HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD - 23 February 2022

MINUTES

Present:	Councillors: K Blunt (Vice-Chairman), M Brain, D Howell, A Mackenzie, M McCarthy (Chairman), D Pinwell and R Sexton
Officers:	Caroline Murray – Public Health Senior Commissioning Manager Joe Suffield – Democratic Services Officer Ruth Tennant – Director of Public Health
External Representatives:	Tim Atack – Chief Digital Officer for Birmingham and Solihull CCG Dr Clara Day – Interim Clinical Lead for Birmingham and Solihull ICS

1. APOLOGIES

Apologies were received from Councillor Caudwell and Councillor Long.

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. QUESTIONS AND DEPUTATIONS

No questions or deputations were received.

4. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 18th January 2022 were presented for approval.

RESOLVED
The minutes of the meeting held on 18th January 2022 were approved.

5. DIGITAL AND TECHNOLOGY IN HEALTHCARE

The Chief Digital Officer for Birmingham and Solihull CCG (BSol CCG) introduced the item and raised the following points:

- Technology had helped to provide more informed care, better joined up care and care more effectively delivered. With Artificial Intelligence (AI) care, this has helped to increase capacity within the system.
- For digital projects, there were appropriate governance measures in place, and steps were taken to ensure no-one would be excluded by the shift to digital. It was recognised that it was important to support digital inclusivity.

A number of examples of digital projects and solutions were shared, these included:

- Teledermatology had been rolled out to introduce AI powered skin cancer pathways
- Work with the Older Person's Assessment and Liaison team (OPAL) to keep patients at home where appropriate to link West Midlands Ambulance Service with OPAL through telephone and video.
- The Birmingham and Solihull Shared Care Record had been developed to link organisations together to ensure patient records could be accessed across the health service, both within the Birmingham and Solihull area and wider Midlands region.
- University Hospitals Birmingham (UHB) had worked with an organisation called DrDoctor to enable UHB to contact patients directly through text or digitally. Patients would be able to interact with the app where appropriate.

Members made comments and asked the following questions:

- A Member queried how long it would take for GP practices to be linked into the Shared Care Record. The Chief Digital Officer explained that there was a test group of 5 GP practices which had used this provision, 50 more GP practices would begin to use this in the next 4 weeks, and the remainder would go live in the spring.
- A Member noted there were significant disparities between GP practices if an individual wanted to access their records, and asked how easy it would be to make this transition. In response, the Chief Digital Officer explained that BSol CCG worked with every GP practice to enable them to maximise and improve their use of digital. It was recognised that the NHS app would be turned on for all users in April, which means that it should be easier for residents in future.
- A Member highlighted that some residents had concerns about their records being shared, and questioned how these residents should be supported. Additionally, they queried how the data would be used to protect victims of domestic violence. The Chief Digital Officer stated that residents were still entitled to request that their data was excluded from the Shared Care Record. Additional information would be provided on how victims of domestic violence would be supported.
- A Member asked what standards of testing were in place before AI systems would be used. The Chief Digital Officer confirmed that there was a MHRA approval process, as AI was viewed as a medical device. The Interim Clinical Lead for Birmingham and Solihull ICS stated that clinicians also had to be sure that AI would benefit patients if it was introduced into a clinical pathway.
- A Member queried whether there were outcome measures recorded for how beneficial the OPAL remote consultations were in comparison to attendance at an Emergency Department. It was outlined that although there were no formal randomised trial, conveyances had reduced as a result of this method. It did not stop patients being treated in hospital, and it was introduced to ensure residents received the right care in the right location. More information would be provided to Members on this.
- A Member requested more information on what steps were taken to ensure people understood how to control their data in relation to the

Shared Care Record. The Chief Digital Officer explained that this was only to be used by health and social care professionals to support organisations. It had been promoted through leaflets in GP surgeries. No commercial organisations were involved and there was no intention to share data outside of the Shared Care Record.

