Midlothian
Health & Social Care

# Carers' Consultation

November 2022

The Midlothian Health and Social Care Partnership (HSCP) is responsible for services that help people live well and get support when they need it. This includes all community health and social care services for adults in Midlothian and some acute hospital-based services.

As part of the process for allocating additional funding from the Scottish Government to support carers we consulted stakeholders and unpaid carers on priorities within the Midlothian Carers Strategy, connection to the services we deliver, gaps and what could be improved or developed.

We would like to thank the **40 people** (including 16 staff) who took part and the many community organisations and service providers who helped us reach people.

Focus groups (virtual and in-person) were set up for HSCP staff, Third Sector Staff, and Unpaid Carers.

The consultation lasted for 5 weeks in October - November 2020.

# Key Points

## Big Picture

### Big Picture thinking

- This focus group/interview will help inform our priorities & what we commission over the next 3 years, if you had one message (to make a difference) which you could take right to the top what would it be?

### Big Picture - Themes within Responses

- **Invest in the hook!**
    - Catch people's attention – what matters to you?
- **Scale up!**
    - Do more of what works well
- **Work collaboratively and embed approaches**
    - Hubs /Access Points in the community
- **Check things out, go where people are.**
    - How do we take things to carers who cannot access services in the community (caring role restricts ability to have time away from caring role)?
    - What can we do differently to reach carers we aren't currently?
    - Availability of serves for cared for person – not just office hours, e.g. weekends, evenings.
- **Tell them!**
    - Awareness raising (caring role; supports and services available)
    - Stands at supermarkets to highlight
- **Minimum income guarantee for carers**
- **Breaks from caring**
    - Companion service
    - Day centres for more advanced needs
- **One number to access support**
    - Triage calls for all referrals
    - Add Carer question to contact centre questions.

# Carer Identification

**We recognise carers as equal partners in care and value their role as main providers of care support in our communities. We want to identify everyone in Midlothian who has a caring role to provide them with information, advice and support to help them in their caring role.**

| Positve/ Negative | **Comment** |
|---|---|
| ✗ | **We don’t have the systems to identify carers at every opportunity**<br>• We need to embed carer identification within our systems. It needs to be part of our system and simplified processes<br>• We need better links within the systems and services need to be doing joined up work – so people can access support easily no matter where they are identified. |
| ✗ | **We don’t have sufficient resource to support an increase in carers**<br>• More carers being identified will need more capacity within services to support them. |
| ✗ | **There are gaps in how we identify carers – we need to improve outreach.**<br>• Increase awareness within the community of what it is to be a carer<br>• Use posters and visible information as well as technology.<br>• Improve information on Midlothian Council website<br>• Support professionals to be more proactive in introducing the concept of being a carer and actively supporting people into services |
| ✓ | **Carer identification is very positive once someone has been identified - Once you’re in, you’re in**<br>• Once a carer is involved, they know that support is there, however people who aren’t involved in the support system can be missed |

# Access to support, Information & Advice

**We recognise carers need the right information and support, at the right time and in the right place to continue in their caring role for as long as they are able and willing to care.**
**We want to provide support to improve the physical, mental, emotional and economic wellbeing of carers.**

| Positive/ negative | **Comment** |
|---|---|
| ✗ | **We may not be supporting male carers**<br>• A low proportion of carers in contact with services are male |
| ✗ | **The information we provide to carers could be improved.**<br>• Information needs to be tailored to the needs of the carer<br>• We need a central point of contact / list of information as it can be hard for carers to know where to start accessing support<br>• It is important that there is ease of access to support and making contact |
| ✗ | **We could improve how carers access services for the person they care for**<br>• Carers don't always know how to get in touch with services – we could improve linkages between services and have sources of information and contacts for community services and equipment.<br>• The impact of services for the cared for person can be significant – this can enable a carer to have time away from their caring role and sustain it, but a lack of services can have a negative impact. |
| ✓ | **Carer Support**<br>• Current provision is good,<br>• Current access to peer support is helpful and important for it to continue<br>• Positive experiences of attending services in local communities<br>• Suggestions for improvements include providing support in local communities, providing support where people are– services going out to carers, rather than carers coming in to a service/centre. Carers also requested services to be offered in different, flexible ways – not everyone wants to come to a group<br>• People commented on the importance of services being approachable for advice and support – an area to expand on could be reaching out to carers who cannot come in/attend services or groups. |

