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One of the analogies that I developed over this year questioned the idea that a 'ladder' existed between health and social care employers and the large number of people who do not get good qualifications at the age of 18. The analogy of a ladder is one that everyone likes to use to describe what they think they are doing providing a ladder of opportunity. In fact, there isn't a ladder. For millions of people there are simply no rungs to climb up.

Professor Paul Corrigan

Foreword by Professor Paul Corrigan

For the overall cause of health and social care in far east London, 2021/22 was a much better year that 2020/21. The arrival of the Covid vaccine into the lives of so many more people reduced the very real fear that had transformed all of our lives. In 2021/2022 Covid hadn't gone away – and it still hasn't – but, at last, we could all start to meet again to reassure each other about our collective future.

Care Cities 2021/22 reflected this journey – staff and public could spend more time together developing work, but it all needed to be carried out thoughtfully with one eye on the implications of infection. But as this annual report shows, that didn't stop us from completing and developing projects.

Over that year we continued to further our joint mission of both health and social care whilst at the same time improving career opportunities for people in our locality. In fact, given that this year has seen the biggest staff shortages ever in health and social care services, it is difficult to see how the services can be improved without welcoming people into jobs who would not, in the past, have seen working in health and social care as for them. Care City helped to develop a relationship between these services and hundreds of people who had never thought of working in care.

Care City is putting rungs in that ladder – rungs that people can see and start climbing, through their own hard work towards these new jobs. One of the analogies that I developed over this year questioned the idea that a 'ladder' existed between health and social care employers and the large number of people who do not get good qualifications at the age of 18. The analogy of a ladder is one that everyone likes to use to describe what they think they are doing – providing a ladder of opportunity. In fact, there isn't a ladder. For millions of people there are simply no rungs to climb up. There is nothing but a gap between

where they are and where the jobs are. This makes millions of people think that this work 'is not for me'. This not only disenfranchises millions of people from care work that would be good for them and good for our society, but it also leaves those services with insufficient staff to provide life and death services.

Care City is putting rungs in that ladder – rungs that people can see and start climbing, through their own hard work towards these new jobs. This is a start. And given the shortages of staff, Care City must continue for some years to come, recreate these relationships with potential staff. We also need to make sure we work with both NHS and social care employers to create new routes for entry into work.

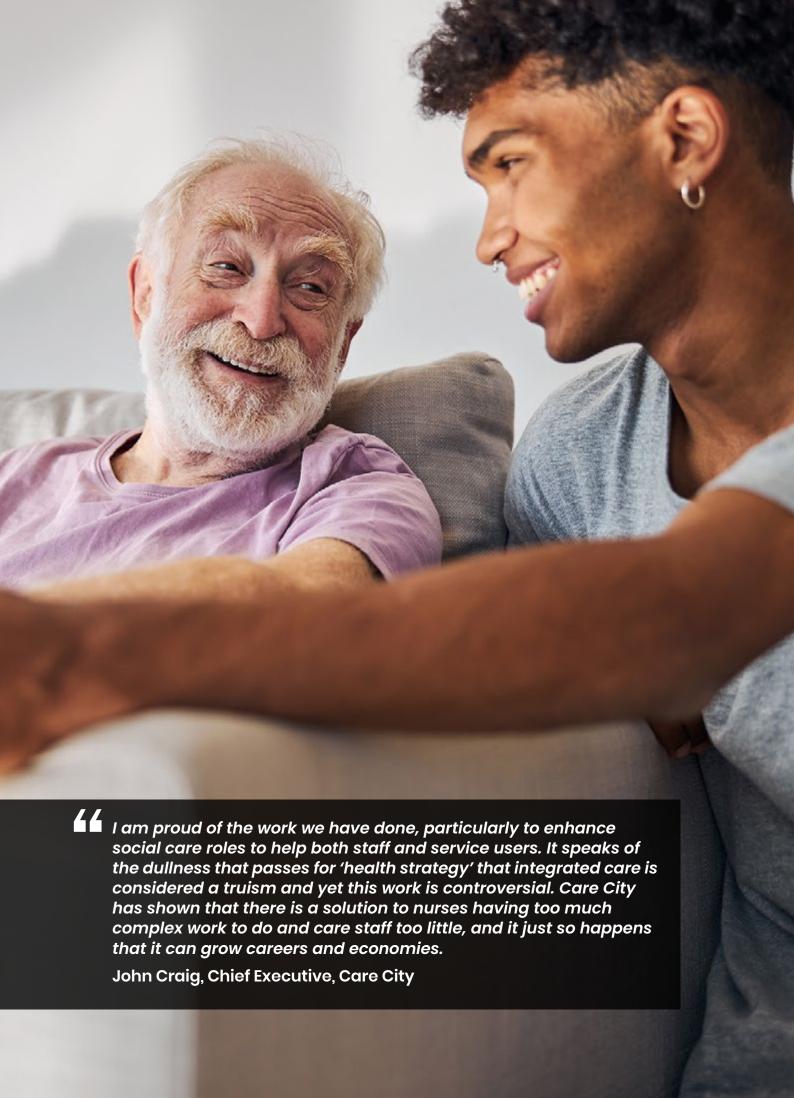
This annual report also outlines our work with developing, testing and scaling innovations to create better care outcomes. As we move further and faster into a digitally enabled age it is vitally important that care is not left behind in an analogue age. The innovations we have piloted provide real opportunities to enhance care for millions of people. They provide the opportunity to empower staff and public to much better provide care in peoples homes rather than insist that they go into hospital.

One of the best ways of combatting frailty will be to ensure many more people remain more independent. Digital services will make this possible and Care City must play its part in that.

As this report outlines, in the summer of 2022 Care City lost its two senior staff – John Craig and Hannah Harniess. Over the years I have come to know both of them well and value not just their hard work and imagination, but the time and effort they have spent explaining to myself and other trustees the detail of what Care City is doing. Governance can be boring and over a year takes workdays away from what staff feel they should be doing as a part of their mission. John and Hannah have always recognised their responsibilities to the wider world and worked hard at ensuring the Trustees knew everything that we needed to know to carry out our roles.

We are sorry to lose them but recognise others now have the opportunity to gain from their exceptional skills and capacities.

Professor Paul Corrigan



John Craig Reflects on His Six Years as Care City's Chief Executive



I'm normally a runner up stairs, but not that day. New to leading a social enterprise – before Care City was thought of – there was a weight on my shoulders. "How was your day?" came the voice of an older colleague. "Bloody awful", I answered, truthfully. "Fantastic!" he said, "you must have learnt so much". It's an infuriating trick of the mentor not to sugar coat pills of wisdom but to sour them so they are not forgotten.

Another irritating gem is 'the measure of a leader is what they leave behind'. Why do I have to move on to measure up? But there it is, lodged in my mind. It is tough to leave Care City, because there are some dreams for the organisation that I have not been able to fulfil. However, I am proud of what I am leaving behind.

I am proud of the work we have done, particularly to enhance social care roles to help both staff and service users. It speaks of the dullness that passes for 'health strategy' that integrated care is considered

Beyond the work, I can hardly bear how proud of Care City's people, and how grateful I am to them. a truism and yet this work is controversial. Care City has shown that there is a solution to nurses having too much complex work to do and care staff too little, and it just so happens that it can grow careers and economies.

