

Meeting of the Governing Body Summary sheet

Date of meeting: 1 December 2020

For: Public session (Part 1)

For: Information

Agenda item: Minutes of the Governing Body meeting held on 6 October 2020

Author(s): Samantha Cox, PA to chief finance officer

Presented by: Governing Body chair

Executive summary

The minutes of the Governing Body meeting held 6 October 2020 and the minutes of the annual general meeting held on 1 September 2020 along with the updated action grid are presented for accuracy and approval.

Meetings of the Governing Body for NHS Kernow Clinical Commissioning Group are held in public and a record maintained of proceedings in accordance with the requirements of the Constitution. Minutes are presented for agreement of accuracy and the Action Grid is presented to satisfy the Governing Body that appropriate progress has been or is being made.

Recommendations and specific action the Governing Body needs to take at the meeting

The committee is asked to:

1. Approve the minutes as an accurate record of the minutes of the Governing Body meeting held on 6 October 2020.
2. Consider progress to complete actions and either agree that satisfactory progress has been or is being made, or designate further action.

If exemption is qualified then public interest test required. Check to see if the public interest in the information being released outweighs the exemption being used and record your consideration here to justify inclusion on the private and confidential agenda. Note the Information Commissioner states that there is a general public interest in transparency. For advice, contact kccg.foi@nhs.net

Minutes of the Governing Body meeting

6 October 2020
1pm
Microsoft teams

Attendees

- Dr Iain Chorlton, chair and governing body member,
- Chris Blong, lay member for governance, vice chair and chair of audit committee
- Clare Bryan, chief finance officer
- Helen Charlesworth-May, strategic director of adult social care and health
- Natalie Jones, chief nursing officer
- Andrew Abbott, director primary care
- Dr John Garman, GP member
- Dr Francis Old, GP member
- Dr Paul Cook, GP member
- Dr Deryth Stevens, GP member
- Dr Judy Duckworth, GP member
- Dr Rob White, GP member
- John Yarnold, lay member for fiscal management
- Dr Matthew Hayman, secondary care clinician
- Melissa Mead, primary care and prevention lay member
- Nikki Kelly, GP lay member
- Sally Turner, chair of citizens advisory panel

Apologies

- Rachel Wigglesworth, director of public health (Interim) Cornwall council
-

Minutes from the meeting

Item GB2021/061 Welcome and apologies

Dr Chorlton reminded Governing Body members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Kernow. Declarations made by members of this meeting were circulated with the agenda and supporting papers. The full Declaration of Interest Register is available via the Corporate Governance Team.

The quarterly gifts and hospitality register was received for information.

Item GB2021/063 Questions from members of the public received in advance of the meeting

Dr Chorlton advised the following questions had been received by members of the public:

West Cornwall Healthwatch: Earwax removal service

Please can you confirm the commissioning arrangements for earwax removal in GP practices in Cornwall? We understand that the NICE guidance recommends earwax removal by micro suction or electronic ear irrigation rather than traditional syringing; but we have been advised that not all practices have the equipment and deliver these services. What are you doing to ensure that earwax removal remains an NHS-funded service for the many patients in Cornwall who require this treatment at their local practice?

Mr Nigel Morson: Brexit - future supply of medicines and equipment

Could the Governing Body please advise their concerns about the future supply and cost of medicines and medical equipment following Brexit and how these can be addressed generally and particularly within Cornwall? This is a particular concern given the well-publicised problems arising from the Government's insistence on nationally organised Covid Pillar 2 testing rather than local NHS and Public Health organisation.

The response from Mr Abbott is appended to the minutes.

West Cornwall Healthwatch: Edward Hain community hospital review.

The response from Mrs Charlesworth-May will be uploaded to the website and appended to the minutes. Dr Chorlton noted there was an item later in the agenda on Edward Hain and expressed thanks to Mrs Kate Mitchell who would be reviewing the report.

The AGM minutes of the September meeting to be included with the December papers.

Action: AGM minutes to be shared at December Governing Body for accuracy; they will be presented to the next AGM meeting in September 2021.

Item GB2021/064 Minutes/action grid of Governing Body meeting on 4 August 2020

The minutes of the Governing Body meeting held on 4 August were presented for accuracy. The minutes were approved and signed as an accurate record of the meeting.

The action grid was reviewed and updated.

Item GB2021/065 NHS Kernow staff awards and special recognition award

Mrs Nikki Kelly presented the awards to staff. A list of the winners and nominees is listed below and a copy of the nominations appended to the minutes.