# Health & Wellbeing

## (including breaks from caring)

**We recognise carers must be supported to look after their own physical and mental health and wellbeing. Carers need to maintain good social connections and have regular breaks from caring.**

**We want to provide support to maintain the physical, mental, and emotional health and wellbeing of carers, and facilitate more breaks from caring to help carers cope and have a life alongside their caring role.**

| Positive/ Negative | **Comment** |
|---|---|
| ✗ | **Breaks from caring could be improved**<br>• We need a wider range of options of support for cared for (including complex need) and carer– currently service led rather than individually created. Provision of services needs to be more person centred (e.g., more flexibility in timings at day services). We need to continue to explore SDS and support for bespoke commissioning to suit the needs of caring situations<br>• We need to be clearer about whose outcome is being met and the distinction between respite / replacement care.<br>• Think about breaks from caring across Children's and Adult services |
| ✓ | **The Third sector is a good source of information and support for breaks from caring.** |
| ✓ | **Adult Carer Support Plan provision and training**<br>• Continue to support high quality staff training, aiming for consistency in assessment and planning work undertaken, leading to clear decision making |
| ✗ | **The impact of caring is increasing**<br>• Services (health and social care) are asking carers to undertake/offer more in their caring role.<br>• Support needs to be in place for carers to access appointment slots. Help to attend to the basic necessities for carers, e.g. replacement care to attend appointments, etc. |

# Planning Ahead

**We recognise we need to support carers to feel confident and able to take control of making plans for now, the future and for emergencies.**

**It is important for carers to get help to work out what plans they might like put in place in an emergency (and they could not provide the care they usually do), and what plans they might need to start making about their life and what their caring situation may look like in the future.**

| Positive/ Negative | **Comment** |
|---|---|
| ⊗ | **We need to improve how we support carers to plan**<br>• Due to demands of the caring role, day-to-day planning can be a struggle – future planning can feel like too much<br>• Carers can find there is a lack of opportunity to have planning discussions – lack of access and continuity<br>• There is a lack of support for specific supported future planning e.g., Power of Attorney (POA), funeral planning, transitions, moving into care<br>• Good Conversations and carers' assessments could happen earlier in a carer's journey – for ALL carers<br>• We need to increase the number of Anticipatory Care Plans |
| ⊗ | **We need to improve how future plans are accessed and stored**<br>• Unpaid Carers, HSCP and Third Sector staff need guidance on reviewing and updating Carer Emergency Plans; Anticipatory Care Plans; Power of Attorney |
| ✓ | **Power of Attorney (POA)**<br>• Practical support to complete applications for POA is useful.<br>• Increase capacity of GPs to sign off medical assessments as part of POA application process – support financially (either for GPs or carers)<br>• Can be used as a conversation starter to hook into wider supports available from community partners. |

# Financial Support

**We recognise the financial cost of caring. Carers must be able to access support to manage and plan their finances and future financial support for the person they care for. They must be able to access welfare rights and benefits support; support to combine paid employment with caring; and debt management support**.

| Positive/ Negative | **Comment** |
|---|---|
| ✓ | **Highlight existing opportunities for Income maximisation**<br>• Expand activity into targeting financial support offered – specific connections e.g., Food Banks, CAB<br>• Communicate understanding of the cost of caring and the extra burden that places on carer<br>• Promote routes into income maximisation support |
| ✗ | **A lack of flexibility and support from employers can impact on carers' availability to work.**<br>• Employment can be positive for carers but they need supportive and flexible employers and policies to be able to work around their caring role |

# Carer Involvement

**We recognise unpaid carers as a thread that runs through all our work, serving as a valuable resource that is drawn on in our services and communities. Carers must be involved in the support they receive for their own needs and involved in decisions about the care and support of the person(s) they provide care to. Carers must also be involved in the development and review of services and policies that have an impact on carers.**

| Positive/ Negative | **Comment** |
|---|---|
| ⊗ | **Carers experience expectations being put on them without communication**<br>• Communication with carers from hospital is inconsistent and not good enough – carers might not have time to prepare, etc.<br>• Expectation from services that carers will do whatever support is needed (even whilst in hospital).<br>• Power of Attorney might be helpful in situations involving hospital/communication. |
| ⊗ | **Social care and health services need to communicate better with carers**<br>• Right from the start – timely response – e.g. information on sources of carer support sent out with Waiting List letters. |