Beyond the work, I can hardly bear how proud of Care City's people, and how grateful I am to them. It is odd that retention is such a

prized organisational metric, when so many achieve this by stunting colleagues' networks and confidence. Many people have moved through the company in my time, usually to bigger things. However, watching them give so much of themselves to Care City and seeing the organisation become a platform for their aspirations in return has been wonderful.

This year has also been an important one for Care City, with projects progressing on many fronts. A personal highlight for me was seeing Ajeesh Thomas – one of the Apprentice Nursing Associates we have supported in a non-nursing care setting – receiving his Chief Nurse Adult Social Care Award.

However, some of the most significant work happened behind the scenes. On reflection, COVID-19 was pivotal for us – when we had to decide whether to turn inwards and worry about money, or outwards and pursue our mission. Being a CIC, the answer was there in our constitution, and it won us networks, knowledge and credibility. We continue to build on that work, embedding Care City more strongly within North-East London's health and care system, and a network of key partners. We hope to announce a couple of long-term partnerships soon, which are testament to everyone at Care City over the last couple of years.

Care City is also very close to securing its permanent home, at Axe Street in Barking. Through the support of the London Borough of Barking and Dagenham, it is an enormous privilege to have the chance of our own, ground floor signature space, at a peppercorn rent. We hope it will set up Care City to do powerful work for many years to come.

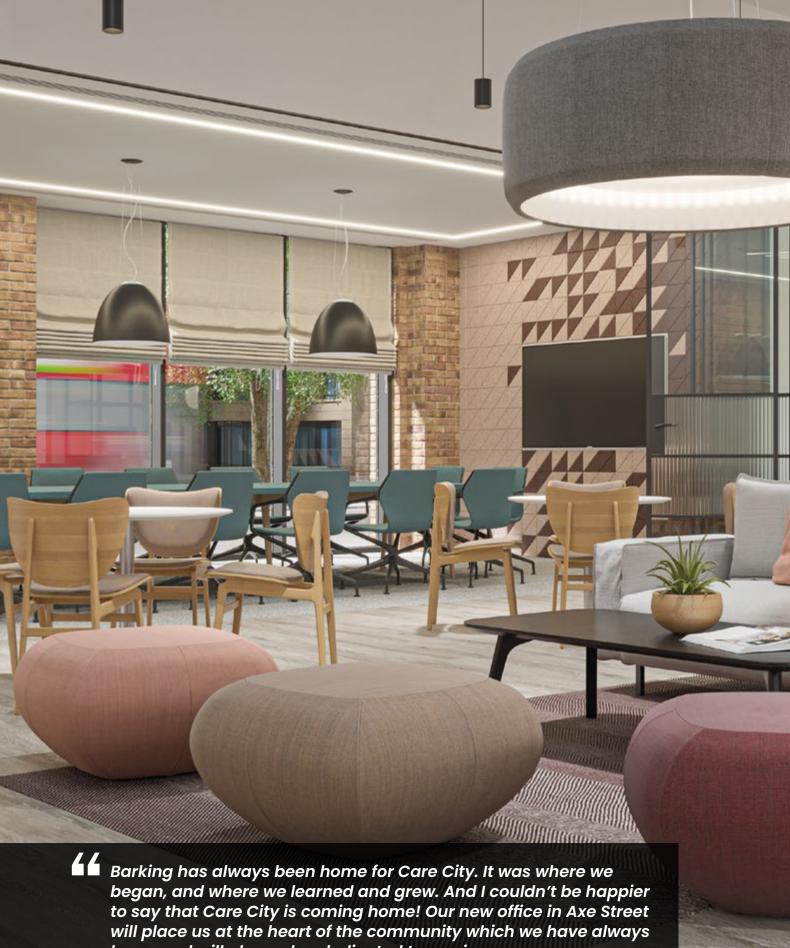
Lastly, organisations are always having to recreate and reinvent themselves. However, responding to the Chief Executive and Deputy Chief Executive leaving in quick succession was a big test. In recruiting such extraordinary successors, we have passed this test by a long way, and that is profoundly important for Care City's future.

So, perhaps if the measure of a leader is what they leave behind, I should be content. However, as I say, there are also those dreams for Care City that I will not personally be able to fulfil. I want Care City to make an impact at a greater scale than it has so far – for there to be three hundred people like Ajeesh, not just three – and I want to be there to see it.

I am seeking to reconcile myself with the thought that these dreams also are something of value to leave behind. Learning to pass those dreams on and share them is not – I hope – giving up, but part of making them happen.

My days at Care City have not always been easy, although they have rarely been bloody awful. And yes, I have learnt a lot. But the point is to change things. I leave some change and dreams of more change to come, of health and care remaking East London for the better.

John Craig, Chief Executive



been, and will always be, dedicated to serving.

James Sinclair, Chief Operating Officer, Care City

Looking to the Future

James Sinclair, our COO looks at what the next year brings for Care City and our East London community. A new office and a focus on better understanding of local dementia challenges and opportunities are just two of the topics on his priority list.



Barking has always been home for Care City. It was where we began, and where we learned and grew. And I couldn't be happier to say that Care City is coming home! Our new office in Axe Street will place us at the heart of the community which we have always been, and will always be, dedicated to serving.

This is also more than just our office: we want to enable Care City and its partners to do focused, individual work, and to host events, workshops and conversations in a space where all kinds of people

This year will also bring big changes and big challenges, but this has always been where Care City has thrived.

will be comfortable to listen, learn and work, and where they can see and feel important work happening.

One area of important work is to better understand the challenges of providing exemplary, holistic care and support to people living with dementia and their carers.

The scale of this task cannot be overestimated, and we are delighted to formalise a long-term partnership with UCLPartners so that we can work together on their dementia innovation programme. This partnership will also see us support cancer diagnostic innovations and feed into their Transforming Wound Care Programme. I'm confident that this collaboration will help us deliver real change with direct benefit to those who need it most.

This year will also bring big changes and big challenges, but this has always been where Care City has thrived, and we're looking forward to all the opportunities ahead, including welcoming Matthew Skinner as our new CEO in November 2022. His proven ability to lead teams, create strategic clarity and drive social improvements, will help drive us on our mission of a happier, healthier older age for our East London community.

