

Care City Year in Review



2020/21



CARE CITY

Contents

Our CEO Reflects	5
At A Glance	6
It Wasn't Quite the Year We Had Planned For – Helping the Fight Against COVID-19	7
Hannah Harniess' insights from her time at Nightingale Hospital London	8
Supporting improvement of patient care as a bedside learning coordinator.....	13
Treating the long lasting symptoms of COVID-19	14
Rapid roll out of innovation test bed piloted technology	15
Deploying an AI-powered remote monitoring solution across BHR CCG care homes.....	15
Using digital diagnostics and data to spot deterioration in patients and better manage medication.....	15
Workforce Growth and Development – Creating Good Jobs for Local People, Addressing Health Inequalities and Supporting Economic Growth	17
Creating a new nursing role within residential care homes and domiciliary care agencies	17
Supporting learning and development of domiciliary carers.....	21
Supported self management for people living with long term conditions	22
Mental health peer support training development and delivery	23
Providing highly valued career opportunities for highly valued care staff.....	24
Creation of Digital Champions in care homes to enhance their use of digital tools and their staff's digital capacity	25
Helping young people and job seekers into local health and social care roles	25
Research and Evidence Generation – Sharing Data Insights to Help Commissioners, Clinicians and Partners Make Informed Choices About How to Improve the Health and Care of our East London community	27

Developing, Testing and Scaling Innovations to Create Better Patient, Staff and Sector Outcomes	29
Implementation and scale of digital innovation	30
Social care workforce development.....	30
Developing, Expanding and Diversifying Our Care City Team	31
Stories from some of our team	32
Our new Board members.....	33
Let’s hear from our Community Board	35
Our Finances	36
Summary of our income in 2020/2021	36
Summary of our spending in 2020/2021	37
Looking to the Future	39
Many Thanks to Our Partners	40



Seeing our staff and partners work through this period has been a privilege. In the worst of recent times, we have seen the best of people.

Our CEO Reflects

To work in health and care, but not be a clinician, is a humbling experience. For me, leading Care City as someone who faints at the sight of blood, it is regularly embarrassing. In this time of action, we work with people who know things I don't and can do things I can't. For this reason, working with clinicians is the most frustrating thing I do – but also the most rewarding. The morning news bulletin is just bearable because I can spend my day fighting COVID-19's effects, by virtue of the teams and alliances of which I am a part.

Seeing our staff and partners work through this period has been a privilege. Watching people battling simultaneously to treat COVID-19, help our system recover, vaccinate people *and* transform services for the better is impressive. In the worst of recent times, we have seen the best of people.

Like our partners, Care City has been multi-tasking heavily. Firstly, we have been alongside our system partners, helping them to respond to the pandemic. We were proud to work on Long Covid, send staff to the Nightingale, help with support for people managing long-term conditions and publish new research about vaccine take-up.


At the same time – and often through these partnerships – Care City's core work has been maturing. As Care City's first Chief Executive, to begin with my offer was a great innovation process and the promise of something better. Today, Care City is starting to learn and achieve things that contribute just a little to our mission of a happier, healthier older age for East Londoners.

As East London's innovation partner, we fail on our own but succeed as a system.

We completed our Test Bed programme for NHS England and the Office for Life Sciences, and we are delighted with our enhanced model of homecare. As with the atrial fibrillation pathway we built in our previous Test Bed, I am delighted that this will live on and grow in East London. As East London's innovation partner, we fail on our own but succeed as a system, and it is heartening to be able to point to these shared successes.

We are also developing stronger foci, particularly improving health outcomes in care, enhancing non-clinical roles and supporting remote monitoring and self-management. We were delighted to publish **A Healthy Living**, drawing together insights from across our work in care. Innovation is a learning process, but we have to be able to say what we have learnt and to share it, and we will continue to do this.

Thank you to our partners for supporting and shaping our work, and for showing patience and bravery. Thank you also to the Care City team, for hanging in there and looking after each other. For the blood-phobic leader, the consolation for my deficiencies is the knowledge that no one has all the answers. But if we keep working together, we will keep making progress.



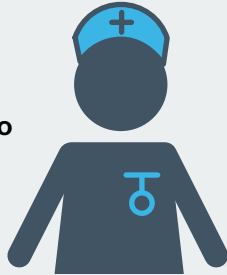
John Craig, Chief Executive



At a Glance

4

New Apprentice Nurse Associates enrolled onto our Apprentice Nurse Associate Programme



1

New office space design completed for Care City in the heart of Barking



93

Carers and social care students registered to use our eCare app



57

Careers Ambassadors enrolled to support young people and job seekers into roles in health and social care



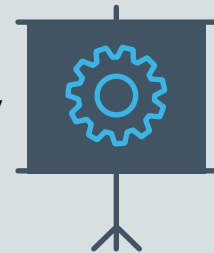
10

Mental Health Peer Supporters participated in training



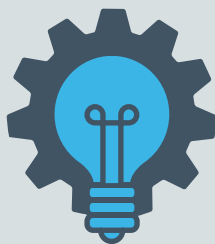
132

Primary healthcare staff attended Care City and UCLP Supported Self-Management training workshops



650

Participants in our Innovation Test Bed



8

Weeks of support given by two team members seconded to the NHS Nightingale Hospital London during the peak of the second wave of the pandemic.



150

hours volunteering with an Intergenerational Project that brings together older adults and young children to improve their quality of life.



71

Schools and colleges engaged in our Careers Programme



It Wasn't Quite the Year We Had Planned For

Helping the fight against COVID-19

It certainly wasn't the year we had planned for. The pandemic hit and along with the rest of the nation, we started looking at how best we could help and adapt to the challenges brought about by COVID-19. Our team adjusted to working from home, saying goodbye to our large office at

...the pandemic did also result in an appetite to expedite access and implementation of technology to support actions such as remote monitoring in Care Homes.

Maritime House where we had been co-located with our NELFT colleagues since Care City launched in 2016. Although the team rose to the challenge of home working, it was important to all of us that we maintained physical roots in Barking. We are grateful to our partners at the Barking Enterprise Centre who offered us an alternative base whilst our new permanent home on Axe Street in Barking continued its development.

Some of our projects were temporarily paused or slowed while team members were redeployed to various roles to support the local system and the East London COVID-19 effort. However the pandemic did also result in an appetite to expedite access and implementation of technology to support actions such as remote monitoring in care homes – something we had already piloted with Feebris across East London. Therefore whilst some of our work necessarily paused, others catapulted forward, as we invested our energy in seeing how they could be fast tracked to best support patient care and the health and care workforce.



Care City team members Mez Jardiel and Hannah Harniess were deployed to Nightingale Hospital London

Hannah Harniess' insights from her time at Nightingale Hospital London

The COVID-19 pandemic has forced us all to rapidly learn and to rethink how we interact with and deliver health and care services. In January 2021, as the pressures on London hospitals once again escalated, I was seconded to NELFT as part of the senior clinical leadership team tasked with establishing a second Nightingale Hospital London (NHL2).

It was one of my most challenging, exhausting and rewarding roles. However, my story isn't remarkable or unique.

It was one of my most challenging, exhausting and rewarding roles. However, my story isn't remarkable or unique. There are a million stories of people stretched beyond their role, who've supported people with COVID-19 at their most vulnerable, going above and beyond to try to keep families connected to their loved ones.

Many of the workforce have not only had to rapidly learn about this novel virus, but also learn about how to work in different environments, with different colleagues within a rapidly transformed work environment where loss and grief have featured so significantly. Although we faced significant population health challenges 'pre-Covid' we often still worked as if the privilege of time was available to us, tinkering with 'disruption' and 'innovation' around the edges. The pandemic has revealed what true disruption is, leading to a remarkable transformation of a traditionally immobile and inflexible healthcare system, with many of the familiar and entrenched barriers to change lifted almost overnight.

Part of my role at NHL2 was to capture learning from the field hospital, through interviews, observation and a workforce census. This led to a number of important learning points which have application across the system and also intersect with much of our work and mission at Care City.



Valued members of the NHS Nightingale Hospital London Team



**It's a privilege to work here.
Every day I learn something
from my colleagues.**

1. New ways of working – multi-professional working and enhanced roles

A system which has traditionally held fast to hierarchy and siloed clinical boundaries had to allow some blurring of these boundaries. Rather than disaster, this showed us the potential of our workforce to rapidly learn and work beyond normal role scopes.

At NHL2, flexible multi-disciplinary team (MDT) working was critical, enabling emergent and informal learning, with many staff reporting that they had gained new skills from observing and working with others who they would not normally interact with. Clinical leads were able to support inexperienced staff and enable staff to work outside of their 'normal' skill set, boosting confidence and skills development.

2. New pathways into health and care careers

The NHL2 was situated in an area of east London described as the 'deadly COVID-19 triangle' because of its high levels of deprivation and some of the highest rates of COVID-19 infection. The devastating economic and human cost of the pandemic on this region will ripple for some time. Significant unemployment rates are set to increase further as a result of COVID-19, presenting further risks to our community's health and wellbeing. Alongside this, the local health and social care system faces substantial workforce shortages.

