

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 05 July 2023
via Microsoft Teams Video-conferencing**

Present:	Name	
Executive Directors:	Dr Andrew Craze	Chairman
	Dr Jonathan Katz	Interim CEO/Medical Director
	Mrs Laura Wheeler	Director of Integrated Primary Care Services
	Ms Maria Harvey	Director of Integrated Community Care Services
	Mr Kieran Bignell	Director of IUCS
ICA Director and Deputy Representatives:	Dr Ewen Cowan	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
	Mr Gary Jennings	Independent Non-Executive Director
In Attendance	Ms Emma Ridgewell-Howard	CEO of Kernow LMC
	Mrs Jemma Ignaczak	Executive Assistant (Minute Taking)

CHAIRMAN

Dr Andrew Craze 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.

2023/106	Apologies
	Apologies were received from Dr Andy May & Dr Lawrence Barnes.
2023/107	Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items
	There were no new interests to declare.

2023/108	<p>Declarations of Interests Register The Declarations of Interests Register was noted.</p> <p>Mrs Ignaczak presented a new version of the Declarations of Interests Register. Instead of saving a version with each amendment made, the proposal was to keep an annual register which ran in line with the financial year. This enabled auditors to see the full picture.</p> <p>AGREED: The Board agreed for the new annual Declarations of Interests Register to be implemented.</p>
2023/109	<p>Conflicts of Interest for Part 1 Agenda Items AGREED: Each of the Directors confirmed that they had no direct or indirect interest in the business proposed to be transacted in <u>Part 1</u> 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.</p>
2023/110	<p>Board Attendance Register The register was noted.</p>
2023/111	<p>Approval and ratification of Part 1 Board Minutes of the meeting held on 24 May 2023</p> <p>AGREED: Following a preview of the minutes by Dr Katz, Dr Craze and Mr Holby and subject to the amendment below, the Board approved and ratified the Part 1 minutes of the Board meeting held on the 24 May 2023, as a true and accurate record and signed by the Chair.</p> <p>Ms Ridgewell-Howard to email Mrs Ignaczak detailing the requested changes to page 5.</p>
2023/112	<p>Matters Arising and Action Grid from the Board minutes of the 24 May 2023 No open actions.</p>
2023/113	<p>General Business Update</p> <p>Ms Harvey noted that one to one consultations were currently underway for the Devon School Immunisations contract and they were yet to come across anything unexpected. The whole team consultation was now complete. The mobilisation meetings with commissioners were being held bi-weekly and the contract would go live on 1st August. Ms Harvey added that her team had been working hard on the Cornwall School Immunisations bid which had to be submitted the following week. Going forward years 10 and 11 would now be included in the secondary school flu immunisation programme. There was nothing to report for the SAS or CEDS.</p>

Dr Craze commented that the additional years included in the flu programme would add a significant workload.

Ms Harvey confirmed that it would make an additional 30,000 eligible in Cornwall and another 70,000 in Devon.

Mrs Wheeler shared the Primary Care Delivery Programme.

Mrs Wheeler explained that this was the delivery plan for 2023/24. Issues around workforce supply continued and vacancy meetings had recently been held with practices across Cornwall to complete a vacancy dashboard. This could be used to run national adverts for the most difficult roles to fill.

The introduction to Cornwall scheme was being run again this year. The individual would have to work 4 sessions per week to get £500 per week (maximum) towards their accommodation. This scheme had been successful in the past in bringing people down to Cornwall.

The training hub were still working on apprenticeships and had the first practice manager apprentice off the ground, this was in conjunction with Truro College. There were also apprenticeships available in clinical services and business support. The passport to primary care gave anyone from any skillset a pathway to train up.

Mrs Wheeler added that education and upskilling was a massive programme of work. There were 180 courses available through the education programme, both clinical and non-clinical. The clinical coaching had been expanded to support individuals in practices, allowing practices to run clinics using the clinical educators whilst they trained staff.

The training hub had been commissioned for the following specific focus areas:

- Diabetes
- Spirometry
- Dementia
- Health Coaching
- Restore 2
- CYP MH/Neurodiversity

Mrs Wheeler noted that advanced practice development was subject to a KPI. There was a whole resource available in terms of knowledge and library services with the latest research. There was huge benefit to be had in connecting people to this resource.

Mrs Wheeler added that there was also the retention programme, new to practice fellowship, communities of practice and networks. The largest of the networks was made up of 53 clinical pharmacists and pharmacy techs which came together on the forum that week. These networks provided support to the ARRS roles and helped them work together effectively.

Mrs Wheeler noted that someone had been taken on to support locums and to open out the number of practices they might be willing to work within. This new member worked a couple of days per month to support the locums linked to Kernow Health.

The retention coaching, mentoring and GP supervision continued.

Under collaboration and partnership, the 3-month skills bootcamp supported people working in care and people new to primary care.

For the first time, after years of work, there had been nurse placements in residential care. A 3-month placement had just been completed in two care homes in Cornwall. This would ramp up over the next 12 months.

Mrs Wheeler was working with social care collaboratives and Louisa Forbes team.