CARE CITY AT

Anny profit health and special care organisation and

COLLABORATIVE

■ Matthew Skinner, Chief Executive

Care City Year in Review 2021/22

At a Glance

93

Participants contributed to our insights around Frailty, Diversity and Communication



160

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



Young people joined our Young Persons Panel, representing the voice of our East London youth community



Care staff across 7 Care Homes in Barking, Havering and Redbridge, enrolled as Enablement Champions



150

Patients across 10 hospitals in 5 London Trusts using the Living With Long COVID app



55

Barking and Dagenham residents engaged with research to better understand the consequences of acute and chronic illness on cognitive and functional outcomes in older people



292

Students engaged with our health and social care careers activity



20

Primary care workers fed into training needs analysis to ensure their effective support of patients in the uptake and participation in using remote monitoring devices



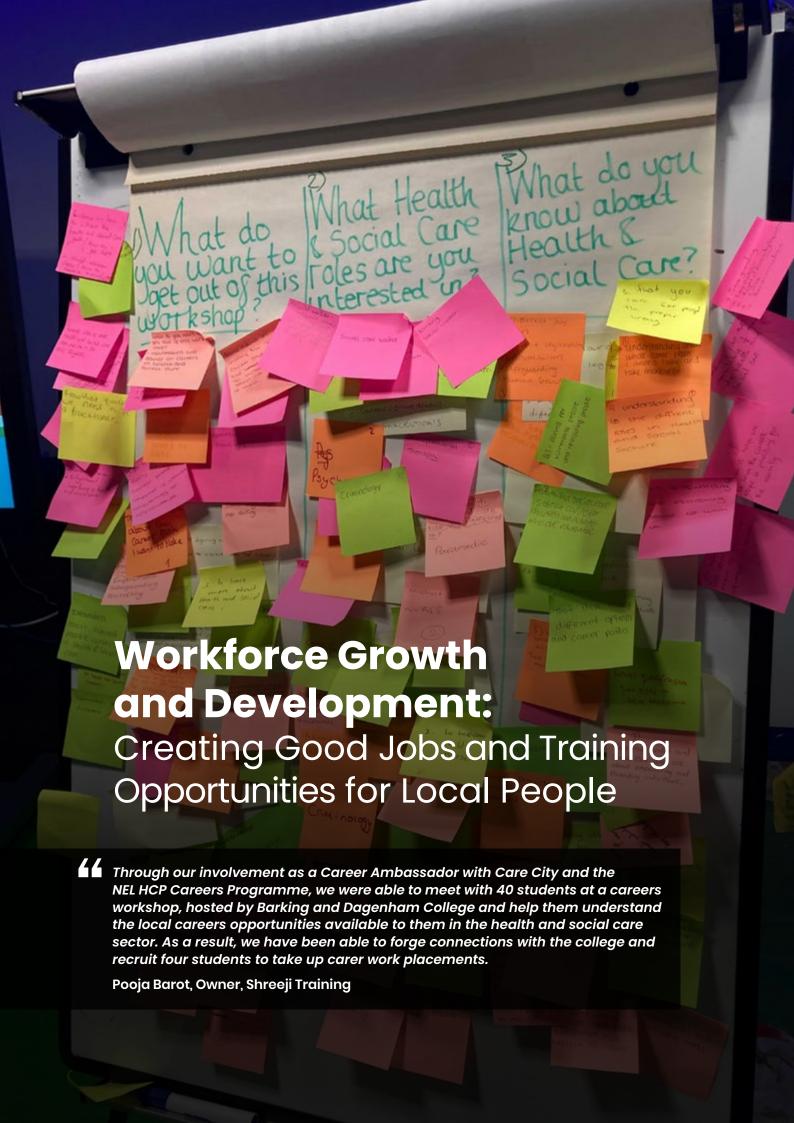
47

Primary Care Networks across North East London engaged with our work on future estates and digital infrastructures planning.



Appearance in Forbes magazine





Workforce Growth and Development:

Creating Good Jobs and Training Opportunities for Local People

Helping young people and job seekers to consider careers in health and social care

From the horse's mouth: Career Ambassadors

Career Ambassadors are health and care workers who inspire and motivate people in a range of different ways to understand more about working in the sector. Hearing enthusiastic staff talk about what they do and why they love doing it is an important gateway to more local people considering health and care careers.

We now have over 160 Ambassadors in the NEL HCP Health & Social Care Careers network. These Ambassadors are a broad and diverse representation of the available roles in the sector including administrators, carers, nurses, doctors, allied health professionals and IT and finance staff. They also include representatives from a wide range of organisations: Primary, Secondary and Social Care, Mental Health and Community Trusts, Local Authorities, Commissioning, HEE and NHSX.

Over the past year, we have delivered careers talks and events to 292 students, within 6 schools and for 20 Job Centre Plus Job Coaches. Our largest event so far, for 62 Level 3 Health and Social Care students at Barking & Dagenham College, saw Ambassadors from BHRUT, a Domiciliary Care Agency and London Borough of Havering share their career journeys. And our first Virtual Careers Week hosted 19 Ambassadors running Career Surgeries and Top Tips for CV development and job applications for 25 students over three days. Feedback is showing the value that these initiatives are having.

Learners were motivated and gained important info to help make informed choices about careers in health and social care. Colleges should take advantage of @NELHCP Ambassador network to help their students make career choices.

Jeanette Griffin, Employer and Skills Lead – Barking College

The Career Surgeries were my favourite part because they gave a detailed and personal helping hand.

Virtual Careers Week Student Participant







Dr Chandu Wickramarachci, BHRUT and Pooja Baroot, Shreeji Training talk at Barking & Dagenham College

Attracting ethnic minorities to consider local roles in our East London health sector: The Health Hub

Driving the need

- 6.5% average unemployment in NEL compared to 4.5% in UK
- 3,500 entry-level vacancies across NEL health providers
- **50%** low and **25.7%** high banded BAME representation across NEL HCP trusts
- 22.6% of AHPs in London are BAME whilst 40% of London's population is BAME

Helping local people into local jobs

- **750** individuals from underrepresented groups in NEL to be supported into work by:
 - Removing barriers in recruitment to ensure better access to jobs
 - Developing career pathways to help fill vacancies with skilled people
 - Raising job profiles and highlighting routes into health careers

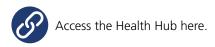


Building on our success developing the NEL HCP Health and Social Care Careers Ambassadors Network, we were delighted to support NEL HCP's funding bid to join the recently launched Mayor's Academies Programme and create a Health Hub, that aims to support 750 individuals from underrepresented groups to find good work (direct employment, apprenticeships, or self-employment/freelance) in North East London's health sector.



The local career opportunities are diverse, ranging from data and digital technology to patient facing services, and the hub will support individuals in each of these areas. We will grant access to all health providers in NEL and will focus on reducing unemployment through connecting employers with educational institutions and other pre-employment initiatives.

Gareth Noble, Hub Lead and Associate Director of People, NEL HCP



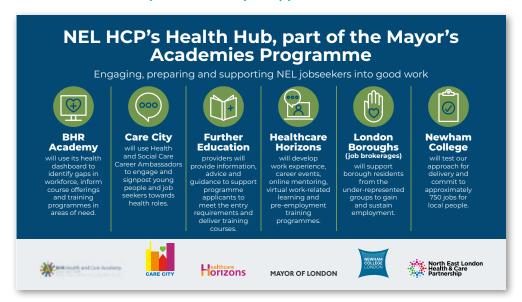
The underlying principles for the Health Hub are:

- Engage Stimulating demand for health roles and engaging with the NEL community through schools, colleges and Job Centre Plus.
- Prepare Building a talent pipeline for current and upcoming vacancies through pre-employment programme, vacancy-tailored courses and application development.
- **Support** Nurturing the NEL community in their career pathways and signposting routes to promotion through apprenticeships, coaching and mentorship programmes.

The Careers Ambassador Network plays a huge role in engaging our diverse North East London community, using their experiences and connections to encourage people to consider jobs in the sector.

Thanks for the opportunity to share my experiences with the students at Beals High School. Knowing I can make an impact on their lives and future careers decisions is so fulfilling! Let's work together to inspire our young people to consider careers in health and social care in North East London.

