



## NOTICE OF MEETING

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# Scrutiny Review - Support to Carers

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TUESDAY, 15TH DECEMBER, 2009 at 10:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Adamou (Chair), Alexander, Dodds and Wilson

### AGENDA

**1. APOLOGIES FOR ABSENCE**

To receive apologies for absence

**2. URGENT BUSINESS**

The Chair will consider the admission of any late items of urgent business. (late items will be considered under the agenda item which they appear. New items will be dealt with at item 8 below)

**3. DECLARATIONS OF INTEREST**

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is being considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgement of the public interest and if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct and/or it is related to the determining of any approval, consent, license, permission or registration in relation to them or any person or body described in paragraph 8 of the code of Conduct.

**4. MINUTES (PAGES 1 - 8)**

To approve the minutes of the meeting held on 26<sup>th</sup> November 2009.

**5. BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST (PAGES 9 - 12)**

To hear from Jeremy Walsh, Assistant Director (Interim), East Haringey - Acute and Community Services.

**6. NHS HARINGEY (PAGES 13 - 16)**

To hear from Susan Otit, Interim Joint Director of Public Health, NHS Haringey.

**7. DATE OF NEXT MEETING**

January 19<sup>th</sup> 2010 10:00-12:00  
Haringey Civic Centre

**8. NEW ITEMS OF URGENT BUSINESS**

Ken Pryor  
Deputy Head of Local Democracy and Member  
Services  
River Park House  
225 High Road  
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**Scrutiny Review – Support to Carers  
Draft Minutes  
26<sup>th</sup> November 2009**

**Present:** Councillor Adamou (Chair), Cllr Alexander, Barbara Nicholls, Colleen Fiffee, Jurina Ikoloh, Theresa Wilson, Gabriel Lock, Faiza Rizvi, Maggie Dain, Nick Bishop, Diana Hindle, David Hindle, Cenk Orhan, Celia Bower, Eve Featherstone, Mina Patel, Jayshree Shah, Melanie Ponomarenko (minutes).

Apologies for absence	Cllr Wilson, Lisa Redfern, Carmel Keeley
Urgent Business	None
Declarations of Interest	Cllr Adamou declared an interest as her daughter is a social worker.
Minutes of the last meeting	Amendment regarding internet discussion for carers.
Mental Health Carers Support Association	<p>The panel heard from Nick Bishop on the history and services provided by the Mental Health Carers Support Association (MHCSA). Further details can be found in the briefing as provided by the organisation.</p> <p>The MHCSA came into being approximately 20 years ago due to community concerns around the treatment of ethnic minority groups in the mental health system.</p> <p>The MHCSA provides advocacy services which includes helping people to understand the medical terms and other terminology used by professionals e.g. what medical intervention is.</p> <p>Noted that a carer in attendance felt that the MHCSA was a 'lifeline' when trying to navigate through the mental health services – 'bogged down in syrup'.</p>

Concern raised by carer that valuable services would be forgotten with all of the current transformation changes. Carers would like to see a commitment from Councillors that the services which they rely on will continue to exist.

MHCSA is funded by NHS Haringey and Haringey Council, with other funding they bid for when possible e.g. Kings Fund.

Discussion around current funding being granted on a six monthly basis and the implications of this around planning of services and staff employment. Issues were acknowledged by the Head of Commissioning, Barbara Nicholls, who also stated that organisations should now have their funding confirmed until March 2011. Noted that there was ABG reviews undertaken in the summer and that funding for organisations is tied in with the corporate budget process.

Barbara will include a briefing on Area Based Grant funding in the Adults presentation later in the review.

#### **Counselling sessions**

MHCSA provides six free counselling sessions for those who need it.

Discussion around whether six sessions is enough, noted that funding constraints prevent more from being given.

Assessment process – referral arises from discussion with the person who may need counselling, an agreement of this is made between the organisation and the person, they are then referred for counselling. If it is felt that more counselling would be beneficial then the person can be referred on.

Overall felt that six weeks can be a good lead in to further counselling.

Noted that carers feel that the support groups at MHCSA are very important as there is a common understanding of what each other is going through – comment that “it feels like home” as people are comfortable with talking with each other and are able to advise and support each other as well as the cared for person.

