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**Response from Camphill Scotland (respondent information form below)****The case for change**

**Question 1:** Is the proposal to focus initially, after legislation is enacted, on improving outcomes for older people, and then to extend our focus to improving integration of all areas of adult health and social care, practical and helpful?

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Yes  No

While we understand that services for older people are an area which requires investment, we are deeply concerned that the focus on older people's services could be detrimental to other services, particularly other adult services.

We believe it is vital that all adult services are included in Partnerships' remits from the outset. We do not believe that the current proposal, to enable but not require Partnerships to include other adult services goes far enough.

In particular, we are concerned that, as performance monitoring will relate only to services for older people, Partnerships will, understandably, direct resources to areas which will be monitored, leaving other adult services even more poorly than they presently are.

We endorse the views of CCPS, who have pointed out that it is neither desirable to have two systems running in parallel (one for older people and the other for other adult services) nor to 'retrofit' other adult services into a system developed for older people.

**Outline of proposed reforms**

**Question 2:** Is our proposed framework for integration comprehensive? Is there anything missing that you would want to see added to it, or anything you would suggest should be removed?

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Yes  No

We are concerned that no mention is made of housing services in the consultation document. We are aware of several local authorities which have joint social work and housing departments, and housing support is a crucial part of many independent living support packages; research by the Housing Support Enabling Unit shows that many local authorities fund housing support through housing budgets.

### **National outcomes for adult health and social care**

**Question 3:** This proposal will establish in law a requirement for statutory partners – Health Boards and Local Authorities – to deliver, and to be held jointly and equally accountable for, nationally agreed outcomes for adult health and social care. This is a significant departure from the current, separate performance management mechanisms that apply to Health Boards and Local Authorities. Does this approach provide a sufficiently strong mechanism to achieve the extent of change that is required?

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Yes  No

We welcome the focus on outcomes. The high level outcomes in the Annex to the consultation are familiar and welcome, but we feel that the real impact of the outcomes will depend on the indicators and other measures, and we would consider it extremely important that a range of stakeholders can be involved in developing these indicators – ideally through public consultation so that everyone can have their say. We are particularly anxious that the indicators should not be restricted to older people's services – the breadth of the indicators will be vital in ensuring that the focus on older people's services is not to the detriment of other adult (and indeed children's) services.

We are not clear what is meant by 'performance support', which the consultation states will be offered to Partnerships that fail to meet nationally agreed targets. We welcome the fact that Partnerships' performance will be monitored, but would need to know more about the proposed interventions to be able to comment on their effectiveness.

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## Governance and joint accountability

**Question 8:** Are the performance management arrangements described above sufficiently robust to provide public confidence that effective action will be taken if local services are failing to deliver appropriately?

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Yes  No

We are not clear what is meant by 'performance support', which the consultation states will be offered to Partnerships that fail to meet nationally agreed targets. We welcome the fact that Partnerships' performance will be monitored, but would need to know more about the proposed interventions to be able to comment on their effectiveness.

**Question 9:** Should Health Boards and Local Authorities be free to choose whether to include the budgets for other CHP functions – apart from adult health and social care – within the scope of the Health and Social Care Partnership?

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Yes  No

We are not clear from the consultation document which current budgets will make up the new integrated budget. In places, the consultation seems to suggest that all of the adult social care budget should be transferred to the Partnership, while in others it proposes that Ministers should stipulate the minimum categories which should be included, giving the examples of local authority care at home and home care budgets.

If we assume from consultation question 12 that the intention is for Ministers to stipulate minimum categories for inclusion, our concern is that the categories given (local authority care at home and home care budgets) do not only cover older people, yet the work of the Partnership could be limited to older people's support. It is vital that, if Ministers are to stipulate categories for inclusion, these are very carefully defined so that spending on adults (as distinct from older people) is not adversely affected.

Here we would also make the case again for the inclusion of housing support in the integrated budgets. Information gathered by the HSEU in 2011 suggests that at least two thirds of local authorities fund some housing support through housing budgets rather than simply through social work budgets, and we would not want to

lose this valuable aspect of social care funding.

### **Integrated budgets and resourcing**

**Question 12:** If Ministers provide direction on the minimum categories of spend that must be included in the integrated budget, will that provide sufficient impetus and sufficient local discretion to achieve the objectives we have set out?

Yes  No

We are not clear from the consultation document which current budgets will make up the new integrated budget. In places, the consultation seems to suggest that all of the adult social care budget should be transferred to the Partnership, while in others it proposes that Ministers should stipulate the minimum categories which should be included, giving the examples of local authority care at home and home care budgets.

If we assume from this consultation question that the intention is for Ministers to stipulate minimum categories for inclusion, our concern is that the categories given (local authority care at home and home care budgets) do not only cover older people, yet the work of the Partnership could be limited to older people's support. It is vital that, if Ministers are to stipulate categories for inclusion, these are very carefully defined so that spending on adults (as distinct from older people) is not adversely affected.

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### **Professionally led locality planning and commissioning of services**

**Question 15:** Should the Scottish Government direct how locality planning is taken forward or leave this to local determination?

Yes  No

We hope that the new commissioning arrangements will be an opportunity to improve social care commissioning in Scotland. As highlighted by the recent Audit Scotland report, social care commissioning is still based on hourly rates, not outcomes, and we endorse CCPS's calls for this to change. Structural change (i.e. commissioning by the Partnerships instead of local authorities) will in itself not change this, and it is important that Partnerships are given support to improve commissioning practices.

**Question 16:** It is proposed that a duty should be placed upon Health and Social Care Partnerships to consult local professionals, including GPs, on how best to put in place local arrangements for planning service provision, and then implement, review and maintain such arrangements. Is this duty strong enough?

Yes  No

The consultation mentions frequently the involvement of the third sector in Health and Social Care Partnership, which is to be welcomed. We are concerned, however, that there seems to be a lack of clarity about what this involvement might look like:

- “The role of clinicians, social care professionals and the third and independent sectors in the strategic commissioning of services for adults will be strengthened”
- “third sector representation of the service user and carer experience of care”
- “It will also be important to ensure the direct involvement of ...representatives of the third and independent sectors [in locality planning]”

While these three areas need not be mutually exclusive, it reads as if the role the sector should play is unclear.

We also echo the concerns of CCPS around the fact that the third sector will be a ‘non-voting’ member of the Partnership, as this lack of parity is at odds with the Cabinet Secretary’s statement that ‘it was the intention that the voluntary sector is there not just to speak for its resource but to influence the spend of the totality of the resource in a much stronger way than perhaps it does just now.’

**Do you have any further comments regarding the consultation proposals?**

We are concerned that yet again a structural re-organisation will mean that some of the limited resources available will be diverted into the costs of the re-organisation. Although the intentions behind integration are laudable, we are anxious that the re-organisation should not mean that time and continuity will be lost. We agree here with CCPS, who point out that a focus on structure is not in itself enough to bring about change, and could in the end be detrimental if allowed to soak up too much time/resource.

We are not sure how the integration agenda is to fit with the self-directed support strategy.