Aderonke Olola, Occupational Therapist Apprentice, NELFT



Busting the myths on working in social care: the 'Introduction to **Adult Social Care' virtual course**

There is growing hesitancy amongst young people to take part in employment programmes without assurance of jobs. However, the opportunities are there with approximately 9000 health and social care job vacancies in North East London (NEL) and new roles being created to support integrated healthcare and build career pathways.

Our new virtual 'Introduction to Adult Social Care' course aims to encourage more of our local young people into local social care careers. It was developed by Care City in conjunction with BHR CEPN and with support from Skills for Care and a group of local young people. It's suitable for those aged 16-19 and provides a guide for those considering a job in social care. Through videos, case studies and interactive exercises they will:

- Gain a realistic understanding of what social care is, why it is delivered and to whom.
- Be aware of the wide variety of social care jobs available and how to find and apply for them.
- Understand the skills and attributes essential to working in care, including teamwork, good communication skills, resilience and empathy.

Developing the skills and confidence of domiciliary care workers

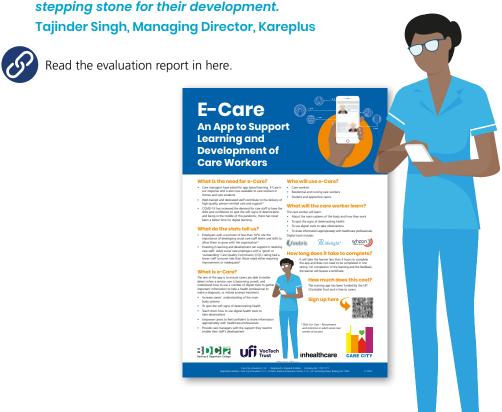
In 2020 we collaborated with Barking & Dagenham College with funding from **Ufi VocTech Trust** to design and develop an app to support domiciliary care workers with learning about anatomy, physiology and the use of digital tools to support the remote monitoring of people being cared for at home.

The rationale for the project was that, because of tightening eligibility criteria and the ageing population, the average recipient of homecare has a more complex range of health conditions. At the same time, rapidly improving digital monitoring and diagnostics may be increasing the opportunity for domiciliary care staff to spot and assess ill-health earlier, and to work better together with community and primary health care.

Since 2020, nearly 500 learners have downloaded the app and feedback shows:

- Learners have improved their knowledge, understanding and confidence on every topic covered by the app. In particular, confidence in using digital tools to monitor the health of people, knowledge and understanding of the heart and lungs and about the soft signs of deterioration.
- GPs' confidence in carers has increased because the pandemic (and initiatives such as remote monitoring and the E-Care app) has proved that carers have the ability to do observations in the community making them more knowledgeable and able to keep people in their own homes.
- The pandemic has resulted in positive outcomes as well as challenges, including an increased focus on the technology needed to improve care and wider rollout of remote monitoring of healthcare, which the app is designed to support care workers to implement. This has led to increased take-up of the app and its use becoming embedded in the strategies of two Integrated Care Systems in London.

The app provided what we were seeking for it to do – gave us a very user-friendly experience in common scenarios that users can use and expand their experience from. Jargon kept to a minimum and good flow – worked really well. I'm always looking for development and progression opportunities for staff... it's a good stepping stone for their development.



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 particular health issues and become experts and influencers in delivery or rehabilitation and reablement. Since late 2020, we have been working alongside UCLPartners, Havering Social Care Academy, Skills for Care, NELFT, BHR CEPN, London Borough of Barking and Dagenham, London Borough of Havering and Redbridge and Unique Training Solutions to co-design the Enablement Champion role and develop the new Level 4 apprenticeship training programme to build on the current 'champion' care model.

We have subsequently:

- Developed a bespoke, co-designed training programme to support care staff to develop the competencies outlined in the Enablement Champion.
- Enrolled 13 apprentice Enablement Champions in seven Care Homes across Barking, Havering and Redbridge.
- Developed a suite of tools to support with replication of the project in wider NEL, with further cohorts recruited to the programme.

I've worked as a care worker for 20 years. I've not had the opportunity to study until now. This has given me the opportunity to get new skills, do better in my job and for the first time, to think about the future of my careers and opportunities for me.

Enablement Champion participant

The potential long-term benefit of this programme is so significant, but we are already seeing improvement and impact now. Our Champion was so enthusiastic and motivated but didn't have a qualification to validate her skills. She has already progressed and been promoted to deputy manager. She feels empowered to advocate for families and residents, she feels confident engaging with health services and understanding what residents need and what she should ask for and expect from health services.



Better supporting primary care staff to use remote monitoring technology

Under the direction and guidance of UCLPartners, CVD/Proactive Care Team, we worked to identify the training and development needs of primary care staff to support patients in the uptake and participation in using remote monitoring devices. The aim was to establish primary care staff's needs and confidence levels in recommending and demonstrating digital resources to patients.

We surveyed a cohort of 20 primary care workers and insights received fed into UCLPartners 'Proactive Care At Home' programme to support the development of the required materials and training information on remote monitoring and self management.



A big thank you to the Care City team for delivering this project and drawing out some interesting insights from professionals on the ground about the challenges of supporting the use of digital technology. There was real added value in accessing their network to reach professionals with real world insights and tangible recommendations.

Dr Matt Kearney, Programme Director for CVD Prevention and Proactive Care, **UCLPartners.**



Read our remote monitoring in primary care report here.



Read Jana Lloyd, UCLPartners' national programme manager for Proactive Care Frameworks blog.

Apprentice Nursing Associate recognised at Chief Nurse Adult Social Care Awards

We were delighted when Ajeesh Thomas, a Senior Care Coordinator at Ebury Court Care Home in Romford and one of our Apprentice Nursing Associates was recognised for his outstanding performance and contribution to the health and safety of the care home residents he supports, at the Chief Nurse Adult Social Care awards.

The Silver Award was presented by Chief Nurse for Adult Social Care, Deborah Sturdy OBE and recognises the commitment Ajeesh has made to improving the well-being of the residents he cares for, in addition to training, coaching and supporting his colleagues across the home.

Committed to his own self-development, Ajeesh 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. He is also one of three care workers from East London who have been enrolled as Apprentice Nursing Associates (ANA) at the University of East London.

The Apprentice Nursing Associate Innovation programme was grant funded by Skills for Care through the Workforce Development Innovation Fund and North East London Health and Care Partnership and supported by Care City, North East London NHS Foundation Trust (NELFT), Barking, Havering & Redbridge Community Education Provider Networks (BHR CEPN) and the University of East London (UEL). The programme aims to remodel the Residential Home workforce to include the gualified Nursing Associate role, utilising an 'arms length' supervision model and helping to integrate health and care. At the same time, it aims to create a career pathway into nursing for care staff, helping talented East London care workers to enhance both the support they provide to service users and their own careers. This is the case for Ajeesh, who until joining the programme had felt his career limited at Ebury Court, without an opportunity to learn from an on-site nurse and become proficient in clinical practice.



Read Ajeesh's journey in A Healthy Living – Four Stories From the Future of Care.

