

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 02 August 2023 via Microsoft Teams Video-conferencing

Present:	Name	
Executive Directors:	Dr Andrew Craze	Chairman
	Dr Jonathan Katz	Interim CEO/Medical Director
	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
	Dr Lawrence Barnes	ICA Board Director Member representing North and East 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.

2023/122	Apologies Apologies were received from Dr Andy May and Mrs Wheeler.
2023/123	Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items There were no new interests to declare.

2023/124	<p>Declarations of Interests Register</p> <p>The Declarations of Interests Register was noted.</p> <p>Dr Barnes requested that the Dermatology contract was removed from the register as The Rame Group Practice no longer held this with Kernow Health.</p>
2023/125	<p>Conflicts of Interest for Part 1 Agenda Items</p> <p>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>
2023/126	<p>Board Attendance Register</p> <p>The register was noted.</p>
2023/127	<p>Approval and ratification of Part 1 Board Minutes of the meeting held on 05 July 2023</p> <p>Page 5 – replace ‘recording’ with ‘recorded’.</p> <p>AGREED: 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 05 July 2023, as a true and accurate record and signed by the Chair.</p>
2023/128	<p>Matters Arising and Action Grid from the Board minutes of the 05 July 2023</p> <p>No open actions.</p>
2023/129	<p>General Business Update</p> <p>Ms Harvey noted that the Devon School Immunisations contract had gone live on 01 August 2023; the launch went well. There was nothing to note regarding the Special Allocation Service or CEDS.</p> <p>Dr Katz expressed gratitude to Ms Harvey for the incredible amount of work that went into the contract launch.</p> <p>Mr Bignell commented that the front end 111 performance remained challenged. A formal improvement plan had been put in place with issues largely around staffing and attrition. A robust plan would be submitted to the IUCS Board. Mr Bignell added, from a quality perspective, that 80% of patients contacted felt their call was answered within an appropriate timescale.</p>

	<p>Kernow Health had been picked out as an exemplar by NHSE for its avoidance activity during the systems escalation into the System Oversight Framework. Mr Bignell noted the significant proportions of routine primary care coming through to 111 which was further increased by the summer holiday period. There had been a reduction in sessional GPs picking up shifts and some agency had been brought in to provide cover. Mr Bignell confirmed the system were in level one of the Framework.</p> <p>Ms Ridgewell-Howard updated on the Collaborative Board in Mrs Wheeler's absence. The Board would be holding a face-to-face meeting in September to focus on overflow hubs. The attendee list had been extended to all Clinical Directors.</p> <p>Dr Craze noted that he and Dr Katz had met with Adrian Flynn who would like to speak at the Collaborative Board.</p>
2023/130	<p>Excellence in Practice Update <i>Pam Smith shared a presentation.</i></p> <p>There were currently 6 people working on Excellence in Practice (EiP). Kernow Health were only charged for time spent on EiP projects. ICB were the biggest source of income and there was one contract with Cornwall Council.</p> <p><u>Primary Care Estates Toolkit</u> The EiP team had agreed to support practices to deliver this locally. Some of the national methodology was unhelpful, creating huge shopping lists and expectations that would not be delivered. All practices now had a clinical strategy.</p> <p>Phase 3 would include more detailed work in local areas to see what services were required. This had been interrupted by a new requirement for the ICB to have an estates toolkit. The EiP team were working closely with the ICB so as to not duplicate work. PCNs and practices were frustrated as a lot of work had been put into this project which had now gone quiet.</p> <p><u>Primary Care Resilience</u> This project was triggered by the ICB, and work is completed with individual practices on a confidential basis. Examples include contract hand backs, workforce pressures, and HR issues.</p> <p><u>Practice Development and Support</u> This project supports practice away days, mergers, and premises advice. Linking practices who were concerned with options should they need to vacate premises.</p> <p><u>North and East ICA integrated workforce project</u> Looking at getting the most out of a set workforce in a specific location.</p> <p><u>West Carclaze Eco-village</u></p>

This location directly impacted on St Austell Health and Carclaze Practice. Without any consultation with the ICB, developers and Cornwall Council agreed to include a surgery on the site. The EiP team had been running a stakeholder engagement process to look at the modern health strategy for the patch. Stakeholders agreed that it was not suitable to have a practice on site and the premises would be utilised as a dentist instead. There had been a real recognition from stakeholders around the current recruitment and retention issues.

As part of section 106 discussions a deal had been made to have an allocation of key worker housing, with rental income used to provide bursaries for healthcare workers in Cornwall. Mrs Smith felt that this was an exciting model possibility.

GP Collaborative Board

The Collaborative Board had agreed for the EiP team to provide project management and Board support.

Looking to the future:

The EiP team would continue to work closely with the Cornwall Training Hub. Kernow Health could look to expand the back-office support available to practices and PCNs to help with resilience.

