

Working together to improve patient
and population health outcomes

Introduction

The Shelford Group is a collaboration between ten of the largest teaching and research NHS hospital trusts in England.

Together these ten NHS trusts account for around £11bn of the NHS budget,¹ treat over 15 million patients a year,² employ over 140,000 staff³ and account for two thirds of the country's clinical research infrastructure.⁴

Formed in 2011, the Shelford Group works with national leaders to inform life sciences, health and social care policy - connecting policy makers with the frontline NHS.

Collectively, members are strategically significant to the NHS nationally, the UK's life sciences industry and the wider

UK economy. They are dedicated to excellence in clinical research, education and patient care.

Serving a local population of over eight million,⁵ member trusts run local NHS hospitals for their immediate communities and are also specialist centres of excellence for patients from further afield with complex medical conditions such as rare cancers and genetic disorders. They are also centres of academic excellence training the healthcare workforce of the future.

Shelford Group trusts are 'anchor' institutions for their regions - providing a major source of employment, creating demand for goods and services offered by UK businesses and generating economic growth through local innovation and life sciences communities.

Shelford Group trusts employ over

**140,000
staff**

which equates to 11%⁶ of the total NHS workforce

Every year, Shelford Group trusts treat over

**15 million
people**

Shelford Group trusts have a **combined annual operating income** of around

£11 billion

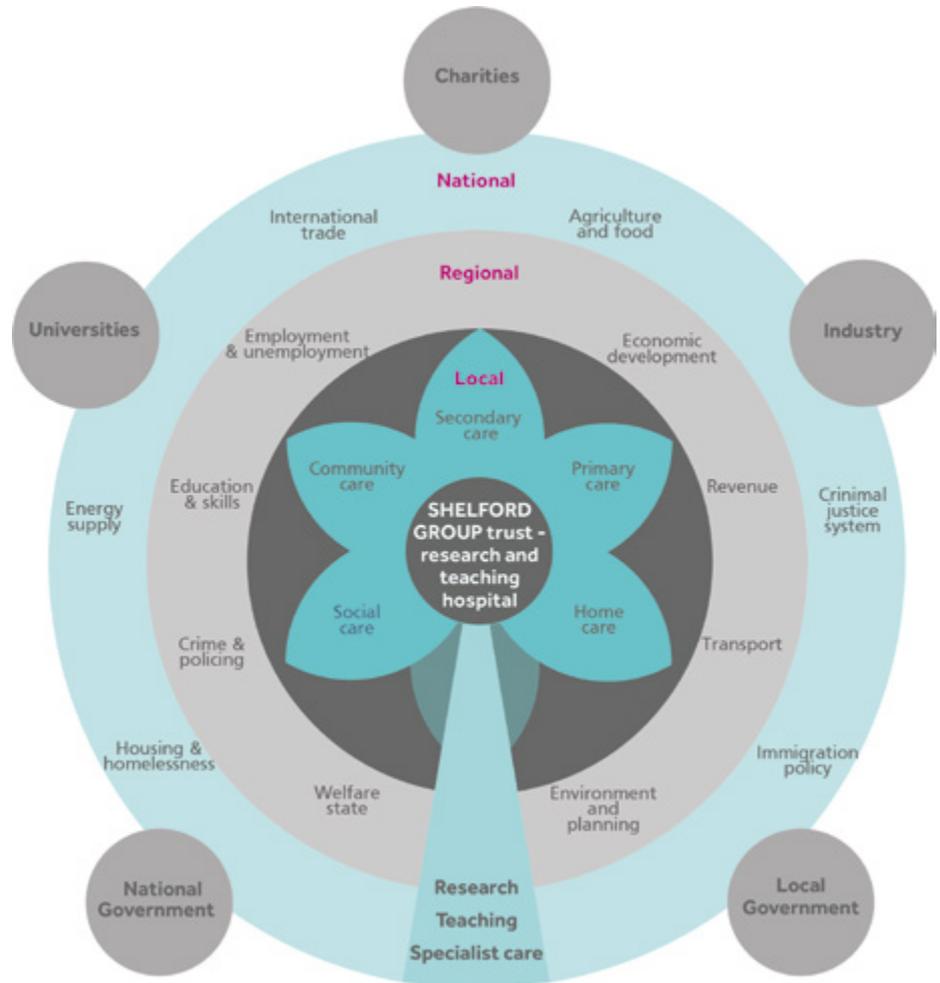
which equates to 9%⁷ of the annual NHS budget

Shelford Group trusts are system leaders in the provision of integrated health and social care, actively developing integrated care systems, leading sustainability and transformation partnerships, hospital groups and specialty networks across their regions.

