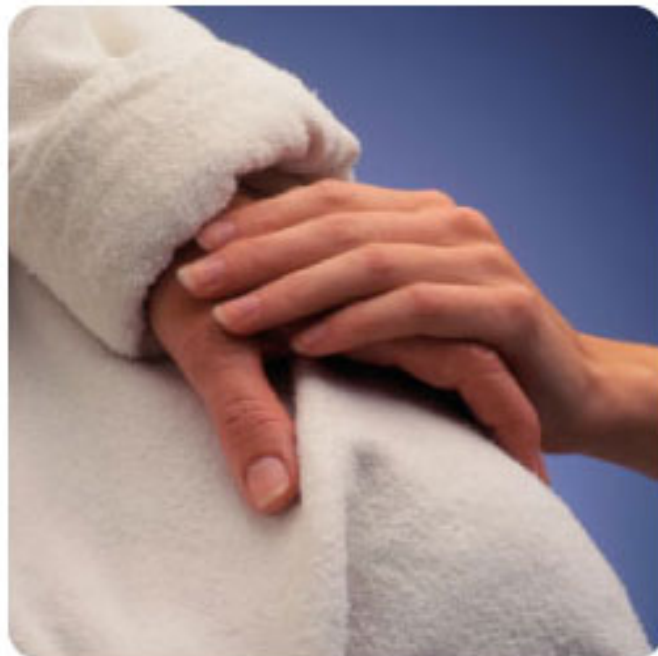


Scrutiny Review of Support to Carers



A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE

March 2010

Chair's Foreword

Carers provide an invaluable service to the people that they care for as well as on behalf of Haringey Council and its partners. It is crucial that the structures and services are in place to support them in this role, and to allow them to have a life of their own alongside their caring role.

I would like to thank staff at Haringey Council, NHS Haringey and Barnet, Enfield and Haringey Mental Health Service, Mental Health Carers Support Association, BME Carers, Asian Carers Support Group, Haringey Carers Centre and fellow Councillors for their time and support to this very important review. I would also like to give a special thank you to all of the carers that came along to the both the formal and informal review meetings and discussions. Listening to their experiences was not only informative but also very humbling.



Cllr Gina Adamou

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Executive Summary

The Overview and Scrutiny Committee commissioned a review into the support given to adult carers of adults as part of its 2009/10 work plan. The terms of reference for the review were:

“To assess the support provided to adult carers of adults in Haringey specifically to provide an objective view of these services and whether they provide value for money”

The Partnership has recently agreed a Carers Strategy and associated Delivery Plan, it is hoped that the recommendations within this report contribute to the work being carried out.

Key findings of the review:

- Carers are estimated to save Haringey £236million per annum.
- There is a strategic commitment across the partnership to improving the support given to carers in Haringey.
- Carers highly value the support given to them by the Voluntary and Community Sector organisations and consider these services as a ‘life line’.
- The Carers Partnership Board has a strategic input and is an effective forum for discussions and developments.
- Carers feel that access to flexible carers breaks/respice would help them to fulfil their caring role for longer.

Recommendations

Recommendation	Link to Carers Strategy Delivery Plan
<p>1. Recognition</p> <p>That Full Council recognises:</p> <ul style="list-style-type: none"> ○ The invaluable role that unpaid carers employed in, those living in and caring for people in Haringey play. ○ The impact that caring has on a person's life. ○ The new Carers strategy <p>and;</p> <ul style="list-style-type: none"> ○ Members commit to supporting carers in their role as a carer and their right to have a life outside of their caring role. 	<p>Outcome 1: Being respected and supported</p> <p>'To promote recognition and respect for carers'</p>
<p>2. Identification of carers</p> <p>Systems should be put in place to ensure that carers are routinely identified and offered assessment and support across the partnership.</p> <ul style="list-style-type: none"> ○ Staff awareness raising of carers in the care setting to enable them to identify carers and refer accordingly. 	<p>Outcome 1: Being respected and supported</p> <p>'To promote recognition and respect for carers'</p>
<p>3. Assessment</p> <p>Carer's assessment processes across the partnership should be reviewed to ensure consistency.</p> <ul style="list-style-type: none"> ○ With the involvement of the Carers Partnership Board 	<p>Outcome 2: Balancing caring with a life apart from caring</p> <p>'Ensure access to separate carer's assessment and flexible carer's service for eligible carers'</p>
<p>4. Signposting</p> <p>a) That robust systems are put in place across the partnership to ensure that even where carers do not want an assessment/do not meet assessment criteria they are signposted for advice and information.</p> <p>b) That where a carer does not want assessment/does not meet the assessment criteria:</p> <ul style="list-style-type: none"> ○ This is recorded. ○ They are invited to go on the carers register, with benefits explained. ○ Regular engagement takes place in order for support to be provided should their situation change. <p>c) That a carers information pack is compiled which</p>	<p>Outcome 4: Carers Well-being</p> <p>'Carers can access a specialised carers' service or resource centre'</p>

<p>includes information on services across the partnership and:</p> <ul style="list-style-type: none"> o Sent to all current and new carers who come into contact with carers services; o A copy given to all Councillors; o Be available at key sites across the borough including voluntary sector centres. o An electronic version be sent to all staff who may come into contact with carers e.g. customer service centre, switchboard. <p>d) Staff who are likely to come into contact with carers should be trained to identify and signpost carers appropriately (Libraries, adult and children’s social care staff, call centres, receptionists, GP surgery staff, local A&E department staff, discharge staff).</p>	
<p>5. Information, Advice and Support</p> <p>a) Establishment of a single point of contact for Carers in Haringey</p> <p>b) Update the “Essential Guide for Carers” taking into account service mapping exercise and ensure that this is available in a range of community languages.</p> <ul style="list-style-type: none"> o A copy should be given to Members o Electronic copies should be sent to front line staff e.g. Libraries and Customer Service centres. <p>c) Ensure the effective coordination of all information dissemination for carers taking into account the variety of different services carers need to access e.g. housing and benefits advice.</p> <p>d) Explore options for increased internet access for carers.</p>	<p>Outcome 4: Carers Well-being</p> <p>‘Carers can access a specialised carers’ service or resource centre’</p>
<p>6. Emergency Planning</p> <p>a) Carers receiving a service should be systematically contacted and arrangements made to put an emergency plan in place to ensure all carers have peace of mind in the event of an emergency.</p> <ul style="list-style-type: none"> o This plan should link to both the Carers care plan (where one is in place) and to the care plan of the cared for person <p>b) An emergency contact number should be included in all care plans to ensure Carers can easily contact the relevant team in the event of an emergency.</p> <p>c) Plans put in place with the consultation of the carer</p>	<p>Outcome 2: Balancing caring with a life apart from caring</p> <p>‘Carers have confidence that they can be supported when they have an emergency’</p>