Winner: Strong relationships and supporting challenges: Health Buyers Team

Nominee: Carol Green

Winner: making a difference to people's lives: Louise Cann

Nominees: Sarah Jenkin, Dan Thomas, Michelle May, Fiona Field, Paul Hayes

Winner: Listening and understanding the needs of others: Rob White

Nominee: James Bailey

Winner: The Ruth Wellings award for being fabulous: Tamsin Lewis

Nominee: Catherine Makawa

Nominee: Melissa Orchard

Nominee: Sam Cox

Nominee: West Support Team

Winner: Governing Body special recognition award: Neil Walden

Dr Chorlton expressed thanks and congratulations to everyone. Across Cornwall and the Isles of Scilly there is a great team who show dedication, commitment and the ability to do the right thing. Well done to everyone.

Item GB2021/066 Chair's update

Dr Chorlton expressed thanks to Mrs Nikki Kelly and Mrs Melissa Mead for their work within primary care and organisational development and the wider public and community engagement. Their initial two year term is now reaching conclusions and both have expressed a willingness to continue for a second term. Dr Chorlton sought Governing Body members approval to support his recommendation that they both be reappointed for their second term of a possible three.

Recommendation: Governing Body members approved the continuation of Mrs Melissa Mead and Mrs Nikki Kelly for a second term.

ICS accreditation

There is an expectation that each STP identifies and appoints a System executive lead; this is part of the requirement to become accredited as an integrated care system. The system transformation director has been appointed and Dr Chorlton formally welcomed Mrs Carolyn Andrews to the role. The next step is to recruit our

system executive lead to bring visibility and strength to our senior executive leadership team. An advert for this position has now been placed. Mrs Helen Charlesworth-May has been in post for six months as our Chief Executive and AO, bringing together leadership of NHS Kernow and Adult Social Care and Public Health and it is important that this work continues. It is expected that the new system chief executive will assume the role of NHS Kernow's accountable officer providing a single point of contact for regional and national NHS partnership and system performance and outcomes.

RCHT/CFT merger

Progress on the merger of RCHT and CFT continues and NHS Kernow looks forward to working with both providers to develop the business case ensuring it meets the needs of the population.

Senate

The next health and care senate will be held on 15 October via Microsoft teams. Dr Chorlton also expressed thanks to Mr Chris Blong for attending the CIOS Leadership Board and, to Mrs Natalie Jones who has supported the Board during the pandemic. Mr John Govett has become a formal member of the Leadership Board. Dr Chorlton asked members for their thoughts on how best to represent the Cornwall and Isles of Scilly Leadership Board in the future to ensure there is a presence from the health care system.

Governing Body members agreed Mr Blong to continue to support the quarterly formal meeting and Mr Govett to attend the less formal meetings including the COVID-19 leadership weekly meeting on an as required basis.

Action: Dr Chorlton to advise the Leadership Board and Cllr German of this decision.

Citizens Advisory Panel (CAP) Chair

Mrs Sally Turner had made the decision to stand down as chair of CAP in December. On behalf of NHS Kernow and the Governing Body, Dr Chorlton expressed formal thanks to Mrs Turner for her work, challenge and championing of NHS Kernow and wished her well for the future.

Digital Clinical Champion and Lead

Thanks were expressed to Dr Matthew Boulter for his contribution and leadership as digital clinical lead and champion. Dr John Garman has agreed to take into his portfolio a Governing Body leadership role for IT.

Armed forces covenant

Dr Matthew Boulter has been a leading advocate of the needs of those who serve and have served our country and is a member of the Cornwall Armed Services Covenant Partnership Board. The covenant is a statement that recognises the specific needs of our armed service community and promotes how we work together in partnership.

On behalf of the Governing Body Dr Chorlton to sign the covenant

Climate Change

Dr Rob White has been part of a meeting with NHS partners looking to declare a climate emergency relating to the impact on climate and health. A meeting between RCHT and CFT are meeting today (6 October) and Dr Rob White is part of that meeting in order to make a declaration on behalf of NHS Kernow to make the declaration for change. Climate change will also feature on the senate agenda on 15 October.

Item GB2021/067 Director's update

Dr Chorlton expressed thanks to Mrs Charlesworth-May and the team for the Directors update which illustrates the breadth of work being undertaken.