	<p>Discussion around the need for clear communication channels between services and carers particularly when services are reconfigured. Carers needs should also be considered e.g. if Mental Health beds are moved this has an implication on the carer being able to visit. For example, the Edgware Community Hospital is 1 ½ hrs on public transport from Wood Green. Noted that changes also create a lot of anxiety for both the carer and the cared for person.</p> <p>Implications around continuity of care.</p> <p>Concerns raised about quality of care when people are treated at home and the impact on the carers for example – the carer feel an increased sense of responsibility and burden when the cared for person is treated in the home as opposed to in hospital. This has increased with recent closures of mental health wards.</p> <p>How much support do carers get in these situations?</p> <p>Examples given of issues which carers have come across e.g. when someone was meant to come twice a day to give medication to a mental health service user but only came once a day.</p>
<p>Haringey Carers Centre</p>	<p>The panel heard from Colleen Fiffee of the Haringey Carers Centre on the Centres history and services provided.</p> <p>Haringey Carers is affiliated to the Princess Trust.</p> <p>Would like there to be an updated Carers Directory as it is important for carers to have information to hand.</p> <p>Haringey Carers Centre provides a number of services including:</p> <ul style="list-style-type: none"> <li>o Support Groups</li> <li>o Coffee mornings across the borough to increase accessibility</li> <li>o Fortnightly IT classes – certificate provided on completion of a 5 week course</li> </ul>

	<ul style="list-style-type: none"> <li>○ Exercise – bowling, yoga</li> <li>○ Respite/Holidays – where care for the cared for person can sometimes also be provided depending on their needs.</li> <li>○ Advocacy – carers often need support on how to manoeuvre the system e.g. relating to hospital discharge – ensuring a care package is in place.</li> <li>○ Carers Assessments – designated, on behalf of Haringey Council</li> <li>○ Signposting to other organisations. Find that they don't often get referrals from other organisations.</li> <li>○ Case work             <ul style="list-style-type: none"> <li>○ This includes a lot of case work around Occupational Therapy referrals where there are a lot of issues.</li> <li>○ Housing issues including overcrowding and use of temporary accommodation</li> </ul> </li> <li>○ Quarterly newsletter – goes out to libraries, pharmacies, GPs, carers, Local Authority etc.</li> <li>○ Education and Training including 'Caring with Confidence' and manual handling training.</li> </ul> <p><b>Suggested improvements:</b></p> <ul style="list-style-type: none"> <li>○ A 'One Stop' shop which could signpost carers.</li> <li>○ Carers directory to be given to the Switchboard, Out of Hours Service, Community Alarms etc so that carers are able to speak to the correct person fast.</li> <li>○ Clearer respite guidelines.</li> <li>○ Clarity on who is entitled to a carers assessment.</li> <li>○ Full and coherent training around the Personalisation agenda and what this means for carers. Noted that a Carers Partnership Board sub-group is looking at this as well as the Transforming Social Care Board.</li> </ul> <p>Discussion around people identifying themselves as carers and examples given where people have not viewed themselves as a carer even when they are./</p>
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<p>Asian Carers Support Group</p>	<p>The panel heard from Mina Patel and Jayshree Shah on the Asian Carers Support Groups history and services provided. Further information can be found in the attached briefing.</p> <p>Noted that the Asian Carers Support Group provides services for all carers and is not specifically for any ethnic groups.</p> <p>The four main areas of concern for the Asian Carers Support group are:</p> <ul style="list-style-type: none"> <li>○ Ensuring linguistically appropriate services</li> <li>○ Transport for carers to and from hospital</li> <li>○ Flexibility of care</li> <li>○ Emergency cover             <ul style="list-style-type: none"> <li>○ Noted that the response for emergency cover should be immediate. Further information will be provided when Adult Services presents.</li> </ul> </li> </ul> <p>Discussion around the use of Disabled badges for carers when on a cared for persons business, including hospital appointments. Noted that NHS Trusts each have their own parking policies.</p> <p><i>Action:</i> Melanie Ponomarenko will look into this and feed back in due course.</p>
<p>BME Carers</p>	<p>The panel received a presentation from Faiza Rizvi of the BME Carers Centre. Please see attached documents for this information.</p> <p><b>Sitter service</b></p> <ul style="list-style-type: none"> <li>○ This service is not Home care.</li> <li>○ 60-70% of users for this service are self referrals. Other referral routes include families, GPs, Social services and friends.</li> <li>○ The service is available seven days a week from early morning until late evening.</li> <li>○ Staff are all Criminal Records Bureau checked, fully trained and have regular supervisions.</li> <li>○ The service is for a minimum of two hours and a maximum of four hours per week.</li> </ul>