The Group shares learning between member trusts and initiates joint projects for large scale improvement in the NHS. It works in partnership with other organisations, including leading think tanks, membership bodies and government departments on national policy priorities. Its aim is to improve outcomes for both the populations its members serve directly and those served by the wider health and social care system.

The Shelford Group is led by its member chief executives and has active sub groups for executive directors in the trusts, as well as for a range of professional groups.

Shelford Group trusts work in partnership with local, regional and national bodies in the provision of integrated health and social care



Shelford Group members



More than

65%

of **highly specialised services** (including rarer cancers and genetic disorders) commissioned by the NHS are delivered in Shelford Group trusts¹¹

There are over

80,000

babies delivered at Shelford Group trusts each year - 12% of the total deliveries in England¹⁴

Shelford Group trusts have some of the

lowest hospital death rates

Their **average mortality score is 0.87** compared to an average score of 1.0 across all trusts⁸

Universities linked to Shelford Group trusts help to train around

2,800

new **medical students** every year (almost half of the 6,000 doctors accepted onto places in 2017)¹²

Over

73,000

people received their **first cancer treatment** at a Shelford Group trust in 2018 - 12% of all first cancer treatments¹⁵

An average of

78%

of Shelford Group trust staff would be **happy with the standard of care at their hospital if a friend or family needed treatment** - compared to an average of 70% in all trusts⁹

There were

1.4 million

emergency attendances in the last year at Shelford Group hospitals¹³

Two thirds

of National Institute for Health Research's infrastructure investment is within Shelford Group trusts, equivalent to

£631 million¹⁶

An average of

66%

of Shelford Group trust staff would **recommend their trust as a place to work** - compared to an average of 62% in all trusts¹⁰

How we work

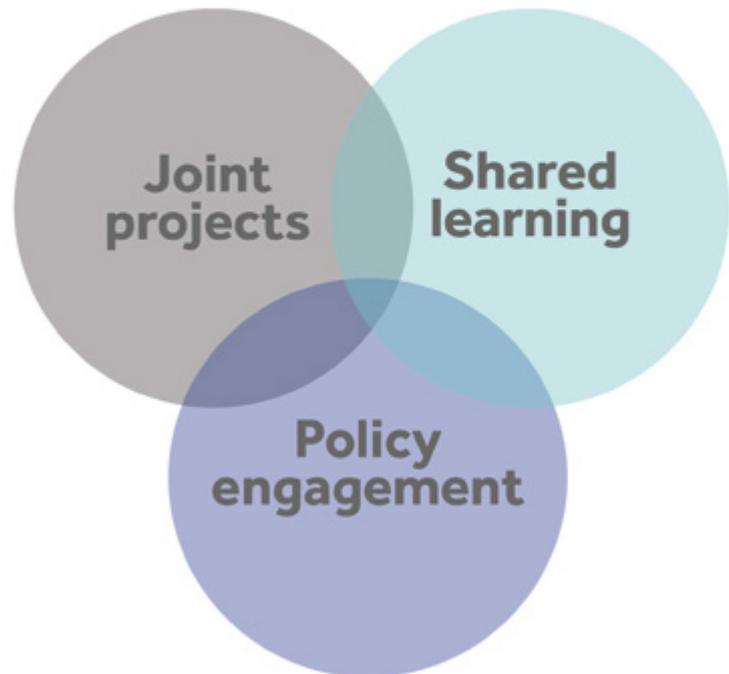
The Shelford Group is led by the ten member chief executives and the managing director who set the strategic direction of the Group.

The managing director works with national leaders to inform health and social care policy - linking policy makers with the frontline NHS. The Group also shares learning between member trusts and initiates joint projects for large scale improvement, not only

in the ten member trusts but also across the wider NHS.

There are formal and active sub groups for chief executives, chief nurses and medical directors and others including finance, procurement, strategy, transformation and workforce directors. In addition, a spectrum of professional groups provide a valuable source of expertise across chief pharmacists, allied health professionals and research and development communities.

