PART 1

KERNOW HEALTH CIC (the "Company")
(Company No. 07551978)

Minutes of a meeting of the Board of Directors of the Company held at 08:00 on Wednesday 28 April 2021 via Microsoft Teams Video-conferencing

Present:	**Name**	
Executive Directors:	**Dr Adam Ellery**	Chair/ GP partner
	Dr Jonathan Katz	Medical Director
	Ms Maria Harvey	Director of Integrated Community Care Services
	Mr Kieran Bignell	Director of Integrated Urgent Care Services
	Mrs Laura Wheeler	Director of Integrated Primary Care Services
ICA Director and Deputy Representatives:	**Dr Malcolm McKendrick**	ICA Board Director Member representing North and East Cornwall/ GP partner
	Dr Andy May	ICA Board Director Member representing Central Cornwall/ PCN Clinical Director/ GP partner
	Dr Andrew Craze	ICA Board Director Member representing West Cornwall/ GP Partner
Non-Executive Directors:	**Mr Stephen Holby**	Non-Executive Director/ Managing Partner, Carn to Coast Health Centres
In Attendance	Ms Emma Ridgewell-Howard	CEO of Kernow LMC
	Jemma Ignaczak	Executive Assistant (Minute Taking)

CHAIRMAN
Dr Adam Ellery chaired the meeting throughout.

NOTICE AND QUORACY
The Chair reported that due notice of the meeting had been given to all directors and that the meeting was quorate. Accordingly, the Chair declared the meeting open.

2021/23	**Apologies were received from:** Mr Mark Woolcock – CEO, Kernow Health CIC Mrs Tyra Fox – Director of Corporate Services Mr Gary Jennings - Independent Non-Executive Director

2021/24	**Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items**
2021/24a	**Declarations of Interests Register** There were no further declarations of interest to register.
2021/24b	**Conflicts of Interest for Part 1 Agenda Items** Mr Holby made it known that his Practice was currently subcontracted under an SLA to provide care for patients under the Special Allocation Scheme discussed as item 2021/27 below. **AGREED:** With the exception of Mr Holby's statement re 2021/27, each of the Directors confirmed that they had no direct or indirect interest in the business proposed to be transacted in Part 1 of the Board meeting which they would be required to disclose in accordance with section 177 of the Companies Act 2006 and the Articles of Association of the Company.
2021/24c	**Board Attendance Register.** The register was noted.
2021/25	**Approval and ratification of Part 1 Board Minutes of the meeting held on 24 March 2021** There were no suggested amendments to the Board minutes of 24 March 2021. **AGREED:** Following a preview of the minutes by Dr Ellery, Mr Woolcock and Mr Holby, the Board approved and ratified the Part 1 minutes of the Board meeting held on the 24 March 2021 as a true and accurate record and signed by the Chair. **ACTION:** Mrs Fox to arrange for the ratified minutes from 24 March 2021 to be uploaded to the website.
2021/25a	**Matters Arising and Action Grid from the Board minutes of the 24 March 2021** The following actions were completed and closed: 2021/17 – Physician Associate Offer. Mrs Wheeler to table the Physician Associate paper to Board at the next meeting. The action grid was updated and completed actions closed. There were no other matters arising from the meeting.
2021/26	**Physician Associates** Mrs Wheeler reported on a proposal put together by Paul Madden, the Training Hub's Physician Associate Ambassador. Physician Associates (PAs) are