<p>and where appropriate the cared for person to ensure the smooth transition of care if their informed carer dies.</p> <ul style="list-style-type: none"> o Use of Voluntary and Community Sector organisations to provide advocacy and support. <p>d) A regular seminar/event should be convened to explore issues associated with the death of a carer. These seminars should include:</p> <ul style="list-style-type: none"> o Legal aspects o Practice aspects e.g. putting a plan in place o Support and advocacy available 	
<p>7. Respite/Carers Breaks</p> <p>a) A review of respite provision across client groups to ensure consistency and clarity across all service areas.</p> <p>b) NHS Haringey and Haringey Council should jointly address the need for greater provision of carers breaks (including respite).</p>	<p>Outcome 2: Balancing caring with a life apart from caring</p> <p>‘Increased number and availability of carer’s breaks’</p>
<p>8. Personalisation</p> <p>a) The way in which information is provided to carers about the forthcoming changes should be reviewed to ensure that the language used is accessible to carers.</p> <ul style="list-style-type: none"> o This should be done in conjunction with the Carers Partnership Board, Carers organisations and where possible carers who attend support groups. <p>b) Next steps towards implementation and options available for carers and the cared for person need to be clarified and messages need to be consistent across all organisations.</p>	<p>Outcome 1: Being respected and supported</p> <p>‘To enable carers to access integrated and personalised services’</p>
<p>9. Strategic Planning and Partnership Working</p> <p>a) Support to be given to the development of a Carers Provider forum and to ensure that this feeds into the Carers Strategy and Delivery Plan.</p> <p>b) A full service mapping exercise should be undertaken across the partnership to gauge what services are available and where duplication exists.</p> <ul style="list-style-type: none"> o This should include a full gap analysis including assessing equity of access to all services for all carers. <p>c) Resources for carers across the partnership should</p>	<p>Outcome 1: Being respected and supported</p> <p>‘To enable carers to access integrated and personalised services’</p>

<p>be reviewed to ensure that services provided are linked to the priorities outlined in the Carers Strategy Delivery Plan.</p> <ul style="list-style-type: none"> o Consideration should be given to the use of joint commissioning of services. 	
<p>10. Carers registers</p> <p>a) Information held on Haringey Council's Carers Register and information held on the GP Registers should be shared where possible</p> <ul style="list-style-type: none"> o Options for sharing information between the Council's register and the GP register with carers permission should be fully explored. o Information held by other NHS Trusts should also be included in this exercise. 	
<p>11. Access to Personal information</p> <p>a) A carer/ cared for person information sharing protocol recognised by organisations across the borough signed by cared for person saying they give permission to carer to have access to their information should be established in consultation with carers, services users and carers organisations.</p>	<p>Outcome 4: Carers well-being</p> <p>'Carers are recognised and supported in primary care'</p>
<p>12. Carers wider well-being</p> <p>a) There should be nominated representatives from Leisure, Libraries/Adult Learning and Economic Regeneration on the Carers Partnership Board.</p> <ul style="list-style-type: none"> o Where relevant the nominated representatives should also be present at any associated sub-groups of the Carers Partnership Board. <p>b) Consideration should be given to increase the variety of ways in order for people to uptake discounts/benefits.</p>	<p>Outcome 3: Carers Financial security</p> <p>'Carers supported with information and advice to maximise their income'</p> <p>'Carers supported to remain in or return to work'</p> <p>Outcome 4: Carers Well-being</p> <p>'Carers can access health and well-being services'</p>
<p>13. Future review topics</p> <p>a) A short, sharp scrutiny review of support provided to parent carers of disabled children and young carers should be undertaken when resources come available.</p>	

1. Background

Haringey Carer's Population

- 1.1. According to the 2001 Census 15,967 people identified themselves as carers' in Haringey. As the Haringey Adult Carers strategy notes, this is likely to be an underestimate due to some people not identifying themselves as a carer. (NB these are the most up to date figures available).
- 1.2. The Haringey carers register had 1355 carers registered in September 2009. These are people who have identified themselves as carers and asked to go onto the register. This does not mean that this is the number of people receiving a carer's support service by the council, nor does it mean that they have had a carer's assessment; they may have requested not to do so.
- 1.3. According to the 2001 census the key demographics of the carer population in Haringey are:
- Gender profile
 - Men make up 41% of carers and women 59% compared with a male to female ratio of 48:52 for all people in the borough¹.
 - Women undertake more hours of caring than men.
 - Of those who care 1-19 hours, 57% are women and 43% are men
 - Of those who care 20-49 hours, 60% are women and 40% are men
 - Of those who care 50 or more hours, 66% are women and 34% are men².
 - Age profile
 - The peak age for caring in Haringey is between 35-49 years.
 - Haringey has the most young adult carers aged 18-34 years.
 - Ethnic profile
 - Ethnic groups over-represented as carers (by more than 1%) compared with their profile in the local population:

Ethnic group	Ethnic profile all residents	Ethnic profile of carers
White British	45.3%	47%
Indian	2.9%	5%

- Ethnic groups under-represented as carers (by more than 1%) compared with their profile in the local population:

Ethnic group	Ethnic profile all residents	Ethnic profile of carers
White Other	16.1%	14%
Black African	9.2%	7%

- Further information on all of the above can be found in the Haringey Adult Carers Strategy Equalities Impact Assessment.

¹ Since 2001 the gender difference has reduced and by 2007 Mid Year estimates -224,700 people in total- there are roughly equal numbers of men and women resident in Haringey

² Haringey Adult Carers Strategy, Draft Equalities Impact Assessment, 2009

2. Introduction

2.1. The Overview and Scrutiny Committee commissioned a review into the support provided for adult carers of adults as part of its 2009/10 work programme. This followed a recommendation in a previous review and that it was felt it was an opportune time for the review.

2.2. Due to the scope of the piece of work it was felt that young carers (under 18 years of age) and parent carers of disabled children would not be included at this time.

2.3. The terms of reference for the review were as follows:

“To assess the support provided to adult carers of adults in Haringey specifically to provide an objective view of these services and whether they provide value for money”

2.4. Members of the review panel:

- Cllr Adamou (Chair)
- Cllr Alexander
- Cllr Wilson
- Cllr Dodds

3. Policy Context

3.1. Haringey Carers Strategy’s vision is...*“that by 2018 carers will have a place in “a caring system on your side, a life of your own” and that “carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balanced between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and able citizen”.*³

3.2. The Strategy has four outcomes and is underpinned by a delivery plan for 2009-2012.

- The four outcomes are as follows:

- “Outcome 1 - Being respected and supported: Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Outcome 2 – Balancing caring with a life apart from caring: Carers will be able to have a life of their own alongside their caring role.
- Outcome 3 – Carers financial security: Carers will be supported so that they are not force into financial hardship by their caring role.
- Outcome 4 – Carers well-being: Carers will be supported to stay mentally and physically well and treated with dignity.”⁴

3.3. It is estimated that by providing unpaid care, carers in Haringey save the borough £236.5 million per year⁵.

Definition of a Carer

³ Haringey Adult Carers Strategy 2009-2014, Haringey Strategic Partnership, 2009

⁴ Haringey Carers Strategy – Haringey’s strategy for supporting unpaid adult carers, Delivery Plan 2009-2012, Haringey strategic Partnership, 2009

⁵ As noted in the Haringey adult carers strategy, source: Carers UK

3.4. For the purpose of this review the definition of a carer is taken from the National Carers Strategy, this is also the definition used in the Haringey Adult Carers Strategy.

*“A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems”.*⁶

National Context

3.5. Comprehensive Area Assessment Framework⁷ document states that scrutiny reviews carried out locally will provide valuable evidence that can feed into the CAA and may help inspectors understand issues without having to carry out additional work. The three key area assessment questions are as follows:

- How well do local priorities express community needs and aspirations?
- How well outcomes and improvements needed being delivered?
- What are the prospects for future improvement?

3.6. The **National Carers Strategy**⁸ sets out to raise the profile of carers and sets out the Governments short and longer term commitment and vision for carers. The vision by 2018:

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- carers will be able to have a life of their own alongside their caring role;
- carers will be supported so that they are not forced into financial hardship by their caring role;
- carers will be supported to stay mentally and physically well and treated with dignity⁹.
- “The carers’ strategy is underpinned by £255 million to implement some immediate steps alongside with medium and long-term plans.
 - New commitments in the carers’ strategy include:
 - £150 million towards planned short breaks for carers;
 - £38 million towards supporting carers to enter or re-enter the job market; and
 - £6 million towards improving support for young carers.
- Other schemes associated with the strategy include the piloting of annual health checks for carers to help them stay well and training for GPs to recognise and support carers”¹⁰.