Mrs Charlesworth-May noted the report was a lengthy and comprehensive report, demonstrating what the teams have been dealing with in response to the pandemic and was an exemplar on how dedicated everyone has been during this period.

Application to become a designated integrated care system (ICS)

An application has been to NHS England/Improvement to become a designated ICS from November 2020. A check and challenge session has been scheduled with NHSE/I colleagues and will take place later in the month. Positive feedback has been received.

A great deal of work with care home and domiciliary care has been carried out during the pandemic to ensure a coordinated response across the entirety of the county in order to provide a positive response to the governments winter plan for care.

Colleagues in primary care have finalised the transfer of Mevagissey practice to St Austell health care which was completed in September.

CQC visit

The Cornwall and Isles of Scilly urgent and emergency care system is to be reviewed by the CQC in October as part of a number of provider collaboration reviews being undertaken across the country. A number of system partners will be interviewed to inform their findings with a focus on collaborative provision across systems including access and flow, ensuring people using services receive high quality safe care. This will be the first inspection that has been completed virtually.

Infection prevention and control

There is a focused activity on the flu planning and vaccination process. Mrs Natalie Jones is leading the response across the Cornwall system to ensure vulnerable people are vaccinated and the workforce in NHS and social care are also vaccinated.

Suicide bereavement service – all age pathway

NHS Kernow's bid for transformation funding to support the development of an all age pathway for suicide bereavement support for Cornwall and the Isles of Scilly has been successful. This is positive news and comes following the report received at the Governing Body last year that touched so many colleagues who work at NHS Kernow and we look forward to being able to provide a better service.

Item GB2021/068 Community hospital engagement projects update

Dr Iain Chorlton welcomed Mrs Kate Mitchell and expressed thanks to Mrs Mitchell, the community stakeholder team and colleagues for their hard work on this particular project. Mrs Mitchell noted Dr Neil Walden, clinical lead for the project had also joined the call.

Mrs Mitchell noted the primary focus of the report was on the Edward Hain community hospital engagement project as the work to develop the options, appraise these and evaluate the short listed option had now concluded. This work would not have been possible without significant time and commitment from the community stakeholder group made up of people who live and work in Penwith. The stakeholder group helped design the process and develop the options to be evaluated. This group included GP surgery patient participation groups, Edward Hain League of Friends, West Cornwall HealthWatch, NHS and Council staff and local community groups. There were additionally 2 local representatives on the evaluation panel-a local councillor and member from West Cornwall HealthWatch.

The single shortlisted option to reinstate 12 inpatient reablement beds and continue with existing community clinics in a fire safety compliant and refurbished building at Edward Hain community hospital has been fully evaluated and is non-viable. The building did not meet the standard or criteria required. It was noted of particular importance that the site did not meet the minimum standard for safety-even if investment were made available to improve the building. This has been widely communicated to over 800 stakeholders and via the local media. The community stakeholder group agreed there are no other viable options to consider for this site.

Work has now started to identify what the community and wider public feel on this outcome and NHS Kernow has commenced a 4 week wider public engagement to allow those who have not been involved to date and those who attend the existing community clinics to share their views on what this evaluation outcome may mean for them. A virtual public meeting is due to be held on 22 October.

No decision has yet been made on the future of Edward Hain community hospital. However, in order that NHS Kernow can make a formal decision on the future of Edward Hain community hospital, work has been undertaken to identify potential alternative locations for existing Edward Hain community clinics, should a subsequent decision be made by the Governing Body that the hospital is to close. Currently there are twice weekly podiatry and monthly mental health clinics that occur at the site. A desk top review of potential sites within a 20 mile radius has occurred by the multi-agency project group and the clinic staff to consider elements such as quality, accessibility, availability of clinic rooms and affordability. There is a single preferred potential viable location and CFT has offered their commitment to continue to deliver clinics in St Ives. This includes the consideration of Stennack surgery in St Ives as a viable option.

Mrs Mitchell noted none of this work could have been achieved to such a degree without the input of the community stakeholder group. This is also one element of a much broader piece of work that Penwith Primary Care Network (PCN) is developing to inform their model of care. Although this piece of work is nearing conclusion, work will continue to develop the model of care under Penwith PCN with strong clinical leadership and community involvement. This community involvement is achieved through the well-established Penwith Integrated Care Forum.

Dr Neil Walden thanked everyone noting the level of work undertaken was not to be underestimated expressing thanks to Mrs Mitchell. He also highlighted that this work has been informed by the South West Clinical Senate's community hospital recommendations and that The Consultation Institute has endorsed the level of robustness in the process to date.

