Care City Year in Review

2019/20

CARE CITY

Contents

A Message From Our CEO

In this year like no other, we have been fortunate to have our purpose to guide us, our colleagues to keep us going and our brave, resilient partners to work alongside.

The Care City year started on a high. With the support of our founders NELFT and LBBD, we became an independent Community Interest Company. We were delighted to embed our mission in our governance, and to become a social enterprise. As the innovation partner to East London's health and care system, it is right that from top to bottom, our focus is people not profit. We were proud too to launch our Community Board, to learn with us about our mission and to continually challenge and shape our work.

The goal of happy, healthy older age is hugely challenged by COVID-19 and the associated misery and poverty. Care City itself has had to adapt to remote working, and take a little of our own innovation medicine. This has tested our creativity and strength, but I am proud of the job the team have done, and hugely grateful to them.

We have also adapted our work. Never before had we gone from idea to implementation in a fortnight, without pausing for a funder to say 'yes', but this year we have done so repeatedly. We have invested and taken risks to support care homes, domiciliary care agencies, GP practices and local people.

> Care City uses innovation both to improve health and care outcomes and to open new routes for local people into and through health and care careers.
>
> **John Craig, Chief Executive**

Care City has learnt from these experiences, and grown more confident in the pursuit of its mission.

However, these experiences have not changed our mission, and our work is not defined by COVID-19. In 2020, a light has been shone on the vulnerability both of some older people and the systems that support them. Some of those systems' most critically important staff do not have the pay, support or prospects they deserve. We believe that – just as we hope others' Research & Development can provide treatments and vaccines – Care City's can enable care to remake East London for the better.

This year, our work shows how that will happen. We have introduced Apprentice Nursing Associates in care homes, empowered domiciliary carers and HCAs with new knowledge and technology and helped patients to build their own skills. Increasingly, this work is allied to interventions in associated labour markets, as Care City uses innovation both to improve health and care outcomes *and* to open new routes for local people into and through health and care careers. This is how we will improve health and the determinants of health – by showing that healthy ageing and regeneration are two sides of the same coin.

There is a great deal of work for us to do. The thrill of Care City is that we get to do this work alongside clinicians, leaders, researchers and citizens. It is those experiences that have kept us energised through tough times, and we pay tribute to those partners.

John Craig, Chief Executive

At a Glance

1

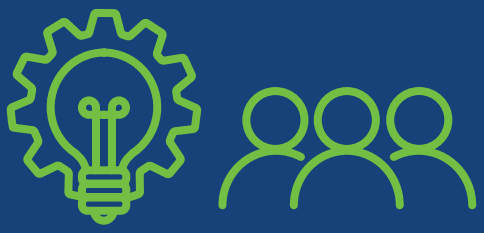
New community interest company formed

8

Participants recruited for our new Community Board

11

New innovation partners we are working with to pilot new technology and service pathways



5

New team members and 1 new Board member recruited

670

participants across East London tested 6 Test Bed innovations

1,238

Number of social prescriptions delivered across 31 GP practices in Barking, Dagenham and Redbridge

At a Glance

612

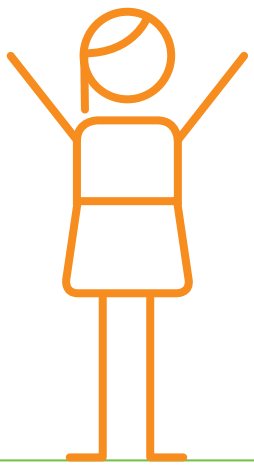
Care home residents enrolled onto Feebris' digital monitoring technology in the fight against COVID-19

10

Co-design panels run to ensure that the technologies we pilot meet the needs of our East London community and answer challenges set out in the NHS England Long Term Plan

5

Settings of care (hospital, primary, community, mental health and social care) with linked datasets to help us better understand our East London health and care challenges and enable the delivery of real change to make population health a priority for all



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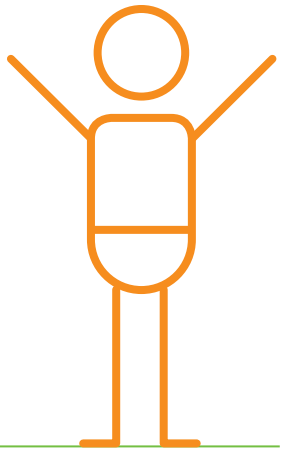
New training schemes piloted to increase knowledge, skills and career opportunities for Mental Health Peer Support workers, Apprentice Nurse Associates and Domiciliary Carers

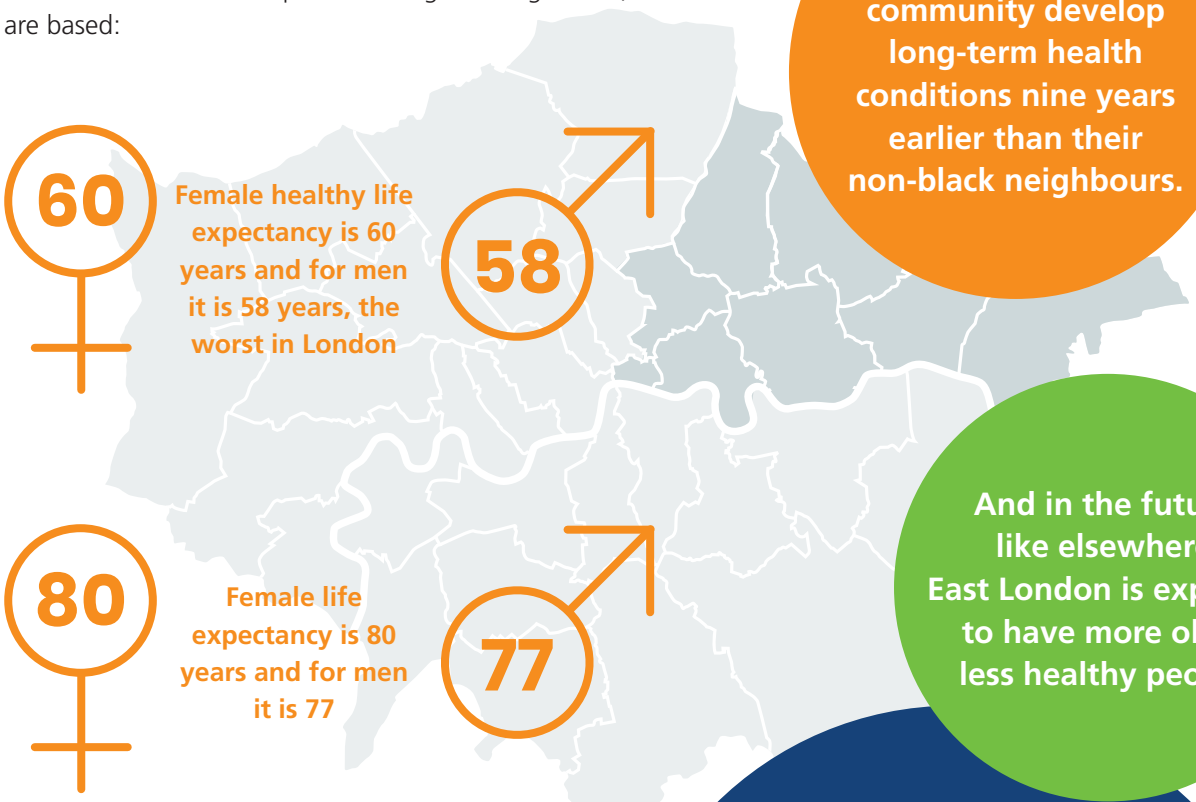


Why We Do What We Do

There are a number of challenges for healthy ageing in East London.