	underutilised in Cornwall and the programme has been created to assist practices in employing PAs and utilising them effectively. Mrs Wheeler noted that PAs are currently funded through the Additional Role Reimbursement Scheme (ARRS) yet only a couple have been employed in Cornwall within the last six to eight months. PAs are traditionally used in acute hospitals and through this programme the gap between qualifications and general practice knowledge would be bridged. KHCIC want to create a pool of PAs that are trained in Cornwall processes. Mrs Wheeler added that there were some issues around awareness and Primary Care Network's (PCN's) reluctance to work with PAs, with one drawback being that they are unable to prescribe. Therefore, educating the practices and PCNs regarding the value of PAs would be important. Mrs Wheeler explained that the practice programme created for the PAs would be akin to the new to practice programme used for nurses and GPs. The programme would be treated like an internship, would last 12 months and the PA would be fully employed in Cornwall as part of the sustainable workforce. Mrs Wheeler added the programme would be for newly qualified PAs, or new to general practice, and they would need to match the criteria of Health Education England (HEE) preceptorship guidance. The PCN would host the PA and KHCIC would share the responsibility of transitioning that PA into the workforce. The PA would be required to complete work-based assessments and KHCIC would support them fully through the precentorship year. Mrs Wheeler confirmed that KHCIC would like to make this programme a standard offer available to all practices and PCNs in exchange for the £5000 claimable for newly qualified PAs that fulfil the criteria. Mrs Wheeler added the option of KHCIC employing the PA with the PCN providing reimbursement, however from a risk perspective it would be preferrable for the PA to be directly employed by the PCN. A minimum of 5 PAs would need to be employed across Cornwall to make the offer viable. Mrs Wheeler added that a document in Word format was available to share with Board. Dr Ellery commented that North Kerrier West PCN had been considering the employment of a PA and would welcome the opportunity described. Dr May noted the great piece of work and asked whether there had been an advertising push to find those 5 PAs who want to work in Cornwall. Mrs Wheeler replied that the training hub had contacted Plymouth and Exeter universities. *Dr Malcolm McKendrick joined the meeting at this point.* Mr Bignell commented that as this was a new role, there were still many regulatory and process issues to overcome and, that aside, it would be beneficial to include a formal college qualification at the end of the programme

	such as a diploma in urgent medical care from the Royal College of Surgeons. Mrs Wheeler replied that it could be investigated, however the modules would need to be purchased. The PAs would have access to the accredited modules already available through the Training Hub. Mrs Wheeler noted there would be an additional cost for further training and this would be passed on to the PCNs. Dr Craze asked whether PAs could become prescribers. Mrs Wheeler responded there had been lobbying around enabling PAs to become prescribers but an issue with the professional bodies allowing them to do so was yet to be overcome. Mr Holby asked whether the experience with the original pharmacist pilot will have jaundiced the view of some practices in relation to requirement to attend various training programmes. It was found that time was wasted outside of the practice with the pharmacists. This needed to be sold to practices so that they see this as sufficiently focused and not seen as diverting the useful time of these PAs into programmes that bring money into KHCIC. Mr Holby added that the communication regarding the offer to practices and PCNs was important. Mrs Wheeler responded that the new to practice preceptorship and framework was only half a day out of practice. A formal qualification as Mr Bignell suggested would take additional time out of practice. What KHCIC are proposing is a supportive educational session to allow them to be confident in practice and ensure they are utilised effectively. Mr Holby noted the importance of getting the message across upfront as it will affect the attitude towards the ARRS roles. It is about showing that KHCIC are on the side of the practice rather than a further imposition on them. Mrs Wheeler agreed. Dr Katz commented that his experience of PAs was excellent and the inability to prescribe was not a big issue if there were a supporting doctor or another prescriber who could be twinned with them. Dr McKendrick commented that he struggled to see how the PAs fit in with general practice, especially with all the other allied professionals that are employed at present. Dr McKendrick added that mental health workers would be a welcomed addition to the allied professionals. Dr McKendrick stressed that he was not saying that employing PAs was a bad idea; however, Mrs Wheeler did say in her opening discussion that PCNs were reluctant to work with PAs and Dr McKendrick asked Mrs Wheeler to explain why she thought this was the case. Mrs Wheeler replied that it was a combination of things, a lack of understanding around the role and what they can do as well as the barrier of being unable to prescribe. Mrs Wheeler encouraged Dr McKendrick to speak with Paul Madden about the PA role as it would be beneficial to obtain an understanding. **AGREED:** The Board agreed for Mrs Wheeler to progress with the Physician Associate programme offer.

