and preventing or delaying admission to long-term residential care”.

In contrast:

- Reablement seeks to “maximise a person’s level of independence so that their need for ongoing homecare support can be minimised. Reablement clients, therefore, [can] include those who may have undergone a phase of intermediate care, but also people who remain within the community requiring support to live at home and have not [needed] a hospital [visit] or long-term care placement”.

Similarities and/or overlapping elements of intermediate care and reablement

It can be said that both intermediate care and reablement are similar “in that they both involve short term interventions with the aim of building independence”. Also, a programme of interventions aiming to promote independence (i.e. reablement) might also prevent hospital admission (i.e one of the aims of intermediate care), so there is a certain degree of overlap in this respect.

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5 Getting back on your feet: reablement in Wales, August 2012, RVS  
6 Ibid
Overall, both reablement and intermediate care can be seen as part of a broader Welsh Government strategy to make ‘preventative care’ central to social care and healthcare provision in Wales.

**Note:** On this topic, the Welsh Government has stated that there “is a need to focus on prevention and early intervention to make services sustainable into the future. Section 15 of the [Social Services and Well-being (Wales)] Act places statutory duties on local authorities to providing or arrange the provision of preventative services to achieve various purposes set out in subsection 15 (2) of the Act, including preventing or delaying the development of care and support needs. Local authorities and local health boards must when exercising their functions have regard to the importance of achieving these purposes in their areas”.

### 3 Welsh Government guidance on reablement / intermediate care and overlaps with the Social Services and Well-being (Wales) Act 2014

#### 3.1 Intermediate care guidance


This Welsh Government guidance from 2002 contains information on the definition of intermediate care and can be accessed at the following link:


It does not appear to have been directly replaced, though there is now much more recent guidance on the Integrated Care Fund.

**Integrated Care Fund Guidance (Welsh Government, April 2017)**

The Welsh Government introduced an Intermediate Care Fund in 2014; rebranding this the Integrated Care Fund (ICF) in April 2017.

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7 Integrated Care Fund Guidance, Welsh Government, April 2017
The Welsh Government’s *Integrated Care Fund Guidance* advises that the “ICF is a mechanism to support delivery of the requirements of the [Social Services and Well-being (Wales)] Act” (they have also indicated that the guidance will be reviewed on an annual basis). Further information can be found on the Welsh Government’s website at:

www.gov.wales/topics/health/socialcare/working/icf

There is no updated definition in the ICF guidance and nor does it reference the ‘time-limited’ criteria of intermediate care (see section 4 below). Much of the guidance covers practical issues such as governance of funds under the scheme and reporting to the Welsh Government (by local authorities and Local Health Boards); however, there is information on ‘general principles’, which largely backs up the existing approach to the use of intermediate care and the type of situations where it will be most appropriate to meet people’s needs (see sections 4 and 5 below).

Social Care Wales have reported that the Integrated Care Fund “has been very beneficial in enhancing service provision, for example service hours have extended and/or increased the range of health professionals within the service. This was particularly prevalent where Reablement was seen as a key process within a hospital discharge pathway”.

### 3.2 Reablement reports by Social Care Wales

**Note:** *Social Care Wales* is responsible for regulating and developing the social care workforce in Wales, as well as leading improvement across the social care sector (they shouldn’t be confused with the *Care Inspectorate Wales* who regulate and inspect care homes and domiciliary care providers). Contact details for both organisations can be found in section 10 below.

There is no specific guidance on reablement; however, Social Care Wales have published a number of relevant reports on the topic:

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8 Reablement Services in Wales: Themed Review of Practice, July 2016, Social Care Wales
9 In April 2017, the Care Council for Wales and Social Services Improvement Agency (SSIA) were brought together and renamed Social Care Wales. Therefore, some of the reports were published under the SSIA name, but are available on the Social Care Wales website.
3.3 References to reablement and intermediate care in the codes of practice and statutory guidance to accompany the Social Services and Well-being (Wales) Act 2014

The codes of practice and statutory guidance for the Social Services and Well-being (Wales) Act 2014 can be found on the Social Care Wales website at:

www.socialcare.wales/hub/sswbact-codes

As part of the Act, the Welsh Government has placed a lot of emphasis on the role of social care services in preventing “escalating need”.

The Act makes very little direct mention of intermediate care, but reablement is featured fairly frequently (this may be because – as outlined in section 2 above – intermediate care is seen as an NHS led service, whereas reablement is a social care led service by the local authority social services department, and, as the new Act primarily concerns the operation of social services, this may account for the focus on reablement).