	<ul style="list-style-type: none"> <li>○ There is a huge waiting list for this service.</li> <li>○ The carer is able to chose the day, time and whether there are any other specifications e.g. culture or gender requirements.</li> <li>○ Insurance premiums are high for this service as the cared for person is taken out for activities e.g. swimming, shopping etc.</li> <li>○ The majority of the employed sitters are from BME communities.</li> <li>○ The service is free for the carer/cared for person.</li> </ul> <p><b>Advocacy Service</b> Includes helping people read letters from statutory organisations which can automatically set off alarm bells with people worrying about the content of the letter.</p> <p><b>Monthly support meetings</b> Discuss issues e.g. Big Care Debate and have guest speakers. The Scrutiny panel will be attending one of these meetings in December. This is seen as a social event by many carers.</p> <p><b>Community Income project</b> Target – to increase household income by £10 per week. <i>Action:</i> Faiza Rizvi to send figures on target and how much has been raised to Melanie Ponomarenko</p> <p>Discussion around care for the cared for person when the carer dies. Noted that this is a big concern for a lot of carers. Query as to who assists with this planning? Noted that it is an outcome in the Well-being Strategic Framework.</p> <p>MHCSA – very few people who access carers services do so via a carers assessment.</p> <p>Discussion around the need to share information and best practice across the carers organisations.</p>
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	<p>The Chair asked attendees what changes they would like to see for carers:</p> <ul style="list-style-type: none"> <li>○ Tangible outcomes from assessments – not a ‘paper chase’</li> <li>○ ‘To know there is something there to support us when we have had enough’             <ul style="list-style-type: none"> <li>○ Respite and emergency breaks provision</li> </ul> </li> <li>○ Less duplication of services by organisations</li> <li>○ Clarity on who can access what services. Names of organisations can imply that the services are only available for certain ethnic groups.</li> <li>○ Barriers between organisations need to be broken down for the ‘good of carers’</li> <li>○ An updated carers directory</li> <li>○ Get GPs to speak to carers about the cared for person</li> </ul>
<p>New Items of Urgent Business</p>	<p>None</p>

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**7 Dec 2009**

## **Overview and Scrutiny, Haringey Council**

### **Scrutiny Review – Support for Carers by Mental Health Services within Haringey**

This briefing is in response to an invitation from Cllr Adamou to attend a Scrutiny Review panel meeting on 15 December 2009 to speak and take questions regarding support to carers from mental health services in Haringey.

### **Overview of mental health services in Haringey for adults of working age**

The following is a brief overview of mental health services in Haringey:

Two community mental health teams serving west Haringey based at Canning Crescent Centre and two serving east Haringey based at Tynemouth Road.

An acute care service based at St Ann's Hospital consisting of single sex inpatient wards and two home treatment teams providing an alternative to hospital admission for service users and their carers who need intensive support. Also consists of a day therapies service that provides structured day time activities for service users who are inpatients, as well as service users cared for in the community via the home treatment team.

Community Rehabilitation Service based at St Ann's focused on working with service users residing in residential care homes and in 24 hour supported housing schemes. Aim of the service is to engage with service users in exploring appropriate form of care in less institutionalised settings within the community.

The well-being clinic at St Ann's Hospital provides a range of support services to service users that continue to need medication to manage their long term mental illness, but no longer need the ongoing support of a care coordinator.



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The local authority also leads in the operation of two day centres; Clarendon Centre in Wood Green and 684 Centre in North Tottenham. The Alexander Road Crisis Unit provides an alternative to psychiatric inpatient care and the provision of respite care to people experiencing mental health issues.

A Psychological Therapies Service based at St Ann's Hospital provides a range of psychological therapies including a specialist personality disorder service.

The Mental Health Care of Older People's Service is also based at St Ann's Hospital and provides a range of services for people over 65 years of age and for people who have the early onset of conditions such as dementia.