It takes real commitment from the apprentice who can also demonstrate the benefits the role can bring to social care. With this Chief Nurse Adult Social Care award, Ajeesh is demonstrating the value a Nursing Associate has. It is enabling him to develop his skills to really support his care home residents. I hope Ajeesh's achievement encourage others into Nursing Associate roles with the social care workforce.

Anna McGuiness, Head of Clinical Education Transformation, London region, Health Education England

We're all delighted to see Ajeesh awarded a Chief Nurse Adult Social Care Award. Since joining us in 2005, he has been dedicated to his role and our care home residents and colleagues, whilst striving to develop his skills and career. We're so proud of him and this is thoroughly deserved.

Beverley Manzar, Registered Manager, Ebury Court Care Home

From left: Deborah Sturdy, Ajeesh Thomas, Grace Key, Beverley Manzar and Richard Key



Apprenticeship at 61! Why not?

During National Apprenticeship Week 2022, our Senior Project Lead Julie Atkins reflected on what apprenticeships have meant to her and how they are at the heart of her work and self-development.

My teammates at Care City tease me as I am always learning something new, keen to develop additional skills, which have led me to take up the art of cartoon drawing, saxophone playing and clowning around (quite literally – I was in the Jackson's Lane Art Centre Community Circus). But it's this thirst for knowledge and self-improvement that, at 61, has seen me embark on an 18-month Improvement Leadership Apprenticeship with NELFT. In addition to developing my Quality Improvement knowledge, there has been a benefit I did not foresee... that of enabling me to put myself in the shoes of the apprentices

I am helping, as Project Lead for our Enablement Champion Apprenticeship programme. A programme which seeks to develop the skills of already experienced care staff in order for them, supported by health professionals, to act as experts on particular health issues and enhance the care available to care home residents.

So what is it that is attractive about apprenticeships? Many see them as a way for young people to kick start their careers, but as I and our cohort of Enablement Champions have proved, it's also a way to further your career, learn new skills and build your network. Of course, let's not forget that having

So what is it that is attractive about apprenticeships? ... it's also a way to further your career, learn new skills and build your network.

course fees paid and time off to study is a very attractive and welcome incentive too.

When I left school at 18, I knew I wanted to work in Care. I had volunteered in a day service for people with learning disabilities throughout my teenage years and when a vacancy came up in Tunnel Avenue Training Centre for a day-care worker I applied and was successful. At 22 I then started working as a Residential

Support Worker, keen to improve the lives of those I cared for, by finding ways to enable them to live more independently and live a fuller, more fun life. However, my employers identified this as me having anarchy tendencies, rather than embracing their organisational culture!

Opportunities for training were also limited in those days and when training, paid for by your employer was given, that resulted in a qualification, you had to pay back the money, if you were to leave that employment within a period of time, usually two years. Being a free spirit, I didn't want to feel tied down to one organisation, although I continued working in residential care, in different settings, clocking up thirteen years as a Registered Care Manager.

As a Project Lead for the Programme, it's been wonderful being able to see what goes on behind the scenes of developing apprenticeship opportunities. Working with the BHR CEPN to bring our initial ideas into reality, with the investment and support of Unique Training Solutions, Havering Social Care Academy, Skills for Care, NELFT, London Borough of Barking and Dagenham, London Borough of Havering and Redbridge and UCLPartners has been a challenging but hugely rewarding journey. Collaborating with these like-minded partners, all totally invested in designing a role and Level 4 apprenticeship training programme that creates career opportunities for highly valued care staff, that in turn, positively impacts the service user experience and increases the flexibility and resilience of our care workforce.

As a manager I would have loved to be able to support employees to grow into this role, working collaboratively with Allied Health colleagues, ensuring the best quality care is provided for the tenants/ residents. I think it would have been pretty cool to have worked in this role too! Perhaps my 'anarchy tendencies' would be identified as simply trying to make changes for the better.

Apprenticeships are a great way to enhance one's skills, practice and knowledge and I would like to end on something one of the Enablement Champions said: "Studying at my age is hard, but I know it will be worth it. I wanted to grab this opportunity because I know it will open doors for me that might not have been there for me before."



Research and Evidence Generation:

Sharing Data Insights to Help Inform Choices About Health and Social Care Improvement Opportunities for East London

Long-term Information and Knowledge on Ageing: LINKAGE

The Care City Cohort is a dataset that includes individual and household level linked data across the health services and Barking and Dagenham council.

It has the advantage of individually-linked routine data from primary, community, mental health, secondary and social care and benefits from robust information governance and stakeholder involvement. However, current limitations include service use metrics, rather than patient-centred measures and opportunities to back-identify individuals who consent to be contacted for research or service development initiatives. Since 2017, the Long-term Information and Knowledge on Ageing (LINKAGE) Camden study has addressed these issues by recruiting from a local community sample and prospectively following individuals across health and social care.

Working with UCL, we aimed to enhance the linked Care City dataset by initiating a cohort study sampled from the London Borough of Barking and Dagenham, based on the Camden model. The ambition was to understand the determinants and consequences of acute and chronic illness on cognitive and functional outcomes in older people, ultimately broadening innovation in digitally-enabled population health at the Integrated Care System-level and beyond.

We therefore recruited a population-representative sample of older people aged ≥60 years resident in the London Borough of Barking and Dagenham, following them across all care settings, including primary, secondary, intermediate, community mental health and social care to obtain a complete understanding of longitudinal changes in health status.

We also ascertained outcomes meaningful to older people not usually captured in routine datasets, specifically: quality of life, visual and hearing impairment, nutritional state, falls, continence, activities of daily living and cognition. Knowledge of how these variables change across settings in the health economy provides vital data on dynamic trajectories of recovery or decline, particularly after urgent and emergency care.

LINKAGE Care City and LINKAGE Camden form component cohorts in the MRC Unit for Lifelong Health and Ageing at UCL (LHA). If the scope of the project were to increase, the enriched data could provide key policy and framework decisions, e.g. to support Primary Care Networks to determine location and demand for the new Additional Roles Reimbursement Scheme.

Meeting the changing needs and digital expectations of patients and staff: estates and digital planning

East London is an area of regeneration with a rising population (expected growth of 13% to 2.28 million residents by 2028) and is one of the fastest growing areas in England, with demand projected to outstrip

It is our ambition to develop system-wide estates plans that deliver fit-for-purpose buildings for neighbourhood and place teams delivering integrated primary care. resources and capacity in the coming years. There is therefore an urgent need to rethink how we can better plan primary care buildings to better meet people's changing needs and expectations in BHR, supported by a robust planning approach.

NEL ICS is working to build estates models that better align with delivery of clinical, digital and workforce strategies. It is our ambition to develop system-wide estates plans that deliver fit-for-purpose buildings for neighbourhood and place teams delivering integrated primary care.

We undertook a 6-month project to develop a practical and tested approach to support future estates and digital planning for primary care in Barking and Dagenham, Havering and Redbridge (BHR) to better meet the changing needs, experiences and digital expectations of our patients and staff.

Our work was informed by a bespoke digital infrastructure planning methodology and will leverage an iterative and co-production approach to help ensure it provides practical application in the context of primary care infrastructure in BHR. This included co-design workshops with the Thames View Health Centre team, as well as key decision makers across the East London Health and Care Partnership (ELHCP), BHR Boroughs and Primary Care Networks to help to build and embed a culture of future thinking.