The Act appears to further emphasise the importance and use of reablement services, so is continuing and building upon existing reablement policy.

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10 Statutory guidance and codes of practice that accompany particular legislation are backed by law and assist individuals and organisations to interpret the legislation correctly and work in accordance with it.

For example:

- The Act contains numerous stipulations for local authorities, including their duties to carry out care needs assessments for social care services. In connection with this they need to ensure they meet “duties to promote the well-being of people who need care and support [including] carers” and to this end they “must provide a range of preventative services [of which] reablement can be a key element”.

- Also, the guidance reiterates already established practice that “effective reablement...should be delivered in partnership between the local authority and the NHS”\(^\text{12}\). Furthermore, other parts of the guidance specifically state that “local authorities and Local Health Boards are required to establish Regional Partnership Boards [and they should] “consider any funding from [the] Welsh Government such as the intermediate care fund” as part of their partnership working (emphasis added)\(^\text{13}\) – the intermediate care fund has since changed name (see section 3.1 above).

4 **Key points about intermediate care and reablement – ‘time limited’ care interventions that are free for six weeks**

Some of the key points about intermediate care and reablement are:

- **They are provided free of charge for any period up to and including six weeks.**

- **They are a time limited intervention. Usually this will be for up to six weeks, though some episodes may only last for one to two.**

- **The support provided should depend on individual needs and the outcomes that it is hoped can be achieved.**

- **Decisions on whether someone could benefit from intermediate care/reablement services will be the responsibility of the range of health and/or social care professionals responsible for your care at the time.**

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\(^\text{12}\) Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions), January 2016, Welsh Government

\(^\text{13}\) Social Services and Well-being (Wales) Act 2014 – Part 9 Statutory Guidance (Partnership Arrangements), January 2016, Welsh Government
Note: Examples of the types of circumstances where they would be likely to consider arranging such services are outlined below in section 5.

Periods of intermediate care or reablement that last for longer than six weeks

In relation to the first two bullet points above, it is recognised in intermediate care guidance that in certain circumstances patients may need the service for longer than the usual six weeks – for example, this could be where “frail older people [are] recovering from major trauma” or “following a stroke” 14.

According to a paper published by NHS Wales, this does appear to be happening in practice, as they report that intermediate care teams “have developed greater flexibility, recognising that many individuals need much less time while some others benefit significantly from an extended period of contact” (emphasis added) 15.

The same general time period applies in the case of reablement services as well – i.e. “most services are provided for up to six weeks...although it can be extended if required” 16.

Re-assessments for extending care beyond six weeks

In the case of both intermediate care and reablement services, extensions beyond six weeks will be subject to a full re-assessment.

Age Cymru’s Factsheet 41w Social care assessments for older people with care needs in Wales has further general information on needs assessments.

15 A Steady State: What should Intermediate Care look like in Wales? – A discussion paper based on the multidisciplinary and multiagency debate undertaken at the National Intermediate Care Community of Practice, May 2009, the National Leadership and Innovation Agency for Healthcare (NLIAH) (Note: NLIAH was part of NHS Wales, but closed in 2013 – its former functions are now carried out by either NHS Wales or the Welsh Government)
16 Position Statement on Reablement Services in Wales, 2013, the Social Services Improvement Agency Wales (SSIA) (SSIA no longer exists and its functions fall within the remit of Social Care Wales)
Note: The fact that reablement and intermediate care are provided free of charge for up to 6 weeks has been an established policy for a number of years and pre-dates more recent legislation, such as the Social Services and Well-being (Wales) Act. However, the guidance accompanying this Act provides further confirmation that reablement services continue to be a service that is provided free of charge for up to 6 weeks:

In regard to “charging for [the] provision of preventative services [a] local authority may not charge for the first six weeks of reablement services provided for the purpose of providing assistance to an individual to maintain or regain the ability to live independently”17.

This point is further emphasised later on in the guidance, as well as the instruction that in certain circumstances a longer period should be considered:

“A local authority must not charge for certain types of care and support which must be arranged free of charge. These are...care and support provided as reablement...for up to 6 weeks”. When providing reablement “local authorities should have regard as to whether to extend this period in individual cases where a person’s needs [are] such that their outcomes would benefit from a longer period of free reablement support, such as those who may require rehabilitation for a longer period for a visual impairment”18.