SHELFORD GROUP mission





Our priorities



Workforce

Shelford Group trusts are major employers and training providers within the NHS. Members have first-hand understanding of the issues facing large parts of the NHS and are proactive in efforts to develop local solutions and to inform national policy.

Across hospital and community settings, Shelford Group members are pursuing a breadth of activities to make the NHS a great place work. The Group's aim is to secure and nurture an NHS workforce that is sufficient in numbers, reflects the diversity of the communities it serves, and has the rights skills to meet changing patient and population needs in a context of rapid technological change.

The Shelford Group is committed to working with national policy leads in order to achieve this aim and contributing to the design and implementation of the NHS's workforce plan is a high priority. Equally important is ensuring that workforce features prominently across the full spectrum of national policies - from life sciences to future integration of local services.

Shelford Group trusts employ over

**140,000
staff**

which equates to 11%¹⁷ of the total NHS workforce

Specific topics of interest include:

- **Equality and diversity in the workforce**
- **Role innovation**
- **Apprenticeships**
- **Novel approaches to support retention**
- **Professional training and education**
- **Research career pathways**
- **Workforce supply**
- **Well-being at work**
- **Regional anchors.**

Shelford Group health policy and improvement fellow

In 2018, the Shelford Group chief executives agreed to support the development of an innovative secondment opportunity to develop and nurture the most talented emerging NHS leaders within Shelford Group member trusts.

Through the fellowship the post-holder is responsible for delivering specific improvement projects and for taking an active role in the work of the Group to provide a constructive contribution to the development of national policy in health and life sciences.

Using research to deliver safe staffing

The Shelford Group chief nurses' sub group has led the development of innovative and evidence based decision support tools for setting clinical staffing establishments, known as the Safer Nursing Care Tool (SNCT) and the Mental Health Optimal Staffing Tool (MHOST). The tools calculate clinical staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, guides chief nurses in their safe staffing decisions.

The Safer Nursing Care Tool (SNCT) has been endorsed by NICE for use in adult inpatient wards in acute hospitals and the NHS chief nursing officer for England advocates its use to support safe staffing decision making. NHS England and NHS Improvement have also supported the development of the SNCT and it is now used widely across NHS organisations in England, as well as in private health providers and in many overseas healthcare organisations. They have also supported the development of the multidisciplinary MHOST for mental health.

In 2019 NHS Improvement, in collaboration with the Shelford Group chief nurses, launched the chief nursing officer safe staffing fellowship programme. The training scheme aims to ensure the tool is consistently applied across the NHS as well as develop future leaders in developing, maintaining and updating the SNCT suite of tools.

The Shelford Group continue to further develop the SNCT suite of tools and is working with Imperial College Innovations Ltd to support trusts and international healthcare organisations wishing to use it.

Janice Sigsworth, chief nurse at Imperial NHS Trust and chair of the Safer Nursing Care Tool sub group, comments, "Having the right level of clinical staff is fundamental for safe and high-quality patient care, as well as a good working environment for all staff. Decisions on clinical staffing have traditionally been based on historical allocations and experience and therefore have been highly subjective and variable. The Safer Nursing Care Tool has transformed the way that NHS trusts plan their nursing workforce needs."

The suite of tools include: Adult in-patient wards, acute medical units, children and young people's wards in acute hospitals and for multiple specialties in mental health care. The SNCT for emergency departments is under development and is expected to launch in 2019.





Workforce

An average of

66%

of Shelford Group trust staff would **recommend their trust as a place to work** - compared to an average of 62% in all trusts¹⁸

Improving nurse retention at University College London Hospitals NHS Foundation Trust

University College London Hospitals NHS Foundation Trust (UCLH) is a major London trust, serving a population of 1.6 million people and employing more than 8,000 staff, 3,000 of which are nurses.

Generally the Trust does not struggle to attract nurses, however analysis revealed a nursing vacancy rate of 16 per cent. "In 2015/16 we had recruited over 600 nurses, yet over 400 left our hospitals," Ben Morrin, workforce director, explained. "The cost of filling vacancies with bank and agency workers was becoming unsustainable. Since then, innovations led by workforce, communications and nursing colleagues have allowed us to become far more responsive to the needs of nurses who train and develop great careers at UCLH. Our vacancy rate is far lower and we rely on very few agency staff."

