Intermediate care and reablement in Wales
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1 About this factsheet

This factsheet explains intermediate care and reablement.

Further explanation of these terms can be found below in section 3, 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.

The services also seek to support timely discharge from hospital by helping to maximise people’s ability to retain, or regain, their ability to live independently.

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

Note: 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.

The information given in this factsheet is applicable in Wales. Different rules may apply in England, Northern Ireland and Scotland. Contact Age UK, Age NI and Age Scotland respectively for further information – see section 11.2 for their contact details.

For details of how to order other Age Cymru or Age UK factsheets and information materials, go to section 11.
2 Recent developments

- The *Social Services and Well-being (Wales) Act 2014* will come into force on 6 April 2016.

The Act received Royal Assent (became law) in May 2014, but it is only in April 2016 that the legislation will be fully implemented and thus actual changes to the way social services are delivered in Wales will come into effect.

Section 9 below has information about any changes that directly affect reablement or intermediate care services.

- The Welsh Government has indicated a commitment to the provision of intermediate care services in Wales, via the ‘*Intermediate Care Fund*’. This has provided additional funding to enable the continuation and/or development of projects that help keep older and vulnerable people out of hospital and in their own home\(^1\).

- Meanwhile, the Welsh Government also appears committed to the further development of reablement services, as their use is mentioned quite frequently within accompanying guidance for the *Social Services and Well-being (Wales) Act 2014* – see section 9 below for further details.

3 What are 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).

\(^1\) New £20m a year fund to help keep people out of hospital and in their own home, 28 April 2015, Welsh Government website: www.gov.wales/newsroom/healthandsocialcare/2015/150428fund (last accessed 9 February 2016)
Section 3.1 and section 3.2 below have further information on the definitions used for intermediate care and reablement, respectively. Section 3.3 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.

3.1 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.”

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”.

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2 Getting back on your feet: reablement in Wales, August 2012, RVS
3.2 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”\(^4\).

Note: According to the Social Services Improvement Agency Wales, 71% of people who receive a reablement service “require either a decrease in level of support or none at all”, following the reablement period\(^5\).

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\(^4\) Getting back on your feet: reablement in Wales, August 2012, RVS

\(^5\) Reablement Services in Wales, December 2014, Social Services Improvement Agency Wales (SSIA)
3.3 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”\(^6\).

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”\(^7\). 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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\(^6\) Getting back on your feet: reablement in Wales, August 2012, RVS

\(^7\) Ibid
Overall, both reablement and intermediate care can be seen as part of a broader Welsh Government preventative care strategy\(^8\).

For example, in the Welsh Government’s guidance to local authority social service departments on assessing people’s eligibility for services, it is envisaged that care services should help people “to maintain their independence and to remain safely in their home wherever possible”; the services should “promote people’s well-being and reduce inappropriate admissions to hospital, nursing and care homes. This can be achieved through an integrated system of community support, early intervention, re-ablement and intermediate care”\(^9\) (it should be noted that this guidance will almost certainly be replaced in April 2016, or shortly after, with the full implementation of the *Social Services and Well-being (Wales) Act 2014*. However, the general ethos of helping people to remain independent and continue to live in their own home will remain the same).

4 **Free care for six weeks and other key points about intermediate care and reablement**

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.

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\(^8\) The RVS report, ‘Getting back on your feet: reablement in Wales’ (2012) notes that “the need for greater investment in prevention and rehabilitation services has been recognised for over a decade…and has been supported by more recent findings…which suggest there is a high probability that reablement is more cost-effective than conventional home care.”

\(^9\) ‘Integrated Assessment, Planning and Review Arrangements for Older People: Guidance for Professionals in supporting the Health, Care and Well-being of Older People’, December 2013, Welsh Government
However, the Welsh Government guidance on intermediate care does recognise 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”\textsuperscript{10}.

According to a paper published by NHS Wales, this does appear to occur 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)\textsuperscript{11}.

**Note:** Extensions beyond six weeks are, however, subject to a full re-assessment.

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”\textsuperscript{12}.

- 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.

**Examples of the types of circumstances where they would be likely to consider arranging such services are outlined below in section 5.**


\textsuperscript{11} 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)

\textsuperscript{12} Position Statement on Reablement Services in Wales, 2013, the Social Services Improvement Agency Wales (SSIA)
The wide range of health and social care professionals who may be involved in setting up your intermediate care or reablement 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

As touched upon in the introduction in section 1, health and/or social care services that meet the definition of intermediate care or reablement may be provided:

- In order to prevent unnecessary ‘acute hospital admissions’

- In instances where an acute hospital admission is appropriate, to then 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.

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13 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 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 place\(^\text{14}\).

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

5.1 As 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.

\(^{14}\) Position Statement on Reablement Services in Wales, 2013, the Social Services Improvement Agency Wales (SSIA)
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 To support timely discharge from hospital / prevent 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

The Dewis Cymru website\(^\text{15}\) contains a useful summary, focusing on reablement services specifically (though some of the points could be equally relevant to particular types of intermediate care):

“When you've had a serious illness, injury or operation, it's natural to need time and support to get back on your feet. Perhaps you've lost your confidence to shower or bathe without help. Maybe you're no longer able to stand for long enough to prepare a simple meal or perhaps you’re frightened of falling when you use the bathroom. You might be nervous about going outside again, making it difficult to go shopping or to meet friends. Often all that's needed to get back to normal is a few weeks intensive support at home”.

