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 27 September 2023 via Microsoft Teams Video-conferencing

Present:	**Name**	
Executive Directors:	**Dr Andrew Craze**	Chairman
	Mrs Laura Wheeler	Acting CEO, Director of Integrated Primary Care
	Mr Kieran Bignell	Director of IUCS
	Dr Paul Cook	Medical Director
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
	Dr Lawrence Barnes	ICA Board Director Member representing North and East Cornwall/ GP partner
	Mr Gary Jennings	Independent Non-Executive Director
In Attendance	**Ms Emma Ridgewell-Howard**	CEO of Kernow LMC
	Mr Paul Cadger	Dementia Education Lead KHCIC
	Dr Allison Hibbert	GP Dementia Lead and Advisor Dementia NHS Cornwall and IOS ICB Dementia Transformation
	Mrs Jemma Ignaczak	Company Administrator (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.

2023/167	**Apologies**

	Apologies were received from Dr Andy May and Ms Maria Harvey.
2023/168 2023/169 2023/170 2023/171	**Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items** **Declarations of Interests Register** The Declarations of Interests Register was noted. Ms Ridgewell-Howard declared that Dr Bruce Hughes had become a shareholder at Old Bridge Surgery. **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 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. **Board Attendance Register** The register was noted.
2023/172 2023/173	**Approval and ratification of Part 1 Board Minutes of the meeting held on 23 August 2023** Page 4 – The ICB were reaching out to practices but for no purpose as there was no funding attached. **AGREED:** Following a preview of the minutes by Dr Craze, Mrs Wheeler, 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 23 August 2023, as a true and accurate record and signed by the Chair. **Matters Arising and Action Grid from the Board minutes of the 23 August 2023** 2023/151 - The Collaborative Board monthly output to be shared with the Board papers each month. This would be added from October. Close. 2023/154 – Mrs Wheeler to contact other Xero gold partners to obtain further quotations. Presentations would be required before 1st September. Mrs Wheeler confirmed that six gold partners had been contacted, so nine companies in total. Two companies had presented to the executive team and Mr Holby, and this concluded that Whyfield were the best provider for Kernow Health. Work was underway and the plans on track to transition prior to the deadline. Historical ledgers had been transferred and RCHT had transferred up to 2019 so far. Laura Yates, the Corporate Finance Officer, had been doing a

	brilliant job keeping everything on track with Whyfield and RCHT. RCHT would require 8 days from month end to complete the VAT calculation and therefore their last day working with Kernow Health would be the 12th October. Whyfield would be ready to take over the day-to-day finances on 1st October. Close 2023/154 – Mrs Harvey to confirm the outcome of Angie Cavanagh's review into IR35 and close the risk if necessary. IR35 had been reviewed and removed from the risk register. 2023/156 – Dr Craze to speak with Three Spires and feed back to Mrs Wheeler the next steps required. Mrs Wheeler and Dr Craze had spoken with Three Spires and explained the need for Kernow Health to temporarily seek a representative for Central. An advert would be circulated within the next shareholder newsletter. Close.
2023/174	**General Business Update** Mr Bignell noted a strong service delivery over the past month with improvement from HUC. Cornwall 111 was currently the third highest ranking provider in the UK overall and the highest ranking in UK for admission avoidance and triage alternatives. In terms of quality there was nothing to escalate. **Collaborative Board** The last Collaborative Board had been a workshop with CDs and system directors in attendance to discuss overflow and on the day demand. Dr Krishna Kasaraneni had presented around proactive care. PCNs would now be encouraging practices to prioritise proactive care. Advice had been received that there would be no winter or other funding available to primary care. A suggestion was made for a passport system to be put in place to allow staff to move between employers without completing further checks each time. It was noted that CFT had over recruited MIUs and there may be an option to share those staff members. There only funding available is £300k of funding available for respiratory hubs and this is being discussed further. **System Dementia Education** Mrs Wheeler commented that Kernow Health had been commissioned to deliver dementia training to primary care and introduced Mr Cadger and Dr Hibbert. *Mr Cadger shared a presentation. App 4 - 6 Month Dementia Education KH Board Report.pptx* It was detailed that the dementia programme had been running for a few years. Cornwall had been the lowest performer for dementia and this programme had been implemented to make system wide improvements. Dr Hibbert detailed the project leads and workstreams noting the gap in young onset dementia diagnosis and the need for a research champion in Cornwall. Dr Hibbert