- A Member asked it would be ensured that patients who used DrDoctor would understand the questions they were asked. The Interim Clinical Director stated that if there were concerns about the questions, then the clinician would contact the patient directly. Technology would only be used where appropriate and would be used correctly.
- A Member sought clarity over whether patients were able to request a face to face appointment. It was noted that because of COVID-19, there had been reduced face to face appointments. However, they intended to take what had been learned to inform how to support patients in the future. Within a hospital environment, staff would be sympathetic to a face to face appointment instead of a virtual appointment if this was requested.
- A Member queried whether clinicians would be trained in how to use the AI equipment. The Interim Clinical Lead clarified that AI would be used in place of the clinician, however it had to follow specific processes before this could take place and clinicians would need to feel comfortable that AI would safely diagnose. Before they replaced a clinicians diagnosis, the AI system would work in parallel with clinicians. The Chairman expressed concern about this and asked whether these concerns could be highlighted with senior clinical staff.
- A Member sought reassurance that the appropriate data protection rules were being followed. The Chief Digital Officer explained that data protection and confidentiality was key to their work on digital and technology, with communication to all involved about the appropriate laws and processes.
- A Member asked if there was a backup system in case the online systems crashed for residents. It was confirmed that there was a backup system in place and a non-technological option for residents if required. They had a duty to ensure that technology did not disadvantage resident, while they tried to enable access to technology.
- A Member outlined that video consultations were often perceived as more effective than a phone call, and questioned what has been the barrier to its use and how would this be overcome. The Interim Clinical Director explained that there had been the option of video calls at UHB for a period of time, however there had to be significant work to upgrade the system across the trust. The take up of this option had been variable between patients and clinicians and they would work to find the right balance once the COVID-19 pandemic had finished. The Chief Digital Officer further elicited that COVID-19 had led to greater increase in video calls, however in the future there would be a choice for residents about how they contacted services.
- A Member queried how long it would take to introduce real time information for patients in emergency settings to link to experts in hospitals. It was highlighted that remote diagnosis had increased over

the pandemic and were keen to develop this further. There was some equipment which was being tested, however they had to wait to ensure they were safe to use and we effective.

- A Member asked how they would ensure that patient satisfaction remained equal between virtual and non-virtual appointments. The Interim Clinical Director identified that patient experience was key to the success of this new approach to consultations. It was important for patients to access healthcare which met their needs and was convenient to them. A standardised way to measure patient satisfaction would be agreed in the future.
- A Member sought clarity about the Shared Care Record, over when it would all go live and how difficult it would be to integrate them. The Chief Digital Officer explained that it should be in place by the end of the year, as technology was now easier to integrate and access as a result of open technology standards. The Interim Clinical Director expressed the importance of the electronic care records as it has transformed safety across systems, as it more effectively highlights when patients would need further tests or follow up appointments.
- A Member queried whether there had been a pilot where patients had viewed their records. It was confirmed that patients had viewed their records, and it was an important part of the Shared Care Record that patients would be able to point out if there were concerns with the record.
- A Member asked about whether NHS apps should be promoted rather than private company apps which may sell additional services. The Chief Digital Officer explained that there was a convergence towards the NHS app as the preferred option for providers.

The Chairman provided some concluding remarks, and asked for this to be considered by the Board in the future.

RESOLVED
The Board noted the work to introduce digital and technology into health services.

6. PROVISION OF SEXUAL HEALTH TREATMENT AND PREVENTION SERVICES; NEEDS ASSESSMENT, STRATEGY, APPROVAL TO CONSULT & PROCUREMENT TIMELINE

The Director for Public Health introduced the item and explained that the Council had public health responsibilities for sexual health services within the Borough. The current service was jointly commissioned with Birmingham City Council (BCC), and it was intended to retain this integrated service. The service operated under the brand Umbrella provided by University Hospitals Birmingham (UHB). The draft strategy was underpinned by a needs assessment which was produced jointly with BCC and the draft consultation questions.

The Senior Commissioning Manager for Public Health presented the report. It was highlighted that the key learnings from the needs assessment fed into the proposed strategy which would inform future provision. From 28th March, there would be a public consultation on the proposed plan, with input from Solihull Council, BCC and UHB communications teams to raise awareness. Although it was planned to retain the integrated model, there would be steps to strengthen and improve some areas.