Discussions with staff groups revealed that a key reason was a lack of awareness of career development opportunities, as well as a desire to gain experience in a central London trust and then move outside of the capital. The solution focused around a set of nurse-led measures for nurse recruitment and retention to stabilise the Trust's nursing workforce, improve job satisfaction, morale and provide more career development opportunities.

One initiative was an internal transfer process - a fast track for nurses interested in a sideways career move within the Trust. To date 300 internal transfers have taken place, many of which were nurses that would otherwise have left UCLH. The scheme also helped to fill vacancies that were harder to recruit to. The nursing vacancy rate at UCLH now stands at 6.4 per cent.

Following the success of the transfer scheme, UCLH developed and expanded its nurse careers service. Specifically designed for registered nurses of all bands working within the Trust, the aim is to improve job satisfaction and provide a confidential and supportive space for nurses to identify and focus on their strengths and what's important in their career and working life. Support offered includes guidance in building a personal development plan, signposting to education or transferring into other nursing roles. There is also the opportunity to explore different career pathways, all of which is aimed at contributing to a more fulfilling and long lasting nursing career.

UCLH is now considering whether the internal transfer process could be delivered in partnership with other NHS organisations across the region, and whether the model could be applied to other roles.

Flourish at Newcastle Hospitals

The Newcastle Upon Tyne Hospitals NHS Foundation Trust is the anchor NHS organisation in the north east of England. Rated Outstanding by the CQC, it is a major teaching hospital and research centre. It employs 14,000 staff, making it the largest employer in the city.

Supporting staff to bring the very best of themselves to their work is one of the most important factors in achieving the Trust's high clinical standards.

#FlourishAtNewcastleHospitals is a cornerstone programme for the Trust and has been developed to support staff and enable them to reach their full potential at work.

The programme is led by the chief executive, Dame Jackie Daniel, and has been co-designed from the outset by staff from across the organisation. The three themes of reward and recognition, values and behaviours and health and wellbeing were developed by staff focus groups, and continue to be developed through staff engagement.

The programme includes monthly themed activities which support staff in different ways to be healthier at work. These have included mindfulness months, giving campaigns and 'Let's Move' – a pedometer challenge which saw more than 70 teams compete to increase their physical activity over a month.

But #Flourish is not just about the campaigns which support the basic building blocks of well-being, it also aims to ensure that every aspect of working life is enhanced so that staff are able to continue to thrive and deliver excellent care. Flexible working, creative options for staff beyond 60 and even something as basic as encouraging good sleep are all part of the approach. The underlying principle is that supporting staff to do the best they can is absolutely part of the Trust's core organisational strategy.



Workforce



Flourish
at **Newcastle Hospitals**



Finance and productivity

Across the Shelford Group there exists a spectrum of financial expertise including strategic finance, major projects, procurement, commercialisation and research finance.

These communities of experts contribute to the development of national policies to help ensure that policy is best designed to achieve its stated aims.

In the past the Group has engaged with the National Audit Office, National Institute for Health Research, NHS England, NHS Improvement, Treasury and Department for Health and Social Care to inform national policy.

Recent priorities have included supporting the national case for the uplift to NHS funding and contributing to relevant work streams in the NHS Long Term Plan.

There are active workstreams focusing on national policy to reform the system for managing NHS capital investment and to reconfigure the arrangements for commissioning specialised services.

Throughout our contributions to these national priorities, we are committed to providing expert insights, real world evidence and to work in a spirit of collaboration with partner organisations and national bodies to achieve changes in policy which drive improved patient outcomes.

The procurement directors provide an additional forum of expertise across the membership. In recent years this sub group has coordinated efforts to share best practice and achieve savings through collaborative working.

Shelford Group trusts have a **combined annual operating income** of around

£11 billion

which equates to 9% of the annual NHS budget¹⁹

Shelford Group trusts are leaders in clinical research and the UK's life sciences sector. Working with partners in universities, industry and the charitable sector, member trusts are driving research in the NHS, helping to find new ways of treating and diagnosing a wide range of conditions.

Members are leading National Institute for Health Research (NIHR) Biomedical Research Centres and Clinical Research Facilities, accounting for over two thirds of the NIHR infrastructure investment between them, equivalent to £631 million.²⁰ Shelford Group trusts are NHS partners in all six of the nationally accredited Academic Health Science Centres which bring together university medical schools and NHS teaching hospitals. In addition, around 20 per cent of all NIHR portfolio clinical research studies in the hospital sector are conducted through Shelford Group trusts²¹ and they recruit around 22 per cent of the participating patients.²²

As part of the Group's life sciences and innovation work programme, members collaborate to speed up the adoption of new

and innovative technologies, diagnostics, medicines and therapies into clinical practice in the NHS. The medical directors' sub group has focused on improving outcomes for patients with sepsis and the adoption of artificial intelligence into clinical services.