Successful reablement “doesn't always mean going back to doing things exactly the way you did them before, but finding new ways of doing things that are within your ability. It's about helping you reach your maximum level of independence, improving your quality of life and minimising the chances of you being admitted to hospital, e.g. because you have fallen”.

“Reablement can also revitalise the life of someone who has gradually deteriorated over a period of time, perhaps as a result of social isolation”\(^\text{16}\).

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\(^{15}\) The Social Services Improvement Agency (SSIA), Data Unit Wales and various local authorities in Wales have been working in partnership to develop Dewis Cymru – an information and advice website covering social care and well-being services in Wales. The site is intended “to support the successful delivery of the new requirements placed on local authorities, around Information, Advice and Assistance, as set out in Part 2 of the Social Services and Well-being (Wales) Act” – see: www.ssiacymru.org.uk/home.php?page_id=7709 (at the time of writing – February 2016 – the site is live across North Wales, but resources for other parts of Wales will be added during 2016).

\(^{16}\) ‘Being at home / Getting help to do the things you used to do / Getting back to normal’, 25 September 2015, Dewis Cymru website: www.dewis.wales/getting-back-to-normal (last accessed 4 February 2016)
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).

“[The] recovery and rehabilitation phase may take place at hospital, at home or in an intermediate care setting”\(^\text{17}\).

**Note:** The guidance does, however, recognise that due to the “impact and severity” of someone’s condition, a direct move from a hospital ward to long-term residential care may be required in certain cases.

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, 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*.

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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 include:

6.1 Crisis response teams

Crisis response teams may also be referred to as rapid response teams. They will 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.

Crisis 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.
Crisis 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, community/disability equipment and 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, 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 Local authority assessment for community care services in Wales.

Welsh Government guidance 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”)\(^\text{18}\).

In regard to reablement, a Code of Practice document relating to the new Social Services and Well-being (Wales) Act 2014 (to be implemented from April 2016), 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”\(^{19}\).

Further information on the new Act can be found above in the ‘Recent developments’ section, plus below in section 9.

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 3 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.

\(^{19}\) Social Services and Well-being (Wales) Act 2014: Part 4 Code of Practice (Meeting Needs), January 2016, Welsh Government
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 compliant if you think you are being denied important services that could aid your recovery.

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 The Social Services and Well-being (Wales) Act 2014 – reablement / intermediate care and the new legislation

As touched upon above in section 2, the Social Services and Well-being (Wales) Act 2014 will come into force on 6 April 2016.

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20 Age Cymru’s Factsheet 41w Local authority assessment for community care services 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.
The legislation covers a whole host of functions connected to social services provision in Wales. For example:

- assessing and meetings people’s needs;
- charging and financial assessments (in regard to both homecare and care homes); and
- safeguarding duties of local authorities.

The information in the rest of this section, however, looks **only** at effects on reablement or intermediate care services as a result of the new legislation. Further information on the *Social Services and Well-being (Wales) Act 2014* in relation to other areas such as those mentioned above, will be included in Age Cymru’s other factsheets as they get updated during 2016.

**9.1 How is reablement and intermediate care covered in the codes of practice and statutory guidance** for the *Social Services and Well-being (Wales) Act 2014*?

*Note:* The regulations, codes of practice and statutory guidance for the *Social Services and Well-being (Wales) Act 2014* can be found on the Care Council for Wales website at: [www.ccwales.org.uk/the-act](http://www.ccwales.org.uk/the-act)

The new Act makes very little mention of intermediate care, but reablement is featured fairly frequently (this may be because intermediate care is seen as a health service (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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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 existing practice that “effective reablement...should be delivered in partnership between the local authority and the NHS”\(^22\). Furthermore, other parts of the new guidance specifically state that there must be “partnership arrangements between local authorities and Local Health Boards [LHBs] for the discharge of their functions” in relation to a wide range of services. “Partnership Arrangements Regulations require the establishment of pooled funds [and] LHBs and local authorities should “consider any funding from [the] Welsh Government such as the intermediate care fund...as a form of pooled budget” (emphasis added)\(^23\) – further information on the intermediate care fund can be found in section 2 above.

### 9.2 Reablement case study in new Welsh Government guidance

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

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\(^22\) Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions), January 2016, Welsh Government

\(^23\) Social Services and Well-being (Wales) Act 2014 – Part 9 Statutory Guidance (Partnership Arrangements), January 2016, Welsh Government
“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 provison 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”.

However, alternatively, the review “towards the end of the programme [might conclude that he] has recovered some measure of independence with support from the reablement programme but needs continuing care and support to help him with his personal care. Mr. Jones now meets the eligibility criteria [for ongoing social services support] and managed care and support services are delivered through a care and support plan”24.