	thanked Kernow Health for hosting and supporting the delivery of dementia training. Funding had been received from the ICB and therefore the aim was to keep training free for as long as possible. NHSE had shown interest in the programme as it was hailed a success story. Awareness of dementia was low so having a voice was really important. Mr Cadger noted that over 400 people had attended the training sessions and Dr Hibbert explained the tier training system. There were sessions specifically for primary care and managing delirium and upcoming training still had spaces available. Regular funding was a problem and Dr Hibbert was looking to obtain funding from other organisations. The aim was to provide more understanding and support within care homes as few staff applied for the courses. Mr Bignell queried whether there had been a correlative improvement in diagnosis since training had started. Dr Hibbert replied that there were several workstreams pushing diagnosis and this had led to an increase in diagnosis. This relied on people coming forward, people recognising symptoms, timely referrals, and communication back to GP practices. This was reliant on education across the board and support was as important as diagnosis. Cornwall were one of the best improvers coming from the bottom of the rankings to second place. Dr Hibbert noted that her role with the ICB would come to an end in March 2024 as part of the restructure. The training courses provided a networking service as well as education, bringing people from different services together who had an interest in dementia. Dr Hibbert added that bespoke training for the 111 clinicians could be provided. Dr Barnes noted that as a practice on a peninsular resource could be sparce. If Dr Hibbert and Mr Cadger were prepared to provide a bespoke training session to staff and local care homes that would be positive. Dr Hibbert agreed that the east of Cornwall had a huge inequality and that was about to change with a primary care dementia practitioner starting in the area. Dr Barnes would put his practice manager in touch with Dr Hibbert.
2023/175	**System Updates** Dr Cowan confirmed that workload continued to be over capacity and his practice was current consumed with flu and covid immunisations. This took up a lot of time including weekends and the main pressure fell to practice managers who coordinated the whole thing. Recruitment of administrative staff remained a struggle and was causing backlogs of workflow. There was a lack of winter pressures assistance with

	only 15 hours of pharmacy tech time allocated. There was an expectation that PCNs would pick up ARI hubs, but Dr Cowan was unsure how they would be staffed or funded. Dr Barnes added that acute respiratory clinics did not have a bearing when patients in his area could not get to them. Dr Barnes had heard that locum work was drying up and suspected that practices could not afford to take them on. Dr Barnes queried whether in hours 111 activity had shown an increase as a result? There was a worrying increase in practice costs without any additional funding on offer, the electric bill alone had risen by £37k. Mr Bignell replied that there was a rise in demand for 111 and it seemed to be the back stop for demand across the system. In excess of 80% of demand was routine primary care. There had been challenge to the ICB as practices were told to send patients to 111 when they were full and 111 would triage and get a primary care outcome. Patients were being sent in circles. Mr Holby noted that in terms of failure demand a lot of practices felt very much that they were the dumping ground as much as 111. Failure demand was hitting practices due to the waits within secondary care, primary care had to manage those patients with ongoing care and drugs. There was a need to be careful not to point fingers at one another and instead feed back to the system that there was not sufficient capacity. Mr Bignell replied that failure demand was due to the design of the system not working. Dr Cook added that patients within certain areas would not travel to ARI hubs and therefore money should be given to practices to bolster those services.
2023/176	**Regulatory Reports** **CQC** All routine for CQC. **EPRR** Mr Bignell noted positive outcome as part of EPRR standards submission. **Home Office** Nothing to report.
2023/177	**Corporate Risk Register for ratification, approved by the Governance Committee:** **Corporate Risk Register** Mrs Wheeler confirmed that no changes had been made to the risk register. The end of the finance SLA with RCHT remained the highest risk and this would stay open until the transition was complete.
2023/178	**Policy Ratification**

	There were no new or amended policies for ratification this month.
2023/179	**Any Other Business** There was no other business.
	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 Craze, Mrs Wheeler, 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 23 August 2023, as a true and accurate record and signed by the Chair.

FINAL COPY – RATIFIED

Signed by the Chair: 

Dated: 18 October 2023