The Shelford Group has an active programme of engagement in national life sciences policy and works closely with the Government Office for Life Sciences, Department for Health and Social Care, National Institute for Health Research and NHS England's Research and Innovation Unit. The Group is providing leadership from within the NHS on the implementation of the Life Sciences Industry strategy and Sector Deal which recognises a prominent role for the NHS. The Life Sciences Sector Deal is an important opportunity to reposition the NHS as a generator of productivity, intellectual property and economic growth for the country, not just as a consumer of public expenditure as is often perceived.



Between 2013 and 2017, Biomedical Research Centres at Shelford trusts have jointly leveraged over

£2.7 billion

in income, over **£300 million** from the commercial sector. **34 spin-out companies** have been created²³



Research and innovation transforming lives at Manchester University NHS Foundation Trust

Manchester University NHS Foundation Trust's (MFT) Research and Innovation Division drives continuous improvement in patient care through clinical research, working with industry and strategic partnerships. With a current annual turnover of £56million, the Division supports 300 principal investigators, 150 research nurses and midwives and 70 trial coordinator staff, to deliver around 500 studies a year. It also provides access to clinical expertise to inform understanding of market need and develop/trial new diagnostics and devices.

Through research, the Trust is making a real difference to people's lives. Bernie, 73, from Preston was the first person in the UK to be fitted with eyeWatch technology developed at Manchester Royal Eye Hospital as part of a clinical trial. EyeWatch is an adjustable surgical implant to drain excess fluid caused by glaucoma – an eye condition affecting 70 million people worldwide which is associated with a build up of pressure and fluid in the eye. The study, led by MFT, will test the contribution of eyeWatch to the treatment of advanced glaucoma that has not previously responded to surgery.

Bernie commented, "It's fantastic to know that my eye pressure can be controlled without having to undergo further surgery. Taking part in research has given me a new lease of life."

In 2017-18

one fifth

of all NIHR portfolio clinical research studies in the acute sector were conducted through Shelford Group trusts and the Shelford Group recruited around **22%** of the participating patients²⁵

Two thirds

of National Institute for Health Research's infrastructure investment is within Shelford Group trusts, equivalent to

£631 million²⁶

Shelford Group trusts are leaders in advanced therapies, participating in

60%

of all **cell, gene and regenerative medicine early phase clinical trials** open in the UK²⁴

Shelford Group trusts are 'anchor' institutions for their regions - providing a major source of employment, creating demand for goods and services offered by UK businesses and generating economic growth through local innovation and life sciences communities.

The Shelford Group is committed to a future where health and social care is based on integrated local care systems and our member trusts are at the forefront of the integrated care agenda. Collectively members have over a decade of experience providing community services and are increasingly integrating with social care and establishing closer partnerships with primary care providers.

They are also system leaders in the provision of integrated health and social care, actively developing integrated care systems, leading sustainability and transformation partnerships, hospital groups and specialty networks across their regions.

The Group's priority is to continue to develop integrated care systems whilst shaping the governance and regulation arrangements to ensure that

they are fit for purpose. Making sure that the provision of services is integrated effectively to ensure a seamless experience for patients is a strategic objective across member organisations. Recognising the role of 'anchor' institutions in improving wider population health and well-being is a critical aspect of this strategic agenda.





Guy's and St Thomas' Healthcare Alliance

The Guy's and St Thomas' Healthcare Alliance has grown out of a partnership between Guy's and St Thomas' NHS Foundation Trust and Dartford and Gravesham NHS Trust.

The Healthcare Alliance allows the two trusts to work together formally on developing clinical services and pathways, as well as on areas including education, training and development and research. It takes the expertise and knowledge of a major London teaching trust and develops new and innovative methods to bring this closer to patients' homes, improving the quality of care and experience for patients.

The Healthcare Alliance builds on the success of the Foundation Healthcare Group Vanguard collaboration between the two organisations, part of NHS England's new care models programme, which ran from April 2016 to March 2018. Working together, the two trusts have achieved a significant amount on behalf of their patients.