Taking a 'one public estate' approach we identified the following priorities and opportunities:

- To ensure we plan sufficient space we need to develop a methodology that takes into account access, population health and health inequalities of the local neighbourhoods, making creative use of the space we have, any void and vacant spaces and repurposing existing space where possible.
- To enhance access and integration with other services, we need to explore the use of local authority, third sector and community assets, building on the approach to COVID-19 vaccination, including places of worship, community centres, and allotments, including locating primary care onto the high street as part of local economic regeneration.
- Where space is insufficient, or unsuitable, particularly in areas of considerable population growth, we need to explore with the local authority the potential for raising capital beyond NHS limits to fund new, expanded or repurpose estates.

We continue to work with PCNs and the wider health system to ensure solutions identified are



Understanding the space and estates requirements of the Additional Roles Reimbursement Scheme (ARRS) roles in primary care

The NHS Long Term Plan sets out how primary care practices would be funded to work together as Primary Care Networks (PCNs) to cope with the pressures in primary care and extend the range of local services, creating integrated teams of GPs, community health and social care staff. There are 48 PCNs in NEL CCG and these have recruited staff to perform these additional roles.

The only way that we can extend our service beyond the current level is to have more space.

We're in a situation...[in our PCN] where it is a jigsaw puzzle trying to find time and space within GP practices to have a private clinical consultation.

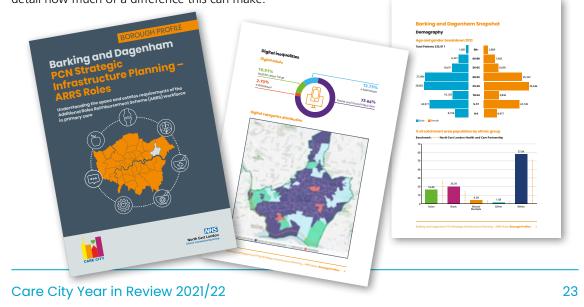
We haven't got space for [the ARRS roles] – where are we supposed to put them? If we do find a space, we haven't got the IT infrastructures to support this.

We supported NEL ICB by running a series of workshops using the adapted Futures methodology to understand the estates and digital requirements of the ARRS roles. The aim was to get people in one room, from health, care, third sector and local authority, to understand the foci and approaches to ARRS with greatest potential for NEL Boroughs, and the estates and digital infrastructures needed to support them.

The evidence from the workshops showed us that digital technology, new partnerships and spaces, and strategic intelligence and support can make a difference for PCNs short of space. And four lessons for the Integrated Care Systems (ICS) were identified:

- Because the issue of remote work is now so significant, the ICS needs to focus on how space is used as well as how much there is. The ICS needs to be a source of intelligence and support about these models.
- If hybrid and remote working is to help alleviate pressure on space, the ICS needs to enhance digital infrastructure, making it exemplary.
- The ICS could help to bring together collaborations across and beyond PCNs to learn about the potential of new shared, flexible spaces.
- The scale of complexity facing PCNs is staggering. While there are opportunities to embed ARRS staff in new pathways and partnerships, the ICS needs to help PCNs to spot and take partnership opportunities.

Our focus is now on developing in practice a model for supporting PCNs, and to understand in more detail how much of a difference this can make.



Frailty, Diversity and Communication

Work around frailty and communication is not new. The 'People's Description of Frailty', co-constructed through the work of the London Clinical Frailty network, is as follows:

Frailty is a word that may be used to describe your state of health or that of someone you care for.

Being described as 'frail', having 'frailty' or 'living with frailty' may occur when your body loses its natural reserves. This may be due to a range of factors such as illness, disability or aspects of the ageing process.

This definition does not work perfectly for everybody, but no definition ever could. It works well as one 'tool in the toolbox' for communicating about frailty. The question is, what other tools help to describe frailty and help patients to describe their own experiences of frailty?



We were commissioned by the London Clinical Frailty Network and worked in partnership with UCLPartners to help answer this question by engaging with a broad range of people beginning to experience frailty and related health services to understand their thoughts, feelings and vocabulary around frailty and to test the People's Description of Frailty. The goal being to help clinicians have richer conversations about frailty with as diverse a range of individuals as possible.

The 93 people we interviewed:

- Agreed that there are different cultures of ageing, with particular differences by ageing and ethnicity
- Said that being cared for triggers feelings of pressure or guilt, as much as it does security
- Did not like the word frailty to varying degrees in the way that the health system is using it. A few saw it as disrespectful or offensive

This feedback enabled us to suggest a set of design principles to support clinicians have rich conversations about frailty:

- Understand and validate the broad range of reactions to the idea of frailty
- Recognise that the idea of frailty can be most challenging for younger people and/or people with
 milder frailty, and consider the lens of 'health and well-being' or 'vulnerability' as an alternative
 if necessary
- Use the language of experience how it feels to help people grasp frailty
- Build on people's own vocabulary for frailty understand what frailty means to them
- · Hold the strong emotions and beliefs that conversations about frailty can stir
- Focus on areas of strength and confidence around people's health and independence
- Co-construct goals and decisions about the future
- Pro-actively help people to access the support they need with and beyond the health system

Conversations about frailty should be:

Positive – About building on what you are doing to stay well, and not about making assumptions based on age.

Private – Not about labelling or interfering in your life.

Practical – The word frailty is not important – it's about what is helpful for you. You do not feel frail, and we want to help keep it that way.



Read further findings and recommendations here.



How gaming and entertainment could benefit future healthcare

Our contribution to The Growing Value of XR in Healthcare report saw Care City's PR hit an all time high, when the work of our Senior Project Lead, Ben Williams enabled us to make it into the pages of Forbes!

Care City chaired a meeting with the BBC, NHSX and the NHS to discuss how the BBC's virtual reality assets could be used to support the NHS for medical purposes and the need for better regulation. The outcome was a report, led by VR researchers, investigating the pressing need to have access to more accurate and representative intelligence and market data to help inform emerging strategies and priorities within the public and private sector in the UK.

Interestingly, the project came about after our Project Lead, Ben Williams wrote a Tweet about the BBC closing down their VR labs and the opportunities for sharing that knowledge with the NHS. It was spotted by Ross O'Brien who works in the NHS, and he and his two co-authors then embarked on research, consultations with startups, designers, healthcare professionals and other researchers to explore the challenges and opportunities for the creation and distribution of XR in health. The premise being that this could be a major means of driving additional value for money in the NHS.



Read the article here.