The NHL offered temporary economic support, through employment, to people for whom COVID-19 had decimated their normal industry (e.g. hospitality, leisure, retail or creative arts) and presented an opportunity for those who would not normally consider a career in health or social care to gain exposure to this sector. A third of the workforce joined from other industries, a fifth had no previous experience of health and social care and 14% of the NHL2 workforce were recruited after being out of employment or education, some for more than 6 months. The NHS brand coupled with a clear vision to make a difference to the population, was influential in attracting people from outside of the normal labour pool and more than half of those without previous sector experience wanted to remain in health and care beyond Nightingale.

As the Anchor Institution agenda continues to develop, we need to capitalise on increased interest in the sector and ensure this creates and grows non-traditional pathways and routes to work, supported by access to quality work experience and new training models.

3. Collaborative leadership

Collaborative leadership emerged as a key enabler of the ethos of NHL2 and something different to 'normal' practice. Staff consistently spoke of the visibility and accessibility of NHL leadership. There was active encouragement of staff involvement in decision making, and open stand-up meetings in shared spaces and in clinical spaces created a sense of inclusion and collaboration.

In a crisis, leaders often revert to command and control strategies in an attempt to manage uncertainties. This can stifle creativity and suppress diversity of thinking. The experience at NHL and in other parts of the system demonstrated that a different model works, even under pressure. Visible, empathetic and accessible leaders who recognised their own knowledge gaps and trusted those on the frontline to lead, both empowered staff and created an environment for better decision making.

4. Rapid decision making

The benefit of a rapidly established organisation included less layers of hierarchy, complex process, or governance to wade through, enabling change to happen much faster. Staff were actively encouraged to try new things, work autonomously and make decisions. Before the pandemic, decisions often required multiple levels of approval, COVID-19 meant that these lengthy processes could not be afforded. The default setting leaned towards 'yes' with a higher bar for 'no'. Despite the intense pressure, trust in staff to make decisions, demonstrated through the permission to work differently, also served to boost confidence and support staff wellbeing.

5. Removing barriers to uptake of technology and innovation

COVID-19, while hugely challenging, has created a natural experiment for new ways of working across health and care. Previously immutable barriers to innovation were remarkably dismantled and transformation in delivery of care happened simultaneously across the system. We have seen that technology can be scaled at an incredible pace when staff are empowered to lead change. For example, **60% of UK adults** now report using technology to engage with the health service for the first time, or more than before. More than **90% of primary care consultations** rapidly moved on-line in the first few months of the pandemic. This showed us what is possible in relation to rapid uptake of technology when there is concerted effort and investment in infrastructure and tools to enable this.

Although my work at NHL revealed a number of important lessons – these also come with some caveats. We know that the pandemic has revealed and reinforced the significant inequalities across the UK. Own local **analysis** at Care City shows that black residents in Barking and Dagenham suffer the effects of long-term disease almost a decade earlier than their white counterparts. Although technology has solved challenges for many people, the pandemic has also **intensified the digital divide** and this is an issue that must be urgently addressed if we are to avoid reinforcing health and social inequalities in our 'post-Covid' health and care system. Organisations such as the Good Things Foundation have called for **a new manifesto** for digital inclusion as we recover from this period.

To address the huge population challenges of the next few years, an integrated approach to health and social care careers is essential to ensure that the pipeline is not skewed towards health

opportunities at the cost of care. The NEL HCP Careers Programme which Care City is currently supporting is unique in this integrated approach and we will continue to work across the ICS to promote the sector and support and develop new career pathways. However, while we are developing exciting new pathways and routes into health and social care, we also need to recognise the weariness of our current workforce. After leaving the NHL I was exhausted but still felt

guilty for needing a break, recognising that my contribution, while intense, had been far shorter than many others. Our workforce has risen to the challenge and stepped up to new ways of working, but we risk losing experienced staff if we can't create an environment that supports a more sustainable work-life balance as we learn to live with threats like Covid in the long term. Keeping successful leadership models from this period, investing in visible leadership across the system, and consistent modelling of trust in deputies and prioritising days off and down time is crucial. Although time feels pressured, we need to invest in genuine staff wellbeing now, more than ever before.

An integrated approach to health and social care careers is essential to ensure that the pipeline is not skewed towards health opportunities at the cost of care.

What surprised me the most was how quickly improvements were made throughout the time the hospital was operational. Enabling factors included having strong, collaborative leadership in the hospital that fostered a culture where solutions are codesigned with staff and staff are encouraged to try out new things, creating a space where the staff were confident to speak up. Absence of the normal bureaucratic processes helped changes to be tested and embedded quickly and having all roles e.g. leadership, IT, security all in one place. When we say we are in this together, this was literally the case.

Mez Jardiel, Bedside Learning Coordinator – Nightingale Hospital London



NHS

**Nightingale Hospital
London**

Supporting improvement of patient care as a Bedside Learning Coordinator

Our Project Lead, Mez Jardiel, also joined the Nightingale team on secondment as a Bedside Learning Coordinator, capturing frontline insights on improving patient care, efficiency and staff wellbeing.

Her top three learnings based on her experience:

1. Listen to the patients

I can't think of a better way of ensuring that we are delivering patient-centered care than listening to our patients and co-designing ways on how we can make their stay more comfortable, especially since they are unable to be with their loved ones during the pandemic.

2. #OneTeam

If there was one thing that this pandemic has highlighted to us, teamwork does make the dream work! The NHS is filled with people that are passionate in delivering patient-centered care, and regardless of your named role, you have the ability to make a difference in patient care and wellbeing.

3. The power of staff autonomy

At the Nightingale, when we say we're working on this together, we mean it in the literal sense. Senior leaders and their deputies are very supportive, approachable and available all the time to work with you. It's great as in most cases, having senior leadership support and sign-off helps embed changes more effectively. The freedom from the usual NHS bureaucracy also meant that we were able to solve things quickly and focus more on patient care – Problem seen, solution developed and implemented. It was very rewarding to see changes implemented in such a short amount of time, especially as you can see its impact on patients and staff straightaway.



Hear more about her experiences here.

Treating the long-lasting symptoms of COVID-19

Our collaboration with **UCLPartners** sought to support the adoption of an innovative digital programme, Living With Covid Recovery, developed by academics and clinicians, to treat the long-lasting symptoms of COVID-19 infection.

The programme, which is now helping patients in over 10 hospitals across 5 NHS trusts, supports home recovery and rehabilitation for people who have had a hospital admission or community diagnosis for symptoms of COVID-19 and who are at risk of or experiencing 'long-covid'. The rehabilitation tool targets primary symptoms that 'long-haulers' report experiencing for many weeks and even months after the peak of their infection – such as fatigue, anxiety and breathing problems. It combines evidence-based methods from physiotherapists, psychologists, dieticians and respiratory physicians to create bespoke treatment plans for each patient. It is currently helping more than 150 patients with their recovery.

The programme has been developed by a team that includes **UCL**, **Barts Health NHS Trust**, and **NIHR ARC North Thames** in collaboration with **NIHR ARC Wessex**, **University of Southampton**, **University of Exeter** and health-tech start-up **Living With**.

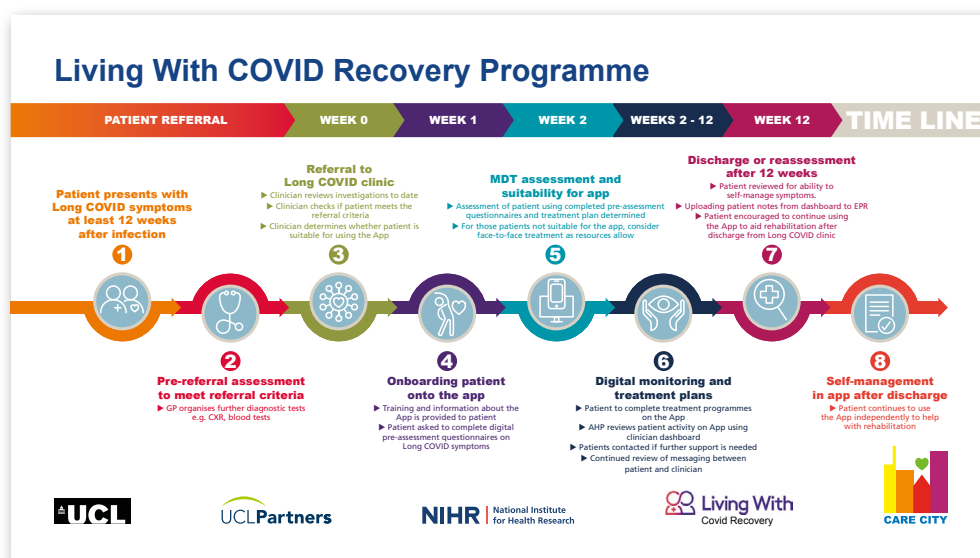
“ *Five months after having Covid, I was still feeling very breathless and easily tired – even walks could frustratingly leave me coughing and wheezing. I have found the Living With Covid Recovery tool very helpful in tracking my progress and building up my activity levels.*

One of the most important aspects for me is the connection to support and advice from my own physiotherapist through the app, which has helped reassure me and feel that I'm not alone.

Sophie, Patient

This study has been funded by the NIHR as part of its Recovery and Learning call, helping better manage current and future waves of the COVID-19 pandemic and investigate its long-term impacts on the health and care system beyond the acute phase.