As previously discussed above, the Social Services and Well-being (Wales) Act makes very little mention of intermediate care (probably because intermediate care is seen as an NHS led service, whereas reablement is a social services function). However, intermediate care policy also continues as before and was not repealed as a result of the implementation of the Social Services and Well-being (Wales) Act.

17 Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions), January 2016, Welsh Government
18 Social Services and Well-being (Wales) Act 2014 – Part 4 and 5 Code of Practice (Charging and Financial Assessment) (version 2 – April 2017), Welsh Government
4.1 **Health and social care professionals who may be involved in setting up your intermediate care or reablement package**

The wide range of health and social care professionals who might be involved in setting up your care package could include:

- Doctors, nurses;
- psychiatrists;
- specialist community mental health nurses;
- physiotherapists;
- occupational therapists;
- speech therapists;
- social workers; or
- care assistants.

5 **Who can benefit from intermediate care or reablement services – reasons why such services may be arranged**

Health and/or social care services that meet the definition of intermediate care or reablement may be provided in the following scenarios:

- In order to prevent unnecessary ‘acute hospital admissions’ (an ‘acute hospital admission’ is a hospital stay as a result of an unexpected event – i.e. often it will be via an initial visit to an Accident & Emergency (A&E) department, where it is identified that treatment on a medical or surgical ward is required).

- In instances where an acute hospital admission is necessary and appropriate, the services can subsequently facilitate timely hospital discharge following this and prevent prolonged stays that are unneeded (these can be damaging to people’s long term health and chances of recovery).
In order to prevent someone having to enter long-term residential care, where this move may be premature and sufficient recovery to remain living at home may be possible. In these scenarios people can be assisted to explore the option of remaining at home, prior to a long term decision being taken in regard to the appropriateness of residential care.

In general, to maximise people’s health, help in a speedier recovery from illness, provide rehabilitation and/or re-build their self confidence to live independently at home.

In regard to reablement specifically, the following reasons for putting services in place may also come into play:

- The person is experiencing “frequent falls”.
- A person’s carer is under considerable stress; and/or
- There is an “unstable care package” currently in place19.

Some of these points are explored in further detail in sections 5.1 to 5.5 below.

5.1 An alternative to hospital admission

If you become ill at home or have a fall that causes only a minor injury, you may be able to avoid being taken to an Accident & Emergency (A&E) department and/or being admitted to hospital unnecessarily, if appropriate ‘crisis response’ services can be put in place at short notice to care for you at home (a crisis response service may consist of a combination of healthcare and social/personal care support).

This avoids the stress of a busy A&E department and/or hospital environment. It also means once you recover, your longer term needs can be reviewed in familiar surroundings. It is important for staff you could encounter in an emergency to be aware of the basic eligibility criteria for intermediate care and/or reablement services that are available in the area, so that prompt decisions or referrals can be made.

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19 Position Statement on Reablement Services in Wales, 2013, the Social Services Improvement Agency Wales (SSIA) (SSIA no longer exists and its functions fall within the remit of Social Care Wales)
As an example, the following staff may note your suitability for such services and start the arrangements:

- Your GP or an out-of-hours doctor.
- District nurse.
- Social care staff.
- Ambulance service paramedics.
- A&E department or hospital medical assessment unit staff.

At the end of any short term care such as this, your needs should be reassessed to identify any ongoing care and support you may need – also see section 7 below for further information.

5.2 **Supporting a timely discharge from hospital and/or preventing delayed discharges**

Once you no longer need care in a hospital setting, you may benefit from intermediate care or reablement services to support your ongoing, or further, recovery. This can assist to maximise your independence and prevent prolonged stays in hospital that can be detrimental to people’s health. The services may be in your own home (particularly if it is a reablement package), or where necessary in a community hospital or similar establishment.

Depending on your assessed needs, this could involve:

- Nursing support.
- Specialist assistance from an occupational therapist or physiotherapist.
- Practical or personal care support.

5.3 **Rehabilitation following a serious illness, injury or operation**

If someone has had a serious illness, injury or operation, they are likely to need time and support to get back on their feet. For example someone may:
● have lost confidence to shower or bathe without help;
● experience difficulty standing for long enough to prepare a simple meal; or
● be fearful of falling, making it difficult to go shopping or to meet friends.

Intensive short term support can enable some people to get back to how they were before, without needing longer term services, although successful reablement will not necessarily always mean going back to doing things exactly the same way. For example, reablement services can also be successful if they allow the person to find new ways of doing things that still allow them to maintain a good level of independence, improve their quality of life and minimise the chances of them being admitted to hospital.