In 2017, over 800 patient appointments were held at Darent Valley Hospital rather than Guy's and St Thomas', enabling patients to receive care closer to home and saving more than 35,000 patient travel miles.

Children and young people with epilepsy have benefited from the closer working between the teams at Darent Valley and Evelina London Children's Hospital, with fewer people needing to travel to London for care and the introduction of a Roald Dahl specialist children's nurse.

The adoption at Darent Valley of the POPS (proactive care of older people undergoing surgery) approach developed at Guy's and St Thomas' is improving care for older people requiring surgery, with better outcomes, faster recovery and more efficient services. In the first year of Guy's and St Thomas' delivering Dartford and Gravesham's procurement function, over £800,000 was saved. This is a significant resource that can be reinvested instead in patient care, staff training and development or research.

If the collaboration continues to prove successful in its new format, other NHS trusts may join the Healthcare Alliance over time.

Giving Winter the cold shoulder at Oxford University Hospitals NHS Foundation Trust

Oxford University Hospitals (OUH) runs two busy emergency departments which, in 2017/18, battled to cope during one of the harshest Winters in recent memory.

Knock-on effects included delayed transfers of care and a lack of available beds in community settings – all of which contributed to a sustained period of pressure on not only OUH's four acute hospitals but also the wider health and social care system.

OUH and its partners in the system – including Oxford Health (a community and mental health trust), South Central Ambulance Service, Oxfordshire CCG, Oxfordshire County Council and Age UK Oxfordshire – reviewed what had happened and decided to do things differently for Winter 2018/19.

Planning started early to establish a system-wide Winter Team with staff seconded from the different organisations, based at OUH's John Radcliffe Hospital where they could be co-located with the Trust's existing Operational Management Team, and led by a Winter Director.

The aim of the Winter Team was to ensure all health and care professionals in the county worked together to deliver better, responsive and more joined-up services.

The Winter Team was launched through a major internal and external communications campaign – 'Help Us Help You', with the aim of encouraging people to plan ahead in good time before Winter started in earnest, whether by having their flu jab or checking on vulnerable neighbours who might be in need of support or just a friendly face.

The aim of this campaign was to spread the word to patients, the public and all NHS and social care staff about the steps everyone can take to prepare their own winter plan.

Early evidence suggests that this joined-up approach has had a positive impact including a nine per cent increase in acute discharges compared to the previous year; a reduction in delayed transfers of care; overall reduction in length of stay and an end to 12 hour emergency department waits.

**System
leadership**





Cambridge University Hospital – moving from a sustainable and innovative organisation to a whole system vision

Cambridge University Hospital NHS Foundation Trust has recognised the need to focus even more strongly on working with the local health and care system. This is particularly evident in the leadership of the local sustainability and transformation partnership (STP). The Trust chair has taken on the role as interim STP chair and the Trust chief executive is the interim STP accountable officer. Other Trust executives are fully committed to, and in many cases leading, significant STP workstreams, including finance, planned care and developing the locality model. They are also co-leading, with primary care, the development of a provider alliance.

Together with partners across the STP, the Trust is building a system-wide vision that is about supporting, enabling and being part of a sustainable, innovative and responsive health and care system to improve the lives of the population it serves. In doing this they are tackling four big challenges:

Challenge one - the hospital is full: and there is an increasing number of people whose needs would have been better served outside of an acute hospital.

Challenge two - access to capital: there is very little available capital from Government, and local government has insufficient resource for social care.

Challenge three - delivery must be with, and through, partner organisations: this means embracing genuine collaboration and influence rather than an historic command and control approach.

Challenge four - primary care: this is the bedrock of proactive care for people with long term conditions but the unit of delivery is currently too small and increasingly fragile.

The future system model is expected to:

- provide proactive, responsive care in the community to keep people well and reduce the time people spend in hospital
- be underpinned by population health-based approaches focusing on prevention not cure
- realise the full potential of CUH providing excellent hospital care for local people which acts as a hub for a wide range of services across the region
- provide specialist services, co-located with research infrastructure, to deliver world leading outcomes
- enable a majority of outpatients to be seen and treated closer to, or at, the patient's home.

Shelford Group members strive for operational excellence both within their own organisations, and through sharing learning that can drive improvement across the NHS.