Dr Chorlton thanked Mrs Mitchell and Dr Walden for their report and noted the Governing Body were not being asked to make a decision today, but to recognise this was part of the process to develop a local model of care fit for the future and to note the efforts and engagement of people to date.

Item GB2021/069 Director of public health annual report

Link to [2019 2020 Cornwall Council public health annual report](#)

Dr Chorlton noted Mrs Rachel Wigglesworth and Mrs Caroline Court were unable to join the Governing Body meeting. The 2109 Director of Public Health report was themed on planetary health and explored how environmental conditions, a changing climate and unsuitable use of natural resources impacts human health and wellbeing at a global, national and local level. The report reviewed the measures being taken to address the issues presented and the recommended positive action designed to prevent further environmental harm and improve health and wellbeing. Dr Chorlton noted thought needed to be given on what leaders across the system could do to make a difference.

The Governing Body noted the report and Dr Chorlton to highlight the pledges in his mid-week musing for the staff bulletin.

Item GB2021/070 COVID-19 update

Mrs Clare Bryan and Mrs Natalie Jones provided an update noting there were two phases running concurrently. A response in order to review wave one and the lessons learnt and a sustainable model for six months to run concurrently with the recovery phase. As part of this process, all escalation plans to become one plan for the winter to include escalation, flu and COVID-19 vaccinations. Individuals are now being identified to lead this piece of work.

The weekly System Incident Management Team (SIMT) meeting has been reinstated as have the weekly local resilience forum (LRF) meetings in preparation for the second wave.

Dr Chorlton requested an updated governance diagram be shared with Governing Body members once available.

Mr Blong voiced concern about how staff are coping during the second wave and what steps are being taken to ensure staff are not completely overwhelmed, but also how is momentum being maintained.

Mrs Charlesworth-May acknowledged Mr Blong's comments and agreed the second wave would be difficult as people are tired and recognise that winter will be more difficult than spring and summer. Steps are being taken to support colleagues and are looking to manage the next phase of the pandemic in a slightly different way, but aware this will continue for at least the next six months and work has begun to look at interventions to be put in place to manage workload and support staff. Mrs Charlesworth-May noted all the answers weren't available, but serious thought is being given.

Mrs Corsellis noted workforce is an issue and an increased score associated with the global risk has been added to the workforce committee risk. The Committee is looking at new ways of working and a principal risk will be presented to the December Governing Body meeting for consideration.

ACTION: An updated covid governance diagram to be shared with GB members.

ACTION: A standing item to be added to future Governing Body meetings relating to COVID-19.

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Action: A standing item to be added to future Governing Body meetings relating to COVID-19.

Item GB2021/071 Quality Committee Chairs report

Dr Paul Cook presented the Quality Committee chairs report for information.

Mrs Jones provided an update on SWAST who have seen an increase in activity and as a result call stacking has started to occur again. The risk has been reviewed at the Quality Committee and added to NHS Kernow's risk register as a score of 20 and will continue to be regularly reviewed and escalated as necessary.

Item GB2021/072 Quality Report

Mrs Jones reported work continued with RCHT and CFT around patient safety incidents noting there were two never events reported in July with investigations underway. These events have increased following the pandemic and work continues with NHSE/I and key providers to mitigate risks.

Dr Chorlton requested an update from both a regional and national perspective once the report is available.

Governing Body members noted the update and contents of the quality report.

Item GB2021/073 Finance and performance committee chairs report

Mr John Yarnold stated the Finance and Performance Committee had met via MS Teams last week. The minutes of the meeting held on 29 September were circulated for information and there were two items he wished to highlight.

Risk Assurance Framework

There were a number of risks where little or no prospect of improvement in performance, but remained a risk of possible harm, to patients and Finance and Performance members agreed to ask the Quality Committee to review these which related to UHP, ambulance and 52 week waits.

There was also a cost pressure risk due to no cheaper stock available (NCSO) and Category M pricing which is increasing nationally but NHS Kernow has no ability to influence or change the financial impact. Governing Body members were asked to approve these risks and noted the request from the Finance and Performance Committee to reduce the target risk to 15 and continue to track these risks.

Cancer assess times - there continued to be concerns surrounding the lack of clarity around the 62day cancer treatment and a detailed review has been requested regarding the referral due to patient choice or 'other'.