The Personalisation agenda

3.7. The 2005 Green Paper (Independence, Well-being and Choice) and the Our Health, Our Care, Our Say white paper both proposed the vision of a ‘personalisation’ of services. Personalisation being: “the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive”¹¹. This transformation in the way that services are shaped and provided is being compared with the changes which occurred with the introduction of the NHS and Community Care Act 1990.

⁶ National Carers Strategy: Carers at the heart of 21st Century families and communities, Department of Health, 2008

⁷ Comprehensive Area Assessment Framework, Audit Commission, February 2009

⁸ National Carers Strategy, as above

⁹ National Carers Strategy, as above

¹⁰ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

¹¹ Our Health, Our Care, Our Say: a new direction for community services, Department of Health, 2006

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- In December 2007 the Department of Health published a Ministerial concordat 'Putting People First'¹² which set out the shared aims and values to drive the transformation of adult social care, by working across sectors and agendas.

3.8. **Commissioning for Carers** guidance has been produced by the Improvement and Development Agency in consultation with carers and local authorities. The aim of this guidance is to help authorities to realise the vision of the National Carers Strategy (as above). This guide covers:

- Strategic Planning
- Commissioning Services
- Developing a provider market

3.9. The **Carers (Equal Opportunities) Act 2004** places a duty on:

- Local Authorities to ensure that carers know that they are entitled to an assessment of their needs.
- Councils to consider carers outside interests when carrying out an assessment e.g. leisure, education and work.
- Gives Local Authorities powers to enlist the help of housing, health and education to ensure that support is delivered coherently¹³.

3.10. The **Work and Families Act 2006** gives carers the right to request flexible working. This can only be refused if the change in working pattern would damage the business or impact on other employees.

3.11. The **Equalities Bill 2009** sets out to replace a number of laws with one single Act to make it easier for people to understand their legal right and for employers to understand their legal obligations. This Bill is expected to come into force in the Autumn of 2010. It is the first time that carers are included in a Bill in this way and will protect carers from discrimination and harassment by association to the person they care for and will apply in employment, as well as in the provision of services.

- 4.7.1. The Bill in effect implements the Coleman Judgement of the European Court of Justice in 2008. The Coleman judgement means that people now have rights not to be subjected to direct discrimination or harassment on grounds of their association with a disabled person¹⁴.

3.12. The **Employment support for carers**¹⁵ explores how caring responsibilities affect people's decisions about employment. The study came to the following conclusions:

- Job seeking and benefits rules were viewed by carers as complicated and inflexible.
- A single point of access where carers' needs were understood was seen as important.
- Removing barriers to employment requires action from a range of stakeholders. Legislative rights would not by themselves promote flexible work opportunities.
- More clarity about benefits and entitlements is needed,
- Care packages are rarely constructed with reference to the carers need to work¹⁶.

3.13. **Supporting Carers to Care**¹⁷ recommends making benefits clearer and simpler to access and that the Department for Work and Pensions (DWP) should improve the

¹² Putting People First; a shared vision and commitment to the transformation of adult social care, Department of Health, 2007

¹³ www.direct.gov

¹⁴ www.equalityhumanrights.com

¹⁵ Employment support for carers (research report 597), Department for Work and Pensions, 2009

¹⁶ Local Government Information Unit, Health and Social Care Roundup briefing, 2009

effectiveness of its employment support to carers at Jobcentre Plus and share good practice in supporting carers across its new Care Partnership Managers. Findings of the report include:

- Benefits for carers are unnecessarily complex and cause confusion, including understanding information and requirements from the Department for Work and Pensions (DWP).
- Carers receive insufficient support to combine employment with caring responsibilities.

4. Methodology

- 4.1. The review held six panel meetings to consider evidence presented by both voluntary and community and statutory organisations as well as attending further formal and informal meetings to gather evidence for the review.
- 4.2. A Coffee morning was hosted by the Chair of the review panel in an informal setting, at the Winkfield Resource centre, to speak to carers about the support that they receive and any issues they felt the review could add value to. Seven carers attended allowing the panel to have in-depth conversations about carers experiences.
- 4.3. Panel Members were invited to attend a support group at BME carers to discuss the review and allow carers to feed directly into the review process. There was approximately thirty carers in attendance which enabled an interesting discussion on areas where carers felt frustrated, the improvement which they have felt over recent years as well as where they felt further improvements could be made.
- 4.4. The review was also discussed at a Carers Partnership Board meeting and a HAVCO Well-being Group meeting to allow further input into the review.

5. Main Report

Recognition

5.1. Carers provide an extremely valuable service, not only to the person(s) that they care for but also to public services who would otherwise need to support the person who is being cared for. A number of carers throughout the course of the review expressed a desire for greater recognition for the role that they play and to be recognised as experts in the needs of the cared for person.

1.

- That Full Council recognises:
 - The invaluable role that unpaid carers employed in, those living in and caring for people in Haringey play.
 - The impact that caring has on a person's life.
 - The new Carers strategy
- and;
- Members commit to supporting carers in their role as a carer and their right to have a life outside of their caring role.

Identification of carers

5.2. The panel heard of work being done to identify carers across the partnership. This includes work done by the carers organisations in Haringey which is 08/09 identified over 150 new carers¹⁸. The panel also heard about work being done at the Mental Health Trust who have a full time Carers Assessment post who works across the mental health services to identify and assess carers.

5.3. The Mental Health Trust aims to identify carers in a range of ways that include:

- 'Point of referral to services information regarding carers/family members is requested through the completion of a referral form and in the manner in which an initial assessment of need is required to engage with the views and opinions of carers.
- In meetings with service users, care coordinators are expected to engage with the broader social network surrounding the service user. For example the model of 'home treatment' is to arrange a 'social systems' meeting with the service user and their carer/family/friends to explore together the origins of the mental health crisis, to ensure the 'triggers' to the crisis are understood and can be avoided in the future.
- A recent initiative has required all care coordinators within the community teams to audit their case load and identify the carer(s) for each service user, and provide a date for the

¹⁸ Adult Services & Commissioning - work with informal carers, ACCS, 2010

completion of the carer's assessment or when it is scheduled to take place. The audit is being supervised by the team managers.

- Within the acute care service carers are actively identified and invited to an inpatient carer's group that operates on a weekly basis facilitated by a senior Mental Health Trust director and clinical psychologist¹⁹.

5.4. The Mental Health Trust acknowledged that there is more work to be done in identifying and subsequently supporting carers and is committed to making improvements. Recent initiatives include the setting up of a support group at St Ann's to support carers when the cared for person has been admitted.

5.5. The panel also heard from carers who spoke of taking a long time to identify themselves as carers. This included a carer who talked about how through word of mouth and beginning to attend support groups in the borough she began to understand that she was carer and could subsequently begin to access the services available and get a carers assessment. As mentioned above, according to the last census there are approximately 16,000 unpaid carers in Haringey, it is unknown how many of these do not consider themselves as a carer and are therefore not accessing services.

2.

- Systems should be put in place to ensure that carers are routinely identified and offered assessment and support across the partnership.
 - Staff awareness raising of carers in the care setting to enable them to identify carers and refer accordingly.