Reablement services may also be beneficial to people who have gradually deteriorated over a period of time, perhaps as a result of becoming socially isolated.

5.4 When facing permanent admission to residential care

Welsh Government guidance states that:

“As a general rule people should not be discharged directly from an acute episode of hospital care to a permanent placement in a care home”.

“Following active treatment the aim should be to assist the person to recover and rehabilitate to reach his or her full potential", prior to any decision about a care home being made (emphasis added).20.

The Welsh Government also reminds social care and healthcare staff that “preventative intervention to help avoid unnecessary [and/or] inappropriate admission to residential care” is a priority.21.

“[The] recovery and rehabilitation phase may take place at hospital, at home or in an intermediate care setting.”22.

21 Integrated Care Fund Guidance, Welsh Government, April 2017
Note: The impact and severity of someone’s condition can sometimes mean a direct move from a hospital ward to long-term residential care may be required. For example, this might be after specialist rehabilitation has already been completed (such as is offered in a stroke unit); sufficient previous attempts to support the person at home have been tried (with or without an intermediate care package), or a judgement has been reached that a short period of intermediate care in a residential setting followed by a move to a different care home is likely to be distressing.

In these instances it may well be appropriate for eligibility for NHS continuing healthcare (NHS CHC) to be considered, however, prior to moving on to examining ongoing services that the local authority social services department might provide for someone. More information on NHS CHC can be found in Age Cymru’s Factsheet 20w NHS continuing healthcare and NHS-funded nursing care in Wales.

5.5 Older people with dementia or other mental health needs

A stay in hospital, or prolonged stay in an A&E department, can be traumatic if you have dementia. It means separation from familiar people, places and routines. If, for example, suitable intermediate care support is available, it may mean that you avoid hospital admission in the first place, or a timely discharge from hospital can be achieved.

Such a service could be an appropriate option for older people with other mental health needs, if there is a goal that could be addressed within a limited period of weeks as part of their recovery from an episode of mental or physical ill health.

6 What types of service may be available?

The range of services that form part of an intermediate care or reablement package can vary across the country. Where possible the preference is for core services to be provided in your own home. However, depending on the circumstances, services might also be provided in a day centre, a day hospital, community hospital, or other residential setting.

Services that might be available are outlined in section 6.1 to 6.3 below.
6.1 **Rapid response teams**

Rapid response teams may also be referred to as ‘community resource teams’ or ‘crisis response teams’.

They offer a rapid assessment of your needs when contacted by a GP or district nurse; an ambulance crew attending you, or by staff in the accident and emergency (A&E) department.

Rapid response teams may be community and/or A&E based. They can initiate quick access to nursing support, disability equipment, help with personal care at home or when necessary in a care home. Their main aim is to prevent unnecessary hospital admission.

Local GP practices, out-of-hours services, the ambulance service or the hospital A&E department should be aware of when and how to access their local teams.

Rapid response teams may be able to initiate a supported discharge from hospital. This is a short term programme to allow rehabilitation and recovery at home. It might include similar elements to those outlined above – nursing care and/or sessions with other health professionals and/or personal care or supply of equipment or small scale adaptations.

6.2 **Residential rehabilitation**

This involves a short-term period of care in a community hospital or residential care home for people who need rehabilitation services to enable them to re-gain sufficient physical functioning and confidence to return safely to their own home, but have improved to the extent that they no longer need 24-hour access to consultant-led medical care.

6.3 **Day rehabilitation**

In addition to services that allow you to live at home, you may attend a day hospital or day centre where physiotherapy or other rehabilitation services are available.
7 The relationship between intermediate care/reablement and other care & support services

Intermediate care or reablement should be seen as an element of your overall care, or a stage within it – i.e. they shouldn’t be viewed as an isolated service.

As an example, with intermediate care, it may act as a stage in identifying the long term support you are likely to need after an accident or illness (whether or not this involved a stay in hospital).

Intermediate care and reablement services may have links to a range of other local authority or NHS services, such as:

- falls prevention;
- telecare;
- footcare services;
- disability equipment and/or adaptations;
- sensory impairment services; or
- continence services.

7.1 When intermediate care or reablement services come to an end?

At the end of an agreed period of intermediate care or reablement your ability to manage daily living tasks will be reviewed again, via a care needs assessment.

