Midlothian Council   **Communities & Wellbeing**
Fairfield House
8 Lothian Road
Dalkeith   Eibhlin McHugh
EH22 3ZN   Joint Health and Social Care Director

Midlothian

16 April 2014

Carer's branch (Consultation)
Adult Care and Support Division
The Scottish Government
2ER, St Andrew's House
Edinburgh
EH1 3DG

Dear Mr Fallon

Carers' legislation – consultation on proposals

This is Midlothian Joint Carers Strategic Planning group's response to the Carers' legislation consultation. The Joint Carers Strategic Planning Group was established in Midlothian during 2011 to consider the action required to strengthen local arrangements for addressing the needs of carers, both adult and young carers. The Carers Planning Group has wide representation from statutory and voluntary organisations and carers and reports through the Community Planning structure.

While we welcome the initiative to strengthen further support to carers, we also believe as a partnership we have done much to improve how we work with carers by listening to them and involving them in co-productive way in improving services and would not like to end up with bureaucratic processes that distract from getting it right for carers.

1. Carers Support Plan

- In Midlothian we call our carers assessment "Carer's Conversation" and would wish to have local discretion as it is favoured by both carers and professionals.
- We would agree with one support plan which can be used with a lighter touch or more in depth, so that we are not pre judging carers needs.
- We endorse the proposal to remove _substantial and regular care_ with the emphasis being on how well carers are coping.
- We welcome the spirit of statutory guidance but would want to have consultation prior to guidance being agreed as we have concerns about the danger of overly prescriptive guidance constraining local practice.
- We agree with removing the need for the cared for person to be in receipt of community care or children services.

- We agree with the removal of carer's ability to care- it is not about carer's ability to care but their individual need for support as a carer.

2. Carer and cared for person living in different local authority areas
- Carer s should be supported in their own area; we acknowledge that this is a problematic issue but would suggest that a flexible approach is required depending on the carer and their circumstances.

3. Information and advice provided to carers
- New services do not need to be established if there ar e existing services that we continue to support.
- CIS funding should not be scrapped, supp ort from H ealth Boar ds for carers must be maintained. Howev er there shoul d be greater integr ation of CIS with local Carers' Strategies

4. Duty to support carers
- We agree with the introduction of a duty to support carers and young carers.
- We would like to see what was proposed before confirming our agreement to eligibility criteria
- Agree it would be good to have a stat ement that is about values and be liefs and early intervention

5. Stages and transitions
- We agree with introduction of duty to support carers and young carers at different stages as caring is not a cons tant: for example when a young carer starts High School as this is a t ime that defines you ng people and young carers must not lose out, recognise that they have aspirations.

6. Carer involvement
- We feel that we are good at doing that already. Need to recognise also that carers need support to enable them to attend meetings
- Yes, carer should be involved in care pl anning of the person they care for this should not be dependant on individuals and should be a right rather then good practice

7. Planning and delivery
- Yes, but a carers strategy should be a par tnership between Health & Soc ial Care

- There should be evidence of good practice, not sure how you can measure sufficient

8. Carer Identification
- Yes, any register has to be active, meaningful and used constructively, it also has to be maintained

9. Hospital discharge planning
- Yes, carer should be involved in discharge planning which should begin as soon as cared for person is first admitted to Hospital.

Yours sincerely

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