Assessment and signposting of Carers

5.6. Informal carers are entitled²⁰ to an assessment independent of the person they are caring for. If eligible they are then entitled to services to meet their individual needs. In Adult Services carers assessments are completed by either a social worker or care manager, and it is aimed to complete these assessments within 28 days. However this may vary dependent on the individual circumstance. Their needs are then reviewed at least annually or more frequently if appropriate and required²¹. Adult Services also contract with the voluntary sector carers organisations to complete 'delegated' carers assessments on their behalf.

5.7. The Mental Health Trust offers assessments to carers which it identifies. This information is then loaded onto Frameworki²². Information on those carers who don't want to have an assessment is also recorded, however there is more to be done in terms of tightening up the system and following up on this information at a later date to ensure that the carer still does not want an assessment and ensuring that the carer does not reach crisis point at a later date. This view is also held by the Mental Health Carers Association who acknowledge that there are examples of best practice but feels that the process Support needs to be more systematic and consistent overall and across the partnership.

¹⁹ Barnet, Enfield and Haringey Mental Health Trust submission, December 2009

²⁰ Carers (Recognition and Services) Act 1995

²¹ ACCS submission, January 2010

²² Social Care Record System

5.8. The panel stressed that where a carer is known and either does not meet the assessment criteria, or does not want an assessment then they should be signposted appropriately so that they are able to get support and advice should the need arise.

5.9. Adult Services have acknowledged that carer process will need to be reviewed as part of the implementation of personalised support for carers as this will include giving carers the opportunity to complete a supported self assessment, leading to provision of carer specific services where the carer is eligible²³.

Recommendations

3. Assessment

- Carer's assessment processes across the partnership should be reviewed by the Carers Partnership Board to ensure consistency.

4. Signposting

- a) That robust systems are put in place across the partnership to ensure that even where carers do not want an assessment/do not meet assessment criteria they are signposted for advice and information.
- b) That where a carer does not want assessment/does not meet the assessment criteria:
 - This is recorded.
 - They are invited to go on the carers register, with benefits explained.
 - Regular engagement takes place in order for support to be provided should their situation change.
- c) That a carers information pack is compiled which includes information on services across the partnership and:
 - Sent to all current and new carers who come into contact with carers services;
 - A copy given to all Councillors;
 - Be available at key sites across the borough including voluntary sector centres.
 - An electronic version be sent to all staff who may come into contact with carers e.g. customer service centre, switchboard.
- d) Staff who are likely to come into contact with carers should be trained to identify and signpost carers appropriately (Libraries, adult and children's social care staff, call centres, receptionists, GP surgery staff, local A&E department staff, discharge staff).

Information, advice and support

5.10. It is important that information and advice is easily accessible to carers to assist them in their caring role. The panel heard from carers of the importance of the advice and support given by the voluntary and community sector and how carers often view these services as a life line and a second home where 'everyone is in the same boat'.

²³ ACCS evidence submission

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- 5.11. The panel heard that the Carers Partnership Board has a Information and Advice sub-group which aims to look at the information available to carers and ensure that it is in the right places and easily accessible to them. The panel welcomes and supports this piece of work.
- 5.12. The panel felt that it is important for carers to have access to a printed guide with accessible information in and also welcomes the reviewing of the 2007 [Essential Guide for Carers](#).
- 5.13. The panel discussed the benefits of a single point of contact for carers to ensure that they are easily able to access help and advice. This was also discussed at the Carers Partnership Board and in consultation with carers. The panel acknowledges that this is an aspiration for statutory and voluntary agencies and support the action in the Carers Strategy Delivery Plan²⁴.

5.

- a) Establishment of a single point of contact for Carers in Haringey (also in delivery plan)
- b) Update the “Essential Guide for Carers” taking into account service mapping exercise and ensure that this is available in a range of community languages.
 - o A copy should be given to Members
 - o Electronic copies should be sent to front line staff e.g. Libraries and Customer Service centres.
- c) Ensure the effective coordination of all information dissemination for carers taking into account the variety of different services carers need to access e.g. housing and benefits advice.
- d) Explore options for increased internet access for carers.

Emergency Planning

- 5.14. Carers expressed concerns about what would happen to the cared for person in the event of an emergency or death. This was a particular concern for older carers, who told of staying awake at night worrying about what would happen.
- 5.15. A number of carers also raised queries about their properties and whether they would be able to leave them to the Council, in return for the cared for person receiving supported living or being able to stay in the property with support for the duration of their lives.
- 5.16. An [Emergency Alert Card](#) scheme has been running since 2006. This card is wallet sized and identifies a carer, as such, in the event of a emergency and links in with cared for persons emergency support plans held by the Council. The scheme currently holds plans for 64 carers²⁵ and in 2009/10²⁶ had six contacts to the service. Adults

²⁴ Carers Strategy delivery plan, Outcome 4, point 4.1(i), page 12

²⁵ As at January 2010.

²⁶ To January 2010

recognises that there is more work to do to get more people signed up to this scheme and to raise awareness of its existence amongst health and social care staff. This has begun with its inclusion on a newsletter sent to all carers on the Carers register in November 2009 and it due to continue with the development of an action plan to promote the scheme.

- 5.17. The panel heard that regardless of whether a carer has an Emergency Alert card, there is access to emergency 24hr home based respite and designated in-house emergency beds to avoid inappropriate admission of the cared for person.
- 5.18. For older parent carers, the importance of having an emergency plan in place is also recognised and is a key priority for 2010 in the Learning Disabilities service. The panel heard that work has begun in the service to work with older carers to plan for the future care and support needs of their cared for person. The panel recognises that this may be a difficult conversation for carers to have and that not all carers may be ready or willing to talk about it.
- 5.19. The panel also notes that the mainstreaming of emergency care planning is an action in the Carers Strategy Delivery plan²⁷. Whilst the panel welcomes this, it also feels that all care plans should have an emergency plan attached to them and so there is a need to work through the care plans already in place and ensure that these are put in place to ensure all carers have peace of mind in the event of an emergency.
- 5.20. The Mental Health Trust also recognises the importance of clarity in the event of an emergency. If an emergency arises within normal working hours it is generally appropriate to make contact with the service user's care coordinator who will be able to coordinate an appropriate response to the emergency. Outside of normal working hours the emergency reception centre at St Ann's is available 24 hours 7 days a week. Within Care Programme Approach meetings (CPA) a crisis and contingency plan is expected to be completed by the care team, in partnership with the service user and carer.
- 5.21. For service users who have previously worked with the Home Treatment Team it is possible to contact them directly for support and advice regarding the nature of the emergency and how to manage it. The outcome of this may be an assessment by the Home Treatment Team depending on the situation and nature of the emergency²⁸.

²⁷ Carers Strategy Delivery Plan 2009-2012, Outcome 2, point 2.3(i), page 8

²⁸ Barnet, Enfield and Haringey Mental Health Trust, review submission, December 2009

6.

- a) Carers receiving a service should be systematically contacted and arrangements made to put an emergency plan in place to ensure all carers have peace of mind in the event of an emergency.
 - o This plan should link to both the Carers care plan (where one is in place) and to the care plan of the cared for person
- b) An emergency contact number should be included in all care plans to ensure Carers can easily contact the relevant team in the event of an emergency.
- c) Plans put in place with the consultation of the carer and where appropriate the cared for person to ensure the smooth transition of care if their informed carer dies.
 - o Use of Voluntary and Community Sector organisations to provide advocacy and support.
- d) A regular seminar/event should be convened to explore issues associated with the death of a carer. These seminars should include:
 - o Legal aspects
 - o Practice aspects e.g. putting a plan in place
 - o Support and advocacy available

Respite/Carers Breaks

5.22. The availability and flexibility of respite and carers breaks was raised by the majority of carers to whom the panel spoke. It was the top of carers 'wish list' and what would be most likely to help them to maintain their caring role. Carers would like small, flexible chunks of respite/breaks which they are able to plan in advance for.