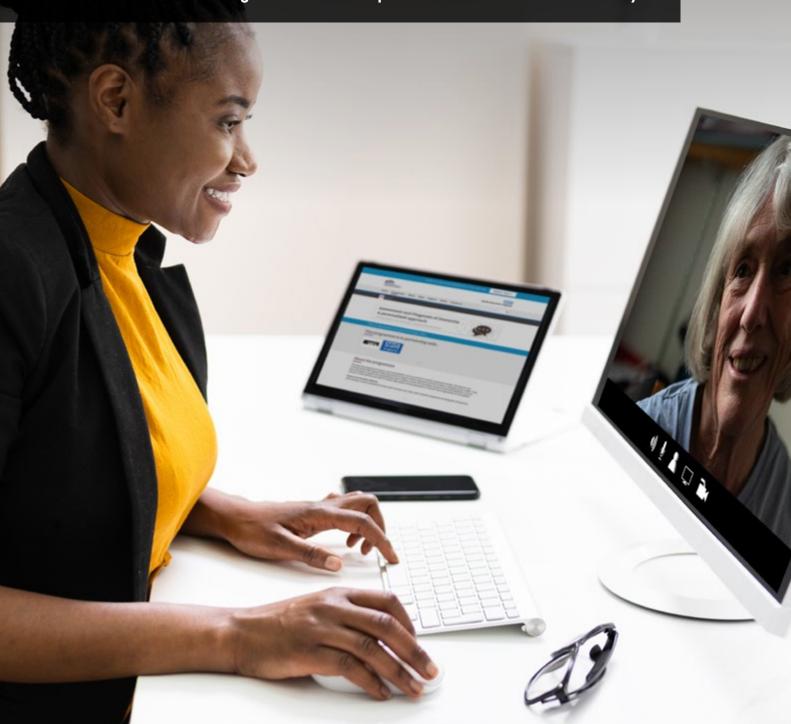
XR refers to Extended Reality and covers Augmented Reality (AR), Mixed Reality (MR) and Virtual Reality (VR), haptics, interfaces, platforms and software and will often be referred to as immersive technologies within the context of this report. The healthcare sector referred to covers health and social care in public and private services, in clinical and non-clinical settings.

The report has been developed in partnership with NHSX, Health Education England Technology Enhanced Learning Team, UKRI Audience of the Future Challenge, NIHR Mental Health Medtech Cooperative (MindTech) and Rescape. The report findings will help government and public health services make informed decisions about future strategies to ensure the UK is in the best position to fully exploit the potential of XR in healthcare today and ultimately improve patient outcomes and the quality of people's lives into the future.





The 'Assessment and Diagnosis of Dementia: A personalised approach' e-learning package considers how a clinician can work in a person centred manner when using both remote or in-person assessments in a blended way.



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

Long COVID rehabilitation

In March 2021 we began working with UCLPartners and LivingWith to support the implementation of Living With COVID Recovery across NEL Trusts. An innovative digital rehabilitation programme that treats the long-lasting symptoms of COVID-19 infection, the programme combines evidence-based methods from physiotherapists, psychologists, dieticians and respiratory physicians to create bespoke treatment plans for each patient.

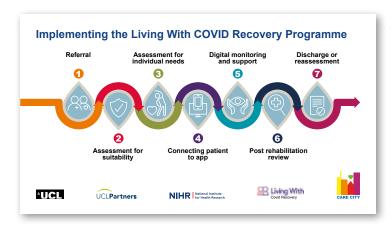
The programme makes it simple to monitor patients using the information they put into the Long COVID app, to recognise their triggers and patterns around their symptoms. This in turn has meant signs of deterioration are recognised earlier and relapses prevented before they occur.

We supported the adoption and spread of the technology through engagement, communications, information governance and data and evaluation, helping develop a community of clinicians to share best practice on implementing the technology within their Long COVID pathways.

To date, the programme has been adopted by 30 NHS trusts and is supporting 5,500 patients and we were delighted that UCLPartners were HSJ Partnership Awards 2022 finalists for 'Living with Covid Recovery', with Barts Health NHS Trust and Living With, in the Healthtech Partnership of the Year category.

It has been invaluable having the insight and expertise from Care City who have a long history of supporting innovations and new clinical pathways. They have been integral to the success of this project. Having access and introductions to the right people in their network to support co-design, collaboration and learning has also gone a long way to contributing to our success.

Chris Robson, Living With





Our friends at UCLPartners were also HSJ Partnership Awards 2022 finalists with Barts Health NHS Trust for the 'Bedside Learning Coordinator Approach to Care Redesign' in the Most Effective Contribution to Clinical Redesign category.



Hear our Senior Project Lead, Mez Jardiel's experience as a BLC at Nightingale Hospital London.

Scheduling Matters

Community healthcare teams face many challenges. Existing digital scheduling tools are usually inadequate as the amount of decisions that have to be made, matching the right nurse to the right patient and ensuring they are available at the right time become extremely complex decisions. This makes coordination a full-time job, which is often assigned to a senior nurse with many years of experience.

With Satalia – Artificial Intelligence optimisation experts who help the likes of Tesco home delivery and Openreach – we are working to optimise scheduling, saving staff time, so they can focus on nursing duties, but also reducing travel times and coordinations.

Nurses felt that the Satalia Al reflected the decisions they personally would have made.

We piloted the Satalia AI with the North East London NHS Foundation Trust and UCL. We automated scheduling for a complex District Nursing team, with the AI engine considering 37 prioritisations for each aspect of a visit and reduced hours of coordination work into a few minutes. Schedules could be changed immediately if a nurse wanted to spend

more time with a particular patient. Most importantly, unlike other systems where nurses have to rework schedules made by the computer as they were unrealistic, nurses felt that the Satalia AI reflected the decisions they personally would have made.

The Satalia Al also reduced travel distance and travel time by 12.7%. This would work out on average to a reduction in CO2 emissions by 48.72 grams per visit, which is the equivalent of over 10kg of CO2 per nurse each year. The system also used fewer staff to complete the needed visits.

Seeing the benefits, we refined the Satalia AI engine with domiciliary care providers and managed to create a 38.6% decrease in their travel time and distance. We are now applying for funding to be able to integrate the Satalia AI into NHS systems and create a feedback system where the AI is better at anticipating how long visits will take.



New dementia e-learning for health professionals

In light of the COVID-19 pandemic a number of services had to find new and alternative ways to help diagnose people who might have dementia. This would include video conference or via telephone assessments, commonly called 'remote assessments'.

The staff who feel remote consultation is fit for purpose are mainly those who have had to use it as they have no other option, and also see it has the most potential.

Our report in 2021 found that clinicians are learning to *use* video calling, not learning to *love* it. The staff who feel remote consultation is fit for purpose are mainly those who have had to use it as they have no other option, and also see it has the most potential. For some, the new channels of communication improved their assessment experience. However, for many, they have found services slower to

respond and more confusing. Carers told us they felt traumatised, and clinicians felt exhausted. These are not conducive environments to enact change and so we recommended in the report more resources to support staff.



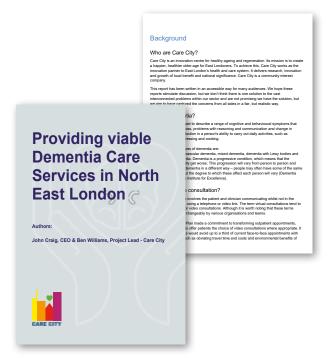
View the report here.