▶ Learn more from Dr Elizabeth Murray, Professor of eHealth and Primary Care – UCL

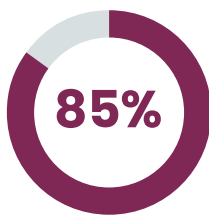


Rapid roll out of innovation test bed piloted technology

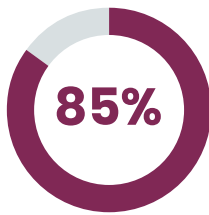
Two innovations that we had piloted during Wave 2 of our Innovation Test Bed, saw rapid roll out as the pandemic took hold.

Deploying an AI-powered remote monitoring solution across BHR CCG care homes

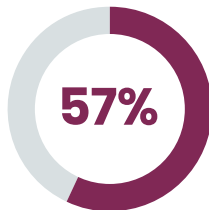
Funded by NHSX ('TechForce19'), we worked with Feebris to implement a model for rapidly delivering a proactive and holistic remote monitoring solution to support care homes residents across BHR CCGs. This technology was implemented across 20 care/nursing homes, 15 GP practices and supported more than 840 residents between March and November 2020 with an increase in carer-reported effectiveness, knowledge and confidence reported:



85% of carers reported more informative and productive interactions with healthcare services



85% of carers reported a better picture and understanding of a resident's overall health



57% reported increased confidence in conducting health-check-ups on residents

Since December 2020, BHR CCG has extended the contracts with all 20 homes for an additional 12 months and has also funded ten further homes to implement the Feebris kit as their method of remote monitoring.

Using digital diagnostics and data to spot deterioration in patients and better manage medication

Whzan Telehealth are the innovators behind a digital equipment kit that records vital signs. The kit was piloted with five domiciliary care agencies across East London. Since COVID-19:

- Three domiciliary care agencies have continued with an independent subscription, continuing to utilise the kit
- Mid & South Essex NHS Foundation Trust has piloted the Whzan kit within their Hospital at Home service.

CASE STUDY

The best care is highly skilled

Meet Tracy Sullivan, Senior Carer – KarePlus



Tracy Sullivan likes to keep moving. She is a senior care worker in Havering, and works long shifts, five days a week. For many years she worked in a care home, but she is happier now in homecare, moving around, discovering new places.

Movement has always been part of Tracy's life, having grown up on a traveller site in Huntingdon. Single, and with her four children themselves grown up, Tracy is again more nomadic. She has moved house eight times in three years, and she knows that she won't stop still for long.

For Tracy, the freedom to move is worth the associated moments of loneliness or invisibility. Despite moving often, Tracy always finds work. She has the right skills and stories, and a folder of purring references. Where she is now, at a franchise of Kare Plus in Havering, Tracy is a key lieutenant. She is in charge of client assessments and reviews, she trains staff and she provides support to colleagues in elements of care such as medication management..

There is a nomadic invisibility to Tracy's professional life too, despite all her expertise. After twenty-five years working in care, Tracy has done a lot of training, but she has not a single care qualification. Tracy is well used to the lack of recognition care staff receive, but that does not stop it being a waste.

The Care City Test Bed programme enabled us to work with homecare staff and their managers to develop an enhanced service, about spotting ill-health early, and escalating only the right patients to the right clinician with the right data, using Whzan. It wasn't easy. When we offered homecare staff the chance of a more complicated work day, some chuckled and shook their heads. Their care

jobs were just one of the many things they were juggling in their lives. Some GPs were sceptical too. And when we talked about care staff escalating patients to GPs, one sighed and said, 'ah, great, a different number to phone and not be listened to!'

However, other homecare staff leapt at the chance. Among them was Tracy Sullivan. Daunted at first, after ninety-

minutes of training, she started to believe that she could do it. And with Tracy's experience, she knew the difference it might make to her service users. Tracy is now a confident Expert Carer, and during COVID-19 – with her clients struggling to access healthcare – was able to spot a client with dangerously high blood pressure, preventing them becoming seriously unwell by alerting their GP. While that experience particularly will stay with Tracy, the biggest difference it has made for her is relational. For the first time, she has had conversations with colleagues like district nurses that felt like 'two professionals discussing a client'. That's after twenty five years of experience, and just ninety-minutes training.

For the first time, she has had conversations with colleagues like district nurses that felt like 'two professionals discussing a client'.

Excerpt from A Healthy Living – Four Stories from the future of Care

Workforce Growth and Development –

Creating good jobs for local people, addressing health inequalities and supporting economic growth

There has never been a more important time to support the social care workforce. Care recipients' needs are increasingly complex with many living with multiple long-term conditions.

However COVID-19 has shown how innovative deployment of the workforce can create solutions to increased health and social care demands and how close collaboration between care providers and health services can result in significant improvements for care recipients, increasing their independence and avoidance of acute care.

Much of our work, borne out of the insights from our Innovation Test Bed is focussed on recognising the value of care staff and developing career pathways to a high level, supporting recruitment and retention of high calibre staff.

Creating a new nursing role within residential care homes and domiciliary care agencies

Our 18 month Apprentice Nurse Associate programme, developed with support from Skills for Care, the local CEPN, UEL, NELFT and NEL HCP has resulted in successful development, testing and evaluation of a new workforce model for 'arms-length supervision' for three care home providers.

The Nursing Associate role bridges the gap between support workers and registered nurses. Like nursing, it is a role regulated by the Nursing and Midwifery Council. Nursing Associates work at the direction of a registered nurse or another registered professional but may not require direct supervision – direction can be via detailed care planning and regular communication. Becoming an Apprentice Nursing Associate – and then a Nursing Associate – is an increasingly important route into nursing. Opening this route up to the hundreds of thousands working in care homes could be incredibly powerful.

Lodge Group, Kallar Lodge and Ebury Court have joined the programme, along with four of their carers. What is unique is that none of the three care homes have a registered nurse on their team. Instead, nursing supervision is provided remotely by a Nurse Practice Educator at NELFT, who is also helping to build supervisory relationships with other clinicians – the GPs and district nurses who are also supporting the care home clients.

The programme is due to end September 2022.

CASE STUDY

Ajeesh Thomas



CASE STUDY

Care Should be a Calling and a Career

Meet Ajeesh Thomas, Senior Care Coordinator – Ebury Court Care Home

As a boy in India, Ajeesh Thomas wanted to be a teacher. In 2005, he was 23, a qualified accountant, with a lucrative career ahead of him. However, that year he felt deeply that something was missing. He came to London in search of a new life and answered a profound sense of vocation to work in care. Ajeesh found a job at Ebury Court care home in Rush Green in Havering, where he has worked ever since, committing himself to improving the well-being of its residents.

As he has worked with his colleagues to improve the care home, so he has thrown himself into self-improvement. He has earned a Level 3 diploma in palliative care, one at Level 4 in health and social care and a Level 5 Diploma in leadership and management.

Today, Ajeesh has a huge range of responsibilities in the care home, and he has become the teacher that he wanted to be as a boy. He trains, coaches and supports staff across the home. Like all the best teachers, he remains an avid learner, liaising closely with district nurses, GPs and listening

acutely to what they say. He loves to learn about the health of his residents, but over time, that learning has brought frustration. Ajeesh could see how the excellent care they received could be even better.

As for so many care staff, 2020 was a gruelling year for Ajeesh. He lived apart from his own family – even as they coped with sickness – thinking constantly of both of them and of his residents. If his mind was not made up already,

COVID-19 made him certain – Ajeesh wanted to be a clinician. However, he is hugely committed to Ebury Court, where he has worked and flourished for so many years. This was the dilemma facing him – choose between your residents and colleagues in the care home and an apprenticeship at the local hospital.

Thanks to the Apprentice Nurse Associate Programme, Ajeesh has been able to do both – to become an Apprentice Nursing Associate without leaving Ebury Court.

Excerpt from A Healthy Living – Four Stories from the future of Care

Thanks to the Apprentice Nurse Associate Programme, Ajeesh has been able to do both – to become an Apprentice Nursing Associate without leaving Ebury Court.

“
Key workers such as homecare workers now have the opportunity to gain more knowledge and grow in confidence when delivering care provisions, thanks to the eCare app and the information it taps into.

Tajinder Bains, Branch Director – Kare Plus



Supporting learning and development of domiciliary carers

Well-trained and dedicated staff contribute to the delivery of high-quality, person-centred care and support. British Geriatrics Society guidelines suggest that care homes should monitor patients' vital signs in the way nursing homes do and with COVID-19 increasing the demand for care staff to have the skills to spot the soft signs of deterioration, we collaborated with Ufi VocTechTrust and Barking and Dagenham College to develop eCare, a learning and development app for domiciliary carers.

eCare is designed to ensure carers are able to better detect when a service user is becoming unwell, and understand how to use a number of digital tools to gather important information to help a health professional to make a diagnosis, or initiate prompt treatment. It aims to:

- Increase carers' understanding of the main body systems
- To spot the soft signs of deteriorating health
- Teach them how to use digital health tools to take observations
- Empower carers to feel confident to share information appropriately with healthcare professionals
- Provide care managers with the support they need to enable their staff's development

The app is currently in use by 93 carers and social care students and our aim for the rest of 2021 is to grow this number further.

Click below to watch the eCare video.



Supported self management for people living with long term conditions

There are large numbers of people living with long term conditions who have depended on regular, proactive face-to-face care to keep them well. The pandemic created challenges with this but has also offered the opportunity to rethink how the NHS proactively supports people to stay well at home.