5.23. The panel heard that there is a limited amount of in house respite available and to arrange respite on a spot contract basis would result in high costs.

5.24. The panel heard that the 2009/10 Investment plan for NHS Haringey suggested allocating £50,000 for short breaks for carers of disabled patients, and a similar sum in 10/11. However, financial difficulties led this allocation to be invested in other prioritised areas. At the time of writing NHS Haringey had yet to finalise the 10/11 budget, but the panel were informed of a provisional allocation to carers' breaks²⁹.

5.25. The panel hopes that in future years there will be funding available specifically for carers breaks in acknowledgement of the importance carers place on this in enabling them to continue in their caring role and to address the current limited availability.

²⁹ NHS Haringey evidence submission, December 2009

7.

- a) A review of respite provision across client groups to ensure consistency and clarity across all service areas
- b) NHS Haringey and Haringey Council should jointly address the need for greater provision of carers breaks (including respite).

Personalisation

5.26. The Personalisation agenda is, in brief, the move towards a person being able to decide what type of support they need to address their need, who from, where and when. This is also described as Self Directed Care.

5.27. There are two ways this agenda is expected to impact carers:

- Personalisation should impact on the support provided to cared for person, which may help both the carer and the cared for person.
- Personalisation should affect the support provided for the carer, after a carer's assessment³⁰.

5.28. Each social service department needs to be in a position to offer this self directed care by April 2011 and Haringey is currently running a number of pilots as well as working to ensure that all service users understand what the new system will entail and what their choices are.

5.29. Throughout the course of this review carers were found to be very anxious about the changes and also confused about the implications and options, even though they may have received information on the changes. Whether this was through a presentation at one of the support groups or contact with social care staff (this does not include the carers on the Carers Partnership Board who did have a good understanding of the changes). The main anxieties which carers have in respect to the forthcoming changes are:

- A number of carers were of the view that they had no option but to manage the budget for their own support (where relevant) and the cared for person's budget themselves.
- Carers were generally confused about the changes and expressed feelings of the situation being taken out of their hands.
- There was concerns about what would happen to the cared for person should they die or be unable to care any longer e.g. 'who will run their life then?'³¹,
- That they will have to deal with an additional responsibility.
- Many carers commented that they had heard conflicting information across both statutory and voluntary sector organisations.

5.30. Carers felt that they needed the changes to be explained to them in plain English and not in 'local government language'.

5.31. At the same time the panel heard of the work being done in Adults and the work planned in order to communicate with carers and involve them in the changes which are taking place. This includes the Transforming Social Care Board (on which user/carer representatives now sit), which the Cabinet Member for Adult Social Care and Well-

³⁰ <http://www.scie.org.uk/publications/atagance/atagance10.pdf>

³¹ Comment from a carer at a consultation session

being chairs as well as a planned sub-group of the Carers Partnership Board which will address the concerns of carers and also practical aspects such as ensuring that carers are adequately trained to enable them to deal with the changes. Each of the pilots being run in Adult Services have User Reference Groups which also offer opportunities for carers to be involved.

5.32. Whilst the panel recognises the work that is being done to ensure all carers are informed of the changes, it feels that the language used when communicating these changes to carers and the way in which information is disseminated should be reviewed with the active involvement of the Carers Partnership Board, Carers and the statutory and voluntary sector, not only to ensure that the information is going out in the correct format but also to ensure there is a consistent understanding of what exactly the changes mean by all organisations.

8.

- a) The way in which information is provided to carers about the forthcoming changes should be reviewed to ensure that the language used is accessible to carers.
 - o This should be done in conjunction with the Carers Partnership Board, Carers organisations and where possible carers who attend support groups.
- b) Next steps towards implementation and options available for carers and the cared for person need to be clarified and messages need to be consistent across all organisations.

Strategic Planning and Partnership working

5.33. At a strategic level there is a commitment to improving the support given to carers and there is recognition amongst partners that there is more to be done to ensure that there is a continuum of support for carers right across the organisations. The panel also heard of structures in place to facilitate this, for example the Joint Leadership Team which has representatives from NHS Haringey and the Council.

5.34. The Carers Partnership Board was re-established in September 2008 and has representatives from across the partnership, including the Voluntary and Community Sector. It is chaired by a Councillor who is also the Carers Champion and has nineteen carer representatives on the board. The panel felt that the Carers Partnership Board provides a forum for open and honest dialogue about the issues faced by carers as well as in taking an active role in strategic development, for example in the development of the Carers Strategy. The Carers Partnership Board has/is setting up a number of sub-groups including:

- Information & Communication
- Working and caring
- Access to Education and Employment
- Personalisation
- Carers and current services (including transition) – developing a framework for carers to evaluate services and contribute to future modelling of services³².

5.35. The Voluntary and Community sector organisations carry out an array of support functions for carers and are invaluable to the carers well-being. However, there is some duplication in the work carried out and examples of events held on the same day, which mean that carers are not able to attend everything they would like to. The panel also felt

³² ACCS review submission, January 2010

that the Voluntary and Community Sector organisations could benefit from sharing their expertise and resources to prevent any duplication e.g. one newsletter as opposed to individual newsletters. To this end the panel felt that it would be beneficial to carers if a Carers Provider Forum were to be set up to help facilitate coordination across the organisations. The panel understands that this has now been set up, with the first meeting planned for March 2010, and supports this development.

5.36. The panel also felt that it would be beneficial, particularly in light of the forthcoming changes through personalisation, if resources across the partnership were explored identifying areas of duplication and the services carers would like to see and then to ensure that this aligns with the Carers Strategy Delivery Plan. This would also be an opportune time to ensure equity of access across the partnership, and should include a review of organisations contract specifications to ensure that these reflect priorities in the Carers Strategy Delivery Plan.

9.

- a) Support to be given to the development of a Carers Provider forum and to ensure that this feeds into the Carers Strategy and Delivery Plan.
- b) A full service mapping exercise should be undertaken across the partnership to gauge what services are available and where duplication exists.
 - o This should include a full gap analysis including assessing equity of access to all services for all carers.
- c) Resources for carers across the partnership should be reviewed to ensure that services provided are linked to the priorities outlined in the Carers Delivery Plan.
 - o Consideration should be given to the use of joint commissioning of services.

Carers Registers

5.37. Haringey Council has a Carers register which currently has over 1200³³ carers registered. Carers do not need to be in receipt of a care package in order to go on the carers register and carers do not automatically go on the carers register when they are in receipt of a care package. Carers on the carers register are entitled to a number of benefits in Haringey on presentation of the letter provided once they are registered. These benefits include discounted leisure pass and discounts on adult learning courses.

5.38. There is also a GP carers register requirement as part of the Quality and Outcomes Framework. Within this GP practices are required to have “a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment⁴⁾³⁴. All Haringey GP practices apart from one are meeting this requirement. The practice not meeting this requirement is currently receiving additional NHS Haringey support.

- NHS Haringey have spoken to Clinicians about access to information held on these registers. NHS Haringey would be able to ask GPs practices for the number of carers on this register; however any further breakdown e.g. demographics may require patient permission and options would therefore need to be explored further.

³³ As at November 2009

³⁴ NHS Information centre, Quality and Outcomes Framework, <http://www.qof.ic.nhs.uk/search.asp>

10.

