

Camden Borough Partnership Carers Board

Date: Wednesday 16th September 2026

Time: 10:00 – 12:00

Venue: Claudia Jones Room, Town Hall

No.	Item
1	Welcome and Introductions KA and WSD welcomed attendees and lead a round of introductions. Apologies were received from members noted above.
2	Understanding the Triangle of Care GSL presented on the Triangle of Care, a national accreditation scheme run by the Carers Trust that promotes active collaboration between service users, carers, and healthcare professionals. CNWL (Central and North West London NHS Foundation Trust) has been a member since 2019 and has achieved Stage 3 status, meaning all relevant mental health (inpatient and community) and physical community health services have been accredited. The trust must submit annual self-assessments to maintain this. The scheme relies on six core standards: early identification of carers, staff training (over 3,000 CNWL staff trained to date), robust confidentiality policies, establishing carer champions, providing tailored information packs, and signposting to local support organisations like Camden Carers. CNWL has implemented a Carer Dashboard on its System One clinical record system. However, current data indicates only 1% of active patients are formally recorded as having a carer, compared to national expectations of approximately 30%.
3	Hospital Discharge: North Central London Carers Support Project EC presented on the NCL Carer Support Project, a partnership across Barnet, Camden, Enfield, Haringey, and Islington designed to identify carers in hospital settings and connect them to local voluntary sector support.

	Statistics show that 7 in 10 carers begin their caring journey whilst the patient is in hospital. The project utilises a streamlined website where professionals or self-referring carers enter a postcode. The system automatically routes the referral directly to the correct local carer support provider (e.g., Camden Carers). Out-of-area referrals (e.g., Hertfordshire or Brent) are triaged manually. The project has actively trained staff at UCLH, reviewed carer policies, placed communication materials across acute wards, and established active carer champion groups making formal commitments to support carers. Key next steps include continuing to promote carer identification, increasing uptake of carer awareness training, embedding good practice across hospital processes, and ensuring carers' voices are heard and involved in care planning and decision-making.
4	Discussion and questions JaSp highlighted the importance of improving carer identification and data collection across the health system. He expressed interest in learning from the CNWL carer dashboard and suggested exploring how data could be used to better understand carers' experiences of hospital discharge and access to support services. EC explained that the project's data-sharing arrangements are limited to facilitating referrals and resolving any issues arising from them. She noted that questions around longer-term outcomes and carers' discharge experiences are important areas for further consideration. AS highlighted that many people do not identify with the term 'carer', particularly spouses, parents and other family members who see their support as part of their relationship rather than a caring role. She suggested this may create a barrier to identifying and supporting carers. Carer board members described how caring can become a central part of a person's identity, making it difficult to balance caring responsibilities with other aspects of life. KS raised concerns that carers are not always identified in hospital settings, sharing that she had rarely been recognised as an unpaid carer despite many years supporting family members through hospital admissions and discharges. She also highlighted a lack of awareness of available support and concerns about the financial costs associated with caring.

	BB discussed the stigma that can still be attached to caring and emphasised the need for greater recognition of caring as a skilled and valuable role. SI highlighted the importance of engaging primary care and ensuring that good practice in identifying and supporting carers is maintained across all GP providers, particularly where services are delivered by independent or private organisations. <u>Actions</u> • Grace Stratford-Levy to connect Jamie Spencer with CNWL colleagues to facilitate aggregated carer data-sharing.
5	Neighbourhood Health CA presented the Neighbourhood Health model, outlining Camden's approach to integrating services across the NHS, Council and VCSE sector through five neighbourhood teams. She described the development of neighbourhood-based Adult Social Care and Community Health teams, VCSE Neighbourhood Health Partners and neighbourhood network meetings designed to improve collaboration, reduce fragmentation between services, address issues such as loneliness and social isolation, and support earlier intervention. JR acknowledged the complexity of navigating the NHS and the challenges this creates for residents and carers. She emphasised the importance of rebuilding connections between services and professionals, welcomed the insights shared by Board members, and committed to taking carers' feedback into the neighbourhood integration programme to help inform and shape future service improvements.
6	Discussion and questions KS welcomed the neighbourhood approach and suggested that carers' organisations could work more closely with neighbourhood teams to strengthen local connections and raise awareness of support available to carers within specific communities. SJ noted that, as part of the contract, Camden Carers is taking a neighbourhood approach. Camden Carers participated in a neighbourhood workshop earlier in the year, this is an ongoing programme of work that will continue to develop and evolve over the life of the contract. SJ noted that this approach reflects consistent feedback from carers that they would like

services and support to be available closer to home. Highlighting the importance of ensuring that carers' services are well connected to and embedded within wider neighbourhood working arrangements.