One of the Group's founding aims was to benchmark key outputs and indicators against peers in order to provide detailed understanding about how organisations compare and learn from one another and where changes can be made to drive service improvement. Members are also involved in the peer review of projects across different departments and teams.

As large teaching and research hospitals, Shelford Group members not only run local NHS services, they are also specialist centres of excellence for a range of rarer conditions including cancers and genetic disorders. 65 per cent of all of the highly specialised services are in Shelford trusts.

Shelford Group members are also improving operational effectiveness through large scale IT programmes designed to speed up and transform administrative and clinical processes.



Working as a major trauma centre – King's College Hospital

As one of London's four major trauma centres, King's College Hospital NHS Foundation Trust treats thousands of seriously injured patients each year from across south east London and the south east of England. The major trauma service is provided to those involved in car accidents, major falls or violence.

King's played a major role in all three major incidents that took place in London in 2017 – the terrorist attacks at Westminster Bridge and London Bridge/Borough Market, as well as the fire at Grenfell Tower. Some of the most seriously injured received expert medical care from the Trust's clinical teams. Volunteers and chaplaincy services also provided significant support to patients and their families.

Most recently, King's has become the first major trauma centre in London to be granted permission for air ambulances to land at night as well as during daylight hours. The new development will ensure patients receive the same level of timely care 24 hours a day, seven days a week.



Flow coaching supporting innovation in patient care at Sheffield Teaching Hospitals and Imperial College Healthcare NHS Trust

The Flow Coaching Academy was developed by Sheffield Teaching Hospitals NHS Foundation Trust as part of their Microsystems Coaching Academy and is supported by the Health Foundation.

The aim of the Flow Coaching Academy is to learn how to apply team coaching skills and improvement science to improve patient flow and experience.

The Academy trains frontline staff with coaching skills and improvement science in a 'Big Room' setting. Patients are central to flow improvement and pathways are actively encouraged to develop ways in which the patient voice can be represented and ultimately where care can be co-produced.

Imperial College Healthcare NHS Trust is one of the organisations who have been trained by the Academy at Sheffield to introduce flow coaching into their own NHS trust. Imperial now see flow coaching and the 'Big Room' technique as a key part of their strategy to transform care and reduce unwarranted variation.

Dominique Allwood, associate medical director for quality improvement and a consultant in public health medicine at Imperial, explains, "The benefits of flow coaching are wide-ranging – developing knowledge and skills, changing culture and behaviours and delivering tangible benefits to patient care. The expectations of the programme will differ depending on the organisations in which it's landing in, partly influenced by their particular improvement approach."



Whilst the population is getting healthier and life expectancy is rising, the need for modern NHS care continues to grow, with an ageing population, new public health challenges and rising public expectations.

Investing in population health, particularly amongst children, the vulnerable and the elderly, will not only improve health outcomes but also relieve some of the burden on the NHS. Yet, 70 per cent of healthcare funding is currently spent on long term conditions, with only four per cent invested in prevention.²⁷

This reflects the need for population health to be a priority across the full spectrum of public policy. The NHS needs to engage with local government, employers, the education system, welfare, transport and housing leaders in order to realise the potential for significant improvements in population health outcomes.

The population health agenda is a priority that has emerged rapidly in recent years for the Shelford Group. Members are working together to create a shared vision for population health, alongside partners in local authorities, central government, industry and

the charitable sector. The Group's work programme encompasses a wide spectrum of interventions including health of the homeless, smoking cessation advice through screening programmes, childhood obesity and using 'teachable moments' with people who have undergone tests for serious conditions to have discussions about healthy lifestyles and prevention.

The population health agenda also extends to our role as 'anchor' institutions, improving the health of local people by fulfilling our duty as major employers, providers of education and training, leaders in research and drivers of local economic development.





Pathway - improving care and support to homeless people at UCLH and beyond

The GP-led 'Pathway' programme for coordinating the health and care of homeless people was first established at University College London Hospitals NHS Foundation Trust back in 2009. Since then, Pathway has become a leading national charity for the homeless and the approach has been adopted by a further nine NHS trusts in London, Leeds, Bradford, Manchester and Brighton.

The Pathway programme involves in-hospital GPs and dedicated Pathway nurses working with others to address the housing, financial and social issues of patients. Following its introduction, accident and emergency attendances by supported individuals fell by 38 per cent, with a 78 per cent reduction in bed days.