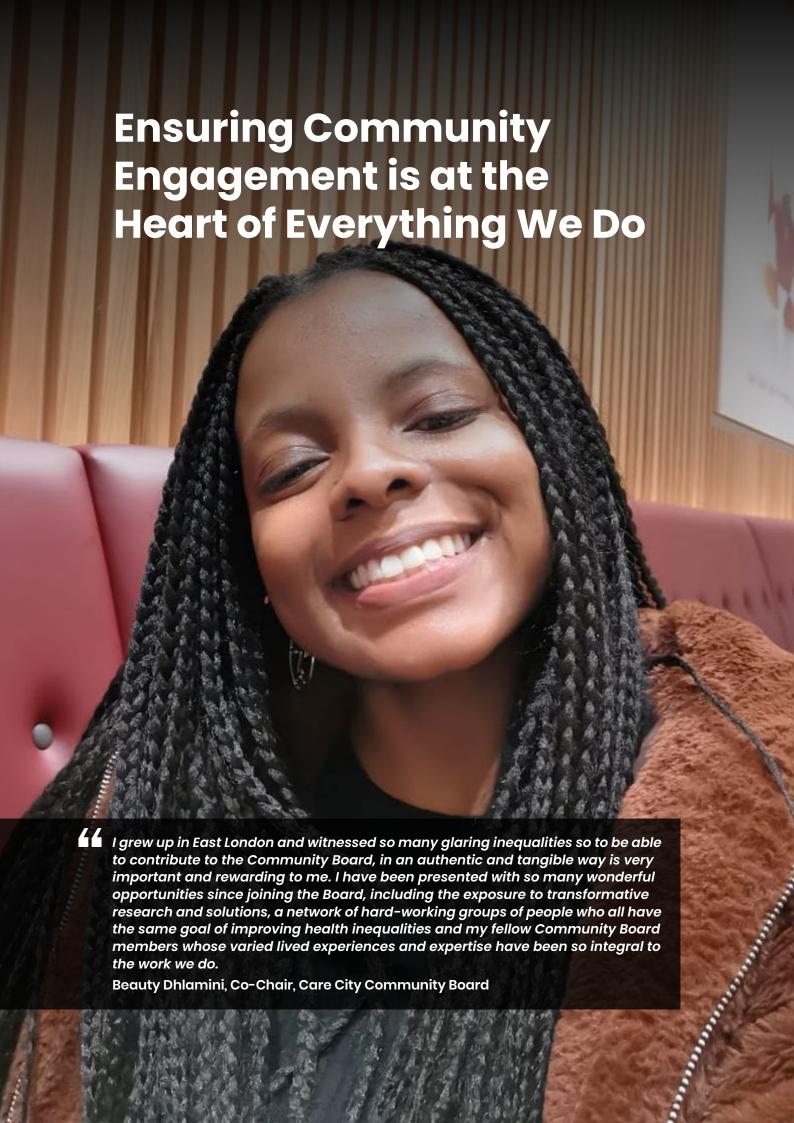
Care City was asked to join the steering committee for a new e-learning package 'Assessment and Diagnosis of Dementia: A personalised approach'. This e-learning package was released in March 2022 by Health Education England and can be used by all health professionals, but with a focus on memory clinic staff. It considers how a clinician can work in a person centred manner when using both remote or in-person assessments in a blended way.

As well as being on the project steering board Care City was asked to develop content for the package including issues involved in gaining consent, how to manage the issue of mental capacity when working remotely, post-diagnostic support for those who receive a diagnosis of dementia, advanced planning for end of life care, and safeguarding.



View the 'Assessment and Diagnosis of Dementia' programme here.





Ensuring Community Engagement is at the Heart of Everything We Do

Our Community Board

Our Community Board is an essential part of our work, providing opportunities for people from diverse backgrounds and experiences to share their insights and views to actively shape health and care research and innovation to better meet our East London community's needs.

This year our Community Board supported the development of our vision for our new office space in Axe Street.

This year our Community Board supported the development of our vision for our new office space in Axe Street and shared thoughts on how the space could be used to both drive revenue and secure its footprint as a community space. They also fed ideas to support a dementia screening bid and gave their thoughts on 'dream projects' for Care City to get involved with

including improvements to prison healthcare, support for youth offenders, addressing sensory and physical impairment in the workforce and a befriending service for older people.



Beauty Dhlamini



Asif LalDin



Val Shaw



Margaret Sim



Olivia Smith



John Timbs

Our Young Person's Panel

In November 2021, we convened our first Young Person's Panel, a group of six 16-19 year olds who help to ensure that our work is fully representative of what our young people of North East London want and need.

They volunteer their time to help us develop and improve our communications, event programme and offer suggestions for new initiatives to engage specifically with young people like themselves. They have already provided invaluable support on improvement suggestions to the NEL HCP Careers website and marketing materials. In return we provide support on UCAS applications, job seeking and CV development and insights and access to our local health and social care networks.

I am interested in healthcare so I was really keen on joining the youth panel for Care City so I could try and make a difference for local youth. It is really important that we encourage young people to think about careers in healthcare.

YPP member

I'm an A-level student that lives in East London and have hopes of attending University in the future to widen my studies and find the career path best suited for me. Which is exactly why I've joined the Young Persons Panel! It enables me to widen my knowledge and gain an understanding of different job roles, as well as being able to establish the broad range of communities that I can be a part of!



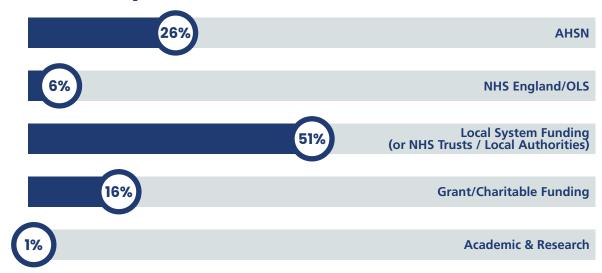
Our Finances



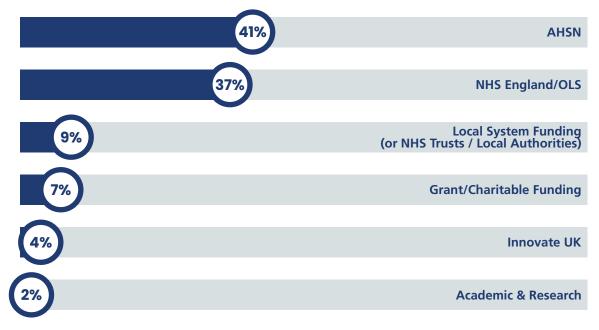


Our Finances

Summary of our income in 2021/2022

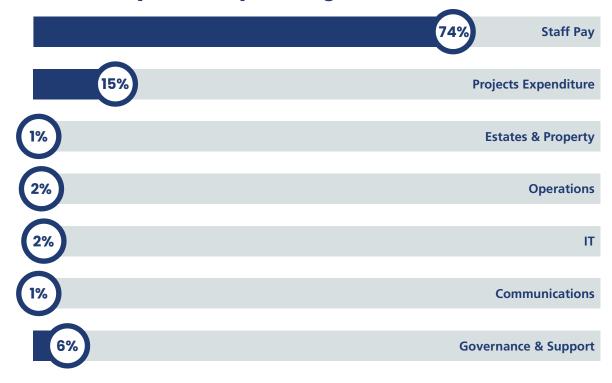


Summary of our income in 2020/2021



Our Finances

Summary of our spending in 2021/2022



Summary of our spending in 2020/2021

	70% Staff Pay
21%	Projects Expenditure
3%	Estates & Property
1%	Operations
1%	IT
1%	Communications
2%	Governance & Support

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!

Care City Innovation C.I.C.