East London has very poor health

The population of East London has poor heath, relative to London and to the UK. For example in Barking and Dagenham, where we are based:



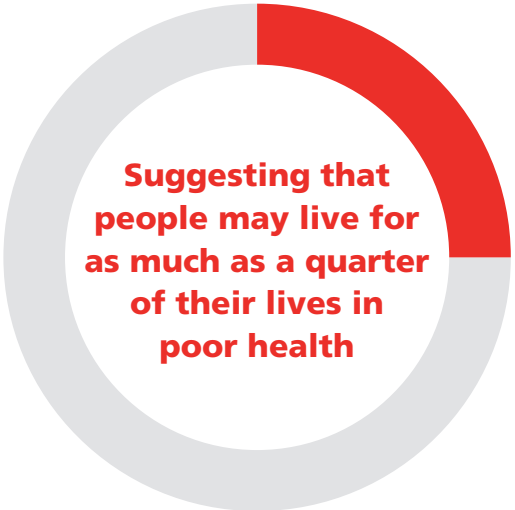
In Barking and Dagenham our black community develop long-term health conditions nine years earlier than their non-black neighbours.

And in the future, like elsewhere, East London is expected to have more older, less healthy people.

By 2025 the boroughs of Barking and Dagenham, Redbridge and Havering are projected to have more than

30,000 people over 65

with long-term illness that seriously limits their day-to-day activities (more than half of the total over 65 population)



Suggesting that people may live for as much as a quarter of their lives in poor health

Source: Borough Data

Source: POPPI

Getting new technology into services and clinical pathways can be hard

There is real potential for new technology to increase service efficiency, reduce cost and improve the lives of residents when they need care. But public services under strain, legacy systems, and digitally excluded patients and without testing and evaluation, it is hard for entrepreneurs and innovators to show that their solutions are worth buying.

Data is not joined up

Data on who uses which services typically sits either with the Local Authorities or with NHS providers. Because datasets are not connected, it is very difficult to show that spending more in one area would actually save much more money overall.

Care is undervalued

There are 1.4m front line staff in care work with people at their most vulnerable and 6.5m informal carers, who are vital for the ongoing health and wellbeing of our population. Often they work in unpredictable conditions, with people and families who are anxious or distressed. Because of regular contact, they are often the first to be able to spot signs of deterioration, and they are also the best placed to help people achieve greater independence. However many feel undervalued or have little or no support or training.

In pursuit of our mission for healthy ageing for our East London community, we are tackling these challenges through our work. Work such as:

Testing innovations to digitally enhance support roles and transform care for people with long term conditions

Developing technology to meet the education needs of informal carers

Better understanding data to better utilise health and social care resources

Our Journey So Far

November 2015
Opens the Care City space in Maritime House, Barking, with a team of three staff

January 2016
Stages official launch party with 130 attendees from its partners and the local community

June 2016
Secures Healthy New Town status for Barking Riverside

July 2016
Secures NHS England Test Bed status, attracting leading innovations to East London to transform outcomes for local people

September 2016
Grows to a team of seven staff and appoints its first Chief Executive

November 2016
Works with North-East London Foundation Trust to research efficiency in community services, funded by the Health Foundation

June 2017
Prototypes a transformed pathway for atrial fibrillation, working with community pharmacies to find people at risk of stroke and treat them quickly

January 2018
Expands its project portfolio, collaborating with UCLPartners, the Office for Life Sciences and the London Borough of Barking and Dagenham

June 2018
Stages careers roadshow for young people, showcasing the range of health and care careers and apprenticeships accessible for local people

October 2018
Secures continued Test Bed status – the only first wave Test Bed to do so – testing enhanced, digitally supported roles for members of heath and care support staff

May 2019
Works with the local CCGs to scale solutions for atrial fibrillation and social prescribing across Barking and Dagenham, Havering and Redbridge

June 2019
Launches as a Community Interest Company, with North-East London Foundation Trust and the London Borough of Barking and Dagenham as corporate members of its new Board

July 2019
Collaborates with the London Borough of Barking and Dagenham to explore enhancing quality in domiciliary care as a route to paying the London Living Wage to domiciliary carers

September 2019
Hosts first Care City Community Board event

March 2020
Team adopts working from home as standard practice during pandemic

May 2020
selected to join Health Foundation programme to bridge the gap between research and action to make a difference in health and care

June 2020
New office location agreed in heart of Barking

To be continued...

Highlights from 2019/20

April 2019

Began development of carers educational tool – iCare

May 2019

Work with local CCGs to scale solution for atrial fibrillation and social prescribing across BHR

June 2019

Launches as Community Interest Company with NELFT and LBBD as corporate members of its new Board

July 2019

Collaborates with LBBD to explore enhancing quality in domiciliary care as a route to paying the London living wage to domiciliary carers

August 2019

Launched early pilot with Healthy.io and Nursing teams in Waltham Forest to test use of digital wound care assessment tool

September 2019

First Community Board meeting

Successfully delivered our Discovery work on 'Expert Care' for the UFI Charitable Trust

October 2019

Delivered report to Health Foundation from our work on the Advanced Applied Analytics Programme.

iCare app launched on Google Play and Apple

November 2019

LBBD extended contract with Health Unlocked to offer a digital social prescribing tool across the borough

December 2019

First phase of pilot with Lifelight to monitor vital signs at NELFT kicks off

January 2020

Launches Mental Health Peer Support training programme

February 2020

Interviewed by East London Radio in drive to raise brand awareness and recruit participants to our iCare project

March 2020

Launched Care City Cohort data set

How We Make a Difference

Accelerating the Adoption and Spread of Innovations

Digitally-enhancing support roles to transform care for people with long-term conditions

There is a double digital divide in healthcare – many patients with long-term conditions struggle to access digital tools, but so do the support staff that help them. Our Wave 2 Test Bed Programme tackles these issues together. Support staff can use digital tools both to transform the help they give to patients and to support self-management. We have tested three enhanced, digitally enabled roles for support staff, which both increase skills and productivity and improve outcomes and experiences for patients.

Expert Carers

Working with domiciliary carers and care homes across the Borough of Havering, we are building skills and confidence in using digital technology to spot deterioration among patients with long-term conditions early and to support better management of medication. Our innovation partners include:

Whzan – Digital measurement of vital signs

Healthy.io – Digital urine analysis and screening for chronic kidney disease

> Over the past few weeks, Whzan Digital Telehealth, one of the innovators currently being demonstrated within the Care City Test Bed, has been providing as much support as possible to the NHS with the supply of their remote monitoring system. The system comprises a set of high tech equipment and software to monitor life signs and provide this information to carers and GPs. It means doctors can keep an eye on their patients efficiently and without risk of infection. Care City has been using this technology to monitor elderly people in their own homes too
>
> **John Cooling, Chairman, Solcom Limited (founders of Whzan Digital Telehealth)**

whzan DIGITAL HEALTH

Healthy.io

Primary and secondary care settings are under extreme pressure, and our technology can help significantly reduce the number of patient visits, reduce the workload on laboratory services and take the pressure off limited NHS resources, to help ensure that patients who require urgent attention can be managed and treated rapidly. It's during these testing times for public health that smartphone health technology must be optimised. We are delighted to partner with Care City and to provide local healthcare professionals with new tools to improve care for the community in East London.