70%

of healthcare funding is currently spent on **long term conditions**, with only

4%

invested in **prevention**²⁸

Promoting social inclusion and preventing ill health in Birmingham

University Hospitals Birmingham NHS Foundation trust (UHB) is proud of its links with Birmingham's diverse local communities in its drive to promote social inclusion and prevent ill health.

The Trust is involved with several programmes across the city working alongside partners including the Centre for Local Economic Strategies (CLES), local government, social services and social sector organisations.

Projects include helping people into employment through a learning hub to support entry level employment for disadvantaged groups; working with the social sector organisation RedThread on issues associated with gun and knife crime; using the Trust's green spaces and facilities to enable local groups and organisations to meet and reduce costs; and providing clothing and food banks to support the local community and patients upon discharge. UHB is also working with social services to provide training and work for care leavers in the city; the Department for Work and Pensions to support Syrian refugees into employment; as well as working with sex workers to find employment away from the streets.

UHB is working with an education charity 'I can be' inviting young girls from inner city schools to learn more about different job roles in the NHS and show them what they could achieve regardless of cultural or societal norms. Female mentors from within the Trust (including a dietitian, operating department practitioner, clinical scientist, pharmacist and military staff) are showcasing their work in a child-friendly way to broaden the girls' horizons and discover the opportunities around them.

Antony Cobley, UHB's head of inclusion and well-being, explains, "These are programmes that might not immediately be thought of as the responsibility of a large acute trust. However, the good health of our population and our aim to build healthier lives is, of course, incredibly important to the work of our hospitals and the links between poverty, unemployment and poor health are widely documented. Our involvement in social inclusion projects therefore has a crucial role to play in promoting the good health of our population and these are projects that can be replicated across the country."

Population health





Connecting care for adults with long term conditions – Imperial College Healthcare

Imperial College Healthcare NHS Trust is working closely with GPs in the community to improve the care of adults with long term conditions. Analysis found that there had been inconsistent referrals, inaccuracies of diagnosis and incorrect management of adults living with chronic obstructive pulmonary disease, chronic kidney disease and heart failure.

Working with GPs, together they reviewed GP registry data to identify patients that needed the most support. Hospital consultants conduct virtual reviews of the patients with GPs and their teams in their practice, to enhance management and facilitate learning.

Over 1,000 patients have now been reviewed. Early results have been impressive and include: 12 per cent of patients avoiding being referred into hospital; a reduction in the use of steroid inhalers by 70 per cent; improved diagnosis and treatment of patients with heart failure by 30 per cent; prevention of acute presentations with end stage kidney disease; and significantly enhanced learning and understanding of GPs around these long term conditions. GP feedback has been extremely positive. The programme is now expanding across the region.

References

- 1 Trust annual accounts
- 2 Trust annual reports and accounts
- 3 Trust websites
- 4 National Institute for Health Research
- 5 Strategic Transformation Partnership footprints and city populations
- 6 NHS Digital - workforce headcount December 2018
- 7 Trust annual accounts. NHS Confederation - key statistics on the NHS
- 8 Model Hospital SHMI data 2018/19
- 9 NHS Staff Survey 2018
- 10 NHS Staff Survey 2018
- 11 NHS England highly specialised services 2018
- 12 Office for Students medical target intake 2017/8
- 13 Trust websites and annual reports
- 14 Trust websites. NHS Digital
- 15 NHS cancer waiting times 2017/8, NHS England
- 16 NIHR infrastructure investment www.nihr.ac.uk
- 17 NHS Digital - workforce headcount December 2018
- 18 NHS Staff Survey 2018
- 19 Trust annual accounts. NHS Confederation - key statistics on the NHS
- 20 NIHR infrastructure investment www.nihr.ac.uk
- 21 NIHR Local Clinical Research Network activity 2017/18
- 22 NIHR Local Clinical Research Network activity 2017/18
- 23 Member trust Biomedical Research Council returns
- 24 Structured search on clinicaltrials.gov 2018
- 25 NIHR Local Clinical Research Network activity 2017/18
- 26 NIHR infrastructure investment www.nihr.ac.uk
- 27 Nuffield Trust: Prevention is better than cure. 2014
- 28 Nuffield Trust: Prevention is better than cure. 2014

The Shelford Group is a collaboration between ten of the largest teaching and research NHS hospital trusts in England.

For more information:

www.shelfordgroup.org

info@shelfordgroup.org