2021/27	**Special Allocation Service** Ms Harvey reported that KHCIC were approached by the CCG earlier in relation to the recommissioning of the Special Allocation Service ('SAS'), formally the 'Violent Patients Scheme'. The CCG had now nominated KHCIC as the preferred provider. The current contract was due to end on 30 June 2021 and the CCG were looking for the new contract to mobilise on the 1 July 2021. Ms Harvey added there were currently 26 patients on the scheme, all with a log number for police intervention. Ms Harvey had held meetings with Dr Katz, Mr Woolcock, Bonnie Rowe, Tessa Goodchild, and Gemma Mcintyre from RCHT Finance. A potential model had been drafted but Ms Harvey stressed that it was early days, and no contract had been signed yet. As an organisation KHCIC could provide call handling, triage, security, and the booking of appointments. KHCIC were unable to register the patients and therefore communication to practices would follow around which might like to assist with this. The contract had to date been held by Devon Doctors with Carn to Coast Health Centres and St Levan providing care to the patients under an SLA. Both practices had been open in supplying details of their current involvement to KHCIC to aid in the new model. Gemma Mcintyre had undertaken detailed work around fair and accurate costings and the basic model that KHCIC would like to provide would cost more than what the CCG were proposing to offer. Ms Harvey, Dr Katz, and Mr Woolcock would be meeting with the CCG on 29 April. Dr Katz commented that the gap between the figures produced by RCHT Finance and the offer from the CCG was not large, and that, from a KHCIC perspective, supporting general practice with this service was the right thing to do. The workload passed down to practices would be small with KHCIC proposing to offer 72 appointments across the year. Dr Katz added that a retainer fee would be available for practices involved and a fee payable each time the patient was seen. Dr Ellery commented that he assumed staff members would need to have experience in working with alcohol and substance abuse. Ms Harvey replied that the specification does not say that the practices must have any specific expertise. Dr McKendrick commented that he totally appreciated that KHCIC were trying to look after the group of difficult patients, but he was concerned that it might be hassle for KHCIC. Dr McKendrick asked if there would be any financial surplus remaining or if this was to be a break-even contract. Ms Harvey replied that this consideration was part of the work being completed, but ultimately KHCIC were a business and that it was insufficient merely to break even. Dr Katz noted that a 25% back-office fee had been factored into the costs. Dr Craze commented that it was not about the money but about the devastation that could happen in the practice waiting room and reception staff

	who could feel very threatened. Ideally, these patients needed to be seen in a separate facility where staff were focused and had the right experience for dealing with them. Dr Katz understood those observations and noted the security was the costliest element. Face to face appointments would be fairly limited with many being completed remotely. Mr Holby noted that Carn to Coast had been subcontracted by Devon Doctors along with Bodmin (who had subsequently withdrawn and been replaced by St Levan). He therefore prefaced his comments by declaring that, as a partner in Carn to Coast, he could be deemed to have an interest in the outcome of the recommissioning. Mr Holby commented that the contractual arrangements had neither been structured nor funded effectively so as to sustain focus on addressing any underlying substance misuse issues or similar factors. Mr Holby felt there was danger in KHCIC assuming that there would be practices in each ICA area willing to participate in the new model. Establishing a viable model would be essential if practices were to be attracted as providers. Carn to Coast had resisted registering SAS patients at Practice level and argued that the new provision should include the SAS establishing its own register and ODS code centrally. Mr Holby commented that Carn to Coast had made it clear that they were looking to terminate their role in SAS if it were not agreed that patients would be seen at a neutral venue. Discussions had previously been held with Barncoose to determine whether they could accommodate this. Mr Holby noted the danger of patients returning to the practices without security once they perceived that this was the locus in which they would receive treatment. It was also not unknown for SAS patients to make persistent telephone calls to the provider practice. Mr Holby reiterated that a separate ODS code would allow registration centrally rather than at a specific practice. Mr Holby asked whether the practices agreeing to see these patients would be required to register them. Ms Harvey confirmed that this was correct and that she would take these points forward to the CCG meeting on the 29 April. Mr Holby confirmed that Carn to Coast had been willing to provide the input for the recommissioning but had been clear as a practice regarding their expectations if they were to retain the role. Carn to Coast had given notice to Devon Doctors some time previously that they were terminating the contract but had held off in implementing that termination to facilitate continuity in the service. Mr Holby advised that Carn to Coast would cease their involvement in the new service if their criteria were not met. The Board noted the update.
2021/28	**Policies and Updated Corporate Risk Register** **Policy Ratification** The Board was asked to ratify the following policies, which had been robustly reviewed and agreed by the Governance Committee and the Information Governance Steering Group.