Katherine Ward, Chief Commercial Officer, Managing Director UK and Europe, Healthy.io

Digital Prescribers

Working with primary care across Barking and Dagenham, we are enabling healthcare assistants and care navigators to make digital prescriptions simply and effectively, building their skills and confidence and reducing the burden on GPs. Our innovation partners include:

Liva – A digital platform connecting patients and health professionals to drive behaviour change

Sleepio – Proven digital intervention for sleeplessness

Liva healthcare

Sleepio

Administrator Patient Supporters

TickerFit – Working with Barts Health NHS Trust, we are testing TickerFit's digital programmes of education and exercise to supporting patients with their cardiac rehabilitation.

Barts Health NHS
NHS Trust

TickerFit

Working with community pharmacists to find and treat strokes

Evidence suggests that the new Atrial Fibrillation pathway we launched in Barking, Dagenham and Redbridge alongside Kardiamobile as part of our NHSE and OLS Wave 1 Test Bed, that enables direct referral to a one-stop clinic at Barts Health is more efficient with the time for a patient to access treatment reduced from an average of twelve weeks nationally, down to 2-3 weeks. Further evidence suggests it also has the potential to prevent 1,600 strokes nationwide.

Building on this success, the BHR Provider Alliance has committed to rolling out this new patient pathway across Barking, Havering and Redbridge, working with local community pharmacies and hospitals to find and treat AF and prevent strokes through opportunistic screening in community pharmacies. The BHR ambition is to reduce the numbers of AF related strokes by 20% (1,003) in the next 3 years.

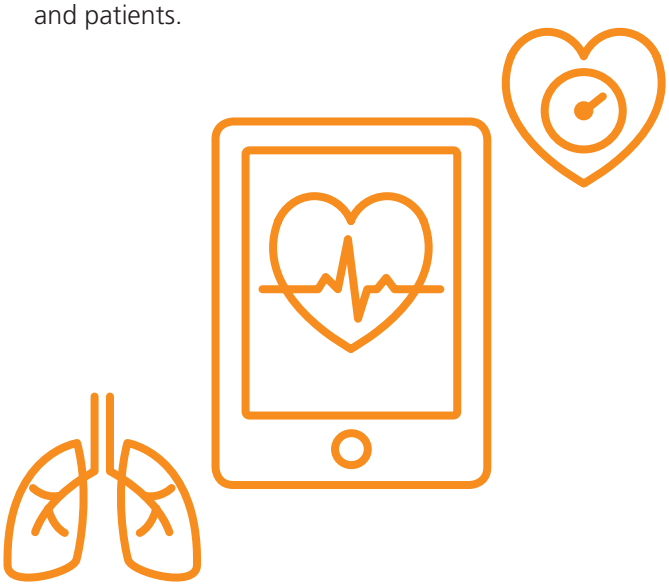
We are in discussions with three others health systems about the adoption of the pathway.

Improving detection, monitoring and management of physical ill health for people with long-term and severe mental illness

The health disparity faced by people with serious mental illness is well documented, as are the multiple contributing factors for this.

Working in partnership with North East London Foundation Trust (NELFT), Essex Partnership University Trust (EPUT), UCLPartners and XIM we tested a new method of monitoring and measuring physical health for patients with mental illness.

Lifelight technology allows completely contactless measurement of three vital signs (heart rate, blood pressure and respiration) in just 40 seconds using the camera built into a standard tablet device, with no additional hardware, makes the process of taking vital signs much simpler and less distressing for staff and patients.



> We are really excited to be part of this project. This will help in situations where taking manual observations may be difficult and allow better patient care. The staff are excited to find technology that helps them in their daily work."
>
> **Dr Caroline Allum, Executive Medical Director, NELFT**

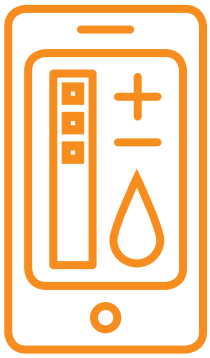
> We are delighted to have the opportunity to test the use of this exciting technology in our care for people with mental ill health. It is very important that we look after people's physical health as well as treating their mental health conditions. This innovation has the potential to improve people's health outcomes – as we could better monitor any deterioration in their health – and also improve their experience of care.
>
> **Dr Kallur Suresh, EPUT's Deputy Medical Director**

Essex Partnership University NHS
NHS Foundation Trust

lifelight® NELFT UCLPartners xim

The NHS Long Term Plan challenges us all to implement new technologies that provide solutions to key clinical challenges. This exciting programme is one such innovation that will help us develop a technologically enabled workforce to meet the needs of our patients today and tomorrow.

Professor Mike Roberts, Managing Director, UCLPartners



Enabling home testing for people living with diabetes

Healthy.io's ACR Adherence As A Service enables people to test their urine at home using a test kit and accompanying app. An abnormal ACR test is an independent risk factor for both cardiovascular and CKD, yet is often the worst performing of all NICE recommended diabetes care processes.

The project was offered to patients living with diabetes in 3 practices in B&D CCG.

97%
of patients stated the service was easy to use and
89%
preferred home testing to attending the clinic.

The service improved adherence to ACR testing from 0% to 73% in consented patients with diabetes who had been offered the traditional model of care but did not attend. This helped identify abnormal ACR in 24% of the patients tested, that might not otherwise have been identified.

Healthy.io

It has subsequently been used to deliver
1,238
social prescriptions across 31 GP practices in Barking, Dagenham and Redbridge.

Supporting those with unmet health and social needs

For those with unmet health and social needs such as low mood, weight loss and social isolation, we collaborated with HealthUnlocked to embed its digital social prescribing tool into the GP patient management system, EMIS and enabled it within 10 GP practices, allowing GPs to generate and email to patients a tailored set of recommendations for community services and online resources to support their wellbeing.

HealthUnlocked

Implementation of a tech-enabled model for proactive and holistic remote monitoring of care home residents

Whilst most care homes are skilled in end-of-life care and supporting people with cognitive impairment symptoms, the COVID-19 pandemic brought new challenges for care home staff who have had to absorb the function of monitoring their residents to detect broader health deterioration in a timely manner and make appropriate isolation/escalation decisions.

With TechForce19 funding, support from BHR CCG and in partnership with Feebris, we have developed a blueprint for rapidly implementing a tech-enabled model for proactive and holistic remote monitoring of care homes residents in 23 care homes across Barking and Dagenham, Havering and Redbridge.

> Normally if we are worried about a resident's health, we take vital signs, write them down, fax them to the GP and then the receptionist will give the GP a call. Feebris will save time as it allows us to go straight to the GP. I've spoken with 3 staff nurses who think this will be beneficial.
>
> **Janet, nurse at care home**

TECH FORCE 19

BHR COMMUNITY EDUCATION PROVIDER NETWORK

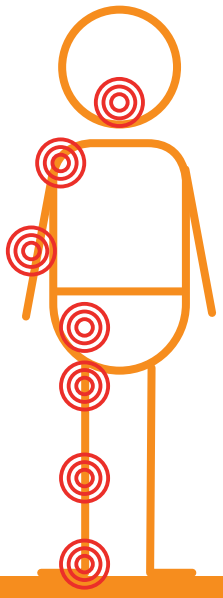
feebris

Skills Development for Our Health and Social Care Workforce

Improving care for deteriorating patients

We worked with NELFT to develop Significant Care, a paper based tool that aims to help carers identify early signs of deterioration in the person they are looking after specifically related to their skin, toilet habits, mobility and levels of confusion and take fast action.