- Information held on Haringey Council's Carers Register and information held on the GP Registers should be shared where possible
 - Options for sharing information between the Council's register and the GP register with carer's permission should be fully explored.
 - Information held by other NHS Trust should also be included in this exercise.

Access to personal information

5.39. Queries were raised about the information given to carers on the cared for person and the impact that not having access to information can have. This was particularly in relation to mental health services and GP's. The panel heard of the frustrations carers sometimes have at not being allowed to discuss the treatment and needs of the cared for person with their GP or other relevant professional, particularly where the cared for person has mental health needs and may be going through or heading towards crisis.

5.40. These issues were raised with NHS Haringey who subsequently looked into the matter with local clinicians. Clinicians felt that wherever possible there is always value in them seeing the patient and being able to make an objective assessment and that this is in accordance with General Medical Council good practice guidelines. This also ensures that the patients confidentiality is respected and takes into account the legalities of decisions being made on behalf of the cared for person. Clinicians believe that the view of the carer is extremely important and practitioners in primary care should offer support to carers. Clinicians believe the carers' role should be clearly defined and boundaries need to be established³⁵.

5.41. At the same time carers feel that they know the cared for person best and are an expert in their care and the symptoms that may be associated. Below are some points raised:

- "Sometimes a carer will see things starting to happen, which need help. If the patient is not seen by the doctor from one year to the next, for a 1 yearly review, then how can the doctor possibly know how the patient is? The only person, in that case, who can see any changes in the person with a mental illness, is the carer.
- If the patient with a mental illness is not prepared to visit the doctor, but is getting worse with the illness, then the only person who can speak to the doctor about any concerns, will be the carer. If the doctor will not listen to the carer, because of confidentiality, then who is going to be there to help the patient!
- If the carer was able to speak to the doctor, the doctor could then give any advice to the carer - either to re-assure the carer that things are OK, or whether or not to try to get the carer to encourage the patient, slightly more, to visit the doctor. How can the carer fully care for the person, without knowing how to do so?
- Some people with mental/physical illnesses will listen to the carers' advice. But if others do not want to listen, then the carer will need to have an outlet of speaking to the doctor,

³⁵ NHS Haringey written submission in response to queries raised. February 2010

to know what to do. Maybe the doctor can give advice to the carer of how to help the person they are caring for, at home.

- There's a lot I don't know about other people with other kinds of mental illnesses, or with physical illnesses, but I'm sure that when the carers don't know what to do for the best, that they need to be able to speak to someone medical - their own GP about what to do about these things. The carers could be able to stop something worse happening to the person they are caring for, just by being able to be a 'plug in the gap' to help the person being cared for.
- Also - if the carer knew he/she was able to talk to the doctor about their concerns about the person they are caring for, from time to time, it would take a lot of pressure off the carer, and therefore prevent extra stress and the physical effects from stress, happening to the carer. It could alleviate stress and depression from the carer. As the 'saying' goes, "a trouble shared, is a trouble halved".³⁶

11.

- A carer/ cared for person information sharing protocol recognised by organisations across the borough signed by cared for person saying they give permission to carer to have access to their information should be established in consultation with carers, services users and carers organisations.

Carers wider Well-being

5.42. Carers registered on the Council Carers Register are entitled to free leisure Active Card Carers pass on presentation of the letter confirming that they are on the register. The pass entitles the carer to free access to the leisure centre when they attend the leisure centre with the person they care for. The pass also entitles the carer to reduced price entry (a discount of 25%) to the leisure centre when they attend on their own. The carers pass lasts nominally for one year and can be renewed, for free, on the production of evidence that they remain on the Haringey's Carers' Register. The panel heard that this scheme has been in place for a number of years and currently 47³⁷ people are registered on the scheme out of the approximately 1200 eligible carers on the Carer register. However, the panel notes that those aged 65 years of age and above are entitled to a leisure pass in their own right and therefore the number of carers in this group would not necessarily be known.

- The panel felt that more promotion of this benefit through support groups, GP surgeries etc would enable more carers to take advantage of this benefit, particularly as it could also contribute to the carers wider well-being, not just in their physical fitness.

5.43. Haringey Adult Learning Service (HALS) offers a number of benefits for carers including:

- Carers in receipt of benefits can already claim a 50% discount on fee-charging courses. Many courses, including Skills for Life, Work-based learning and Family Learning are free of charge to all learners and many of these courses can offer free crèche places.

³⁶ Written as part of an email submitted to the review by a mental health carer. February 2010

³⁷ As per evidence received by the panel in October 2009

- An additional discount of 10% is offered to all registered Haringey carers accessing HALS provision. Day, evening & weekend provision offers a degree of choice to carers on points of access.
- 'Learn direct' in HALS provides flexible online learning options on ways to improve literacy and numeracy skills and gain recognised national qualifications. Courses can be partially accessed from home.
- HALS, in partnership with Libraries, acts as an information point for carers of people with dementia. Staff are currently being trained to promote a DVD, 'Life with Two Hats' supported by Millennium Awards, Carers UK & Alzheimer's society, which gives a wealth of information on how to access help as a carer.

5.44. The panel also heard of a number of options being explored by the Adult Learning Service to further support carers and in line with the personalisation agenda, which the panel supports. For example by applying a further subsidy to courses that carers wish to attend so that they can be offered completely free of charge, distance learning courses. HALS plan to consult with carers and carers organisations on further developments³⁸.

5.45. A number of carers throughout the review raised issues around employment and wanting help to return to work, whether full time or on a flexible basis so that they are able to continue in their caring role. The panel heard evidence from Economic Regeneration on the Haringey Guarantee Scheme. The Haringey Guarantees aims to help residents return to work providing information on unemployment benefits and Working Tax Credits on returning to work. Carers wishing to return to work can be considered under this scheme, however there are no specific targets associated with carers as part of this scheme. Carers organisations also did not know about carers being part of this scheme.

5.46. The panel felt that to further all of the above areas linked to carers well-being there should be a named representative from each service who attended the Carers Partnership Board as well as any sub-groups associated with their service area.

12.

- a) There should be nominated representatives from Leisure, Libraries/Adult Learning and Economic Regeneration on the Carers Partnership Board.
 - Where relevant the nominated representatives should also be present at any associated sub-groups of the Carers Partnership Board.
- b) Consideration should be given to increase the variety of ways in order for people to uptake discounts/benefits.

6. Suggested future review topics

6.1. The panel felt that it would be beneficial for a short, sharp review to be done into support for carers of children and children carers based on issues raised amongst carers at the groups that the panel attended as well as by the voluntary and community organisations who would also welcome a review into this area.

³⁸ Haringey Adult Learning Service submission, October 2009

13.

- A short, sharp review of support provided to adult carers of children and children carers should be undertaken when resources come available.