A lot of income into EiP currently came from the ICB. Many would be aware of the ICBs current financial pressures and demand for support was likely to increase. Ongoing funding to the EiP may be at risk and there may be a need to seek national funding.

The EiP website had not been updated and practices had not made much use of the resource.

An informal approach had been made to the EiP team to expand its operations into Devon. Mrs Smith had reservations in this regard as the strength of Kernow Health was that it was practice owned by Cornish practices who might not consider it in their best interests to expand support into other areas.

Ms Ridgewell-Howard noted that it was excellent to see how EiP had progressed. The estates toolkit had very much set expectations running, with each of the practices having a list of things requiring repair. This had been taken to the ICB led Estates Group. The LMC had agreed it was great to have a rag rated list of work to be completed but there was no funding.

Mrs Smith was conscious that practices, PCNs and primary care as a whole were judged on the data produced. Paul Abram had been working with the local system to try and ensure that comparable information was available. Previous Collaborative Boards had highlighted GPAD data that was unhelpful to practices who were under pressure but looked fine on paper.

Dr Craze noted that Kernow Health were well placed to provide back-office support.

Mr Bignell agreed to the concept of it but noted that Kernow Health may be taking on unnecessary risks as an organisation in areas that it did not specialise in. Kernow Health did not have a huge amount of HR support. Any back-office support would at least need to cover its own cost as moving away from SLAs with RCHT had led to significant additional costs to Kernow Health. Dr Craze agreed and confirmed that any back-office support offers would require a business case.

Mr Holby commented that in principle a back-office support offer could be very good. It was core and provided support to the shareholder practices. Mr Holby would find it useful to see in a little more detail what that support involved. Larger practices would already have finance and HR support so he would like to understand how a back-office support offer sat alongside those roles and how certain functions were delegated.

Mrs Smith would feed Mr Holby's comments back to Mrs Wheeler. It was mainly about the smaller practices trying to complete all administrative tasks by themselves without any external support. The support would depend on financial viability and Mrs Smith would look to present some proposals in more detail.

Dr Cowan welcomed the support as a principle which could be variable across practices. There was a point of weakness particularly in small practices with just 1 or 2 people. For Dr Cowan's practice it was the tracking of continually changing income streams.

Mr Holby felt that many of the smaller practices were struggling to keep track of the finances. It was not just a matter of managing the finances but projecting them. Practices that did not have a proper handle on the way in which funds were drying up would not see the picture of what was coming in the future. It was better to know and do things to cut costs and make improvements before the crisis became acute. Mr Holby worried that some smaller practices did not realise the mess they were about to be in.

Dr Craze noted the importance of those smaller practices and the impact of them closing.

Dr Barnes agreed with the need for good advice within the county. The Rame Group had a business manager taking a 3-month sabbatical for which they had been unable to find cover. They were not a particularly small practice, but the smaller ones had an awful lot to juggle.

Mrs Smith commented that retiring practice managers should be encouraged to join the staff bank for situations like these. There were a lot of tools available on the EiP page. Mrs Smith was fairly horrified that a large proportion of practices did not have a forward plan. The day-to-day operational pressures were as such that the reliance was on practice accountants and their interests were in maximising the practices funds for that financial year.


Mr Holby added that practices needed to have an accountant that worked on a real time basis or maintain their own system to keep track of the day-to-day position and future projection. Ideally, both of these options would be carried out but that was a major effort for practices to embark upon. The Rame Group was concerned around having someone off for 3 months, but some practices had never had anyone. GMS was difficult to make a profit from and other

	<p>activities were funding some of those areas. Additionally, there was a need to keep an eye on PCSE and what was happening to pensions contributions.</p> <p>Dr Craze noted that Leatside Health Centre had accessed support when undergoing a merger and it had been very useful.</p> <p><i>Pam Smith left the meeting at the point.</i></p>
2023/131	<p>System Updates</p> <p>Dr Barnes confirmed all was steady in the North and East.</p> <p>Dr Cowan noted that his practice remained working over capacity, but this was standard.</p>
2023/132	<p>Regulatory Reports</p> <p>CQC All routine for CQC.</p> <p>EPRR Nothing to report.</p> <p>Home Office Nothing to report.</p>
2023/133	<p>Corporate Risk Register for ratification, approved by the Governance Committee:</p> <p>Corporate Risk Register Ms Harvey confirmed there were no new risks. The agenda for change risk had been decreased and a review of the register was due the following week. Mr Holby suggested that the risk around the ending of the RCHT SLA was added to the register. It was an ongoing process and did have risks associated.</p> <p>Dr Craze queried the pensions risk. Ms Harvey confirmed that they were awaiting a response from NHS Pensions following the submission of the business case.</p>
2023/134	<p>Policy Ratification There were no new or amended policies for ratification this month.</p>
2023/135	<p>Any Other Business 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. 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 05 July 2023, as a true and accurate record and signed by the Chair.

FINAL COPY – RATIFIED

Signed by the Chair: 

Dated: 23rd August 2023