9.3 **Confirmation that reablement and intermediate care will continue to be provided free of charge for up to 6 weeks**

The new Welsh Government guidance to accompany the implementation of the *Social Services and Well-being (Wales) Act* confirms that **reablement** services will continue to be a service that is provided free of charge for up to 6 weeks:

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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” (emphasis added)\textsuperscript{25}.

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”\textsuperscript{26}.

As previously discussed above, the new 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). Intermediate care policy, at least for the time being, will continue as before – i.e. longstanding Welsh Government guidance on intermediate care\textsuperscript{27} will remain in place and not be repealed as a result of the implementation of the Social Services and Well-being (Wales) Act\textsuperscript{28}. This guidance confirms that services provided as part of an intermediate care package “should be free at the point of use” and will be “time-limited” and “often no longer than six weeks”\textsuperscript{29}.

\textsuperscript{25} Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions), January 2016, Welsh Government

\textsuperscript{26} Social Services and Well-being (Wales) Act 2014 – Part 4 and 5 Code of Practice (Charging and Financial Assessment), January 2016, Welsh Government


\textsuperscript{28} This was confirmed by the Welsh Government in communications with Age Cymru in February 2016

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 community care services, including gaining access to appropriate services.

For the contact details of your local Age Cymru:

- 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 Council for Wales (The)

The Council is responsible for regulating the social care workforce in Wales. It promotes “high standards of conduct and practice among social care workers; and high standards in their training”.

Tel: 0300 30 33 444
E-mail: info@ccwales.org.uk
Website: www.ccwales.org.uk

Care and Repair Cymru

Care & Repair Cymru are an “Older People’s Housing Champion”. They work to ensure all older people have homes that are safe, secure and appropriate to their needs. There is a network of 22 Care & Repair Agencies across Wales.

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

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30 Remit Letter for 2015-2016 – Functions of the Care Council for Wales, 26 March 2015, Mark Drakeford AM, Minister for Health and Social Services, Welsh Government
Care and Social Services Inspectorate Wales (CSSIW)
The CSSIW oversees the inspection and regulation of care and social services in Wales.
Tel: 0300 7900 126
E-mail: cssiw@wales.gsi.gov.uk
Website: www.cssiw.org.uk

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:
Tel: 0845 644 7814
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: 08442 640670 (standard rate) – they can return your call if preferred.
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 the NHS or local authority social services department.
Tel: 0300 790 0203
Website: www.ombudsman-wales.org.uk

The Social Services Improvement Agency Wales (SSIA)
The SSIA supports “improvement and transformational change” within the social care system in Wales. It is hosted by the Welsh Local Government Association (WLGA) and supports local authorities to improve social services provision. The SSIA works with organisations in the public, private and third sectors.
Tel: 029 2046 8685
E-mail: enquiries@ssiacymru.org.uk
Website: www.ssiacymru.org.uk

Welsh Government
The devolved government for Wales.
Tel: 0300 060 3300 (English) or 0300 060 4400 (Welsh)
E-mail: CustomerHelp@Wales.GSI.Gov.UK
Website: www.wales.gov.uk
11 Further information about Age Cymru

Age Cymru is the new force combining Age Concern Cymru and Help the Aged in Wales.

We work in partnership with local Age Cymru organisations to provide direct help to over a million older people across Wales each year.

11.1 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, consumer issues, end of life, legal issues, housing and equality.

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.

Disclaimer and copyright information

This factsheet is not a comprehensive statement of the law in this subject. Age Cymru cannot give individual legal or financial advice and some rules may have changed since the publication of this factsheet. Please note that the inclusion of named agencies, companies, products, services or publications in this factsheet does not constitute a recommendation or endorsement by Age Cymru. Whilst every effort is made to ensure accuracy, Age Cymru cannot be held responsible for errors or omissions.

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11.2 **Contact details**

**Age Cymru Advice**

Tel: 08000 223 444  
E-mail: advice@agecymru.org.uk

Contact us if you would like:

- Further details about our full range of information products and to order copies of any Age Cymru/Age UK 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.

**Website:** www.agecymru.org.uk

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**Note:** 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)
Supporting the work of Age Cymru

We provide vital services, support, information and advice to thousands of older people across Wales.

In order to offer free information guides like this one, Age Cymru relies on the generosity of its supporters. If you would like to help us, here are a few ways you could get involved:

1. **Make a donation**
   To make a donation to Age Cymru, simply complete the attached donation form, call us on 029 2043 1555 or visit www.agecymru.org.uk/donate

2. **Donate items to our shops**
   By donating an unwanted item to one of our shops, you can help generate vital funds to support our work. To find your nearest Age Cymru shop, visit www.agecymru.org.uk/shop and enter your post code into the ‘What does Age Cymru do in your area?’ search function. Alternatively, call us on 029 2043 1555

3. **Leave a gift in your will**
   The money we receive from gifts left in wills is vital for us to continue our work. To find out more about how you could help in this way, please call the Age Cymru legacy team on 029 2043 1555 or email legacy@agecymru.org.uk

Thank you!
Can you help Age Cymru?

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.

**Personal details**

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