### **How carers are signposted to services?**

A central role of the care coordinator within mental health services is to work with the entire social network including carer(s). Carers are signposted to services through the completion of carer's assessments and through a range of other means such as:

- Direct support to carers from care coordinators
- Direct information in the form of leaflets
- Linkage to services such as Mental Health Carers Support Group
- Direct engagement with the full-time mental health Carer's Assessment Officer

### **What is done to identify carers?**

Carers are identified in a range of ways that include:

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

The mental health Carers Assessment Officer is a full-time post based in one of the community teams and this officer regularly attends all the team meetings to provide up to date information on carer's initiatives, and provide advice about accessing carer's services.

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 psychologist.



Carers who have loved ones involved with the Home Treatment teams have also been specifically contacted and asked to provide feedback on the home treatment team service via a feedback questionnaire.

### **Processes in place in an emergency – e.g. the carer of a person with mental illness falling ill**

The Care Programme Approach (CPA) provides a statutory framework outlining the structure of care and support for service users and carers within mental health services.

It is also recognised that provision of information to carers in case of an emergency is essential, as it is carers that often have the most contact and knowledge of the cared for individual.

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.

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.

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 emergency.

### **Information regarding Community Teams**

As noted in the initial overview there are community teams based at Canning Crescent and Tynemouth Road and a Community Rehabilitation Team based at St Ann's Hospital.

In addition the Short Term Assessment and Recovery Team (known as 'START') is based at St Ann's and is the single point of entry for all mental health referrals for adults of working age. Mental Health Services for Older People have a separate referral pathway, also based at St Ann's Hospital. The START team can be accessed via telephone, fax or via a walk-in to the emergency reception centre that is open 24 hours a day 7 days a week.

In order to improve the accessibility of services for carers in the community a carer's lunch was recently arranged at Tynemouth Road, and this followed an earlier carer's lunch that took place at Canning Crescent. Both lunches provided an opportunity for carers to meet with a range of staff and identify their wish to have a carer's assessment.

### **Information regarding Home Treatment Teams**

As noted in the initial overview there are two home treatment services that have been operating in Haringey since 2004. The teams operate 24 hours a day 7 days a week and work with a range of service users who are experiencing some form of mental health crisis.

Earlier in 2009 both teams were expanded and are able to provide intensive support such as home visits 2 or 3 times a day. Service users generally remain with the home treatment teams for approximately 6 weeks on average before being linked to other services to continue support following the crisis subsiding.



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### **Future service provision**

Barnet Enfield and Haringey Mental Health Trust will be re-structuring its internal senior management structures in January 2010 and this will not impact on the services provided to carers or service users.

In time the movement to a 'service line' form of internal management will provide opportunities to ensure the Trust is more focused on the pathway of the service user and their carer.

The move to service lines is also an indication of the preparedness of the Trust for the national introduction of payment by results that is due to be introduced.

**Jeremy Walsh**  
**Assistant Director**



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## NHS Haringey- Support to Carers

### 1. Introduction

In 09/10 the PCT received a general uplift of funds provided to PCTs to meet unmet needs. This would encompass services for carers. However, this money was not ring fenced for carers' services, and has gone into the baseline. **No money was specifically allocated to the PCT for carers breaks in 09/10, nor is any planned in 10/11.** Unfortunately, the nature of the NHS funding means that on occasion assertions are made that then do not translate into additional monies but require PCT to prioritise investments against all other calls on spending. Unexpected developments in other parts of the NHS policy have meant that the PCT is facing unforeseen financial pressures in 09/10. These financial difficulties have been shared with the Overview and Scrutiny Committee by NHS Haringey Chief Executive and Director of Finance. This means the PCT cannot guarantee additional funding to carers in 09/10.

However the PCT is very aware of the enormous values that carers provide, and since the beginning of 2009, increased budgets for adult services translating to new services being commissioned or extra capacity for existing services being bought, will indirectly benefit carers and allow them more "time off".

### 2. Background

The Haringey Adult Carer Strategy 2009-2014 has outlined four main outcomes to be achieved (derived from the 10 year National carer strategy 2008: *Carers at the heart of 21<sup>st</sup> century families and communities*)

- **Outcome 1:** 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:** Carers will be able to have a life of their own alongside their caring role
- **Outcome 3:** Carers will be supported to stay mentally and physically well and treated with dignity.
- **Outcome 4:** Carers will be supported so that they are not forced into financial hardship by their caring role.

