

Letter from Mary Langan to Cllr Peter Morton, Haringey Cabinet Member for Health and Wellbeing, and Beverley Tarka, Interim Director of Adult Social Care

24 January 2015

Dear Peter and Beverley,

I feel we must get the truth out about your proposals to cut care packages using a reablement approach. At Scrutiny Committee on Thursday you denied it was ever your intention to apply reablement as a principle for reviewing care packages for all groups. But your public documents available for consultation are quite clear:

*P2 Savings 631214 (final) item778* (appendix to MTFs 2015-2018):

Care Purchasing Packages (this is for all groups):

'the proposal is to review the appropriateness of packages through a reablement approach....

'possible approaches' to the proposed reduction in spending 'could mean...providing a period of intensive Reablement (up to six weeks) with a view to promoting full independence or reducing on-going high-cost care packages'.

There are several references to reablement in this document:

Care purchasing packages (2 references)

New model for social work and care management (1 reference)

New pathways for people with disabilities (1 reference)

New pathways for older people (3 references).

In this document there is only one reference to 'enablement' and this is in the section on mental health: 'increased enablement focus - out of residential care/hospital' (Corporate Priority 2 item 15:New pathways-MH).

At the Learning Disabilities Partnership Board meeting on 10th December Beverley announced the proposed cuts to the Board in the service provision section of the agenda. There was no reference to 'enablement' as the approach to be used for people with learning disabilities, autism and complex needs. If it was going to be announced anywhere one would expect it to be presented to the Board which represents the needs of these particular groups

There has been a revision of your proposals and you should make this clear in your public documents. Your original reablement proposals were clearly ill-considered.

Finally with the help of Professor Caroline Glendinning, the leading authority on reablement and on whose work Gerald Pilkington relies, we are clear that reablement is only suitable for very carefully selected older people. Caroline's research is accessible and helpful and I can send you the link. As for 'enablement' there is no reliable research on this approach at all.

Best wishes

Mary Langan

Response from Beverley Tarka, Interim Director of Adult Social Care, to Mary Langan

26 January 2015

Dear Mary,

Reablement is not new and has been successful for a number of years in helping people to maintain, or regain, their independence.

Haringey already has a reablement team whose focus over the last few years has mainly been on hospital discharge. We would want to expand that offer to give people the opportunity to remain in their communities for as long as possible and to reduce people's need for ongoing care packages. People have told us they want to live in their own homes for as long as possible

We recognise that there are individuals with complex needs for whom reablement will not be an option. Most home care reablement services are open to people aged over 18 but the majority of the service users are older people.

Enablement, which is different from reablement, is the approach we currently take, and would continue to take for younger adults. Enablement is usually longer term and directed to younger adults with mental health, physical, and or learning disabilities, including autism. This approach is usually about developing life skills so that people can engage safely in aspects of community life, and to develop goals to improve health and quality of life. This is what we currently do with people with complex needs – there is no change.

Also I do not believe you are right that reablement is only suitable for “very carefully selected older people”. Most reablement services did start with a focus on hospital discharges as did Haringey. Most local authorities, however, have expanded their services and take the majority of their first contact referrals through reablement, which then contributes to the individual's assessment of need. This doesn't usually extend to those with complex needs as it is recognised that they do not necessarily benefit from that time limited intensive service.

I would suggest that our reablement proposals are not ill-considered and are in line with other local authorities.

I trust this clarifies your points.

Regards,

Beverley Tarka