The Care City team developed a workshop based training programme for primary care staff to introduce the principles of supported-self management. The workshops drew on several approaches to supported self-management, providing participants with skills and a practical toolkit to support

health coaching and motivational interviewing conversations. The training was commissioned by UCLPartners to support delivery of a series of proactive care frameworks designed to enable people living with long term conditions to stay well at home.

Participants joined from a wide range of roles and backgrounds, including clinical and support staff. This diverse

experience enhanced the value of the training as colleagues were able to share their own personal experiences and learning of working with people living with long-term conditions. In post-workshop surveys, 100% reported that they had left with new knowledge and 98% said they would recommend the training to their colleagues.

100% reported that they had left with new knowledge and 98% said they would recommend the training to their colleagues.



Watch the training sessions here.



Mental health peer support training development and delivery

Mental health problems affect all age groups and are a leading cause of disability and are very much at the forefront of thinking given the effects of the pandemic. More than two-thirds of adults in the UK (69%) report feeling somewhat or very worried about the effect COVID-19 is having on their life. Effective treatments exist but might only be accessed by 25% of young people and 36% of adults with a mental health problem.

One approach to addressing this problem is the development of the peer support role, where people who have experience of mental health problems provide interventions and support to others with mental health problems.

In collaboration with UCLPartners we have launched open access Peer Support Worker (PSW) training materials for NHS organisations, co-designed with mental health Peer Support Workers, clinical academics and experts in Peer Support Work.

The course aims to improve the knowledge and confidence of Peer Support Workers and enable them back into the workplace with an improved Peer Support Worker network and skills to aid their progression. We piloted these training materials with a cohort of 10 Peer Support Workers from NELFT, ELFT, West London NHS Trust and Thurrock Recovery College and are now working with regional partners to support the local growth of PSW and mental health provision through the implementation of the competency framework and training materials.

“*The training programme was brilliant. Everyone in the training had a similar background and experience and everyone helped each other out and shared ideas. The training has really helped me be more confident and assertive in the advice I give in my role.*”

Michael Winspear, Peer Support Worker, training pilot attendee



Learn more about the programme here.



Access the training materials and guide here.

The collage displays various training materials. On the left is a 'Learning Cycle' diagram with four quadrants: Planning, Doing, Reflecting, and Concluding. In the center is a document titled 'Creating a Standard Training Programme for Peer Support Work' which lists bullet points about the programme's development and goals. On the right is the cover of the 'Mental Health Peer Support Workers Training Programme' featuring the CARE CITY and UCLPartners logos.

The latter part of 2020 saw us investing energy into the launch of our Enablement Champion and Kickstart Programmes, alongside our collaboration with NEL HCP encouraging young people and job seekers to consider jobs in health and social care.

Providing highly valued career opportunities for highly valued care staff

The Enablement Champion is an emerging role for experienced care staff who will act as the expert within their teams on enablement and rehabilitation. They will work alongside key allied health professionals to support the implementation of therapy care plans with their residents and service users.

We are working with UCLPartners, Havering Social Care Academy, Skills for Care, NELFT, BHR CEPN, LBBD, London Borough of Havering and Redbridge to co-design the role and tailor the apprenticeship training programme

Care staff seeking to become Enablement Champions will be enrolled on a Level 4 Senior Practitioner Apprenticeship which will run for 18 months. Enablement Champion apprentices will work closely with their care homes or allied health professionals to support and deliver care plans with their residents. Through this collaboration and training, Enablement Champions will become competent in delivery of a number of clinical support skills. This will include understanding the principles of rehabilitation and enablement and specific clinical skills training relevant to their place of work (e.g. nutrition, behaviour management, physical rehabilitation).

We are aiming to enroll 8-12 apprentice enablement champions in the autumn of 2021, following a detailed co-design process, conducted in partnership with health and care partners, and a chosen training provider.

Workforce Transformation: Enablement Champions

What is the Enablement Champion role?

The Enablement Champion is an emerging role for experienced care staff who act as the expert in your team on particular health issues. They will work alongside key health professionals to support the implementation of specific care plans and interventions put in place for your service users. The nature of their specialism will depend on the needs of your service users and could relate, for example, to support provided by healthcare professionals such as psychologists, dieticians, podiatrists and therapists.

Establishing the Enablement Champion role within the team will have a positive impact on your service, with staff being more informed and better aligned with health professional interventions for your service users. Services will be more joined up and consistent. The new role will also provide great workforce development opportunities for highly valued staff, supporting staff retention, job satisfaction and wellbeing and productivity.

Defining the Enablement Champion role

We believe this role will help to transform the social care workforce and provide highly valued career opportunities for highly valued care staff, as well as:

- Demonstrating how care providers can support more complex service user needs, by closer alignment with the work of health professionals.
- We are seeking a small group of care providers who are interested in creating this role by:
 - Informing the detailed definition of the job role – what does the role look like? How would it fit in existing care provider staff structures?
 - Agreeing the requirements of the job – what knowledge and skills would the post holder require?

We have commitment from the allied Health Professionals (AHP) team within NELFT NHS Trust to support this work, but care provider input is crucial to ensure that role and training programme are 'fit for purpose' – designed by the care sector for the care sector.

Tailoring a training programme to grow Enablement Champions within your team

The job definition and job requirements will inform the development of a training programme that supports selected staff to grow into the Enablement Champion role. We will work with care providers and health professionals to identify training needs and delivery methods and then explore the viability of tailoring the existing Level 4 Senior Practitioner Apprenticeship to reflect our requirements. This will result in a tailored apprenticeship training programme that is fully funded and sustainable.

Why a training programme to grow Enablement Champions

Identifying training needs and delivery methods and a fully funded and sustainable training programme that care staff seeking to become Enablement Champions will be enrolled on a Level 4 Senior Practitioner Apprenticeship. Champion apprentices will work closely with AHPs to this collaboration and training. Enablement Champions will become competent in delivery of a number of clinical support skills. This will include understanding the principles of rehabilitation and enablement and specific clinical skills, behaviour management, physical rehabilitation. Supported by clinical staff this training will enable them to provide an enhanced level of care to those they care for.

Why is this important?

- 1 There has never been a more important time to support the social care workforce. This programme (career development route) is a high level, supporting recruitment and retention of a high calibre staff. This opportunity – creating new roles for care workers, enabling care staff to extend their competencies and enhance the care they provide.
- 2 Care recipients needs are increasingly complex with many living with multiple long-term conditions. Close collaboration between care providers and health services can result in significant improvements and avoidance of acute care.
- 3 COVID 19 has shown how innovative deployment of the workforce can make a difference to increased health and social care demands. AHP capacity is rehabilitation needs of people recovering from COVID 19. This project will increase capacity and consistency of AHP rehabilitation and replacement within care homes in BHE.

The apprenticeship training will be funded by Havering Social Care Academy in partnership with funding from other partners to the care and social care workforce in health and social care.

Partners: CARE CITY, UCLPartners, Barking & Dagenham, Havering, Skills for Care, NELFT, Redbridge, BHR CEPN.

Creation of Digital Champions in care homes to enhance their use of digital tools and their staff's digital capacity

We are working in partnership with LBB, London Borough of Havering and Redbridge, Skills for Care and BHR CEPN, to offer young people on Universal Credit, aged 18-24, a chance to work within East London care homes and support staff and residents for 6 months as a Digital Champion.

The role is funded by the Government's 'Kickstart' Programme so care homes are not required to pay their salary. Care City is the training coordinator and will be designing the training programme to accompany the 6-month work placements.

We currently have 8 care homes signed up to host a digital champion, and the recruitment process will commence in October 2021.



Helping young people and job seekers into local health and social care roles

There are 350+ careers across health and social care and at any one time there are 9,000 vacancies in these roles in North East London. Care City have been commissioned to support the North East London Health & Care Partnership (NEL HCP) Career Programme, which aims to:

- Ensure health and care jobs are filled by local people
- Provide local communities with increased awareness of the variety of careers available within health and care
- Provide a vehicle for showcasing health and care as a whole sector and promote various routes into the sector, at all levels
- Provide accessible information, signposting and role models to job seekers and young people to enable them to make informed decisions based on opportunities available

Care City's primary role has been to establish the relaunch of the NEL HCP Ambassador Network. This network has been established to support delivery of the wider programme aims through recruitment, training and support of health and care staff who volunteer to share their own experience of working in the sector. They fulfil a variety of roles including speaking directly with schools, young people and job seekers as well as designing and supporting development of digital resources for the careers website. Ambassadors bring their insights and passion into supporting young people and job seekers understand the local opportunities in the sector and make the right career choices for them.

Since our involvement we have recruited 68 new Ambassadors to the network, developed relationships with 71 Schools and Colleges across North East London, delivered Ambassador events at Newham College, University of Sunderland (in London) and others and have plans in place to deliver the Programme's first virtual careers week in October 2021.

