Camden Borough Partnership Carers Board

Date: Wednesday 15th October 2025

Time: 10:00 – 12:00

Venue: Greenwood Centre

No.	Item
1	**Welcome** Apologies were received from members. AW welcomed attendees and observers from British Somali Community Centre. AW introduced the theme of the meeting: mental health. AW highlighted the importance of the topic and the ongoing efforts to address it as part of the action plan. AW announced the use of Magic Notes, an AI tool, to record minutes. Attendees consented to the recording for this purpose. AW handed over to co-chair WSD to start the meeting. WSD reflected on her personal experiences as a carer. WSD emphasised the emotional and physical toll of caring, the stigma surrounding mental health, and the transformative impact of accessing mental health services.
2	**Carers Action Plan: Re-cap of activity so far and the Mental Health Task and Finish (T&F) Group** BB and OA provided an overview of the suggestions carers have made about this theme, the progress made under the Mental Health Task and Finish Group which was launched in August, and the challenges carers face in addressing mental health issues. They highlighted the complexity of the theme, which encompasses both the mental health of carers and the support they provide to individuals with mental health conditions. National statistics were shared, highlighting that one in ten carers supports someone with mental ill health, with one in three unpaid carers reporting poor mental health themselves. The importance of tailored mental health support, such as regular well-being checks, affordable counselling, and clear pathways to help, was also discussed. Efforts to reduce stigma around mental health and improve staff training were highlighted as ongoing priorities. BB also shared insights from her engagement with carers in the community, noting the isolating nature of caring and the prevalence of burnout. She highlighted the importance of respite, which can take various forms, from

	short breaks to community activities. The importance of contingency planning and ensuring carers have support in emergencies was also raised.
3	**North London Foundation Trust (NLFT)'s Draft Carers Strategy** JoSc provided an update on North London Foundation Trust's carer strategy. The strategy was informed by engagement with Healthwatch Islington, and a review of existing policies and frameworks across the NLFT five borough footprint (Barnet, Camden, Islington, Enfield and Haringey). Contributions were also gathered from carers through workshops and events, ensuring their experiences and insights were incorporated. JoSc offered to share opportunities on NLFT's involvement register with Board members. JoSc highlighted the strategy's commitments, which included recognising and identifying carers, connecting carers and their families to support and resources, and involving carers meaningfully in the care process. The strategy also aimed to address barriers that carers face in becoming equal partners in care. Specific areas of focus included improving digital systems to better reflect carers' roles, enhancing staff education and training, and ensuring carers have access to consistent and accessible information. JoSc acknowledged challenges in recording carers' information accurately in patient medical systems and emphasised the need for improvements in this area. JoSc also mentioned the need to strengthen relationships with voluntary sector partners and to expand opportunities for carers to gain skills and knowledge related to advocacy and rights.
4	**Adult Social Care's Mental Health Service Provision** IS and LC presented on the launch of a new mental health social work service with Adult Social Care. IS explained the background of social work responsibilities related to mental health, the review of previous arrangements, and the decision to bring social care functions back into adult social care while maintaining integration with the mental health trust. The new service aims to improve access to statutory assessments and reduce gaps between adult social care and mental health services. LC gave an overview of the teams, including a new Mental Health Social Work Hub, and three neighbourhood mental health social work teams (North, East, and South). The new model brings key benefits in expertise, performance and culture: having all services within one organisation makes access more straightforward, using the Mosaic system enables more efficient service delivery, timely

