

Meeting:	Enfield Carers Partnership Board				
Date:	18 Sept 2026	Time:	14:00 - 15:00	Venue:	Online
Chair:	Doug Wilson – Director, Health & Adult Social Care, LBE (London Borough of Enfield)				
In attendance:	Doug Wilson – Director, Health & Adult Social Care, LBE (London Borough of Enfield); Pam Burke – CEO Enfield Carers Centre; Lia Markwick - Commissioning Manager, Adult Social Care, LBE (London Borough of Enfield); Matt Casey – Head of Strategy & Commissioning, Health & Adult Social Care, LBE (London Borough of Enfield); Andrew Lawrence - Head of Commissioning for Public Health, Children's and Education, LBE; Fiona Jones – Assistant CEO Enfield Carers Centre; Michelle Malwah - Healthwatch Enfield; Ellie Crawford – Director, MIND Enfield				
Apologies received:	Caroline Moore - Strategy & Commissioning support, LBE; Peppa Aubyn - Assistant Director of Place, Integration, Transformation & Delivery (Enfield), NCL ICB (North Central London - Integrated Care Board); Mark Tickner - Public Health, LBE				

MINUTES

a) Welcome, Introductions & Apologies

- Introductions made, apologies noted.

b) Minutes/Follow Up Tasks from last meeting

- Minutes agreed as accurate.
- Follow up tasks - updates noted:
 - Neighbourhood Geographies** Lia confirmed that the neighbourhood geographies map had been circulated with the minutes.
 - Direct Payment Fact Sheets.** DP Factsheets identified, including Carer Assessment fact sheet provided by Pam. Lia to coordinate a review and introduce version-control information showing approval and review dates on policies and procedures.
 - Hospital Discharge Research:** Lia reported that Damien and Sabine had provided a list of seven people discharged directly from hospital into care homes who were not previously known to local services. Desktop analysis now underway to identify whether unpaid carers were involved and to understand relevant circumstances. Lia and Fiona planned to check whether any individuals were on the Enfield Carers Register and, where appropriate, develop case studies about earlier intervention opportunities. Fiona will involve the hospital discharge worker as required. They aimed to complete the work by the end of November and provide a full update in December.
 - Readmission Analysis:** Roseanna provided data on hospital readmissions. Frequently occurring same-condition admissions included sickle cell disease, abdominal and pelvic pain and heart failure; different-condition examples included tonsillitis and kidney stones. Lia said the data did not yet provide a

clear basis for targeted carer education and proposed a case-study approach. Pam recommended involving community nursing to interpret the clinical implications and help shape any training. Matt offered to contact Cynthia Morgan, or another suitable community nursing representative, and Doug agreed that the group should make contact.

- v. **Crisis Resilience Fund:** Matt offered to recirculate the explanation previously provided to voluntary-sector organisations. Pam requested clearer guidance on the fund's different application routes. Lia clarified that the updated website appeared to distinguish individual crisis payments from housing payments and separately described programmes funded through the Crisis Resilience Fund. Lia agreed to circulate the updated link with the minutes, after which Pam could identify any remaining gaps and the team could contact fund leads if needed (see link below).

Link: [Crisis and Resilience Fund | Enfield Council](#)

Terms of Reference & Group Membership – Review [All]

- Lia explained that organisational changes across health had reduced attendance and that relevant organisations were being contacted to identify nominees. Pam recommended using the opportunity to secure a named carers lead for the new ICB structure, while Matt cautioned that a single officer may cover all 13 boroughs as only part of their role. Pam also reported that Carers Trust and local carers centres were being approached to strengthen representation through the London Network.
- **Terms Of Reference:** Lia confirmed that the board's purpose and broad remit were unchanged, but the membership section needed updating. Andrew identified a mismatch between the chair's title in the terms of reference and the current membership list; Lia agreed to correct it. Michelle asked for Stephanie to be removed because Stephanie is leaving at the end of the month.
- **Future Representation:** Lia reported that an ICB representative attending the Joint Health and Social Care Board might recommend someone for this board. GP contacts had been approached. Lia to follow these up. Doug asked that members attend consistently or send a representative and agreed that communication could be issued in their name.
- **Carer Ambassadors:** Lia said it would be useful for carer ambassadors to attend where possible. Pam agreed to try to bring ambassadors to the next meeting.

