



This leaflet is for people receiving Intermediate Care in a care/nursing home following discharge.



What is Intermediate Care?

A period of ongoing assessment and Reablement is provided in a care home, to help you regain your abilities, after being unwell. This might involve a Physiotherapist and/or an Occupational Therapist who visit you at the home, as well as other supportive activities with the care home staff. Intermediate Care aims to prevent, reduce and delay the need for longer term support.

What happens when I no longer need Intermediate Care?

During your stay in a care home you need to start thinking about how your care and support needs will be met when you leave. Starting to think about this early helps you keep your independence and helps meet the outcomes that are important to you. Thinking about this early can also help you get the support you need sooner. If you need ongoing support, we will discuss this with you and may refer you to Adult Care Services. They will discuss your ongoing care and support needs with you and together, you can decide how best to meet them. Depending on the outcome of your assessment, options available to you might include:

- Information, advice and guidance You might like to know more about benefits, accessing social support or equipment to help to remain independent at home.
- Informal support- Discussing if your family, friends or voluntary agencies can support you in any way
- Ongoing Care package This is where carers visit you at home, depending on your assessed needs
- Long term care in a care home
- Direct Payment This is where you choose to purchase your own care and Adult Care may contribute towards the cost of this, providing you are eligible for this.

How is my stay in Intermediate Care paid for?

Intermediate Care is a short-term assessment service available for a period of <u>up to</u> 6 weeks and is funded by the NHS and B&NES Council. It is important that we allocate our resources carefully and only provide this service to the people that really need it, when they need it. When your Reablement needs have been met, your Reablement service will be drawn to a close. A Care Act Assessment can be carried out with you to determine what longer-term support you need. This assessment helps to understand any areas of your life you need support with, and discussion about how you choose to meet those needs in the future. You can choose to decline a Care Act Assessment if you decide to manage your care needs and self-fund your care, without our support.

Adult Care can help find the right care for you going forward, depending on the outcome of October 2022

your Care Act Assessment. This might mean staying in the home you are in, moving to a different care home, or going home with or without care. The Reablement service may continue for <u>up to</u> 6 weeks, however if long term care needs are identified before that, you will be required to pay an assessed weekly care charge towards the costs of your care, in your current care home, from the date your Care Act Assessment is complete. This might mean that you need to pay your assessed weekly care charge even when the Reablement team are still visiting you. This is because the care home costs are separate from the Reablement Service.

How much do I have to pay towards the cost of my care?

The B&NES Council Care Finance team will work with you to understand your financial position and work out how much your assessed weekly care charge towards the cost of your care and support will be. The Care Finance Officer will also be able to assist you and signpost you to support to find out if you are eligible for any benefits. We can give you written information about paying for care and support and how your assessed weekly care charge is calculated and will be able to answer any queries you have. You may wish to seek independent financial advice to ensure you make the best decisions for you.

If you have over £23,250 in savings, you will need to pay the full cost of your care. This is the national threshold set by the UK Government and is reviewed each year. If you have over this amount of money in savings and assets, you will need to find your own care and set this up directly with a care home or care agency. We can help you do this by giving you a list of care homes and agencies, who you can contact yourself.

Can I change how much care I receive?

The Adult Care Team will talk to you about what type of care you need to achieve the outcomes that are important to you.

They will write a support plan which details what care and support needs you have and how each of them will be achieved. If you regain skills or become more unwell, after the care has started, you can make amendments to your support plan. Do keep in touch with your Adult Care Team to get advice and support.

For information on Care Act Assessments and Support Planning, you can access this here: <u>https://beta.bathnes.gov.uk/get-social-care-and-support-assessment</u>

For information about more community services, please visit: <u>https://livewell.bathnes.gov.uk/</u>

If you do not have access to the internet, please call our community wellbeing hub, who can provide you with the necessary information, advice and guidance. Their telephone number is **0300 247 0050**.