

**Scrutiny Review – Support to Carers
Draft Minutes
26th November 2009**

Present: Councillor Adamou (Chair), Cllr Alexander, Barbara Nicholls, Colleen Fiffie, 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.</p> <p>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>
Haringey Carers Centre	<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"> ○ Support Groups ○ Coffee mornings across the borough to increase accessibility ○ Fortnightly IT classes – certificate provided on completion of a 5 week course

- Exercise – bowling, yoga
- Respite/Holidays – where care for the cared for person can sometimes also be provided depending on their needs.
- Advocacy – carers often need support on how to manoeuvre the system e.g. relating to hospital discharge – ensuring a care package is in place.
- Carers Assessments – designated, on behalf of Haringey Council
- Signposting to other organisations. Find that they don't often get referrals from other organisations.
- Case work
 - This includes a lot of case work around Occupational Therapy referrals where there are a lot of issues.
 - Housing issues including overcrowding and use of temporary accommodation
- Quarterly newsletter – goes out to libraries, pharmacies, GPs, carers, Local Authority etc.
- Education and Training including 'Caring with Confidence' and manual handling training.

Suggested improvements:

- A 'One Stop' shop which could signpost carers.
- 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.
- Clearer respite guidelines.
- Clarity on who is entitled to a carers assessment.
- 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.

Discussion around people identifying themselves as carers and examples given where people have not viewed themselves as a carer even when they are./

<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"> ○ Ensuring linguistically appropriate services ○ Transport for carers to and from hospital ○ Flexibility of care ○ Emergency cover <ul style="list-style-type: none"> ○ Noted that the response for emergency cover should be immediate. Further information will be provided when Adult Services presents. <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>Sitter service</p> <ul style="list-style-type: none"> ○ This service is not Home care. ○ 60-70% of users for this service are self referrals. Other referral routes include families, GPs, Social services and friends. ○ The service is available seven days a week from early morning until late evening. ○ Staff are all Criminal Records Bureau checked, fully trained and have regular supervisions. ○ The service is for a minimum of two hours and a maximum of four hours per week.

- There is a huge waiting list for this service.
- The carer is able to chose the day, time and whether there are any other specifications e.g. culture or gender requirements.
- Insurance premiums are high for this service as the cared for person is taken out for activities e.g. swimming, shopping etc.
- The majority of the employed sitters are from BME communities.
- The service is free for the carer/cared for person.

Advocacy Service

Includes helping people read letters from statutory organisations which can automatically set off alarm bells with people worrying about the content of the letter.

Monthly support meetings

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.

Community Income project

Target – to increase household income by £10 per week.
Action: Faiza Rizvi to send figures on target and how much has been raised to Melanie Ponomarenko

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.

MHCSA – very few people who access carers services do so via a carers assessment.

Discussion around the need to share information and best practice across the carers organisations.

	<p>The Chair asked attendees what changes they would like to see for carers:</p> <ul style="list-style-type: none"> ○ Tangible outcomes from assessments – not a ‘paper chase’ ○ ‘To know there is something there to support us when we have had enough’ <ul style="list-style-type: none"> ○ Respite and emergency breaks provision ○ Less duplication of services by organisations ○ Clarity on who can access what services. Names of organisations can imply that the services are only available for certain ethnic groups. ○ Barriers between organisations need to be broken down for the ‘good of carers’ ○ An updated carers directory ○ Get GPs to speak to carers about the cared for person
New Items of Urgent Business	None