7. Value for Money

- 7.1. NI 135 (Carers receiving needs assessment or review and a specific carer's service, or advice and information) forms part of Haringey's Local Area Agreement. Haringey is just below the top quartile for performance for London, and above the London median (please see Appendix A).
- 7.2. The majority of Council funding for carers comes from the Area Based Grant which since 2008 subsumed the former Carers Grant and emergency respite funding. The Area Based Grant is managed by the Council on behalf of the Haringey Strategic Partnership, with all performance management arrangements agreed through the Performance Management Group, including agreement for continuation of funding.
- 7.3. The organisations who are commissioned to provide services to carers are monitored quarterly through ACCS's Governance and Partnerships Team on behalf of the Well-being Partnership Board. This includes robust monitoring of outcomes for users of services, both quantity and quality, as well as reviewing whether the service(s) provide value for money.
- 7.4. Services are also monitored by Contracts officers, with quarterly monitoring returns required for all organisations where there is a contract in place. The current commissioned services with internal and external organisations have now been in place for a number of years (beginning in 1999/2000). All funding was agreed at Procurement Committee in November 2008 until 31st March 2011³⁹. The panel was assured that where an organisation is not meeting its contractual targets they are provided with on-going support and monitoring on a quarterly basis to enable them to meet the targets.
- 7.5. Given that the majority of carers who receive support from organisations commissioned by the Council and its partners are not necessarily in receipt of a care plan and that the same carer may receive support from a number of different organisations it is difficult to quantify the number of carers who receive support. The Mental Health Carers Association estimates that approximately 80% of the carers who receive support from them are not in receipt of a care plan and are more likely to access services through non formal routes.
- 7.6. Amongst other things the Council funds the four main carers voluntary organisations: Mental Health Carers Association, BME Carers, Haringey Carers Centre and Asian Carers Support Service. NHS Haringey also provides funding for a number of carer organisations, including Mental Health Carers Association and Haringey Carers Centre. Discussions are in place for NHS Haringey to provide free accommodation at Hornsey Central for the Haringey Carers Centre. The panel heard of high levels of satisfaction from the carers who receive support from the carers organisations who consider these

³⁹ ACCS evidence submission, December 2009

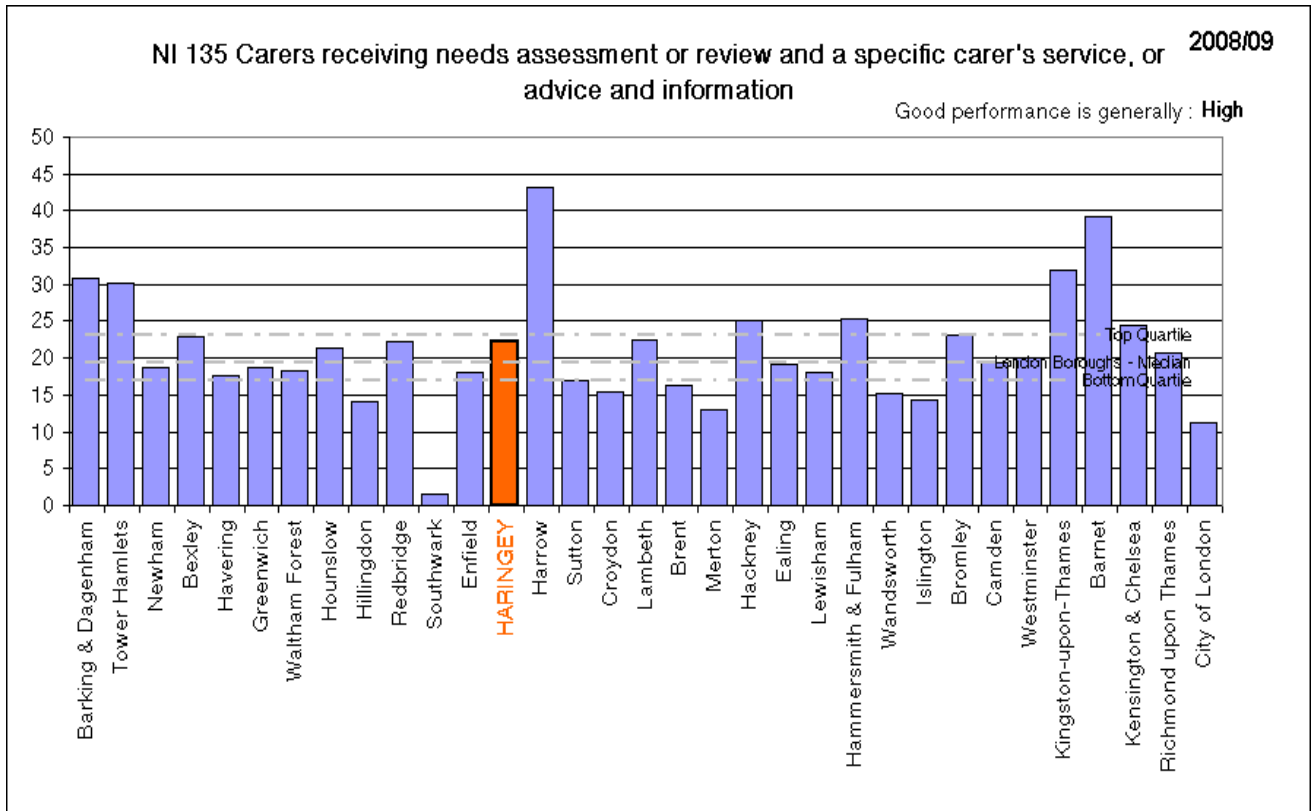
services like a 'second home' and 'support blanket' and stated that the support they receive is invaluable.

7.7. For further information on NHS Haringey and Adult Services funding for carers please see Appendix B and Appendix C.

APPENDICES

APPENDIX A – NI 135

NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information



APPENDIX B – Summary of NHS Haringey investment

Area of Investment	Extent of investment
Adults with physical disabilities	Total of > £2m, with an increase of £445k in 09/10. up to 10% will benefit carers
Elderly patients with special needs (including end of life care)	Total of > £2m, with an increase of £593k in 09/10. up to 10% will benefit carers
Mental Health Carers Support Association	£57k
The Carers Centre	£46.5k
Stroke club	£40k
Dementia Day care centre	Currently under discussion

Total investment for carers: up to £ 543k

4.1 Areas of increased investment

Area	Adult with physical disabilities
budget	>£2m
2009/10 increase:	£445k
What the increase in budget has translated to:	<ul style="list-style-type: none"> • New beds and equipment • Additional physiotherapy time • Additional nursing time • Increased quantity of neuro rehab packages • 10-15% increase in number of patients included in the services
How this service benefits carers	<ul style="list-style-type: none"> • Increased level of care means more time freed up for carers to have breaks (outcome 2) • More patients identified by the services means carers for these patients will now have access to carers' services and recognised as carers (outcome 1)

Area	Elderly patients with special needs (including end of life care)
budget	>£2m
2009/10 increase:	£593k
What the increase in budget has translated to:	<ul style="list-style-type: none"> • Increased nursing hours • Increased capacity for palliative care (more packages) • 10-15% increase in number of patients included in the services
How this service benefits carers	<ul style="list-style-type: none"> • Increased level of care means more time freed up for carers to have breaks (outcome 2) • More patients identified by the services means carers for these patients will now have access to carers' services and recognised as carers (outcome 1)

4.2 PCT supported schemes

NHS Haringey continues to support and has increased funding to a wide variety of schemes benefiting carers.

Name	Mental Health Carers Support Association
Extent of PCT contribution	£57k per year
Numbers of carers supported:	Around 300/year
Outcomes met (as outlined by National carer strategy/Haringey carer strategy)	Outcome 1 Outcome 2 Outcome 3
Services provided:	<ul style="list-style-type: none"> ▪ Advocacy – helping negotiate with teams caring for the person with the mental health problem ▪ Helping with carer's rights ▪ Members of various partnership boards including Acute care forum, Supporting people, clinical governance (community care) committee ▪ Provide respite care and counselling service for carers ▪ Peer support ▪ Produce a newsletter ▪ Hold monthly meetings ▪ Tried to introduce training e.g. developing skills in CBT, but the resourcing became difficult ▪ Host a group for carers of in-patients ▪ Will be introducing a befriending service – funding just been approved.