Subsequent development of a pressure ulcer app was made following a recognised need for education and skills training to be more accessible. The app developed with NHS clinicians and carers across North East London provides carers with 1-3 minute educational modules covering topics related to the prevention of pressure ulcers based on the Great SKIN guide developed by North East London Foundation Trust.



Benefits include:

- Increased confidence and knowledge and carers
- Reduction in the number of health crises and exacerbations of long-term conditions among those they are caring for
- Reduced associated healthcare consumption, for example, urgent admissions to hospital

Continuing our work with NELFT, we supported District Nurses in Hawkwell Court to explore new ways of assisting tissue viability nurses to monitor and assess wounds using Healthy.io SPOT tool. This has gathered momentum with plans to roll the technology further across Barking, Havering and Redbridge University Trust.

> Pressure ulcers can be life changing injuries. They cause pain and distress and result in serious infections and even limb amputations. Unpaid carers are the vanguard of support and protection for some of the most vulnerable members of our society. The skin is the largest organ in the body and for those at risk, skilled care is required to prevent deterioration and recognise signs of deterioration early. We are excited to be part of this project which we hope will offer the knowledge and skills to provide carers with confidence in keeping the skin safe.
>
> **Debbie Wickens, Senior Tissue Viability Specialist Nurse, North East London Foundation Trust**

NELFT Healthy.io

Supporting Research for Better Health

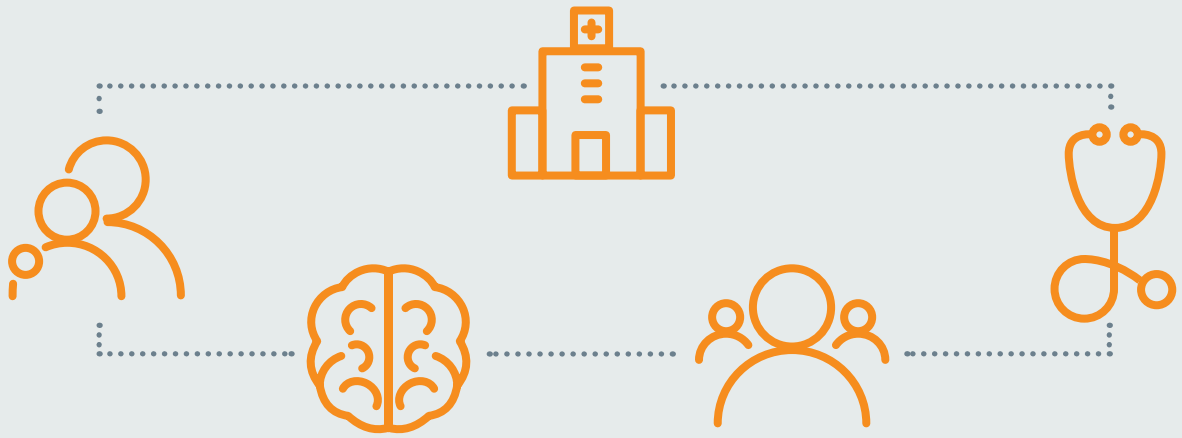
Alongside UCLPartners, North Thames CLAHRC, BHR CCG, the London Borough of Barking and Dagenham and NELFT we have created the Care City Cohort, a unique dataset of Barking and Dagenham residents from 2011 onwards.

The objective is to deliver real change, using the insights from the data and working in partnership with the health and care workforce to confirm how and what we need to do to make population health a priority for all.

The dataset includes individual and household level linked data across the health services and Barking and Dagenham council (B&D) and is now being used by Researchers, the local health and care system and teams from other geographics that want to collaborate and learn from us.

It has enabled us to:

- Understand the distribution of service use across five settings of care (hospital, primary care, community care, mental health and social care)
- Understand the characteristics of our populations that are associated with higher odds of using services and higher levels of service use
- Investigate the costs associated with care in the last 12 months of life
- Investigate the impact having a carer has on service use



Barking & Dagenham

BHR COMMUNITY EDUCATION PROVIDER NETWORK

NELFT

NIHR | Collaboration for Leadership in Applied Health Research and Care North Thames

UCLPartners

The Integrated Health & Social Care Dataset has really proved its worth 10 times over during the current crisis. Just before lockdown the council used the dataset to identify high priority areas to target using key health and demographic data. This resulted in a hotspot priority map which was used by council teams in partnership with local voluntary organisations to mobilise volunteers to these areas to leaflet, offer assistance and raise awareness. We produced the maps within two hours and our volunteers were on the ground within two days from the initial request.

Councillor Maureen Worby, Barking and Dagenham Council's Cabinet Member for Social Care and Health Integration

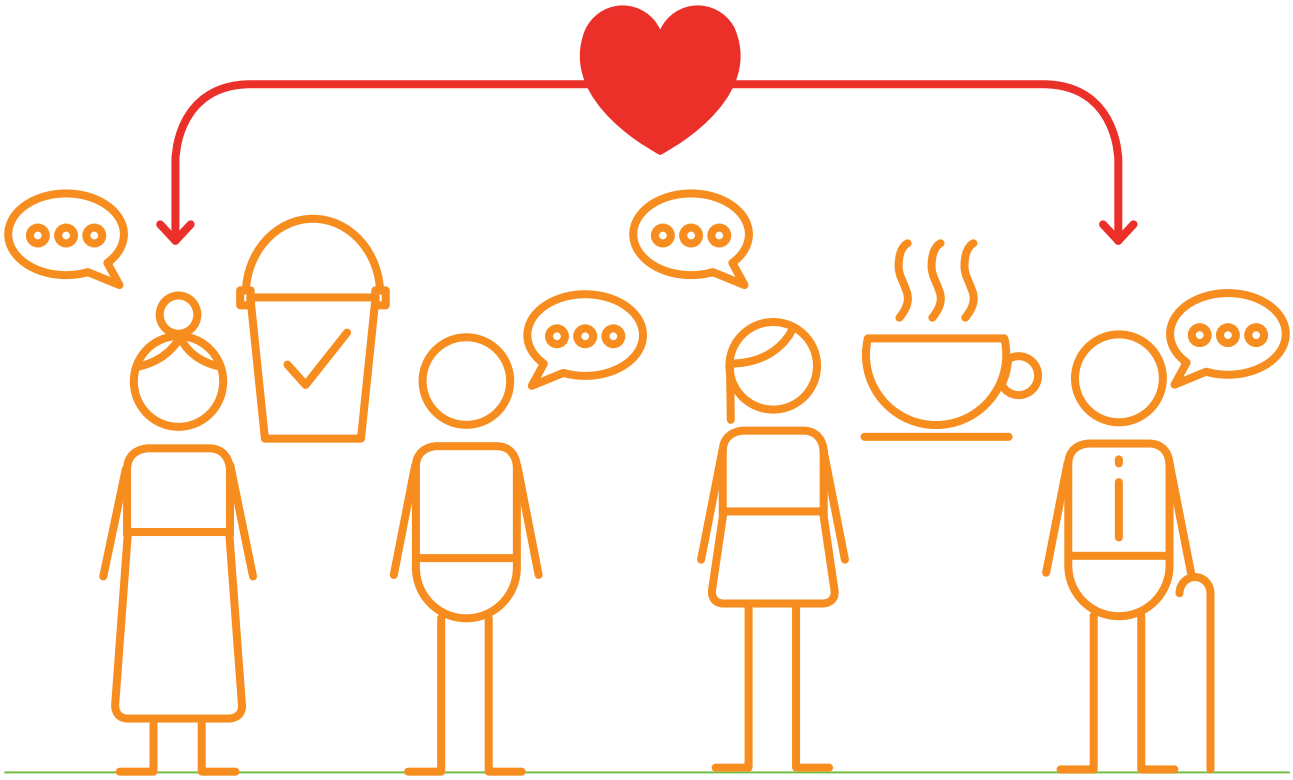
Supporting our East London Community

Working together to address loneliness in Barking, Havering and Redbridge

Reconnections is a volunteer-led service that supports over-65s in rediscovering their love of life in the communities where they live.