“ **Newham College had the privilege of hosting two health ambassadors who passionately talked about their careers and provided an engaging and insightful sessions. The talk opened up students mind to careers they had little knowledge about and has armed them with the information to make informed career decisions.**

Jamila Khatun, Work Experience Advisor – Newham College

“ **I have learnt that I can apply for jobs with the NHS right now with my current qualifications and work my way up to more senior roles in the NHS.**

Ambassador Event Student Attendee



Research and Evidence Generation –

Sharing data insights to help commissioners, clinicians and partners make informed choices about how to improve the health and care of our East London community

When people talk about their experiences of the health service, one theme is that they have to tell their story many times to different clinicians. The health system is working to fix this – through joining up data. The Care City Cohort has done this already for East London. With support from [UCLPartners](#), [North Thames CLAHRC](#), [BHR CCG](#), the [London Borough of Barking and Dagenham](#) and [NELFT](#) the dataset includes individual and household level linked data across the health services and Barking and Dagenham council.

Our recent work is focussed on working with local health and care leaders to draw on insights and learning generated by the data-set in order to enable more effective local data-driven decision making and policy design. For example, our team have worked with the local system to interrogate the data set on a number of important themes:

Access to vaccines in Barking and Dagenham

In planning for the COVID-19 vaccine campaign, our data set enabled us to review the success of flu vaccine uptake and anticipate challenges in the uptake of the COVID-19 vaccine.

Findings included:

- Take-up varies substantially by ethnicity, and this may relate to health needs as well as cultural factors
- Take up of seasonal flu vaccines appears lower in people with liver disease and those with BMI of 40+
- There is no strong evidence of variation by area



See here for more information.

Access to Vaccines in Barking and Dagenham
Lessons from the Seasonal Flu Vaccination Programme

Key messages

- **The COVID-19 vaccine roll out may get more challenging as we move down the priority groups.** Take-up of flu vaccines is highest among older residents. Among residents age 65+, those with a long-term condition (about half of residents) are 1.4 times more likely to be vaccinated.
- **Take-up varies substantially by ethnicity, and this may relate to health needs as well as cultural factors.** Flu vaccine take-up is low among 'White Other' and older 'Black African' residents. It is high among Asian groups, particularly Bangladeshi residents. This may relate to diabetes, which is associated with high take-up of flu vaccine. Among Bangladeshi residents age 50-64 who are eligible for a flu vaccine, 74% have diabetes, compared to 34% of eligible White British or Irish residents.
- **Take up of seasonal flu vaccines appears lower in people with liver disease and those with BMI of 40+.** This may relate to socioeconomic factors, as well as the engagement of this group with health services.
- **There is no strong evidence of variation by area.** The lowest take-up for a neighbourhood is 20% for an area within the Gocriche ward in Barking, though this is partially explained by the area demographics, and average take-up given the local population would be 38%.
- **Take-up does not vary by practice size.** Single patients of small practices have the same probability of receiving a seasonal flu vaccine as those at large practices.

Introduction
Partners across Barking and Dagenham (BBG) have supported the creation of the Care City Cohort linked dataset. The individual linked dataset brings together information from the NHS and London Borough of Barking and Dagenham. We used the dataset to understand the variables associated with higher / lower use of health and social care services across five settings of care (Acute Care, Mental Health, Primary Care, Community Care and Social Care). In light of the COVID-19 vaccine rollout, we have used the dataset to identify some lessons in the requisites to accessing the flu vaccine and how this can support the uptake of the COVID-19 vaccine.

CARE CITY
carecity.london

Do care homes have one GP or many?

We looked at care home residents in the borough and which GP surgeries care for them and whether multiple GP surgeries are working in the same care home.

Findings included:

- Almost all care homes have multiple GP practices serving their residents
- Care homes may be best served by a single GP surgery
- A small number of surgeries provide care for the majority of care home residents



Download pdf here.

Domiciliary care and hospital discharges

With an increasing need for domiciliary care after a hospital admission, the Care City Cohort has been used to highlight the key themes linked between domiciliary care packages and a hospital discharge.

Findings included:

- One in three domiciliary care packages start in the week after a hospital discharge
- There are arguably two types of admission preceding domiciliary care packages; those where the need is new and those where the need is relatively long-standing
- Patients who receive a domiciliary care package after discharge tend to be older people discharged after longer admissions



Download pdf here.

Do Care Homes Have One GP or Many?

Evidence from the Care City Cohort



Key messages

- **Almost all care homes have multiple GP practices serving their residents.** The ten biggest care homes in April 2019 had an average of three surgeries serving their residents.
- **Care homes may be best served by a single GP surgery.** There is some concern that residents within care homes are registered at multiple GP surgeries. This may be inefficient and make management of some health issues more difficult (such as infectious diseases).

- **However, most residents are registered at one "main" GP surgery.** Out of 549 residents at the ten biggest care homes in Barking & Dagenham, 475 (87%) were registered at their care home's "main" GP surgery.

Some variation is expected: Some residents are recently arrived and have not yet changed GP and some may choose to remain with their previous GP.

- **A small number of surgeries provide care for the majority of care home residents.** In April 2019, the ten biggest care homes were served by unique 22 GP surgeries. Nine surgeries acted as the "main" surgery (i.e. one surgery acted as the main surgery for two care homes).

- **We found a similar picture in April 2015.** Out of 478 residents at the biggest care homes, 431 (90%) were served by the "main" GP.

Introduction

Partners across Barking and Dagenham have supported the creation of the Care City Cohort linked dataset. The dataset includes information from both health and council services across five settings of care (Acute Care, Mental Health, Primary Care, Community Care and Social Care).

We looked at care home residents in the borough and which GP surgeries care for them. In particular, we wanted to understand whether multiple GP surgeries are working in the same care home. There is some concern that residents within care homes are registered at multiple GP surgeries. This may be inefficient and make management of some health issues, such as infectious diseases, more difficult.



carecity.london

Domiciliary Care and Hospital Discharges

Evidence from the Care City Cohort



Key messages

- **One in three domiciliary care packages start in the week after a hospital discharge.** In 2018/19 and 2019/20, 632/1704 (37%) of new packages started in the week after a hospital discharge. This is twice the rate of new packages at other times.

- **There are arguably two types of admission preceding domiciliary care packages: those where the need is new and those where the need is relatively long-standing.** Life-changing illnesses such as fractured femur or stroke are most predictive of domiciliary care, but these admissions are relatively uncommon. Admissions for acute frailty-related illnesses such as urinary tract infections (UTI) and Chronic Obstructive Pulmonary Disease (COPD), exacerbations are more common, and many domiciliary care packages follow such admissions. This may reflect how different types of client: those where the admission represents a new need for domiciliary care, and those where the admission identifies an existing need.

- **Patients who receive a domiciliary care package after discharge tend to be older people discharged after longer admissions.** Among people with an existing domiciliary care package in 2018/19 and 2020, the median duration of hospital stay is 7 days. This compares to 10 days for admissions where a new domiciliary care package followed discharge.

- **Domiciliary care packages that follow hospital admissions are more likely to be long-term packages.** Comparing packages that start in the week after a hospital discharge with other packages, those after a hospital discharge were 1.4 times more likely to be 90 days or more.

Introduction

Partners across Barking and Dagenham (B&D) have supported the creation of the Care City Cohort linked dataset. The individual linked dataset brings together information from health services and council, using the dataset, we want to understand the variables associated with higher/lower use of health and social care services across five settings of care (Acute Care, Mental Health, Primary Care, Community Care and Social Care).

With an increasing need for domiciliary care after a hospital admission, the Care City Cohort has been used to highlight the key themes linked between domiciliary care packages and a hospital discharge.



carecity.london

Developing, Testing and Scaling Innovations to Create Better Patient, Staff and Sector Outcomes

Wave 2 of our Innovation Test Bed that ran until August 2020 sought to test three enhanced, digitally enabled roles for support staff, which both increase skills and productivity and improve outcomes and experiences for patients.

1. Expert carers

Domiciliary carers using digital diagnostics and data to spot deterioration and to better manage medication.

2. Digital prescribers in primary care

GPs, with support of health care assistants, prescribing digital applications, and supporting people to benefit from them, to prevent deterioration of long-term conditions.

3. Administrator patient supporters in acute care

Administrators using digital pathway tools to support patients to change their lives.

Six digital innovations were piloted within East London, across a total of 650 participants. Two were implemented in domiciliary care, three in primary care and one in an acute hospital cardiac rehabilitation service.

An evaluation by the Nuffield Trust has shared some interesting insights, which is helping direct our current work and provide a rich opportunity for learning to inform the scaling up of innovations and national policy. The insights have been split into two categories; implementation and scale of digital technology and workforce development.



Implementation and scale of digital innovation

Lessons learned:

1. Dedicate sufficient time and resource to engage with end users
2. Co-design or co-production with end users is an essential tool when implementing technology
3. Identify the need and its wider impact on the system, not a need for a technology
4. Explore the motivators and barriers that might influence user uptake of an innovation
5. Ignore information governance requirements at your peril
6. Don't be afraid to tailor the innovation along the journey
7. Ensure adequate training is built in for services using the technology
8. Embedding the innovation is only half the journey – ongoing data collection and analysis is key
9. Ensure there is sufficient resource, capacity and project management support to facilitate roll-out
10. Recognise that variation across local areas exists and adapt the implementation accordingly



Read the report *10 practical lessons for implementing digital innovations – learning from the Care City Test Bed* in full.