Name	The Carers Centre
Extent of PCT contribution	£39k per year (increased to £46.5k this year). Discussions in place for the PCT to provide free accommodation at Hornsey Central.
Numbers of carers supported:	1000 per year
Outcomes met (as outlined by National carer strategy/Haringey carer strategy)	Outcome 1 Outcome 2 Outcome 3 Outcome 4
Services provided:	<p>Service available to all unpaid carers over the age of 18 years who look after a relative or friend for generally over 20 hours a week.</p> <ul style="list-style-type: none"> • Advocacy • Carer information • Sign posting • Support groups, older carers and learning disabilities, coffee break, • Welfare benefits, advice • Carers assessments • Events • Respite breaks • Case work, involving issues relating to the carer and the cared for such as housing or o/t assessments

Name	Stroke club
Extent of PCT contribution	£40k per year
Outcomes met (as outlined by National carer strategy/Haringey carer strategy)	Outcome 2
Services provided:	<ul style="list-style-type: none"> • The groups meet 40 weeks per year (term-time only) from 12-2pm, transport is provided. • We offer social interaction, a programme of activities and outings, and light refreshments.

Name	Haringey Young Carers Project
Extent of PCT contribution	£31.5k per year
Outcomes met (as outlined by National carer strategy/Haringey carer strategy)	Outcome1 Outcome 2 Outcome 3 Outcome 4 improving services for young carers
Services provided:	<p>Service for children and young people aged 5 to 18 years, whose lives are restricted because of caring for someone with a long-term illness or disability. Services include one to one support, family support, advocacy, therapeutic work, social and recreational respite and a befriending service.</p> <p>There are five full time workers, including a Schools Outreach Worker and six volunteer befrienders who have been screened and trained.</p> <p>The project offers:</p> <ul style="list-style-type: none"> • someone to listen to carers • advice and support • the chance to meet other young carers • trips and activities • people who are trained to act on carers' behalf • help with money • guidance on what to do in an emergency • information about how to cope with illness and disability • the opportunity to discuss needs and available support

APPENDIX C – Summary of Adult Social Care funding

Please note that this includes both direct and indirect carers services.

Funding Source	Organisation funded	Value of funding in 2009/10
Area Based Grant (was Carers Grant)	Mental Health Carers Support Association – providing breaks, pre-vocational training, and counselling services, as well as advocacy, advice and support groups	£29,500
Area Based Grant (was Carers Grant)	Carers Centre - providing information, advice and practical support for carers who live or work in the borough and care for a Haringey resident. Offering a programme of social activities, support groups, training, consultations and carer involvement in the service.	£60,000
Area Based Grant (was Carers Grant)	Asian Carers Support Group - providing culturally appropriate support to Asian Carers through advice and information-giving, advocacy, and activities. The service identifies 'hidden' carers, promotes registration with the local authority, undertakes carers' assessments and makes recommendations for carers' services.	£26,900
Area Based Grant (was Carers Grant)	BME Carers Support Association - provides a culturally appropriate sitting service to Black and Minority Ethnic Carers averaging 4 hours per carer per week.	£102,400
Area Based Grant (was Carers Grant)	Commissioning Service	£72,900
Area Based Grant (was Carers Grant)	The Grange - weekend opening – providing a dementia day opportunities service on Saturdays and Sundays.	£45,000
Area Based Grant (was Carers Grant)	Flexible carers services (Direct payments for carers)	£250,000
Area Based Grant (was Carers Grant)	Respite care services (including emergency respite)	£340,500
Area Based Grant (was Mental Health Grant)	Alexandra Road Crisis Unit (emergency respite for people with mental health problems, including carer breakdown)	£128,200
Area Based Grant (was Mental Health Grant)	Open Door – provides a range of specialist projects to provide emotional and therapeutic support to young people and their parents and	£25,000

Funding Source	Organisation funded	Value of funding in 2009/10
	carers	
Area Based Grant (was Working Neighbourhood Fund)	BME Carers Support Association – monthly support group for carers	£19,500
Area Based Grant (was Working Neighbourhood Fund)	BME Carers Support Association – benefits advice to people who use services and their carers	£31,500
Area Based Grant (was Learning Disabilities Development Fund)	Carers Centre (LD carers support group)	£2,000
Older People's Commissioning Budget	Alzheimers Society	£10,000
Older People's Commissioning Budget	Provision of respite for older people and their carers	£182,435
Physical Disabilities Commissioning Budget	Provision of respite for people with physical disabilities and their carers	£59,100
Learning Disabilities Commissioning Budget	Provision of respite for people with learning disabilities and their carers	£84,480
Mental Health Commissioning Budget	Provision of respite for people with mental health issues and their carers	£40,000
Older people's Commissioning Budget	Day services – external providers	£255,600
Physical Disabilities Commissioning Budget	Day services – external providers	£74,000
Learning Disabilities Commissioning Budget	Day services internal and external	£1,188,230
Mental Health Commissioning Budget	Day services	£46,500
Older People's Provider Budget	Provision of day opportunities for older people, providing respite to carers; including day services and drop-ins	£1,748,000

APPENDIX D – Contributors to the review

Cllr Catherine Harris Chair of the Carers Partnership Board	
Cllr Toni Mallett	Carer
Jeremy Walsh Assistant Director (Interim) East Haringey - Acute and Community Services	Barnet, Enfield and Haringey Mental Health Trust
Andrew Wright Director of Strategic Development	Barnet, Enfield and Haringey Mental Health Trust
Susan Otit Interim Joint Director of Public Health	NHS Haringey/Haringey Council
Duncan Stroud Associate Director - Communications, Engagement and Partnerships	NHS Haringey
Anne Daley Assistant Director - Commissioning	NHS Haringey
Michael Edelstein SpR Public Health	NHS Haringey
Nick Bishop	Mental Health Carers Support Association
Barbara Nicholls Head of Commissioning & Strategy Planning	Haringey Council
Lisa Redfern Assistant Director, Adult Services and Commissioning	Haringey Council
Carmel Keeley Strategic Planning and Policy Officer	Haringey Council
Eve Featherstone Principal Equalities & Diversity Officer	Haringey Council
Graham Oliver Head of Finance - ACCS	Haringey Council
Colleen Fiffie	Haringey Carers Centre
Faiza Rizvi	BME Carers
Cenk Orhan	BME Carers

Mina Patel	Asian Carers Support Group
Celia Bower	Haringey Local Involvement Network
Brudunnisha Mansoor	Carer/Representative of the Carers Partnership Board
Marylyn Duncan	Carer/Representative of the Carers Partnership Board
Regina Fleming	Carer/Representative of the Carers Partnership Board
Gabriel Lock	Carer/Representative of the Carers Partnership Board
Freda Wilson	Carer/Representative of the Carers Partnership Board
Ifeoma Akubue	Carer/Representative of the Carers Partnership Board
Mazin Zeki	Carer
Theresa Wilson	Carer
Jurina Ikoloh	Carer
Diana Hindle	Carer
Jill Darnborough	Carer/Representative of the Learning Disabilities Partnership Board
Robert Edmonds Director	Age Concern Haringey
Simon Farrow Business Development & Engagement Manager Leisure Services	Haringey Council
Steve Davies Head of Human Resources	Haringey Council
Paul Clarke Programme Manager - Employment & Skills	Haringey Council
Pat Duffy Head of Adult Learning Service	Haringey Council
Representatives at the HAVCO Well-being Theme Group	
Carers at the BME Carers Support Group	
Carers attending the carers coffee morning	