AA highlighted that residents may find neighbourhood structures difficult to understand and suggested clearer communication about neighbourhood boundaries and points of contact would help people access support more easily.

CA acknowledged that neighbourhood boundaries are primarily administrative and may not be intuitive for residents. She noted that the neighbourhood model is intended to support people with more complex and ongoing needs through greater coordination between services and that carers should form part of those conversations.

JR explained that the neighbourhood model is also seeking to address fragmentation within the NHS by improving relationships and communication between local services and professionals. She noted that building these connections should help create a more joined-up experience for residents and carers.

NW highlighted challenges that can arise where service boundaries do not align, sharing examples of people accessing primary and secondary care in different boroughs, which can create barriers to coordinated support.

JN asked about learning from the co-located neighbourhood team model and emphasised the importance of leadership and culture in supporting effective partnership working.

CA responded that whilst co-location has been beneficial, it is not sufficient on its own to achieve integration. She noted that progress continues to be affected by wider barriers such as data-sharing limitations, although work is underway to develop shared approaches to identifying residents with complex needs.

BB emphasised the significant coordination burden often placed on carers and welcomed efforts to improve joint working between services. She stressed the importance of reducing the need for carers to repeatedly navigate multiple organisations in order to access support.

JL suggested that carers should be represented across all neighbourhood workstreams and highlighted the ongoing importance of carer awareness training and earlier identification of carers within services.

	CA agreed that neighbourhood networks present an opportunity to embed carers' issues across health, social care and community services and suggested carers should be routinely included in discussions and network activity. SI welcomed the neighbourhood approach but highlighted the importance of considering wider factors, including transport and continuity of care, which can affect carers' ability to access services and participate in community life. AA shared a recent experience in which a contractor attended her home without sufficient notice. She highlighted the importance of coordinated communication and ensuring information is provided in accessible formats CA acknowledged the significant coordination work undertaken by carers and agreed that neighbourhood working should help improve communication, reduce duplication and strengthen the administrative support provided to residents and carers.
7	Emerging Items and Carer Updates WSD shared an update on her involvement in work supporting evaluation panels for reablement services, reflecting on the importance of effective discharge support for carers and families. She also informed the Board that she had recently become a trustee of Camden Carers. JaSp provided an update on delays to carers' direct payments. He explained that a temporary dedicated team had been established to address the backlog, test new ways of working and simplify processes, including reducing paperwork requirements. JaSp welcomed feedback from carers experiencing delays and proposed providing a further update to the Board on progress. OA reflected on the Board's role as a key mechanism for capturing and amplifying carers' voices. She suggested that future priorities should include reviewing the Board's governance, membership and purpose, and strengthening representation from health partners, primary care and other key services. NJ highlighted carers' mental health support as an ongoing priority and suggested this should remain an area of focus for the Board. CA suggested revisiting the neighbourhood health agenda before the end of the Board cycle to review how carers' priorities are being embedded within

	neighbourhood workstreams. She also highlighted communication and coordination across Council services as areas where further progress could be made. KA suggested undertaking a review of the Board's work to capture learning, reflect on achievements and identify priorities for future carers' engagement and influence. <u>Actions</u> • Project Team to schedule a progress update on the new Carer Direct Payments process at the next Board. • Project team to schedule a progress update from Charlotte and Jo on the integration of the carers agenda into neighbourhood networks. • Project Team to share brief evaluation form with Board members to collect learning and feedback on the Board's impact and legacy before the current meeting cycle ends.
8	Close WSD concluded with reflections on the need to listen to carers, and to move towards a system where services are more visible, accessible and coordinated. WSD also acknowledged this AB's last meeting and thanked her for all her service to the Board and for carers.