	responses and improved performance monitoring, and Camden can now directly shape the culture of the service, ensuring carers remain a priority.
5	**Panel discussion (Q&A of previous speakers)** AS asked what the North London Mental Health Partnership referred to. JoSc clarified this referred to the new name for the mental health provision and service covering Barnet, Camden, Islington, Enfield and Haringey. KS highlighted: the need for peer support, the issues around perception of caring being a moral duty, and the associated stigma with mental ill-health, particularly for the Somali community. She highlighted their ASC Access to Support service and how this has improved understanding and reach, and underlined the need for continued collaboration. AW asked JoSc whether NLFT's carer strategy referenced stigma and peer support. JoSc shared that a Peer Support pilot has ended and is currently undergoing evaluation, which can be shared once finalised. NLFT also have a Lived Experience Workforce Strategy. JoSc did underline that mapping of what is available to people in local areas (including in terms of peer support), potentially could be explored further. CS highlighted that within CLDS there is a notable increase in carers with serious mental health issues, compounded by managing challenging circumstances, trauma from their caring role, and there needing to be supported to address and identify resources. CS reflected that it is important to continue to strengthen joint working around this priority. AL asked about the new ASC Mental Health service and data integration, and this affecting carers of people with a mental health condition to miss out on support like carers conversations. Camden Carers have access to Mosaic (ASC's data system). IS responded that it is a complicated matter but currently the mental health service has access to both RIO and Mosaic. There are ongoing developments to understand how to enable social care reviews for people that are not in receipt of paid for services through ASC. AL offered to support with carer awareness training and co-location. LC advised that as part of the new service, a refreshed learning and development offer is underway with carers as a focus included, and they would follow this up with AL. KW highlighted her experience as a former carer of her partner who had dementia. She highlighted the Universal Care Plan as a useful, innovative tool to help with data sharing and logging carer preferences. KW queried clarification around the dementia pathway, highlighting that it falls under mental health (NHS) for assessments. KW also acknowledged that addressing

	stigma was crucial, and underpins best practice approaches in other areas like Scotland. KW called for the need to challenge stigma related to caring, mental health and dementia. IS explained the dementia pathway in Camden, and highlighted that support for people from ASC was held operationally under the ASC Neighbourhoods Teams. However, with the integration of the mental health social workers, there are more opportunities to work collaboratively and share expertise. AlMi also noted that anyone with dementia would be known to mental health services under the NHS Camden Memory Service, and would be under their care until end of life unless that person was placed into 24hr residential care. There was acknowledgement of the impact on the carer role in navigating this complexity. AL noted that Camden Carers are a network partner of Carers Trust, and accordingly are part of national campaigns and influencing activity. AL offered the option to ask Carers Trust to present at a future Carers Board. JP referenced talking therapies available under NLFT and addressed the comment around stigma within communities. The ICB funds the Access to Support services, with James Wigg GP expressing interest in developing this area further. JP also highlighted a recent discussion at the Peckwater Advisory Group, with partners across the locality including CNWL, NLFT and other community providers, on respite, and providing options for activities for carers, like gardening, during assessments. SJ advised that she is now the lead within Camden on the Access to Support services, and was keen to support with implementing any required changes or making interconnections. AW underlined the group's collective enthusiasm and the intersections within the discussion, and noted the need to implement a No Wrong Door approach, whereby carers are supported at first point of contact. CW commended LC and their involvement in recent meetings around delayed release from hospital. CW also wanted to raise and challenge that it is likely no one member of the Carers Board is aware of all the existing support and pathways, and information sharing across services is very difficult, particularly as no one system truly talks to one another. CW shared that people will attend hospitals thinking that is where they can get the responses they need, but in CW's experience, it is the last place they should be supported as due to the lack of interconnectivity and knowledge in someone's case history or background, hospitals can end up medicalising issues, especially in relation to

	diagnoses and behaviour management. This can lead to added carer strain. The Board applauded CW's reflections. JaSp noted the helpfulness of the Carers Board's thematic approach in building on quarterly discussions. JaSp added borough-wide data and feedback needs work to be collated and extracted, but with the development of the health registry, this may contribute to a fuller picture of the need. JL acknowledged that NLFT's carers strategy covers five boroughs and asked JoSc about opportunities for Camden Carers to be involved in the strategy as it develops. JoSc responded that a representative from each borough will sit on the steering group. BB provided a final word on her experience testing Carefree, sharing that it was an opportunity available to carers to help with getting a break. She also noted that with feedback from carers, carers conversations can be the starting point for support, when services from the local authority can be reactionary. AW brought the discussion to a close and underlined the need to maintain the momentum around joint working, and accountability around this priority. *Actions* • JoSc to send Carers Project Team NLFT's Carers Strategy for circulation • AL and to connect with LC around carer awareness training for the new ASC Mental Health Service • Carers Project team to note Carers Trust on Carers Board Forward Plan as potential speaker for future Carers Board • JP to contact SJ, WSD and KS to support with further work around Access to Support at James Wigg GP
6	**Camden's Young Carers Strategy** BD provided an update on the development of Camden's Young Carer Strategy, which aims to align with the broader Carers Action Plan while addressing the unique needs of young carers. The strategy is being developed through extensive engagement with young carers, partners, and stakeholders. Key priorities identified include improving recognition and identification of young carers, in schools and healthcare settings, and ensuring they have access to appropriate support. The importance of agency and choice for young carers, particularly during transitions, was highlighted.