Social care workforce development

Lessons learned:

1. Training care staff to use digital technologies has a real potential to improve job satisfaction and foster a sense of empowerment in roles
2. Acquiring digital skills results in broader skills development for frontline care staff
3. Consider the skills development and training needs of all roles involved in implementing digital tools
4. Ensure appropriate infrastructure is in place to support staff to use digital technologies
5. Consider the use of digital innovations within a wider career pathway for social care, with a clear pay and progression framework



Developing, Expanding and Diversifying our Care City Team



As a Community Interest Company, our North East London community is at the heart of everything we do and we need a smart, committed team to ensure that we listen to them, learn from them and support them effectively.

We're very proud of the culture we have created amongst the team. We are a small team but our experiences, expertise and ambitions are really quite diverse – and the one thing we all have in common is a desire to develop ourselves and support others to do the same.

Over the last year team members have started an Apprenticeship, been accepted onto a University degree and asked to join the interview panel for Digital Health London's Accelerator Programme.

Stories from some of our team



Julie Atkins, Project Lead

Cartoonist, saxophonist, executive coach and clown. What do all these things have in common? Julie Atkins, who at 61 believes you are never too old to start learning new stuff!

Julie joined the Care City team two and half years ago and has been working part time with us as a Project Lead, alongside managing a part time role at NELFT as a Self Care Facilitator. In fact it's probably unfair to "label" Julie as a Project Lead, as although she is very busy managing our frailty research and enablement champion projects, there are many other strings to her bow, including Chair of our Community Board, heading up our co-design work and facilitating virtual intergenerational coffee mornings on behalf of the Downshall Intergenerational Group.

But when retirement would have been on the horizon for many, Julie has just enrolled on an 18 month Improvement Leadership Apprenticeship with NELFT and is excited about the prospect of developing her Quality Improvement knowledge and being able to share her learnings across Care City.

When asked why she wanted to delay her retirement and embark on an apprenticeship after 43 years working full time, her answer is very simple:

“ I absolutely love quality improvement having been involved with QI in NELFT. I'm interested in how you support change and ensuring everyone's voices are heard. I just LOVE learning.

This is unsurprising, as Julie regularly regales us with her latest hobbies, which have seen her performing as a clown at Jackson Lane Community Centre in Highgate and could soon see her entertaining her local Ramsgate audience with her new saxophony skills!

Julie is keen to apply her apprenticeships learning to the Enablement Champions project she is project managing and which aligns closely with a QI approach. As Julie states quite beautifully "We need to be very clear as to the actions we take within our projects and ensure a methodical approach to managing projects. There is still more we can do to improve our organisational processes and work without taking away our love and laughter"

Julie has a history of putting what she has learnt into practice. Running the NELFT Expert Patients Programme, a course for people with long term health conditions to teach them skills to become better self managers has stood her in good stead for co producing the Self Management Training programme for HCA's, commissioned by UCLP.

So what is Julie's secret to squeezing so much into her day? Well Julie has been making the most of her time working from home. She no longer has a 3 hour daily commute to the city, so uses that time to ensure she balances both work life and personal interests, although she is keen to point out that whilst she no longer has to walk to the train station to start her journey to work, she does still rise at 5:30 and takes a long walk along Ramsgate seafront to start her day, to breathe in fresh air and start her day with a smile. The sea air is obviously very good for you Julie!



Laura Gillett, Project Support Officer

Laura, the first face you meet at Care City, well at least she was in the “Before Times” as Ben calls the days when Covid was unheard of and “is that a residual hand?” was not a phrase we used daily. As Care City shut its doors and working from home began, discussions took place as to how we could make best use of Laura’s skill set, given that naturally we no longer needed a Receptionist. A true collaborator, with great relationships with our partners, attention to detail and determination for self improvement, she was the perfect candidate to join our Project Support Team. Described as

“the glue” for our NEL HCP Careers project, she holds the project team and the project together, but little did we know she harboured a burning ambition... to be a Forensic Scientist. So exactly how did this career aspiration begin?

Born in Redbridge, raised in Dagenham, Laura is our East London girl. When she was little she dreamt of being a Make Up Artist, a Dog Groomer and a Hairdresser. But studying Science at Jo Richardson Community School, Laura developed a real interest in Forensic Science. Believing this to be an unrealistic pursuit however, she completed a NVQ Level 2 qualification in Hairdressing at Redbridge College. She hated it! And although she is still happy to cut her family’s hair, she draws the line cutting hair for anyone else “incase I ruin their hair” she quotes!

Then followed five years working as a Customer Service Assistant at Asda, before commencing a Business Administration Apprenticeship for LBBD working within their Electoral Services Department – something she did love (and continues to support the administration of Polling Day). However a year later, when searching for a healthcare role in the NHS, she came across our Care City job advert and a new chapter began.

Laura is the first to admit that with Care City her confidence has grown and grown. And it’s this new found confidence that with Care City’s help, has seen her be accepted to London Metropolitan University to study a BSc in Forensic Science.

“ I’ve always been interested in crime dramas having grown up watching *The Bill* and *CSI*, but didn’t have the resources to pursue my dreams. But being part of the team at Care City, developing new relationships, being pushed to develop my skills and learn from others has helped build my confidence and I’ve realised this is the time to go for it. Care City not only supported my request to work part-time to enable me to study, they helped and coached me through the application process and celebrated with me when I received the offer letter.

It’s a six year course, but Laura’s plans don’t stop there. After graduation she is hoping to do a Masters in either Toxicology or Crime Scene Investigation. “Or I may do both.” she says!

There is no holding Laura back now. In fact in truth, there never has been. A county pool player for Essex, she is also ranked number 129 in World Women’s snooker. Stephen Hendry even recorded her 27th birthday celebration video message.

However she is ranked number one in Jessie’s eyes, Laura’s beloved collie – and we’re pretty sure the feeling is mutual.

Our new Board members

We feel very fortunate to have four new members to our Board of Trustees, supporting the future direction of Care City and the development of our work and team members.



Shareen Pavaday, Senior Policy and Evidence Lead – Equality and Inclusion, NHS England and NHS Improvement

Shareen has over 15 years' experience working in the NHS. Since graduating from University of Hertfordshire where she gained a degree in Therapy Radiography. She has held roles at Poole Hospital, Imperial College and North Middlesex University Hospital (NMUH) where she managed the Cancer Services team and national cancer standards locally.

Shareen is driven to use her voice and platform to improve the experiences of under-represented groups and drawing experiences from her years within cancer networks she is driven to continue her own learning whilst actively sharing knowledge and building relationships across local and national forums



Rafiah Badat, National Institute of Health Research Clinical Doctoral Research Fellow

Rafiah is studying a PhD at City, University of London with further research enhancement via the Alan Turing Institute funded by the research arm of the NHS to explore the co-design and creation of digital therapy tools with and for individuals with additional needs. She is currently seconded to NHSX where she is supporting digital transformation across outpatient's community services.

In 2020, as a Speech and Language Therapist with 17 years experience in the NHS and 7 years focusing on digital opportunities, Rafiah became the primary author of the Speech and Language Therapists COVID-19 response telehealth guidance, commended by the HRH Countess of Wessex for this work which supported digital transformation across the profession.

Rafiah is a steering group member of the Shuri Network: the first NHS and care network of women of colour in digital health.



Michael Barker, Founder – Saffron Steer Ltd and Strategy Partner –Physio 3.0

Michael trained as a physiotherapist in South Africa, developing his clinical career in the UK at Guys and St Thomas' Hospital as a Consultant Physiotherapist. After attaining his MBA at Imperial College Business School he has developed a successful career as a Board level executive managing complex projects that have set a new future for and successfully transformed healthcare organisations.

He has set up two healthcare companies, Saffron Steer and Physio 3.0. Michael is particularly interested in 'people powered health' – how people are included in the decisions about their health. He believes healthcare organisations need to move beyond the product of care towards the experience of care.



Avril McIntyre MBE DL, Director – Community Resources

Avril was Chief Executive of LifeLine Community Projects for 13 years growing the charity to an annual turnover of £5million equipping people for life and work through a range of services including employability programmes, family support and mentoring.

Since then, she has led the team at Community Resources, a charity which mobilises people to find solutions to the problems faced in their community. Based in Barking and Dagenham, initiatives developed by

volunteers seek to tackle the issues primarily caused by poverty and isolation.

Let's hear from our Community Board

It was a busy year for our Community Board. We were delighted to welcome two new members; Olivia Smith and Asif LalDin. Olivia, born and bred in Barking, works in Marketing and Communications for Guys and St Thomas Charity and Asif is based at NHSE, using his analytics background to focus on population health management.

The Board has supported the direction of our work, offering recruitment advice for eCare and supporting our community engagement event, seeking feedback from residents of Barking and Dagenham on how healthy they think their air is at home, and what can be done about it and by whom – among many other topics.

They have also fed into the work of our partners, supporting a study by a UCL PhD aiming to calculate how many people in Barking and Dagenham have multiple chronic conditions and help local service planners design health and care services for this population and feeding into the strategy of the BHR Health and Social Care Academy.

A special mention to Val Shaw, one of our original members who was also recognised as volunteering the highest number of hours, supporting the LBBB COVID-19 Vaccination Programme.