Better Care Fund (BCF) update [Matt Casey]

- Matt explained that the Better Care Fund is grant funding allocated jointly to the council and ICB to improve health and everyday outcomes. Although the fund is jointly planned, the allocation is divided between the organisations; Enfield Council uses its share to support the carers contract and carers' direct payments. Matt noted that the joint plan can make it difficult to identify which organisation is funding a particular activity.
- **Additional Proposals:** Pam asked whether the ICB had identified additional support for carers in light of national discussions about carers' strategy and support. Matt said no ICB representatives were present and that priorities are set through a single joint plan. Doug said organisations should bring forward clear proposals showing how they would support early help, prevent crises, reduce hospital admissions or delay reliance on adult social care; this

would enable a conversation about possible funding without implying that additional money was already available.

- **Potential Hospice Partnership:** Matt suggested developing a business case for earlier support to carers who are trying to keep a loved one at home, potentially involving North London Hospice. They proposed exploring the idea through the Borough Partnership Board and seeking support from its new chair.

Young Carers Update [Andrew Lawrence]

- Andrew confirmed that public health funding would support the young carers project with Enfield Carers Centre through March 2030. Despite the direct award, procurement and governance processes were required; a letter of intent had been sent to Pam and Fiona, who had responded. The specification and draft contract were expected in October, with formal award anticipated in November and a smooth transition targeted for January 2027.
- **Impact Measures:** Doug asked Andrew and Matt to work together on meaningful indicators showing what is being delivered through the substantial overall investment in carers' support, including contributions from voluntary-sector organisations. Doug specifically requested reporting on impact rather than activity alone, including how services reach seldom-heard or underserved groups.
- **Dashboard Integration:** Lia explained that quarterly monitoring already identifies key carers' headlines and could feed a regular dashboard alongside annual work-plan KPIs. Andrew asked whether the new young carers contract measures should be linked into that dashboard; Lia agreed, noting that the Atamis system was still being refined but should support integrated reporting.
- **Young Carer Assessments:** Andrew said they had sought data from Children's Services on the number of young carers being assessed and referred since assessment responsibilities moved from a dedicated post into wider service activity. Practice guidance had been produced for social workers and family health workers, and Andrew wanted data showing how many young carers were assessed and what happened afterwards.

Unpaid Carers Leaving Employment [Lia Markwick]

- Lia reported Carers UK findings that approximately 1,500 people a day were leaving paid work to provide unpaid care, amounting to more than one million people over two years. One in five people were balancing work and caring, 22% had reduced their working hours and around one in ten had sacrificed career progression. Pam added that the rate of people leaving work had increased by 150% since 2019, emphasising that many were leaving because they had no practical alternative.
- **Employer Compact:** Lia suggested exploring an employees' carers compact, shared standards for carer-friendly employment, better use of assessment data to identify working carers and support to retain skills when carers leave work. Doug agreed to raise the issue with senior council and NHS colleagues, beginning with a clear statement of what each organisation offers to employees who provide care.
- **Council Staff Support:** Fiona reported that the employees' carers support network, run with Jo Ayer, had been established but needed more promotion. Staff had asked about their employment rights and the council's policies, including whether a specific carers-in-the-workforce policy existed. Doug said the council should first establish what support and policies are available, identify gaps, and then promote them so staff are aware before reaching crisis point.

- **Skills And Volunteering:** Fiona suggested volunteering as a route for former carers to rebuild confidence, maintain skills and reconnect with work. They described carers who had volunteered at the carers centre, received training and later moved into employment, and proposed mapping volunteering opportunities across voluntary-sector organisations in the borough.
- **Wider Promotion:** Pam proposed working through HR and internal communications, including newsletters and staff awareness questions, to encourage employees to identify themselves as carers and join the network. Matt suggested an informal council-wide survey, while Matt also proposed engaging GP federations and practices so that staff and clinicians recognise caring responsibilities more consistently.