	• Infection Prevention and Control v4.0 • Information Governance & DP v6.0 • Vaccine Cold Chain v4.0 • Apprenticeship Policy v1.0 Ms Harvey noted there was an error in the Apprenticeship Policy, and therefore would bring this back to the Board in May for approval. **ACTION:** Ms Harvey to bring back the Apprenticeship Policy to the next Board meeting for approval. **AGREED**: The Board approved and ratified the Infection Prevention Control, Information Governance & DP, and the Vaccine Cold Chain Policies.
2021/29	**Corporate Risk Register** The Governance Committee met on the 13 April and discussed the risk register in detail. Ms Harvey drew the Boards attention to KH34 - Patient Harm on the Corporate Risk Register. Dr May asked why it had been scored as likely that people would come to harm when they use KHCIC services. Ms Harvey replied that there was a lengthy conversation around this at the Governance Committee and the score likely was agreed as a result. Dr May added that it is unlikely that clinicians behaved unprofessionally or outside their skill set therefore the idea that the service runs a risk of somebody delivering harm should be marked as low. Dr May added that KHCICs policies were about delivering quality and not delivering that quality would be unusual. Dr Ellery agreed and asked for the score to be revaluated at the next Governance meeting. **AGREED:** The Board noted the updates on Corporate Risk Register **ACTION:** Ms Harvey to arrange for review of the risk level given for KH34 - Patient Harm at the next Governance meeting.
2021/30	**LMC/CIC Future Working** Dr Ellery reported that he and Mr Woolcock had met with Ms Ridgewell-Howard and Will Hynds at the last Committee in Common. The ongoing relationship between KHCIC and the LMC was discussed. It was reiterated that there had been a good relationship and there was now the opportunity to approach it differently. Dr Ellery requested the Board's assistance in making that decision. The offer from the LMC is for Mr Woolcock or Dr Ellery to attend the Committee or Executive meetings. Ms Ridgewell-Howard wanted to clarify that Dr Katz's role at the LMC Committee is as an elective representative of the LMC rather than as Medical

	Director at KHCIC. Ms Ridgewell-Howard confirmed that she would continue to attend KHCIC Board meetings as an observer. Dr Katz confirmed that he was happy to provide a KHCIC update at LMC Committee meetings when Dr Ellery and Mr Woolcock were unable to attend. Mrs Wheeler added that she met informally with Ms Ridgewell-Howard monthly to ensure there is no overlap or duplicate in practice. Mrs Wheeler would welcome the strengthening of that relationship in a formal way. **AGREED:** The Board agreed for the Committee in Common meetings to be stood down and for Dr Ellery or Mr Woolcock to attend the LMC Committee as a non-voting observer and LMC Executive meetings as needed. Ms Ridgewell-Howard noted that the decision would go through formalities and KHCIC could attend the Executive meeting from June.
2021/31	**Communications Manager and Officer update** Mrs Wheeler reported that both a Communications Manager and Communications Officer had been appointed. The Communications Manager, Rosie Kiernan-Brown, was previously a community nurse with an understanding of MDTs and primary care before taking a degree in media. The Communications Officer, Emma Limn, has an outstanding background in social media and marketing. It is hoped that they will both begin with KHCIC on 7 June. Mr Holby asked what plans KHCIC have to offer some assistance to practices around the handling of communications, especially around patients returning to practices with lockdown easing. Mrs Wheeler agreed and would look to get an offer out following a conversation with the LMC. **ACTION:** Mrs Wheeler to report back to Board on progress following those conversations
2021/32	**Any Other Business** There was no further business discussed.
	END OF PART 1

AGREED/ DECISIONS:

1. The Board approved the latest version of the Declarations of Interest Register and all the additions and amendments made.
2. Except in relation to Mr Holby's Practice's historic involvement in delivering the Special Allocation Service, each of the Directors confirmed that they had no direct or indirect interest in the business proposed to be transacted in Part 1 of the Board

meeting which they would be required to disclose in accordance with section 177 of the Companies Act 2006 and the Articles of Association of the Company.

3. Following a preview of the minutes by Dr Ellery, Mr Woolcock and Mr Holby and the amendment above, the Board approved and ratified the Part 1 minutes of the Board meeting held on the 24 March 2021 as a true and accurate record and signed by the Chair.
4. The Board agreed for Mrs Wheeler to progress with the Physician Associate programme offer.
5. The Board approved and ratified the Infection Prevention Control, Information Governance & DP, and the Vaccine Cold Chain Policies.
6. The Board noted the updates on the Corporate Risk Register.
7. The Board agreed for the Committee in Common meetings to be stood down and for Dr Ellery and Mr Woolcock to attend LMC Committee and LMC Executive meetings.

FINAL COPY - RATIFIED

Signed by the Chair: 

Dated: 26 May 2021