

## ADASS RESPONSE TO REVISED GUIDANCE ON

### NI. 130 : Self Directed Support

#### DENOMINATOR

The proposed amendment to the denominator as a proportion of people receiving community-based services, rather than the population of the area, is an improvement.

#### RE-ABLEMENT

We would propose that people receiving designated Re-ablement services should be excluded from the numerator and denominator. This is because the intended outcome of an intensive re-ablement programme is to help people regain independence following which a proportion will no longer be in need of ongoing social care support. We propose, therefore, that people in formal re-ablement programmes are excluded. They would be counted if, at the end of the re-ablement programme, their needs were such that they required ongoing social care support.

People receiving re-ablement services will be identified through NI. 125.

#### RESIDENTIAL CARE

We believe there is a strong case to include residential care in the numerator and denominator and propose that this be considered.

Not to do so implies that

- (a) A person in residential care is not offered SDS. However, SDS processes enable many people, especially younger adults, to move out of residential care and into the community.
- (b) If offered SDS, a person would not opt for residential care. However, given the person's needs and resources available, this might be a logical and appropriate choice.

Excluding residential care could result in different judgements about performance between, say, a local authority with high use of residential care and comparatively few community packages, albeit with a high proportion of SDS; and another with low use of residential care, high volume of community packages but a lower ratio of SDS in its community packages.

#### DEFINITION

We suggest that, in addition to the three point criteria of "another form of personal budget" that further criteria be stated, namely

- that the outcomes address the person's identified needs;
- that the support plan is (a) sustainable, and (b) addresses the risks to the individual and to others.

## GENERAL COMMENTS

We regard this as a crude indicator. While welcoming the proposed amendments as an improvement, nevertheless, we recommend that it be included in the DH programme to review the social care indicators within the NIS.

The emphasis is on the process and not on the outcomes achieved. This is a major weakness. It also underlines the importance of taking forward a work programme to develop a consistent description of personal outcome measures.

The existing definition over-emphasises money as the qualifying factor, and underplays the importance of people managing their own services in the knowledge of their financial entitlement.

We don't think the criteria gives sufficient weight to the statement:

*"People receiving a service should be able to choose who provides their support and when and where the services are provided and that type of service will meet the agreed outcomes in their particular circumstances. To do this, people who use services, or their advocates, should be aware at the outset of the amount of funding that is available to be spent."*

This statement above emphasises control over the care arrangements. The criteria emphasise "getting a direct payment; or have in place another form of personal budget." Money is not a proxy for choice and control; choice and control is under-emphasised in the criteria.

Finally, we consider it will be difficult to audit the process of establishing the numerator across local authorities, in particular if there is to be comparability of performance. Falling back on to a budget proxy is not a good measure of being able to exercise choice and control in directing one's own care and support programme.

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