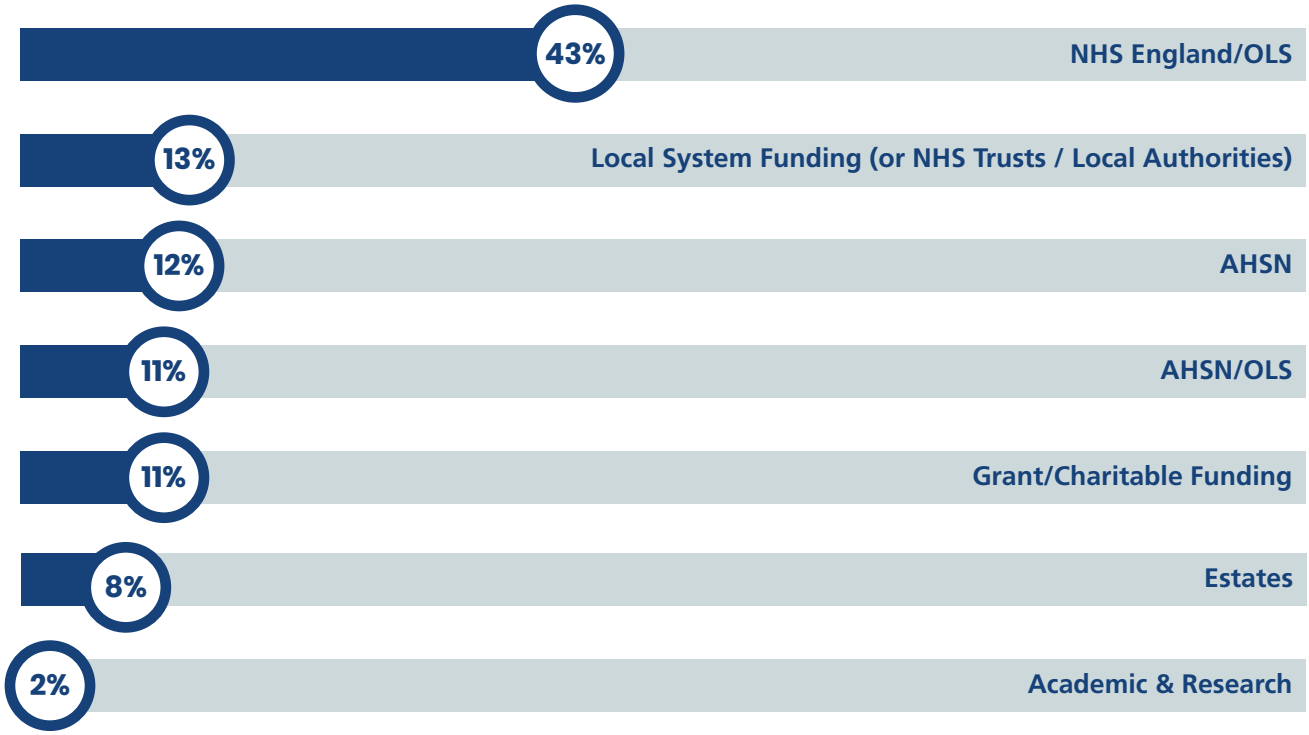
It introduces friendly local volunteers to lonely older residents and invite them into local activities, gatherings and events ranging from regular chats over coffee to bucket-list experiences that provide meaningful social connections that help break the cycle of isolation and loneliness.

We were delighted to be able to secure funding to enable Independent Age to roll out Reconnections across Barking, Havering and Redbridge.

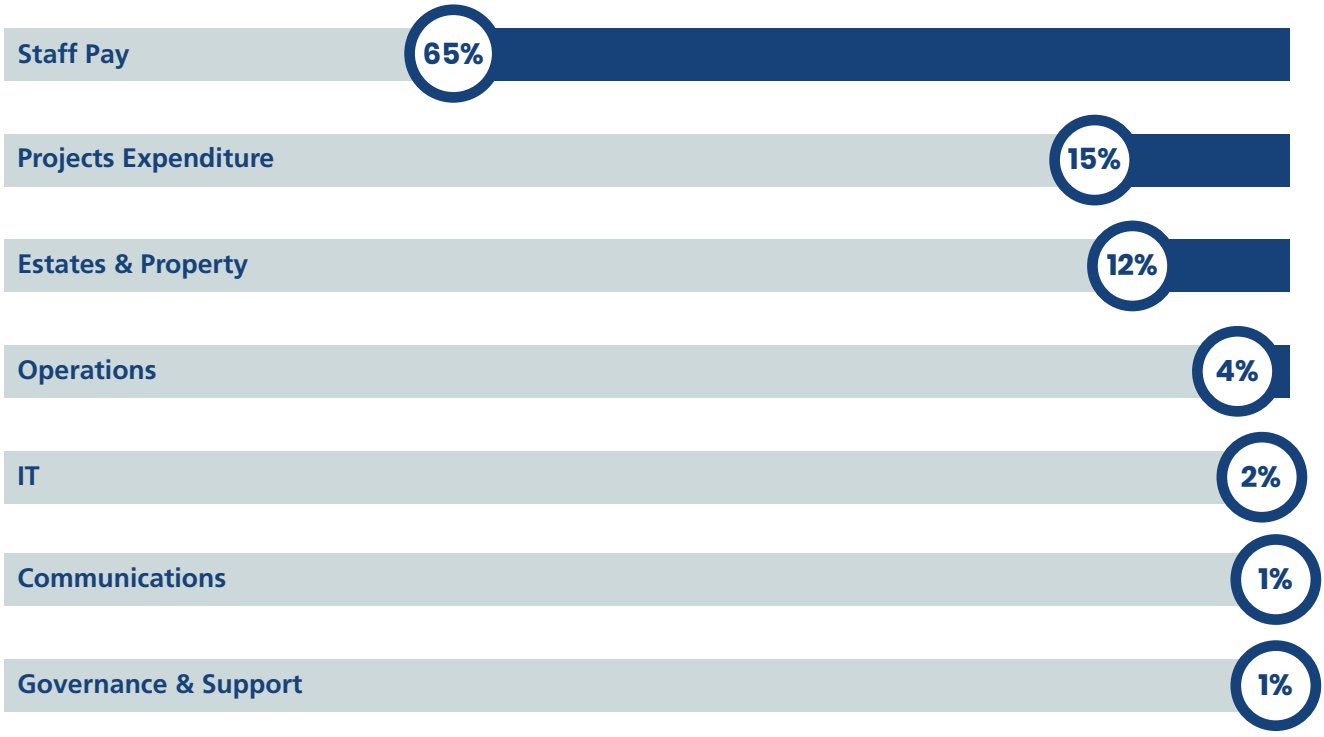


Our Finances

Summary of our income in 2019/2020



Summary of our spending in 2019/2020



Meet the Team

I live with a long term health condition, it impacts my day to day life and as a result I use many health and care services. Based on this lived experience of interacting with these systems, I feel I can identify areas where improvement is required. Having a voice on the Care City Board gives me an opportunity to share these ideas. I feel closer to where decisions are being made and over time will see impact of the work that we do together.

