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## Black Country and West Birmingham STP

An example of one of the deep dive, exclusive investigations into the strategic priorities of a Trust/STP

### HSJ Investigation

HSJ's analysis of the Strategic Priorities that this Organisation faces

#### KEY POINTS

**Expert: Rebecca Thomas | Published: 27 July 2020 | Last updated: 27 July 2020**

- Integration work which was paused during the pandemic has now been accelerated
- Each trust negotiated separately for independent sector support; this will continue in 2020-21
- There are no plans to use the Birmingham Nightingale hospital should a second pandemic wave hit
- **Key message: Royal Wolverhampton Trust extended its partnership with Babylon Healthcare during the pandemic to include a covid-19 triage app**
- Four very separate models of integration were being pursued across the STP prior to the pandemic
- Royal Wolverhampton has partnered with Babylon Healthcare to support the development of its vertical integration model
- **Key message: Dudley's plans to develop a landmark integrated care provider face push backs and further delays in 2020-21**

#### THE BLACK COUNTRY STP

The Black Country was one of the worst hit areas in the early stages of the pandemic. This will mean the restoration of acute services will be a difficult balancing act.

The region has large areas which cover deprived populations and vulnerable BAME communities, this is likely to inform its planning post covid-19 and mean a stronger focus on tackling health inequalities across the four different integration models than has previously been the case.

It is home to four acute trusts – Royal Wolverhampton Trust, Walsall Healthcare Foundation Trust, Dudley Group FT and Sandwell and West Birmingham FT.

This collection of small(ish) district general hospitals will mean collaboration on acute services is required. It also makes system planning more difficult as each provider will have to participate in decisions.

The STP lacks strong central leadership necessary to sort out disagreements.

## ACUTE SERVICE INTEGRATION AND POST COVID-19 RESTORATION

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Despite pressure from national bodies, Black Country leaders are resisting the idea of dividing its hospitals between those who will treat covid-positive patients and those that will not. Instead, each hospital will create separate areas on its sites for treating those diagnosed with covid.

The trusts have taken this route as they have not been able to agree which hospital would be designated as a “covid-19” site.

### Integration

The pandemic has convinced local leaders of the need to accelerate work on acute integration work started prior to the first wave. This is because leaders believe it will be easier to restart some elective care if they are sharing services.

Previously only urology, dermatology and radiology were being considered for service integration across the providers. However, cancer and other specialist services are now set to be included in the plans. Providers are using data from the Getting it Right First-Time programme to guide their decisions on what services should be shared.

The trusts have also commissioned work on a shared staff bank.

While Dudley Group, Walsall Healthcare and Royal Wolverhampton leaders are fully on board, Sandwell and West Birmingham Hospital Trust has not yet agreed to integrate to the level of the other providers.

**The demands of covid-19 will also dominate capital funding needs in 2020-21. Priorities will include increases to bed capacity and to recoup costs associated with separating out hospital sites into covid-19 positive and covid-19 free spaces**

All trusts will make further use of the private sector to enable additional elective care capacity. However, this will be negotiated at a trust rather than regional level.

While cancer surgery was a focus during the first pandemic wave, private sector capacity and resources will now be sought for other services such as orthopaedic surgery, and diagnostics.

Trusts are not anticipating they will need to make use of the Birmingham Nightingale as it was not needed during the first wave. It will, however, be kept on standby just in case.

The demands of covid-19 will also dominate capital funding needs in 2020-21. Priorities will include increases to bed capacity and to recoup costs associated with separating out hospital sites into covid-19 positive and covid-19 free spaces. Royal Wolverhampton, for example, have opened modular wards, covering around 56 beds, which will cost around £12m.

Development of SWBH’s new Midland Metropolitan Hospital, is still on track to complete in 2022, despite delays during the pandemic.

### Technology

In April, Royal Wolverhampton Trust struck a major deal with health tech provider Babylon, for a covid-19 triage tool, covering 300,000 patients across Wolverhampton.

Any patient under the care of RWT can register for the app to check their symptoms. Any patients with medium severity symptoms will be offered a live chat with a Babylon clinician. Patients who need video appointments will be able to arrange one with an RWT clinician.

The four other trusts in the region are unlikely to pursue the same solution. However, they are under pressure to pursue similar triage services.

As national contracts for Microsoft Teams run out next year, another priority will be to secure remote working services for staff.

### Pathology

Finally, the STP runs the Black Country Pathology Service, which is based at Royal Wolverhampton. It is one of the largest pathology services in the country and will be providing covid-19 testing services to West Midlands Ambulance FT. RW wants to spend £350,000 in order to add a second category three room at the hub.

Enhanced pathology services will be integral should another wave of covid-19 hit, particularly to the need to regularly test staff.

## IMPACT ON EMERGING PRIMARY AND COMMUNITY CARE MODELS

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Beyond acute services there are four areas across the Black Country which are in advanced stages of integration between either acute and primary care or acute and community care. Four different care models were the focus within each area and have been impacted by the pandemic in various ways.

### Wolverhampton

Royal Wolverhampton Trust runs 10 GP practices within the city. Although covid-19 has meant leaders are not able to prioritise previous ambitions to increase this number, the pandemic may present the trust with more opportunities if GP practices are struggling with demand.

This is because the trust's central offer or appeal to GPs is one of support. The trust manages the running of the practices freeing up individual GP time. There is also the benefit of access to Babylon Health's video support for practices the trust has partnered with.

In February, the trust struck a 10-year deal with Babylon Health to provide remote access to GPs and hospital consultants.

The deal also encompasses the real time monitoring of patients with chronic conditions and those in rehab following a hospital admission.

Covid-19 accelerated this digital partnership, and a deal between the two organisations for a covid-19 triage app was agreed (see above).

### Dudley

While covid-19 seems to have accelerated integration plans in Wolverhampton, it has delayed ambitions in Dudley to launch an integrated care provider.

Dudley Clinical Commissioning Group has long wanted to award a contract for primary, community mental and physical healthcare to a new organisation – Dudley Integrated Health and Care Trust. Covid-19 has meant progress on the full business case has been delayed, although leaders still plan to be able to submit it to regulators by October this year.

Another complication is pushback from the leadership of the Dudley Group Foundation Trust, who are concerned by the possible transfer of some of its services to the ICP. Senior consultants at the Dudley Group FT have also publicly voiced concerns which could lead to further delays.

### Walsall

Relationships between primary care providers and Walsall Healthcare Trust are not very advanced and this has led to stunted integration work. The trust has instead focussed its energies on being the host provider for integration work with social care. Work with care homes was made easier during the pandemic and the trust took on responsibility for supporting them with testing, personal protective equipment, and workforce.

However, there are questions over whether this level of support can continue during 2020-21.