From a governance and oversight perspective the training hub were subject to quarterly reporting. The Training Hub Oversight Board met 3 times per annum and reports were provided to the ICB.

Mrs Wheeler noted that there had been a wellbeing fund available to practices the previous year and the remaining funding would be reviewed with the aim of relaunching that this year.

With regard to purchasable services the following were now available:

- Recruitment
- Focused Culture Support
- HR Support (including mediation)
- Project/Programme Management Support.

Mr Jennings queried how much longer the ESF project would be funded for. Mrs Wheeler replied that the project was funded until the end of 2023.

Mrs Ridgewell-Howard commented that the document was an uplifting thing to see and congratulated Mrs Wheeler. Ms Ridgewell-Howard added that the LMC and Mrs Wheeler's team continued to collaborate to make sure nothing was duplicated.

Dr Cowan noted that the document was helpful with lots of interesting resources. It was worth advertising it more, distributing with practice managers and giving a similar direct talk. The programme would be utilised more if it was better publicised.

Mrs Wheeler confirmed that practices were sent bulletins every fortnight.

Dr Cowan replied that with a thick and fast email traffic they may be being missed. Dr Cowan suggested an MS Team's meeting to give the same presentation *en masse*.

Mrs Wheeler would give this presentation at the Supporting General Practice meeting later. It was really difficult to communicate out to practices and Mrs Wheeler was considering a bi-monthly workforce solution group which practices would be invited to.

	<p>Dr Cowan would be encouraging practice managers from Leatside to attend. Dr Katz suggested that a presentation was recorded and put on the website or YouTube for practice managers to watch when they were available.</p> <p>Mr Jennings recommended looking at software such as Evergreen webinars. These could be scheduled and helped to capture who had watched them through booking details. The webinars could be run several times per day.</p> <p>Mr Holby commented that it was not just the newsletters that took time to read. Practices were too busy with the day job and people could not be released. That was why Mrs Wheeler might not be getting the desired uptake, it just could not be justified.</p> <p>Dr Craze replied that it was a shame as the practice manager apprenticeship scheme was exciting.</p> <p>Mrs Wheeler confirmed that there was a high take up of offers and the team were trying out different things to help with time management. This included the clinical education team going in to practices rather than people being taken out. The team were being innovative to try and find ways for practices to access.</p> <p>Dr Craze suggested that Pam Smith be invited to the next Board to provide an Excellence in Practice update.</p> <p>Mr Bignell commented that there was huge challenge everywhere in the system. The demand split was now around 70/30 routine primary care to urgent care demand. That demand required review as it needed to go somewhere, if that was IUCS then it needed to be equipped.</p> <p>ED dispositions remained good. The HUC front end telephony continued to be challenged, and an improvement plan was in place. Mr Bignell added that there were increased staffing risks going into the summer with far less uptake of shifts from clinical staff. Everyone was so busy in the day job the thought of any additional shifts was unattractive. Mr Bignell would encourage Board members to ask partners etc to take up shifts. Mr Bignell had written and presented a paper around digitalisation for healthcare and using AI to increase productivity.</p> <p>Dr Craze commented that people working in practices were exhausted.</p> <p>Mr Bignell had requested a formal clinical summit to be held, getting subject professionals around the table to look at what good service really was with quality metrics that delivered what the population needed.</p>
2023/114	<p>System Updates</p> <p>Dr Cowan shared that there had been a slight drop in demand. General practice was still overloaded in its entirety, but it had reduced a little bit. There was not a lot of appetite amongst the salaried doctors to take on more work.</p>
2023/115	<p>Regulatory Reports</p> <p>CQC</p>

	<p>All routine for CQC.</p> <p>EPRR Nothing to report.</p> <p>Home Office Nothing to report.</p>
2023/116	<p>Corporate Risk Register for ratification, approved by the Governance Committee:</p> <p>Corporate Risk Register Ms Harvey noted that the only change to the register was a reduction in the ambulance delays risk from 20 to 12. The NHS Pensions risk remained red along with Cudmore House and the agenda for change nurse pay.</p>
2023/117	<p>Policy Ratification</p> <ul style="list-style-type: none"> • Compliments, Complaints & Feedback Policy v3.0F • Needlestick Policy v3.0F <p>Mr Holby suggested that within the Compliments, Complaints & Feedback Policy the 3 days acknowledgement requirement was made 3 <i>working</i> days.</p> <p>AGREED: Subject to the consideration suggested above, the Board agreed for the Compliments, Complaints & Feedback and Needlestick Policy to be ratified.</p>
2023/118	<p>Any Other Business</p> <p>There was no other business.</p>
	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. 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. The Board agreed for the new annual Declarations of Interests Register to be implemented.
4. Following a preview of the minutes by Dr Katz, Dr Craze and Mr Holby and subject to the amendment above, the Board approved and ratified the Part 1 minutes of the

Board meeting held on the 24 May 2023, as a true and accurate record and signed by the Chair.

5. Subject to the consideration suggested above, the Board agreed for the Compliments, Complaints & Feedback and Needlestick Policy to be ratified.

FINAL COPY – RATIFIED

Signed by the Chair: 

Dated: 02 August 2023