	BD shared insights from a recent Young Carers Summit, which brought together carers, professionals, and community members to discuss challenges and opportunities. The summit emphasised the need for breaks, emergency planning, and ensuring young carers are recognised as children first. Examples of good practice from neighbouring borough, Barnet, such as mentoring programmes and tailored counselling, were raised as potential models for Camden. The strategy aims to create a joined-up approach across services, with a focus on improving school attendance, mental health support, and access to resources. BD invited health representatives to join the Young Carers Working Group to strengthen collaboration and ensure the strategy reflects the needs of all stakeholders. AW opened to questions. AL reflected on the need to focus on transitions. SJ followed up to highlight parent carer assessments as well and where they sit. AS underlined the need to include substance use services in this development, as they meet adult carers who were young carers. KS also commented on the impact caring as a young person has on ambitions, employment and training opportunities. AW closed the item inviting Young Carers Strategy representatives to see the Carers Board as part of their governance. *Actions* • Health representatives (CNWL, ICB, NLFT) were asked to support identify partners for the Young Carers strategy development. • Carers Project team to connect AS and BD to include substance use in the Steering Group. • BD to provide quarterly updates to the Carers Board.
7	**Emerging Items and Carer Updates** WSD shared that carer promotional cards have been developed since the last Carers Board meeting. These cards are intended to help Carer Board members promote support by distributing them within the community when they meet carers. Carers Board members were all given a copy. AL shared that on 20 November 25, colleagues from the civil service are meeting services to help inform the Baroness Louise Casey's commission into adult social care. AL will invite WSD to attend.

	CS shared that following recommissioning of community support services, CLDS are now completing reviews for people who are receiving community support, many of whom have an informal carer. CS highlighted that of these reviews, over 1 in 4 of carers are aged over 65. Resources and the ASC Practice Guidance are being developed with input from OA and JN to help staff initiate conversations about contingency and emergency planning. This will be embedded in the new carers workflow within Mosaic and the "What Matters" approach. NJ flagged the newly commissioned Stay Alive app, which is an information resource that can support people who are feeling suicidal, or are concerned about the wellbeing of somebody else. AW provided an update on the *Who Cares About Care* campaign, noting that there are only a few days remaining for data collection. *Actions* • AB to order more carer promotional cards and distribute to any Board members who are interested. • Board members to promote Who Carers About Care campaign and encourage residents to complete the survey.
8	**Carers Action Plan: Monitoring and Data** JaSp discussed the importance of data in understanding carers' needs and measuring the impact of initiatives. JaSp noted that there is a statutory service questionnaire sent to adult carers every two years (Survey for Adult Carers for England). Three new key questions were identified to gather insights from carers: the time it took for them to identify as carers, how they learned about carer assessments, and whether they have contingency plans in place. These questions were cognitively tested with carers, and NHS England has now approved them to be added to the Camden survey. They aim to inform future work and address gaps in support. This survey should be arriving by post to carers in the next week. JaSp highlighted the ongoing work to map existing data and identify areas for improvement, noting that a data working group meets fortnightly on this. The goal is to develop a headline set of measures that can feed into a carers' dashboard, providing a comprehensive overview of progress and outcomes.

	AB presented the new Action Tracker, a live document published on the Carers Action Plan website. This shows progress made against each action outlined in the plan and will be regularly updated by the project team to ensure transparency. *Actions* • JaSp to connect with Carers Project team to organise follow-up focus group with carers on the development carer data dashboard ahead of substantive Carers Board update in January. • JaSp to follow-up with JP, SJ and AL on integrating data insights from their respective services into the dashboard.
9	**Close, next steps & AOB** WSD closed the discussion, reminding members of the next Borough Partnership Carer Board meeting, scheduled for 21 January 2026 at 5 Pancras Square. The theme will be Carers Conversations. The meeting ended with a commitment to continue working together to improve support for carers and ensure their voices are heard.