Sandra Rennie, Community Board member

Our Team Members

We're a small team but with a wealth of knowledge, experiences and backgrounds spanning both the public and private sector. We continue to support Skills 4 Care, providing experience for one year for a member of their graduating class.

John Craig
Chief Executive

John joined Care City as Chief Executive in October 2016. Since then he has established Care City as a key player in the East London health and care system and continued to develop the programme of work, securing funding for the rollout of successful innovations. Prior to joining Care City, John spent five years leading Innovation Unit, an independent non-profit that develops radically better, low-cost public services. He has also worked as a Policy Advisor at the Cabinet Office and at the think-tank, Demos as a senior researcher.

Hannah Harniess
Deputy Chief Executive

Hannah's early career as a Physiotherapist in north east London fuelled her interest in social determinants of health and health inequalities. She undertook an MSc in Social Epidemiology at the London School of Economics and subsequently obtained a PG Cert in Health Leadership during a Darzi Fellowship at NHS Greenwich CCG where she focussed on children and maternity care.

Prior to joining Care City, Hannah was Programme Director for the DigitalHealth.London Accelerator, connecting high potential digital technology solutions with health and social care challenges. She was also Director for Technology at the Health Innovation Network, the south London AHSN.

Lindsey Carter
Business Manager

Lindsey joined the team in January 2015 and is responsible for supporting all areas of Care City administration, including all operational areas and management of day to day running of the organisation.

Lindsey has previously worked for KPMG, Hammonds Law Firm and Relate and has now moved to support the development of Care City due to her interest in Health, Social Care and community development.

Rachel Fuller
Communications Director

Rachel joined as Communications Lead in January 2016 after delivering the Care City launch event as a consultant Event Manager. She then identified an opportunity to use her marketing and communications experience to build the Care City brand across the local community and health and social care environment. Rachel's 20 years marketing, event and communications experience has been across many different industries including finance, insurance, civil engineering, education and sport.

Claire Stidston
Test Bed Programme Manager

Claire rejoined the Care City team in February 2019, having previously managed Wave 1 of the Care City Test Bed.

Claire has extensive programme management and service design experience working with organisations in the NHS, local authorities and the voluntary sector, to plan and implement joint health and social care and innovative approaches across the system.

Mary France Jardiel
Project Lead

Mez joined Care City in January 2018 as a Skills for Care Graduate Trainee. She provided project leadership and support to the testing of a digital social prescribing tool in primary care, under the NHSE Wave 1 Test Bed Programme.

Since securing a permanent role at Care City, Mez continues to collaborate with service users, frontline staff and innovators to design and test digital innovations that has the potential to improve of patient care, experience and outcome.

Mez holds a BSc in Biomedical Science from Queen Mary, University of London and holds two leadership and management qualifications.

Julie Atkins
Project Lead

Julie is a core member of the Innovation Test Bed Wave 2 Programme Team, focussed on the co-design of new care pathways and workforce development for Expert Carers, Digital Prescribers and Administrator Patient Supporters.

Julie joined Care City with a wide range of experience in public services. She has worked in the civil service, social services, the voluntary sector and the NHS.

Julie has been involved in delivering self-management courses to people with long term conditions, a peer led service for many years across London and for the past 6 years with NELFT.

Shilpi Begum
Project Lead

Shilpi joined the Care City team in September 2019. Prior to this, she was with North West London Collaboration of CCGs where she was a Programme Coordinator for the WSIC Dashboards. Shilpi is passionate about how digital innovations can help to transform the healthcare sector and improve patient experience and outcomes.

Shilpi has an MBA in Healthcare Management from Coventry University and is currently enrolled into Cohort 2 of the NHS Digital Pioneer Fellowship hosted by DigitalHealth.London. This programme supports 'change makers' to design and lead transformation projects underpinned by digital innovations.

Ben Williams
Project Lead

Ben joined Care City with a background in social care development including age-friendly models and accessible design; and human rights advocacy, especially with regards to the Mental Capacity Act; and supporting carers.

Ben set up the Dementia Friendly London Housing group working with the Mayor of London to create a dementia friendly capital city. He was also on the NICE committee who developed the current national Dementia guidance (NG97), and continues to be an Expert Adviser for NICE.

Julia Prudhoe
Project Lead

Julia has recently joined the team as a Project Lead. Prior to this, she worked as a Senior Project Officer at Imperial College Healthcare NHS Trust, working in the Improvement team. She led on pieces of work to implement the Model for Improvement method for staff to follow when involved in Quality Improvement projects. She also coordinated the Flow Coaching Academy programme funded by the Health Foundation. This involved skilling up two coaches who are assigned a patient pathway of care to improve and implement positive change. Julia remains passionate about QI and coaching.

Amber Gibney
Senior Data Analyst

Amber joined the team on secondment from the Health Innovation Network, south London's AHSN, in April 2020 to work with the Care City Cohort linked dataset to share insights with our local health and care workforce. Recent work includes building a probabilistic early warning system based on machine learning/Artificial Intelligence technologies to promptly identify high-risk patients needing urgent care during the clinical triage process in A&E, as well as developing a bespoke desktop application to enable non-analytical members of the ESCAPE-pain for backs project team to monitor clinical outcomes.

Alexa Kerr-Dineen
Skills for Care Graduate

Alexa joined Care City in October 2019 as part of the Skills for Care Graduate Management Programme after graduating from the University of Bath in 2018 with a BA in Modern Languages.

Nicola Kelly
Project Support Officer

Nicola joined the NHS in 2015 as a hospital receptionist moving on to provide administrative assistance to numerous clinical services. She came to Care City in November 2016 to work as a Project Support Officer, and is now responsible for supporting all areas of Care City project and administration work. Nicola enjoys working with service users, to provide feedback to be used in the design of digital innovations and the improvement it can make to patient care.

Chelsea Greyson
Project Support Officer

Chelsea joined Care City in July 2019 to facilitate the smooth running of all projects. She graduated from the University of Northampton in 2018, with a BA hon in Geography with International Development and joined NHS as an administrative clerk. She has a passion for working towards the empowerment of BAME and LGBT+ groups.

Laura Gillet
Administrator

Laura joined in December 2018 as an administrator, supporting the project team, managing reception and supporting event production and delivery. Her previous work as an apprentice for the London Borough of Barking and Dagenham, would see her well placed to assist with understanding target audiences and ways to reach and engage with them.

Prof Martin Utley
Care City Researcher in Residence

Professor Martin Utley is Director of the UCL Clinical Operational Research Unit and Researcher in Residence at Care City. His role at Care City is to help strengthen academic presence in the boroughs it serves. This includes embedding evidence-based interventions, deploying robust but pragmatic evaluation methods and developing Care City's portfolio of research work. Martin is leading the evaluation of the Care City NHS England Innovation Test Bed.

Dr Sonya Crowe
Improvement Scientist in Residence

Sonya is an Operational Researcher from UCL who joined the Care City team in January to help develop and embed robust approaches to service improvement and to evaluate its Health and Social Care Innovation Test Bed. She will be working with stakeholders across organisational boundaries to identify where, in a system, improvements are needed and using metrics and analysis to support this.