This carers strategy is underpinned by increased investments nationally for commitments including:

- Planned short breaks for carers
- Helping carers to enter or re-enter job market
- Improving support for young carers

Additionally the national carer strategy identifies the need for:

- Annual health checks for carers
- Training for GPs to recognise and support carers

The responsibility for carers does not however solely rely on the PCT. The Operating framework for the NHS in England in 2009/10, in setting priority stipulates that:

***"One key requirement is that PCTs should work with their local authority partners and publish joint plans on how their combined funding will support breaks for carers, including short breaks, in a personalised way".***

As such, the issue should be addressed by the Haringey Council and NHS Haringey Joint Leadership Team (JLT).

The 2009/10 Investment plan for NHS Haringey suggested allocating £50k for short breaks for carers of disabled patients, and a similar sum in 10/11. However, financial difficulties and

severe pressures has led this allocation to be invested in other prioritised areas. The PCT has yet to finalise the 10/11 budget, but the provisional allocation to carers' breaks demonstrates the PCT's commitment to carers and acknowledges their crucial role.

### 3. Demographic data on carers within Haringey

According to the 2001 census, 15697 people in Haringey (7.4% of the population) identify themselves as unpaid carers. Out of these, 3232 (20.6%) were providing 50 or more hours care a week, 2098 (13.4%) were providing between 20 and 49 hours of care a week, while 10637 (66%) provided less than 19 hours per week.

Additionally to self reporting, Haringey council keeps a register of carers. As of 31<sup>st</sup> March 2008, there were 1128 people on Haringey Carers' register, concentrated in the East of the borough.

### 4. Summary of PCT investments

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

Total investment for carers: up to £ 543k

#### 4.1 Areas of increased investment

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

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



## 4.2 PCT supported schemes

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

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

<b>Name</b>	The Carers Centre
<b>Extent of PCT contribution</b>	£39k per year (increased to £46.5k this year). Discussions in place for the PCT to provide free accommodation at Hornsey Central.
<b>Numbers of carers supported:</b>	1000 per year
<b>Outcomes met (as outlined by National carer strategy/Haringey carer strategy)</b>	Outcome 1 Outcome 2 Outcome 3 Outcome 4
<b>Services provided:</b>	<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"> <li>• Advocacy</li> <li>• Carer information</li> <li>• Sign posting</li> <li>• Support groups, older carers and learning disabilities, coffee break,</li> <li>• Welfare benefits, advice</li> <li>• Carers assessments</li> <li>• Events</li> <li>• Respite breaks</li> <li>• Case work, involving issues relating to the carer and the cared for such as housing or o/t assessments</li> </ul>

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

<b>Name</b>	Haringey Young Carers Project
<b>Extent of PCT contribution</b>	£31.5k per year
<b>Outcomes met (as outlined by National carer strategy/Haringey carer strategy)</b>	Outcome1 Outcome 2 Outcome 3 Outcome 4 improving services for young carers
<b>Services provided:</b>	<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"> <li>• someone to listen to carers</li> <li>• advice and support</li> <li>• the chance to meet other young carers</li> <li>• trips and activities</li> <li>• people who are trained to act on carers' behalf</li> <li>• help with money</li> <li>• guidance on what to do in an emergency</li> <li>• information about how to cope with illness and disability</li> <li>• the opportunity to discuss needs and available support</li> </ul>

## 5 Additional actions taken by the PCT

<ul style="list-style-type: none"> <li>• <b>PCT has disseminated the carers directory to all GPs</b></li> </ul>
<p>→ <i>complies with need identified by the National Carer Strategy 2008</i></p> <p>→ <i>Fits with outcome 3 of the Haringey Adult carer strategy</i></p>
<ul style="list-style-type: none"> <li>• <b>Primary care outcome (QOF): <i>MGMT9: The practice has a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment</i></b></li> </ul>
<p>→ <i>46/57 practices in Haringey scored the maximum score for this outcome (80%) In april 2009. This issue was identified by the PCT, and by August 2009, 56/57GP practices had a mechanism in place for referral of carers. The remaining practice is being supported.</i></p>