Stroke analysis including late diagnosis in UHP is also an issue and an explanation from commissioners has been requested for the November meeting.

The Finance and Performance Committee sought approval for two risks to be closed: RR4840 relating to UHP and RR10707 RTT and 52ww at UHP. These risks have been combined with other risks.

Governing Body members agreed to the closure of the risks.

Item GB2021/074 Finance and performance report month 5

Mrs Bryan noted as per Mr Yarnold's report, NCSO and CatM drug prices continued to be a cost pressure but was a national issue and would continue to be highlighted.

NHS Kernow is continuing under the current interim financial regime which is due to run until the end of September 2020. The monthly reporting process identified variances from this funding level (for COVID-19 costs, other cost variances, or technical baseline issues) with the intention to retrospectively reimburse these costs to bring NHS Kernow back to a breakeven position each month and at year end.

The expenditure incurred in response to COVID-19 is not a small, insignificant number and a detailed schedule has been included with a good proportion of the funding linked to the hospital discharge programme to ensure beds are free to ensure capacity to see and treat COVID-19 positive people with rapid steps taken to move people out of hospital and put in alternative arrangements. This action has been instrumental in driving the additional cost.

The overall position continues to be on a break-even basis with top-up funding assistance achieved with government funding.

However this financial regime is due to change from 1 October 2020 when a different regime will be implemented. A close down process is being undertaken at the moment in order to move to the new financial regime which will be in place for the remainder of this financial year on a fixed envelope which will give a fixed sum of money and an indication of this will be. The team are working through the detailed plans in order to develop the performance improvement activity asks. To note, no additional costs have been built into the envelope for further covid spikes.

There is also an expectation to delivery some efficiency in year. A three percent efficiency is the general expectation for business as usual, recognising the COVID-19 response and a clear expectation to deliver one percent assuming there isn't a further COVID-19 spike.

Item GB2021/075 Integrated care system update

Mrs Charlesworth-May reported the application to become an ICS has been submitted and feedback so far has been positive. A formal review of the application

will be made later this week before being submitted to a review panel chaired by Mrs Elizabeth O'Mahony for formal assessment of the application.

The System Leaders Board was due to sign off the objectives proposed and are now able to demonstrate positive system working and achieving criteria now being described nationally as thriving. Cornwall will be advised of the regional view of the submission in a couple of weeks and the formal agreement or otherwise.

The advert for the new System Lead is out to advert and interviews are due to take place on 26 November 2020.

Item GB2021/076 Committee updates

Audit Committee

Members who are chairs of constitutional committees were asked by the Chair of Audit Committee to produce an annual update report for GB commencing April 2021. It was envisaged that annual summaries would be produced instead of any routine update report for April and be presented at our Part One meeting.

The Quality Team maintains oversight of our providers' clinical audit and assurance programmes and processes through the receipt of reports and attendance at core committees. In terms of NHS Kernow governance, areas of concern as well as positive feedback are reported to the monthly Quality Assurance Meeting. Where required, issues are escalated to our own Quality Committee. The creation of Joint Working Committees will also help to identify and address system concerns going forward. CloS Health and Care Partnership have taken meaningful steps to improve fiscal as well as quality and performance oversight and assurance. Joint Working Committees have now been established for Finance and Resources, and Clinical and Quality.

The independent Grip and Control report on NHS Kernow was completed in March 2020 which assessed the control environment operating within NHS Kernow when compared to the NHSE best practice guide of preventative controls. Following the report, a detailed action plan was put in place to gain and maintain "grip", including the controls and processes needing to be addressed, identifying clear milestones and the responsible officers to be held accountable for delivering the necessary actions. This action plan is monitored by the Finance Committee on a monthly basis. Grip and Control has also been formally added to the Corporate Risk Register with an initial risk assessment score of 20.

Earlier in the year, the Audit and Finance Committees were informed that the Contracts Team had created an NHS Kernow Contracts database where the myriad contracts in existence were going to be captured centrally for the first time. The Head of Contracts and Procurement advised Audit Committee members that all contracts had now been uploaded onto the database, that changes to contracts were being

amended in the system, the database was driving staff output and for assurance purposes, was being 'backed up' weekly. The Contracts Team had quickly adapted to using this automated system and staff were now generating "expired/soon to be expired" contract lists to ensure that such milestones were prioritised for action – something that had not happened in a centralised manner before.

