

Desk-top review

At the Haringey Council Adults Health and Scrutiny Panel on 22 January 2015, Interim Director of Adult Social Services Beverley Tarka revealed that the decision to ‘re-design’ adult social care around the principle of ‘reablement’ had been informed by two exercises. The first was a workshop conducted by Gerald Pilkington, former head of the Care Service Efficiency Delivery programme at the Department of Health, and now an independent management consultant advising local authorities on how to implement cuts in social care expenditure (Haringey’s reliance on evidence from this source had been disclosed at an earlier meeting - see earlier document for an appraisal). The second, which had not previously been disclosed, was a ‘desk-top’ review of a sample of 5% of cases of individuals currently receiving care packages from Haringey Council.

Beverley indicated that this ‘desk-top’ review had the status of an internal document which could not be published to protect the confidentiality of recipients of services. The only information forthcoming was that the review had concluded that in 45% of cases there was ‘significant reablement potential’. This account raises several questions.

1. When was this review carried out and how long did it take?
2. Why did the Council not seek, in the spirit of partnership much heralded elsewhere in its Corporate Plan, to involve members of the Learning Disabilities Partnership Board, the Older People’s Reference Group, the Autism Working Group, or any other interested group, in either of these initiatives?
3. Why is it not possible to produce a report in which case data are suitably anonymised?
4. Who carried out this review – did they have expertise in relation to the client groups concerned (the elderly, people with dementia and mental health problems, autism and learning disabilities) as well as in relation to reablement?
5. From what group was the sample selected? Was it taken from the entire population receiving care packages? Did it exclude those needing ‘end-of-life’ care and advanced dementia (as do all current reablement programmes)? Did it also exclude those with severe learning disabilities, moderate dementia and critical complex needs (as do most current reablement programmes)? Did it exclude the 98-99% of people with learning disabilities whom Beverley accepted at the recent consultation with Haringey Health Watch would be unlikely to benefit from a reablement approach?
6. How was the 5% sample randomly selected? What statistical methods were used to establish whether this study was adequately powered to justify any conclusions which might be drawn from it?
7. What criteria of ‘reablement potential’ were used? How was ‘significant reablement potential’ judged?
8. In recent responses, at consultation meetings and in correspondence, both Beverley Tarka and Cllr Peter Morton have distinguished between ‘reablement’ (short term intensive programmes appropriate for a relatively small number of predominantly elderly individuals with limited or transient disabilities) and ‘enablement’ (supportive programmes, of indeterminate duration and intensity, considered appropriate for younger people with more severe and chronic needs). Did the desk-top review

distinguish between individuals who might benefit from either of these approaches – and what conclusions did it draw? Or did this distinction between ‘reablement’ and ‘enablement’ only emerge in response to objections raised to the inappropriate use of the concept of reablement during the consultation process?

In conclusion, the key information that is essential to make any sense of the desk-top review is the denominator used to calculate the proportion of those considered to have potential for reablement (see point 5 above). It is also worth noting that, the more the population considered eligible for reablement shrinks, the more intensive the reablement programmes will have to be if they are to realise the targeted 10% savings across the care packages as a whole.

Michael Fitzpatrick, 23 January 2015