Supported Housing Strategy [Lia Markwick]

- Lia explained that, under the Supported Housing Act 2023, Enfield must publish and maintain a local supported housing strategy by the end of March 2027. It must assess current supply, identify gaps and future demand, establish governance and monitoring, report progress annually and be refreshed every five years.
- **Strategy Scope:** For this work, supported housing means accommodation linked to care and support for people needing help to live independently. The scope includes learning and physical disabilities, recovery from drug and alcohol dependency, mental health needs, domestic abuse, homelessness and care leavers. It excludes residential and nursing care, general-needs accommodation and care packages delivered in someone's own home.
- **Definitions And Examples:** Pam asked whether the strategy covered assisted accommodation and older people as well as people with learning disabilities. Matt explained that supported living generally involves a care provider remaining associated with a scheme or block, unlike arrangements where an individual employs their own personal assistants and the care does not remain with the property. Matt confirmed that the strategy would also cover extra care, sheltered accommodation and private sheltered housing for people of different ages and with different disabilities or health needs.
- **Co-Production Design:** Lia said the strategy would be developed through workshops with service users, people living in supported housing and unpaid carers, followed by full public consultation on the draft. In response to Doug's question about avoiding a tick-box exercise, Lia agreed that questions must be grounded in lived experience and meaningful to participants rather than focusing only on technical supply-and-demand analysis.
- **Community Engagement:** Doug asked for a broad range of participants rather than relying on the same attendees. Michelle suggested holding workshops where people already gather, such as community venues or the carers centre, and Pam offered Connexions in Ponders End. Lia agreed to link with partners to secure accessible venues and noted that housing and homelessness teams, as well as an engagement officer, would be involved.

Agenda Items for Next Meeting [All]

1. The next meeting is scheduled for 17 December. Members agreed that **an in-person meeting at Connections** venue would support community engagement, with Pam confirming that the venue was available. Doug agreed to provide refreshments.
2. **Network Promotion:** Lia confirmed that the employees' carers network was established but needed more attendees. Matt suggested advertising it on council television screens, and Lia agreed to pursue that option.

Any Other Business [All]

- **Magic Notes Delay:** Pam explained that the Magic Notes trial had not properly started because Beam had not uploaded the carers centre's forms. Fiona said assessment officers were temporarily using the social workers' health and social care needs assessment form, but meaningful feedback could not be provided until the correct templates were available.
 - **Escalation Action:** Fiona had been chasing Caroline and Beam for several weeks. Matt asked Fiona to chase again that day and copy Matt into the correspondence; Matt would then pursue the issue. Matt also noted that the carers centre was already involved in a 12-week Beam and Magic Notes project and that the council was considering AI at its front door.

CPB dates in diary (all Thursdays unless mentioned):

2026	2027
17 Dec	18 Mar/17 Jun/16 Sept

Follow-up tasks

1. **Carers Assessment Fact Sheet:** Co-ordinate review and update of the carers assessment fact sheet, adding version control and a review date. **(Lia)**
2. **Hospital Discharge Research:** Progress the desktop analysis and case-study work on the seven people discharged from hospital to care homes, involving Enfield Carers Centre where relevant, and report back to the December board. **(Lia, Fiona)**
3. **Community Nursing Input:** Contact Cynthia Morgan, or obtain an alternative community nursing contact, to support the review of hospital readmission data and related carer training needs. **(Matt)**
4. **Crisis Resilience Fund:** Circulate the updated Crisis Resilience Fund guidance and clarify any remaining questions about the application process and funding streams with the fund leads. **(Lia/Matt)**
5. **Terms Of Reference:** Update the terms of reference to correct the chair's title and remove Stephanie from the membership list. **(Lia)**
6. **Board Representation:** Follow up with potential GP and NHS trust representatives and secure firmer commitments for attendance at the next meeting. **(Lia)**
7. **Board Attendance:** Issue a message in Doug's name asking members to attend consistently or nominate a representative when they cannot attend. **(Lia)**
8. **Carers Impact Dashboard:** Share quarterly carers monitoring information and coordinate with Andrew and Jane so the young carers contract KPIs can be incorporated into the board dashboard. **(Lia, Andrew)**

9. **Magic Notes Trial:** Chase Caroline and Beam for the outstanding assessment-form templates, copy Matt into the correspondence, and enable meaningful feedback on the trial. (**Fiona**)
10. **Council Carer Employment Offer:** Raise support for carers in employment with senior council and NHS colleagues, beginning with a clear statement of what each organisation offers to employees who provide care. (**Doug**)
11. **NHS Carer Employment Offer:** Engage senior NHS colleagues to establish what employment support and rights are available to NHS staff who are carers. (**Doug**)
12. **Supported Housing Consultation:** Help identify a diverse range of unpaid carers for the supported housing co-production workshops and promote the subsequent public consultation. (**Pam, Fiona, Lia**)