Item GB2021/077 Primary care commissioning committee held on 13 August 2020

Mrs Mead advised noted there was a risk RR10730 delegated commissioning which related to capacity on the risk register and noted two new recruits were joining the team shortly and this risk would soon be mitigated.

Dr Chorlton thanked the Primary Care team who had been pivotal in supporting the team and people at Mevagissey.

Item GB2021/088 Workforce committee held on 15 September 2020

Mrs Nicola Kelly provided an update on the work of the Workforce Committee.

The Committee are continuing to review appraisals, flexible working and issues arising. There continues to be a focus on providing support to colleagues in what we know will be a busy and difficult winter.

Sickness absence has been reviewed with a focus on stress and mental health and how to plan for the future. Consideration has been given to the completion of the homeworking survey which has contributed to this.

There is a legal requirement for all public sector websites to be compliant and accessible with websites required to be compliant by September 2020.

Governing Body noted the contents of the report and the minutes of the July meeting for information

Final copy for ratification

Signed by the chair:

Date:

Colour Key:
BLACK **Action Live**
GREEN **Complete**
RED
BLUE
Action missed
Updates since last meeting
**Kernow Clinical Commissioning Group
 Governing Body - Action Grid**

Item	Actions	To be actioned by	Target date	Progress/ date complete
ACTIONS FROM MEETING 6 October 2020				
GB2021/063	AGM minutes to be shared at December Governing Body for accuracy; they will be presented to the next AGM meeting in September 2021.	Samantha Cox	Dec-20	Complete
GB2021/066	Dr Chorlton to advise the Leadership Board and Cllr German of the decision that Mr Blong to continue to support the quarterly formal Senate meetings and Mr Govett to attend the less formal meetings including the COIVD-19 leadership weekly meeting on an as required basis	Chair	Dec-20	
GB2021/070	An updated covid governance diagram to be shared with Governing Body members. A standing item to be added to future Governing Body meetings relating to COVID-19.	Clare Bryan Trudy Corsellis	Dec-20	
ACTIONS FROM MEETING 4 FEBRUARY 2020				
GB2021/046	Governing Body members are to undertake mandatory Safeguarding training before year end	All	Year end	Expected to form part of a GB Development Session in November or January.
GB2021/049	The Terms of Reference for the Workforce Committee to be presented at Governing Body for ratification.	Nikki Kelly / Trudy Corsellis	Dec-20	Expected at the December 2020 meeting.
GB2021/052	Mrs Charlesworth-May and Mrs Turner agreed to a further discussion outside of the Governing Body meeting regarding the care housing contract.	Helen Charlesworth- May	Oct-20	
GB2021/052	Dr Paul Cook to contact Mrs Turner and Mr Morson separately to discuss the work of the PPGs.	Paul Cook	Oct-20	
ACTIONS FROM MEETING 3 DECEMBER 2019				
GB1920/139	Trudy Corsellis to work with the respective Chairs and SRO's to develop bespoke risk registers for each of the system boards so that greater accountability and ownership is established.	Trudy Corsellis	Dec-20	Work halted due to COVID-19 and being picked up as part of Phase 3 submission.

Minutes of the Annual General meeting

1 September 2020

10am

Via Microsoft teams

Attendees

- Dr Iain Chorlton, chair, NHS Kernow Clinical Commissioning Group
- Chris Blong, lay member for governance, vice chair and chair of audit committee, NHS Kernow Clinical Commissioning Group
- Clare Bryan, chief finance officer, NHS Kernow Clinical Commissioning Group
- Helen Charlesworth-May, strategic director of adult social care and health
- Dr Paul Cook, GP member, NHS Kernow Clinical Commissioning Group
- Dr Judy Duckworth, GP member, NHS Kernow Clinical Commissioning Group
- John Yarnold, lay member for fiscal management, NHS Kernow Clinical Commissioning Group
- Dr Matthew Hayman, secondary care clinician, NHS Kernow Clinical Commissioning Group
- Melissa Mead, primary care and prevention lay member, NHS Kernow Clinical Commissioning Group
- Andrew Abbott, director of primary care, NHS Kernow Clinical Commissioning Group
- Rachel Wigglesworth, director of public health (interim), Cornwall Council
- Trudy Corsellis, board secretary, NHS Kernow Clinical Commissioning Group
- Sally Turner, chair of citizens advisory panel (CAP)
- Samantha Cox, minute taker (pa to chief finance officer), NHS Kernow Clinical Commissioning Group

