**Title:** Care City Programme Update  

**Report of the Strategic Director for Service Development and Integration**  

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<th>Open Report</th>
<th>For Information</th>
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<td><strong>Wards Affected:</strong> ALL</td>
<td><strong>Key Decision:</strong> No</td>
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| **Report Author:** Helen Oliver  
Managing Director Care City | **Contact Details:**  
Tel: 0300 555 1201 Ext 66228  
E-mail: Helen.oliver@nelft.nhs.uk |

**Sponsor:**  
Anne Bristow, Deputy Chief Executive & Strategic Director for Service Development and Integration

**Summary:**  
Following Care City launch two months ago, we have continued to move at pace, recruiting to our team, securing inward investment and raising the profile of the local system. These include confirmation of our NHS Innovation Test Bed, Barking Riverside designation as an NHS Healthy New Town site, and emerging collaborations with national and international groups. Our three priorities for spring 2016 are to demonstrate delivery as we launch our programmes of work, secure further inward investment, and establish a more formal mechanism to enable partners to actively shape the evolving programme.

**Recommendation(s)**  
The Health and Wellbeing Board is recommended to:  
(i) To note the contents of this report.
1 INTRODUCTION AND BACKGROUND

1.1 Following Care City launch two months ago, we have continued to move at pace, recruiting to our team, securing inward investment and raising the profile of the local system. These include confirmation of our NHS Innovation Test Bed, Barking Riverside designation as an NHS Healthy New Town site, and emerging collaborations with national and international groups. Our three priorities for spring 2016 are to demonstrate delivery as we launch our programmes of work, secure further inward investment, and establish a more formal mechanism to enable partners to actively shape the evolving programme.

2 CARE CITY COMMUNITY WORKSTREAM

2.1 Healthy New Towns

Care City co-ordinated the successful proposal for Barking Riverside to be designated as London’s first NHS Healthy New Town. The scheme will deliver 10,800 new homes over the next 15 years, at a rate of 500-900 homes per year from 2017. Particular commendation was given to the role of the community through the Community Interest Company. We await full confirmation of the support package provided by NHS England but it will include an initial grant allocation of up to £150,000, followed by a more detailed technical support offer in phase two. Simon Steven’s announcement on 1st March 2016 sparked significant media interest some of which is captured in Appendix A.

2.2 Asset Based Community Engagement

Creating an on-going dialogue with the population, maintaining mechanisms for community participation in the evolving programme of work, and mobilising community assets are critical to achieving our community ambitions. The work will begin in a defined ward in Barking. The approach will provide a model of principles and a toolkit which can be adapted and replicated for different communities and system needs.

3 CARE CITY INNOVATION WORKSTREAM

3.1 On January 22nd Care City was awarded a grant of £1,830,000 as London’s only NHS England Health and Social Care Innovation Test Bed. Thank you for your support and participation in the application process. It was agreed via the ICC that system partners were committed to overseeing the adoption of the nine innovations, selected by a panel of local system partners and stakeholders, within appropriate clinical and social care settings over the next two years. Please see Appendix B for a high level workplan. The national launch of the programme took place on Wednesday 16th March. A briefing note on the test bed is also attached as Appendix C.

3.2 We will be recruiting co-researchers from the community to join the team to provide input from a user’s perspective, and to participate in research activities. We are working closely with the data and informatics teams to ensure appropriate access to information for implementation and evaluation purposes.
4 CARE CITY RESEARCH WORK STREAM

4.1 Care City seeks to advance the application of cutting-edge research into practice by bringing research to local people, and facilitating new models of research. Our short term focus is to create a data intelligence function that will enable researchers to securely access anonymised connected data. This will also support local functions that stakeholders have highlighted as being important to them, including: A BHR Public Health Intelligence function, Local use of Clinical Effectiveness Group tools and templates to support primary care improvement, Ongoing access to connected data to support evaluation and tracking of system wide transformation.

4.2 On 02 March 2016 Professor Andrew Morris facilitated a Frontiers meeting with key stakeholders from NELFT, LBBD, LBR, BHR CCG, UCLP, QMUL, GLA and Care City. The aim of the discussion was to learn more about programme in Scotland and explore local opportunities building on the existing informatics infrastructure, data analytical capability and our collective usage ambitions. The group agreed that there are multiple shared business intelligence’ functions and an opportunity to deliver greater ambitions through connecting different data sets within and across health and social care settings. Professor Morris reiterated that there was huge potential locally through the neutral space that Care City offers of linking health with social care and wider local authority data to facilitate research investment and activity. Notes of the meeting are included in Appendix D.

4.3 Over the coming weeks Care City will work with local stakeholders and Professor Morris to develop a proposal for a Care City Intelligence Hub to perform research and analytical function (including predictive analytics of local data) on behalf of the system. This requires access to data connected on the individual level, but much of the functions can be performed without identifiable data. This is therefore distinct, but linked to, the development of the digital roadmap, which will set out the local health economies delivery of “fully interoperable digital records”.

4.4 Care City is also in discussions with BHR CCG on 23rd to discuss appropriate links with the Digital Roadmap.

5 CARE CITY EDUCATION WORK STREAM

5.1 Skills Escalator

We understand that those in employment are healthier and that if we were able to support local unemployed people into fulfilling roles then health and wealth improvements would follow. Therefore a priority of our education work stream has been to secure funding to conduct a labour force analysis which will allow us to better understand the profile and existing skill set of unemployed people locally so that we can develop our approach to supporting more of them into emerging gaps within the health and social care workforce. We submitted a proposal to the Integrated Care Coalition in March which was not successful but we continue to scope alternative funding opportunities to take this work forward.

5.2 Understanding Care Needs

We are working with B&D Carers, NEFLT, UCLPartners, and QMUL to understand better how carers access help with developing their understanding of the carer role and the skills needed to be a carer. This includes 1:1 semi-structured interviews
with up to 80 carers. Results will be shared as part of carers week (6-12 June 2016) and will inform further work within Care City to support carers.

Appendices

Appendix A - HEALTHY NEW TOWNS MEDIA INTEREST

Appendix B - INNOVATION TEST BED WORKPLAN AND QUARTERLY MILESTONES

Appendix C - INNOVATION TEST BED BRIEFING DOCUMENT

Appendix D - FRONTIERS MEETING WEDNESDAY 2<sup>nd</sup> MARCH 2016