If this assessment identifies the need for longer term support, appropriate steps can be taken to meet those needs, be it through NHS provision, or local authority assistance such as domiciliary care (i.e. care in your own home), provision of aids and adaptations, or a place in a care home. Potentially, NHS services might also be provided in conjunction with local authority social services assistance.
For further information on care needs assessments and the types of services that might be offered as a result of this, see Age Cymru’s Factsheet 41w *Social care assessments for older people with care needs in Wales*.

The Welsh Government recognises the importance of other care services coming into play at the end of a period of intermediate care:

“To ensure that the benefits of intermediate care are fully realised, support from...linked services remains essential”. As an example, “some people who have completed an episode of intermediate care will need more home care support as a follow on requirement” (“intermediate care should form an integrated part of a seamless continuum of services linking health promotion, preventative services, primary care, community health services, social care, support for carers and acute hospital care”)\(^{23}\).

In regard to reablement, one of the Code of Practice documents to accompany the *Social Services and Well-being (Wales) Act 2014* gives the following example:

A review of needs “towards the end of [their reablement] programme concludes that Mr Jones has recovered some measure of independence with support from the...programme but needs continuing care and support to help him with his personal care. [He] meets the eligibility criteria and managed care and support services are delivered [by social services] through a care and support plan. Community based services will continue where they are helping Mr Jones towards his personal outcomes and meeting his needs”\(^{24}\).

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24 Social Services and Well-being (Wales) Act 2014: Part 4 Code of Practice (Meeting Needs), Welsh Government
8 Accessing intermediate care or reablement services

If you, or a relative, are in a situation where intermediate care or reablement seem like they may be applicable (as outlined in sections 2 to 6 above), but staff caring for you have not mentioned it, you could try raising the issue with them. For example, depending on the circumstances, this could be:

- Paramedics who attend to you at home.
- The team responsible for your hospital discharge.
- Your GP or other out-of-hours doctor.
- The adult social services team in your local authority.

The above professionals should be able to initiate the process of setting up appropriate intermediate care or reablement services, or know the procedure for referring you to an appropriate team who can.

On the other hand, if they feel that such services are not the most appropriate for your particular needs, they should explain their reasoning for this to you. If you disagree, you could ask them to reconsider and potentially make a complaint if you think you are being denied important services that could aid your recovery (Age Cymru’s Factsheet 41w Social care assessments for older people with care needs in Wales and Factsheet 66w Resolving problems and making a complaint about NHS care in Wales have further information on how to complain about social care and/or NHS services).

If it is thought that you may be eligible for intermediate care or reablement, your needs will be assessed. If it is decided that you are eligible, the goals it is hoped you might achieve within a specific time should be discussed and agreed with you and also, where appropriate, with your carers.

These goals should be recorded in a care plan that identifies the active therapy or treatment and support you will receive to help you realise your potential for further recovery.

A named person should be appointed to ensure that your care plan is implemented and your progress is monitored and reviewed at regular agreed intervals.
Your needs should be reassessed in detail at the end of the agreed period of intermediate care or reablement package. This will allow staff to identify any ongoing need for care and support from then local authority social services department and/or the NHS – see section 7.1 above.

9 Reablement case study

The Welsh Government has produced some ‘case scenarios’, contained in their Code of Practice documents, to illustrate the approach that should be taken by local authorities when determining whether someone’s needs mean that they are eligible for assistance. One of these scenarios features reablement:

“Mr Jones is in hospital and his suitability for reablement service has been identified by hospital staff. Through a proportionate assessment, a reablement team identifies needs and agrees outcomes with Mr Jones and [his carer] Mrs Jones”.

In conjunction with the staff, Mr. Jones identifies personal outcomes that are important to him:

“I want to be able to wash and dress myself independently [and] be able to have a bath but need help to get in and out...I want to feel confident enough to be able to walk to the local shops [and] I want to take up some of my social activities [that] I have drifted from over the last few years”.

At the review following the provision of the services, “there is agreement that reablement has been a success and outcomes have been achieved. No further assistance is required. Mr and Mrs Jones are given information of how to get [further] help should they require it in the future. Mr. Jones has received services that restore his level of functioning”25.

Alternatively, other on-going services may be required via different service provision methods if the person continues to have needs (see section 7.1).

25 Social Services and Well-being (Wales) Act 2014 – Part 4 Code of Practice (Meeting Needs), Welsh Government
10 Useful organisations

Age Cymru organisations (local)
Your local Age Cymru may be able to offer general advice and support in regard to health and/or social care services, including gaining access to appropriate services.