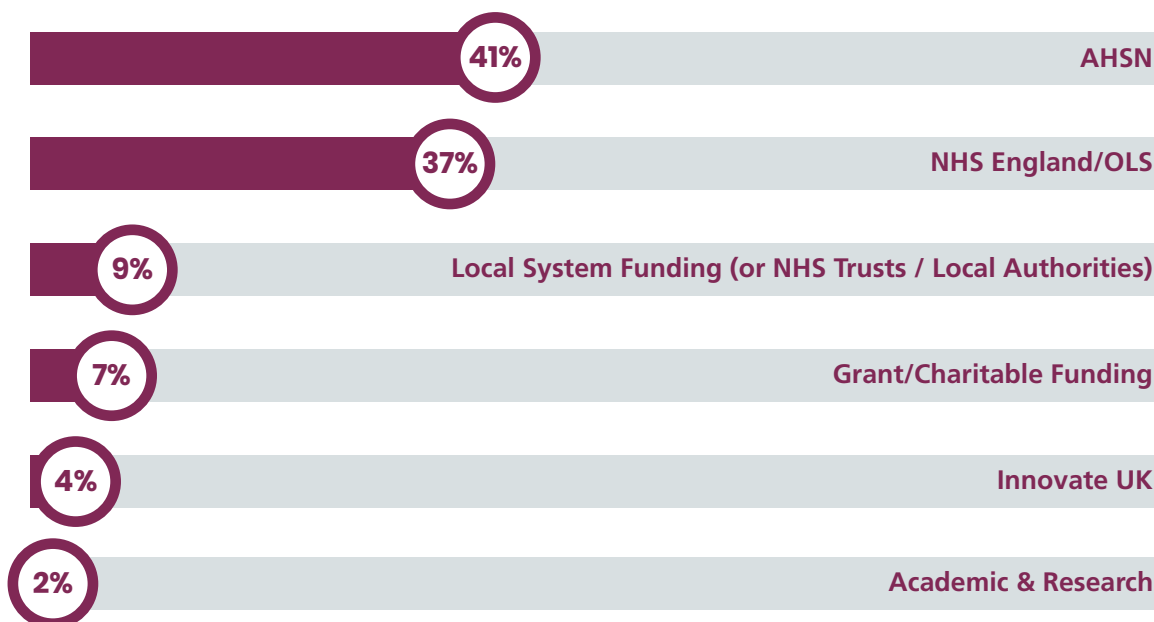
“ *I'm really excited to join the Community Board. My work for a health foundation and my own experiences interacting with health services has made me more interested in how health systems can support people of all ages to live healthier lives for longer.*