Our Board Members

Professor Paul Corrigan
Chair

Paul Corrigan gained his first degree in social policy from the LSE in 1969, his PhD at Durham in 1974. He is currently adjunct professor of public health at the Chinese University of Hong Kong and of health policy at Imperial College London.

For the first 12 years of his working life he taught at Warwick University and the Polytechnic of North London. During this period he taught, researched and wrote about inner city social policy and community development. In 1985 he left academic life and became a senior manager in London local government and in 1997 he started to work as a public services management consultant. In 1998 he published Shakespeare on Management.

From July 2001 he worked as a special adviser to Alan Milburn first and then John Reid, the then Secretary of States for Health. At the end of 2005 he became the senior health policy adviser to the Prime Minister Tony Blair Over this six years he was instrumental in developing all the major themes of NHS reform not only in terms of policy levers buy also in developing capacity throughout the NHS to use those levers.

Between June 2007 and March 2009 he was the director of strategy and commissioning at the London Strategic Health Authority.

Jenny Shand
Director, UCLPartners

Jenny has been with Care City since April 2015, working with stakeholders to develop the strategy and securing grants to fund our programme of work. She moved onto our board in June 2019.

Jenny is a Director at UCLPartners, our local Academic Health Science Partnership, providing strategic leadership and is responsible for income generation to support delivery of UCLP's strategy.

As Director of the Care City Cohort dataset she runs a research programme in collaboration with Care City, LBBD, BHR CCG and NIHR North Thames Applied Research Centre.

Jenny has a wide experience of healthcare in different contexts – as a researcher, a hospital manager and as a consultant at McKinsey. She holds a PhD in Health Economics from UCL and a masters in Public Health from the London School of Hygiene and Tropical Medicine.

Professor Oliver Shanley OBE
Interim Chief Executive, North East London Foundation Trust (NELFT)

Oliver joined NELFT as interim chief executive in July 2019. He joined the Trust from his role as Regional Chief Nurse for NHS England and NHS Improvement, a role he held since 2016. Previously Oliver was Deputy Chief Executive and Chief Nurse at Hertfordshire Partnership University NHS Foundation Trust (HPFT) for seven years.

Oliver has worked in Mental Health services since 1987, qualifying as a Mental Health Nurse in 1990.

Oliver attained a Doctorate at Kings College London in 2012 and was appointed a Visiting Professor at the University of Hertfordshire in 2014.

In the 2016 New Year's Honours List Oliver was awarded an OBE for services to Mental Health and Learning Disabilities Nursing.

Steve Tolan

NHS England and NHS Improvement London Region Allied Health Professions Lead

Steve is the NHS England and NHS Improvement London Region Allied Health Professions Lead, providing assurance for the allied health professions (AHPs) linked to delivery of the NHS Long Term Plan and regional strategic priorities.

As a physiotherapist, he trained and spent his clinical career in Essex and East London in various specialities before joining the Chartered Society of Physiotherapy as Head of Practice Development. Steve has worked across health and care sectors in the UK on portfolios of work including health informatics, commissioning policy, quality improvement, system transformation and commercial resilience for clinical staff. He continues to develop and curate a broad range of networks for clinical interest, professional development and regional engagement purposes.

His professional interests include professional leadership, health inequalities, social determinants of health and population empowerment through communication and network building.

Caroline Allum

Executive Medical Director, North East London Foundation Trust (NELFT)

Caroline is the Executive Medical Director at NELFT. She is also a consultant radiologist at Royal Free London NHS Foundation Trust. She was previously Medical Director at Hertfordshire Community NHS Trust and has worked as an Associate Director Quality and Medical Appraisal at Whittington Health.

Caroline is passionate about delivering high quality services for people. She was listed as one of the Health Service Journal's 50 most inspirational women leaders and reached the final of HSJ Clinical Leadership awards in the category Clinical Leader 2012.

Mark Tyson

Director of Policy and Participation, London Borough of Barking and Dagenham Council (LBBD)

Mark has spent many years working in social care/NHS partnership environments, including on development of integrated care systems. He has worked across community development, crime reduction, anti-social behaviour, drugs/alcohol, adult social care and health partnerships.

Yvonne Kelly

Principal and CEO, Barking & Dagenham College

Yvonne joined Barking & Dagenham College as Chief Operating Officer in 2015 before becoming Principal and CEO four years ago. Prior to that she was Executive Director of Stoke on Trent College.

She holds a Masters degree in Educational Leadership and Management.

Introducing Our Community Board

Back row, left to right: Margaret Sim, Sandra Rennie, John Timbs, Ray Glazer, Jenny Shand, Rachel Fuller, Laura Gillet, Sheila Wright. Front row, left to right: Julie Atkins, Val Shaw, Beauty Dhlamini

Our Community Board's focus is to ensure that we embed the patient, carer and public within our decision making so that our work is led by the people we serve. It includes seven representatives, who are local residents, patients, carers and staff from the voluntary sector, care and health agencies. We meet six times a year.

Since its launch in September 2019, we have spent time getting to know each other, using Nancy Kline's *Time To Think* and introducing them to Care City's projects. Our Community Board was instrumental in developing innovative recruitment ideas for our iCare project and is active in promoting the work that we are undertaking with the Care City Cohort.

> I joined the Community Board with the hope of improving matters in my part of the country; East London. I have come to realise how deprived parts are in every aspect that you can think of; mental health, physical health, social and financial health. It is also heavily polluted, over-crowded yet lonely for people at times. There are many vulnerable people here.
>
> Other members of the group are enthusiastic to help improve matters too. We all listen, learn and suggest small steps forward in achieving our same goal; improvement. We all have different experiences of life but have equal amounts of ambition for the success of the Board. I have learned that there is a lot to do but hope that as a Board we can 'walk the walk', not just 'talk the talk.
>
> **Margaret Sim, Community Board member**

I was recently asked why I wanted to be involved in the Board - what I felt I may get out of it. My answer is simple... having an opportunity to make people's lives better – what could be better than that?

Ray Glazer, Community Board member

Ray Glazer

Ray has worked in public transport for the majority of his working life. He was responsible for Safety-Bus Services-traffic/signage and crime across Romford to Oxford Circus. He also worked alongside a dedicated Met police force for that route under the title of Operations Command Unit.

Ray was formerly a patient with Health 1000 and also sat on the board as a patient representative.

John Timbs

John is Managing Director of Lodge Group Care UK Ltd. As a Care Provider, Lodge Group supports over 200 vulnerable people in their own homes, children and adults with a complex learning disability in our regulated residential homes and also to young adults with a complex learning disability residing within Supported Living accommodation.

John also has extensive senior level public sector Local Authority experience.

Margaret Sim

Margaret trained as a general nurse and a paediatric nurse and worked both for the NHS and private sector. Her particular interest is 'Mental Health' and since 2008 has been an unpaid carer.

In 2009, she served on the 'Carers' Representative Group' in 'Goodmayes Hospital' and volunteers at 'Havering Mind', on the 'Carers' Project'.

On retirement she wrote a book called *The Hateful World of Nursing*, her thoughts on improving the care service.

Beauty Dhlamini

Beauty is a Global Health student and Co-Director and Liaison at the Global Health Policy Centre, a part of the Kings Fund ThinkTank. She has contributed to and co-authored policy papers in Parliament and international health organisations.

Beauty is also involved in a social enterprise programme Social Ark, that enabled her to deliver BEAM, a youth-led creative drama project that works with disadvantaged 11-25-year-olds.