- Telephone Age Cymru Advice on **08000 223 444**;
- E-mail: advice@agecymru.org.uk; or
- visit the Age Cymru website: **www.agecymru.org.uk**

Care and Repair Cymru
Care & Repair Cymru work to ensure all older people have homes that are safe, secure and appropriate to their needs. There is a network of local Care & Repair Agencies across Wales.

Call your local agency on: **0300 111 3333**
Website: **www.careandrepair.org.uk**

Care Inspectorate Wales (CIW)
CIW oversees the inspection and regulation of care and social services in Wales.

Tel: **0300 7900 126**
E-mail: ciw@gov.wales
Website: **www.careinspectorate.wales**

Citizens Advice Bureaus (CABs)
National network of free advice centres offering confidential and independent advice, face to face or by telephone.

Tel: **03444 77 20 20**
Details of your nearest CAB can be found at: **www.citizensadvice.org.uk**
Community Health Councils (CHCs)

CHCs are a statutory and independent voice in health services in Wales. They work to enhance and improve the quality of local health services. For information on the CHC covering your area, contact:

E-mail: enquiries@waleschc.org.uk
Website: www.nhsdirect.wales.nhs.uk/localservices/communityhealthcouncils

Healthcare Inspectorate Wales (HIW)

The HIW is the independent inspector and regulator of NHS healthcare and independent healthcare organisations in Wales.

Tel: 0300 062 8163
E-mail: hiw@wales.gsi.gov.uk
Website: www.hiw.org.uk

NHS Direct Wales

A service that provides telephone and web advice on a wide range of health issues.

Tel: 0845 46 47
Website: www.nhsdirect.wales.nhs.uk

Older People’s Commissioner for Wales

Independent champion for older people across Wales.

Tel: 03442 640 670
E-mail: ask@olderpeoplewales.com
Website: www.olderpeoplewales.com

Public Services Ombudsman for Wales

The Ombudsman looks to see whether people have been treated unfairly or have received a bad service from a public body, such as a local authority.

Tel: 0300 790 0203
Website: www.ombudsman-wales.org.uk
Social Care Wales

Social Care Wales is responsible for regulating and developing the social care workforce in Wales.

Tel: 0300 30 33 444
E-mail: info@socialcare.wales
Website: www.socialcare.wales

Welsh Government

The devolved government for Wales.

Tel: 0300 060 4400
E-mail: customerhelp@gov.wales
Website: www.wales.gov.uk

11 Further information about Age Cymru

Age Cymru is the leading charity for all older people in Wales. We campaign, we research and we fundraise to make sure we build a better life for all older people. We ensure older people’s voices are heard, we challenge and change attitudes, we fight discrimination wherever we find it and we tackle elder abuse in all its forms.

Together with our local Age Cymru partners we provide vital services in communities across Wales.

The Age UK family

Along with Age UK, Age Scotland and Age NI, Age Cymru is a member of the Age UK family.

Age UK (Age UK Advice: 0800 169 65 65; website: www.ageuk.org.uk)
Age NI (Age NI Advice: 0808 808 7575; website: www.ageni.org)
Age Scotland (Tel: 0845 833 0200; website: www.agescotland.org.uk)

Our information materials

Age Cymru and Age UK publish a large number of free Information Guides and Factsheets on a range of subjects, including money and benefits, health, social care and housing.
Some resources, such as this factsheet, are produced ‘in-house’ by Age Cymru, whilst others are branded Age UK and – depending on the subject matter – contain either information which is applicable in England and Wales, or for the whole of the UK.

Contact details

Age Cymru Advice
Tel: 08000 223 444
E-mail: advice@agecymru.org.uk
Website: www.agecymru.org.uk

Contact us if you would like:

● To order copies of any factsheets or information guides.
● Further advice if you cannot find the information you need in this factsheet.
● Details of your nearest local Age Cymru organisation.
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Please complete this donation form with a gift of whatever you can afford and return to: Age Cymru, FREEPOST RLTL-KJTR-BYTT, 13/14 Neptune Court, Vanguard Way, Cardiff CF24 5PJ. Alternatively, you can phone 029 2043 1555 Monday to Friday 9am – 5pm or visit www.agecymru.org.uk/donate. Thank you.

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☐ (please tick) Yes, I want Age Cymru to treat all donations I have made for the four years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I confirm I pay an amount of income tax/capital gains tax to cover the amount that all charities and Community Amateur Sports Clubs will reclaim on my donations in the tax year. Date: __/___

I understand that other taxes such as VAT and Council Tax do not qualify.

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