Olivia Smith

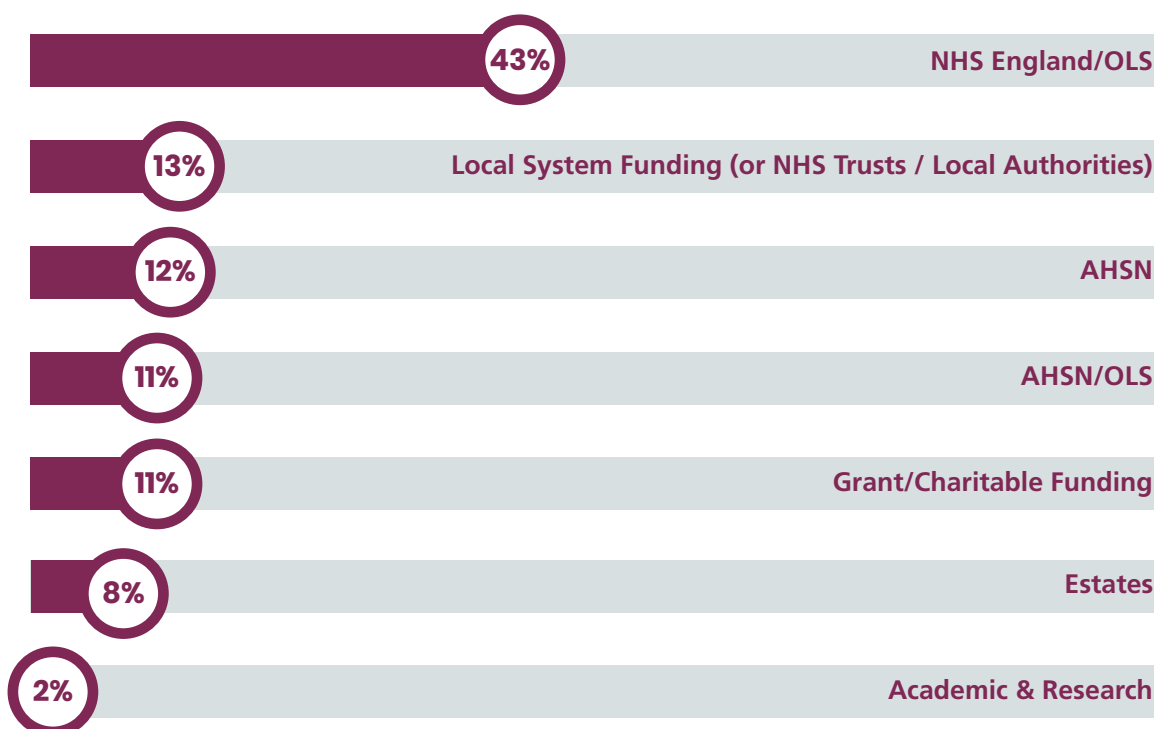


Our Finances

Summary of our income in 2020/2021

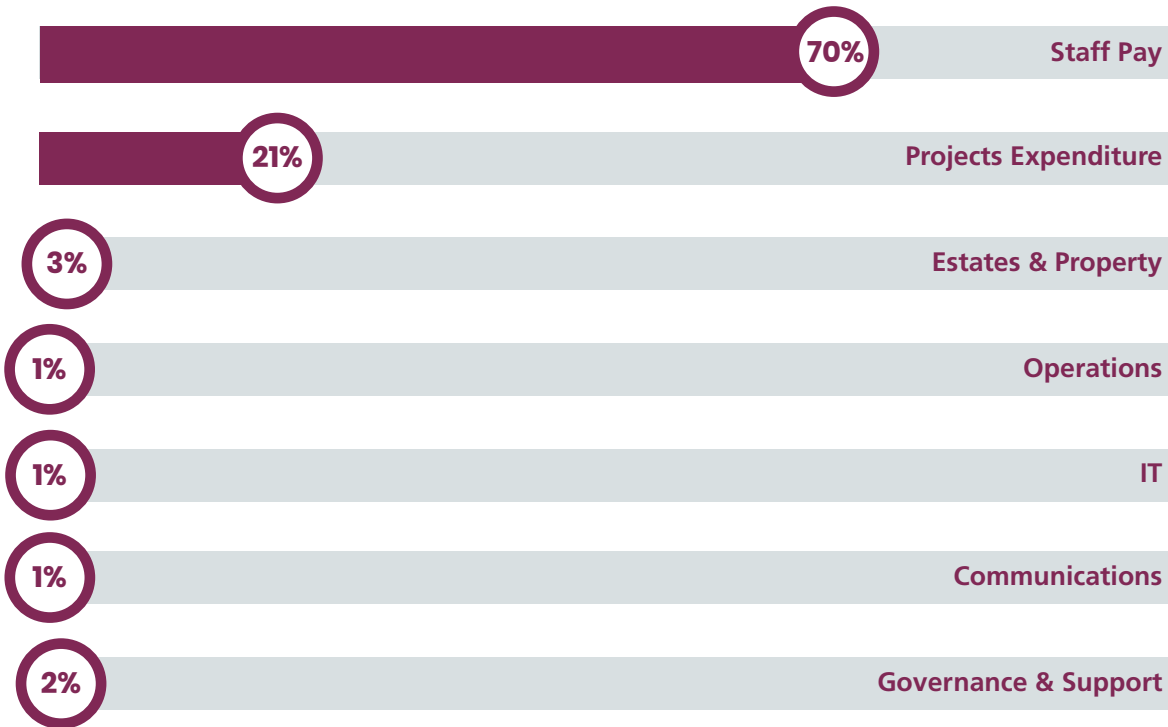


Summary of our income in 2019/2020

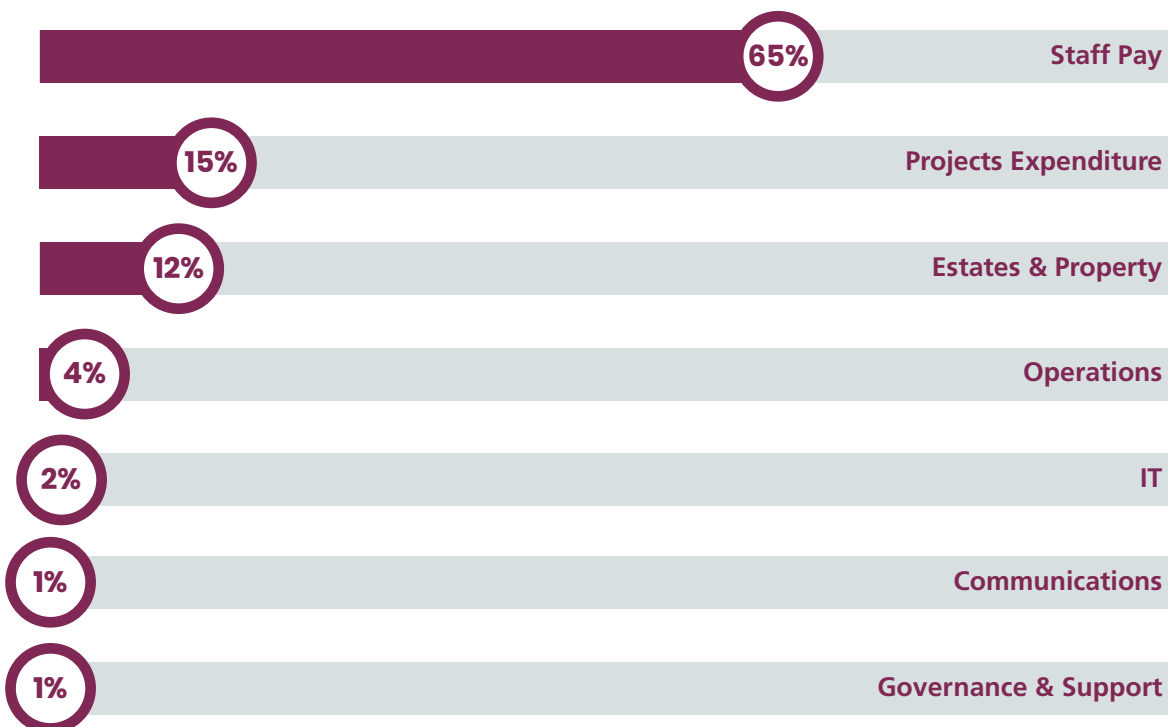


Our Finances

Summary of our spending in 2020/2021



Summary of our spending in 2019/2020



 **BARKING**
Station Parade

- ↑ Barking   Barking Park
- ← Barking Enterprise Centre
- Vicarage Field Shopping Centre
- Barking Learning Centre →
- Police Station Office
- Barking Town Hall
- Child and Family Centre
- The Broadway
- The Adult College
- Abbey Leisure Centre




 Transport for London



As a Community Interest Company it is important to be based in the heart of the community we serve.

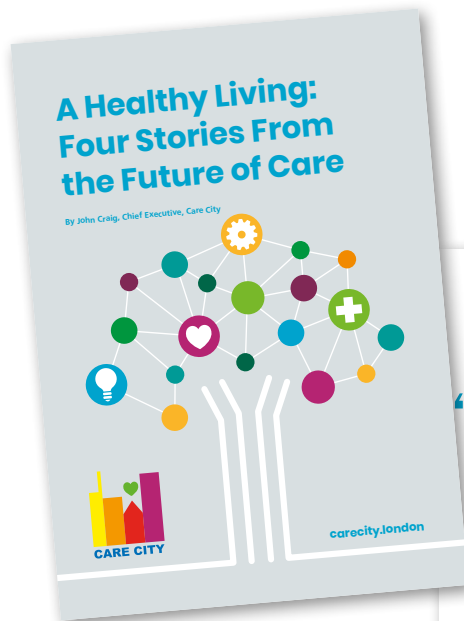
Looking to the Future

As the last year has proved, remaining agile is key, however our vision remains the same, to help our North East London community live a happier, healthier older age. And as a Community Interest Company it is important to be based in the heart of the community we serve. Therefore we're very focussed on the development of the new Axe Street office, that will work not just as a space for us to come together as a team, but also for our partners, collaborators and community members to use to support their needs.

It is also imperative that we keep the conversation going about the future of care. Recipients of publicly funded care are sicker and more complex than ever and there's a gap between the job care staff are asked to do and the one they really do. Building on the launch of *A Healthy Living – Four Stories from the Future of Care*, we aim to prove further that whilst increased funding for the sector is much needed, the real benefit will come from supporting the care workforce with mandatory training, the concept of a career and recognition that they are part of a preventative platform for care and a sustainable social care sector.



Read *A Healthy Living – Four Stories from the Future of Care*



The Health of the People is the Highest Law

South London's Walworth Road, which runs from Camberwell to Elephant & Castle, is an odd place to look for inspiration about the future of care. But when you are stuck on the 176 - as it was daily for a long time - the Walworth Road is what you look at. Towards Elephant stands Herbert Morrison House, where Herbert Morrison wrote the 1945 Labour manifesto, shaping public services for generations.

The building that inspired me is a few doors down. Walworth Clinic was built in 1937 by the council as an early integrated health and care centre. The building included a GP, maternity and dentistry services, together with spaces for learning and contemplation and even a solarium. Inscribed above the door are the words 'the health of the people is the highest law'. At least, health is the aspiration they chose - other aspirations say welfare or good or salvation. These distinctions mattered less in Cicero's time, just as they mattered little to those 1930s reformers. Their notion of health was inclusive, and everyone had something to contribute.

The relative public largesse of 1937 was rapidly overtaken by the War, and afterwards the creation of the NHS institutionalised a narrower view of health, as distinct from care. This narrower view was not novel, but after the war it became dominant. This narrower view of care can be traced back 175 years earlier. Then, 'care' was a bed and a roof for the poor, or for communicable disease. However, without the Second World War's medicine and doctors had been redefined differently - health and so easy to distinguish.

Today the distinction between health and care makes less sense than ever. More and more, doctors grapple with the complexities of people's lives, while care staff care for older, sicker people, with little choice but to engage with their healthcare. What began as two distinct activities are now just two tribes.

These two tribes have not evolved at random. Care staff have been systematically cut off from higher levels of knowledge, power and earnings. The evolution of health and care has seen winners and losers, and care staff have generally lost out.

A particular view of care:

calling
ethics
bring root for anxiety and imitation. Bringing together two tribes
could equal exacerbate inequality. There are two risks, that health
in care. The risk of does to is about the medicalisation of care,
works. This is important, but doctors do share concerns about
static medicine have worked for decades to rebuild medicine

From the Future of Care 20

Care is More Than Caring About

At a school in East London, Peter, Grace and Violet are deep in discussion about life as a kid. Peter and Grace are talking about toys and gadgets. Violet's story is about freedom and roaming the neighbourhood. There is a roar of chatter in the classroom, but they are wrapped in each other. They all talk about reading and the joy of imagining strange worlds and adventures. Violet is seventy years older than Peter and Grace, but in talking about the differences in their childhoods they are amazed at how much they share.

These are Violet's favourite moments of the intergenerational project she attends in East London, when the very idea of generations fades and human connection takes over. The project came at the right time for Violet. Violet has known her second husband, George, almost her whole life - they shared their childhood freedom on the streets of Romford.

Three years ago, George began to develop vascular dementia. He can no longer drive or cook and struggles to do many of the things that make life worth living. With Violet's help, he still grows fruit on his allotment and helps in the garden at a nearby park.

Violet is an adventurous, sociable person. When she allows a thought for herself, she misses parties and the theatre terribly, and feels the isolation of being a carer. The chance to immerse herself in the lives of Peter and Grace for a morning is heaven. We digress briefly to hear about a tidy love triangle with Mattilda. It is immaterial to Violet that their teacher gets an hour for some admin - she gets as much from her morning at the children.

When George and Violet got together thirty years ago, it was a very tough time for Violet, and she called him her 'Rescue'. Today, she is now more than recuperating, but no one is counting. They are equally unable to imagine a different life. Whether Violet is talking about Peter and Grace, or about George, who is the carer and who is the cared for fades out of the story. What is left is love. Many stories about care are like this and they are increasingly taken to be emblematic of care work. The feeling is that if care is work at all, it is work like no other, best understood as an extension of our loving relationships with our nearest and dearest. When Violet talks about her life as a carer, she is telling a love story. Similarly, when you talk to service users about paid care staff, they will tell you and again say that they are 'angels'. And this story is understandably embraced by the branding of care providers, always bedecked with images of hearts and cuddles.

However, these stories are only half the picture. It is the nature of life and of stories - even of war or pandemic - that people tell you not about the cold detail but about the human warmth. There is more to care work than this. When you dig further into stories like Violet and George's, hidden from view is the enormous hard work the carer is doing. The detail of this work and the help and support we provide for it is hugely important.

Care City - A Healthy Living: Four Stories From the Future of Care

Many Thanks to Our Partners

We couldn't do what we do without the support of our friends and sponsors! We look forward to our continued collaboration. And a big thank you to our East London community who support us with our pilots and testing and give us a reason to do what we do!

- Barking and Dagenham College
- Barking Enterprise Centre
- Barts Health NHS Trust
- BHR CCG
- BHR CEPN
- Downshall Primary School
- Ebury Court
- Feebris
- Havering Social Care Academy
- Healthy.io
- Kallar Lodge
- KarePlus
- LBBD
- Liva
- Living With
- Lodge Group
- London Borough of Havering and Redbridge
- NELFT
- NEL HCP
- North Thames CLAHRC
- Skills for Care
- Sleepio
- Tickerfit
- UCL
- UCLPartners
- UEL
- Ufi VocTechTrust
- Whzan

Barking & Dagenham



NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups



HAVING SOCIAL CARE ACADEMY
Recruit, Encourage, Enable & Retain





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](https://twitter.com/CareCityUK) •  facebook.com/carecity.london

 www.linkedin.com/company/11233065/

www.carecity.london

Care City Innovation C.I.C. • Registered in England & Wales • Company No. 11911171
Registered Address: Care City Innovation C.I.C., 1st Floor, Barking Enterprise Centres C.I.C.,
50 Cambridge Road, Barking IG11 8FG

© Care City 2021