Sandra Rennie

Sandra is engaged in a range of patient engagement roles within East London. She is Chair of the Patient Reference Group to Building Healthier Communities and participates in a range of forums as a patient representative and in a range of patient networks.

Sandra is also a member of the Primary Care Oversight Committee tasked with implementing the NHS Long Term Plan.

Sheila Wright

Sheila works for NELFT and has 6+ years working within regeneration roles and 10+ years, in project management, senior administration and PA experience. She is also carer to her elderly mother.

Val Shaw

Val was a Carer for both her husband and her mum. Since retiring she has been a volunteer as she wanted to put back into her community. She lives in Barking, with her cat and is a very active member of our Board, representing those within our community that are not digitally enabled.

Our Partnerships

Many thanks to our Partners and Collaborators that have given us so much support, encouragement and creativity during our first year as a Community Interest Company.

Our system partnership includes 339 GP practices and:

Barking & Dagenham

City of London

East London Health & Care Partnership

Hackney

Havering London Borough

Newham London

London Borough of Redbridge

NHS Barking and Dagenham Clinical Commissioning Group

NHS Redbridge Clinical Commissioning Group

East London NHS Foundation Trust

NHS City and Hackney Clinical Commissioning Group

NHS Tower Hamlets Clinical Commissioning Group

Homerton University Hospital NHS Foundation Trust

NHS Havering Clinical Commissioning Group

NHS Watham Forest Clinical Commissioning Group

North East London NHS Foundation Trust

NHS Newham Clinical Commissioning Group

Barking, Havering and Redbridge University Hospital NHS Trust

Barts Health NHS Trust

Provide

Tower Hamlets

UCLPartners

Waltham Forest

In addition to supporting health and care organisations across East London, we have developed relationships with, and continues to work, with a number of other organisations. These include:

Barking & Dagenham College

BCVS Barking Dagenham Council for Voluntary Service

Barking Enterprise Centres Community Interest Company

Barking Riverside London BeFirst

BHR Community Education Provider Network

Centre for Ageing Better

Coventry University London

healthwatch

Participatory City

skillsforcare

Our Innovators

AliveCor, appt, HealthUnlocked, Healthy.io, feebris, lifelight, Liva healthcare, No Isolation, Sleepio, TickerFit, whzan DIGITAL HEALTH

With a higher than average patient population from a Black, Asian and Minority Ethnic (BAME) background based in North East London, 50% of patients treated through our LIVA Test Bed pilot were from this group, placing Liva Healthcare as the most widely used lifestyle intervention platform for patients from a BAME background.

"We are pleased with this latest development to bring our personalised scalable programme back to North East London following a successful pilot. It's important that patients from all backgrounds have the same access to digital health tools, so that everyone can manage their lifestyle at the touch of a button."

Simon Pickup, UK Managing Director, LIVA

With the support of BHR CCG and Havering Health we have been supporting GPs to deliver high quality healthcare for care home residents remotely using Feebris. The project has been rolled out across 20 care homes and 15 GP practices, delivering more than 700 check-ups for elderly residents.

"Feebris is a great tool, with great potential. It has had an impact on patient management in my practice to reduce A&E admissions. Remote monitoring by Feebris provided timely data to inform clinical decision making, thereby facilitating patient centred care."

Dr Mina Goyal, Church Elm Lane Medical Practice

Following the success of our KardiaMobile pilot during Wave 1 of the Test Bed, where we created a new pathway for early detection and treatment of AF-related strokes, we are delighted that BHR CCG is scaling this further across community pharmacies across Barking, Havering and Redbridge. The BHR ambition is to reduce the numbers of AF related strokes by 20% (1,003) in the next 3 years.

All community pharmacists in BHR will be provided with training and Kardia Mobile technology and incentivised to encourage people in the target demographic who come into their pharmacies to have their heart rate and rhythm checked. Those found to have an abnormal result will be referred directly to the BHR AF Stroke Prevention Hub (SPH).

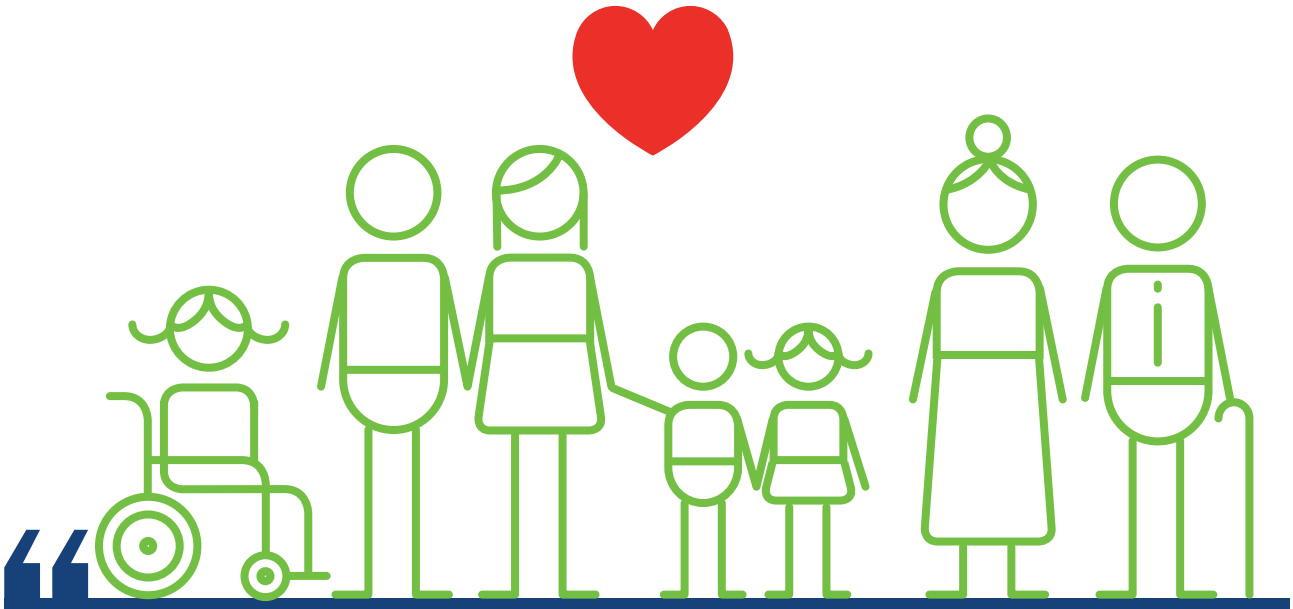
Alivecor

Looking to the Future

A new home in the heart of Barking

Plans are in place to develop a new site for Care City, alongside affordable housing and an art house cinema in Barking town centre.

The space will provide us with an opportunity to host public gatherings, run training programmes and will ensure we remain in the heart of our community.



I am glad to welcome this investment in this hugely exciting development. It will provide a huge additional boost to the town centre, with affordable housing and, crucially, a new base for Care City to improve health services for our elderly.

Cllr Darren Rodwell, Leader of Barking and Dagenham Council

Care City Innovation C.I.C.
1st Floor, Barking Enterprise Centres C.I.C., 50 Cambridge Road, Barking IG11 8FG
E theteam@carecity.org

@CareCityUK • facebook.com/carecity.london
www.linkedin.com/company/11233065/

www.carecity.london

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Registered Address: Care City Innovation C.I.C, 1st Floor, Barking Enterprise Centres C.I.C., 50 Cambridge Road, Barking IG11 8FG

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