Members made comments and asked the following questions:

- A Member noted that there was a lack of focus on working age individuals who were most likely to require the service, and would be unable or unwilling to take time off work to access the service. The Senior Commissioning Manager responded that out of hours provision would look to be included in the long term provision, however at present they were looking to address the COVID-19 backlog. The new specification would build on the current provision.
- A Member outlined that they had been informed about practitioners who lacked knowledge about emergency contraception. The Senior Commissioning Manager commented that it was important to promote contraception within pharmacies, and wider sexual health provision. This would be factored into the specification for the service.
- There was support for the promotion of Long Acting Contraceptive Methods in order to support Theme 3, “Reduce the Number of Unwanted Pregnancies”.
- A number of Members commented that the report appeared to be very accessible and easy to read, through the infographics and language.
- A Member queried why the chlamydia testing focussed on those aged 15-24. It was confirmed that this was in line with the national chlamydia screening to target and would be measured against, as they were high risk. For those who had sex underage, there were robust safeguarding processes in place, but they would still be offered a test for chlamydia.
- A Member asked what was undertaken as part of the strategy to education pupils in schools. It was highlighted that the contract had provision to support schools, and schools now had to educate pupils on health relationships, which the Umbrella service would continue to support and build upon within the new specification.
- A Member questioned how prevention work fitted into this strategy and would be supported by other work within the Council. The Senior Commissioning Manager explained that within the strategy there was a priority within Theme 4 to improve sexual outcomes through improved messages and to tackle myths and stigma associated with sexual health. Across the Council, there were a number of work streams which would link into the theme of prevention and provide support for vulnerable groups.
- A Member sought further information on the technology and digital offer, as it could be preferable for some people. The Senior Commissioning Manager outlined that the digital offer had been expanded during the COVID-19 pandemic, however this continued to be assessed. For some

target groups, this method of support worked quite well as it helped to remove barriers. A face to face offer would still be maintained.

- A Member commented that it would be beneficial to incorporate theme 4, “Building Resilience” into all of the themes. The Senior Commissioning Manager noted that this theme would inform how all of the other themes would be delivered.
- A Member noted that the draft consultation appeared focussed on Birmingham. It was confirmed that Solihull would be covered in the consultation.
- A Member asked if the strategy signposted patients to mental health services, if they may require this support. The Senior Commissioning Manager explained that patients could be provided with mental health support through the Rape and Sexual Violence Project (RSVP).
- A Member queried if pharmacies would treat patients who accessed sexual health support with discretion. The Senior Commissioning Manager highlighted that specific rules and training would need to be followed by the pharmacy to support a patient maintain their privacy.
- A Member questioned what steps were taken to enable high risk people to access Pre-exposure Prophylaxis (PrEP) and how this would develop in this new strategy. The Senior Commissioning Manager outlined that there had been very positive steps in relation to HIV, which meant the Birmingham and Solihull area was above the England rate, and performed very effectively. This would carry on into the next strategy. The Director for Public also stated that there was a limited number of individuals within the Borough that were living with HIV therefore the link with Birmingham enabled them to be more effectively supported.
- Following this, a Member sought clarity about how vulnerable groups, such as victims of domestic violence, would be encouraged to access HIV screenings. The Senior Commissioning Manager explained that there were links with Women’s Aid, clear pathways and that there were proactive steps to offer people HIV screenings. There was an aim to normalise HIV screening as a normal part of a sexual health screening. Additionally, it was recognised that those at risk of domestic abuse were not significantly more at risk of sexual health problems.

The Chairman summarised the discussions and highlighted areas that they requested could be considered by the Cabinet Member when they made their decision.

RESOLVED

The Board agreed to note the new Sexual Health Strategy and consultation process which will inform the future commissioning model of the Solihull & Birmingham Integrated Sexual Health service.

The Board provided feedback on the strategy and local issues informed by the Sexual Health Needs Assessment which will be considered within the subsequent service recommissioning.

7. REVIEW OF THE WORK OF THE HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

The review of the work of the Health and Adult Social Care Scrutiny Board and work programme were presented.

RESOLVED
The review of the work of the Health and Adult Social Care Scrutiny Board and work programme were approved.

The meeting finished at 8.10 pm