Apologies

- Natalie Jones, chief nursing officer, NHS Kernow Clinical Commissioning Group
 - Dr John Garman, GP member, NHS Kernow Clinical Commissioning Group
 - Dr Rob White, GP member, NHS Kernow Clinical Commissioning Group
 - Dr Francis Old, GP member, NHS Kernow Clinical Commissioning Group
 - Nikki Kelly, GB lay member, NHS Kernow Clinical Commissioning Group
 - Dr Deryth Stevens, GP member, NHS Kernow Clinical Commissioning Group
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Minutes from the meeting

Item GB2021/062– Welcome and apologies

Dr Chorlton welcomed everyone to the Annual General Meeting which is held every September. Dr Chorlton commented that he hadn't been into the office since the middle of March and noted how the times had changed and how different the world seems. Dr Chorlton welcomed members of the public and elected councillors to the meeting and noted the meeting was being recorded, was a meeting in public and the recording would be published after the meeting had concluded.

Apologies were formally recorded.

Addendum: Although the AGM was recorded the quality of the recording was too poor to publish.

Item GB2021/063 Declarations of interest register

Dr Chorlton reminded Governing Body members of their obligations to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Kernow. Declarations made by members of this meeting were circulated with the agenda and supporting papers. The full Declaration of Interest Register is available via the Corporate Governance Team.

No new declarations of interest were declared at the meeting

Item GB2021/064 Minutes from the annual general meeting held on 1 September 2019

Dr Chorlton noted the minutes of the September 2019 AGM had previously been presented to the October 2019 Governing Body meeting for accuracy and this process would continue in the future.

The minutes of the annual general meeting (AGM) held on 3 September 2019 were agreed and signed as a correct record subject.

Action: The minutes of the September 2020 AGM to be presented to the October Governing Body meeting for accuracy.

Item GB2021/065 NHS Kernow annual report and accounts – Look back and look forward

A copy of NHS Kernow's Annual Report is available [here](#).

Dr Chorlton noted the title of the annual report: 'look back and look forward', was inspired, adding never had a title had more relevance than over the course of the past five months in response to the global pandemic, and much within the annual report feels like a distant historical past.

There is much to celebrate in the report; the CCG ratings rose two levels, and NHS Kernow was one of only two CCGs nationally that had that change in their national overall assessment and there are many, many examples written about in the report which has been driven and underpinned by the Health and Wellbeing Strategy developed and adopted over the past year. The strategy mentioned we should work together to tackle health and social care inequalities, enjoy good health and wellbeing, grow, live, work and age well.

Before Covid there were many examples of wider system working and none more so than primary care networks (PCNs) and it was important to recognise this. The PCNs had also been recognised by two national awards in 2019. St Austell Healthcare Group received the Primary Care Home of the Year award, and East Cornwall PCN was recognised as primary care network of the year.

Dr Chorlton noted colleagues had worked hard to bring organisational ways of working together and this included appointing Mrs Helen Charlesworth-May as the joint accountable officer for health and care commissioning, linking the work of the CCG with the wider health system: adult social care, health and wellbeing and public health, for our population as a whole.

After five months into the pandemic, phrases such as 'new normal' and 'no going back' have become the new catch-phrases. Looking forward, the phase 3 letter from NHS England/Improvement has been received to articulate our response to COVID-19, which will include the rapid transformation through integrating social and health care, evidenced through community coordination centres (CCCs), care assessment and treatment units (CATU's), PCNs working together as well as responding as one for the population to ensure well equipped to respond to the challenges ahead.

Dr Chorlton expressed his thanks to everyone who had contributed to the annual report and to all staff for embracing the new ways of working, adding colleagues needed to look after themselves and one another, respect boundaries and enjoy down time as there was still a great deal of work to be done, including addressing the financial challenges, developing models of care and addressing issues such as lengthening waiting lists.

Item GB2021/065 NHS Kernow annual report and accounts – Look back and look forward continued

Mrs Charlesworth-May agreed it felt a long time ago since the annual report was drafted, but, there was much to celebrate and drew attention to the improvement in the rating which was the result of many years of very significant work by NHS Kernow under the leadership of Mrs Jackie Pendleton. NHS Kernow, Mrs Pendleton and all staff should be very proud of what has been achieved, which has set the basis to the response to the pandemic and set the foundations to go forward for the rest of this year and into next although they will be very different to that anticipated,

but the focus on community, integration and new models of care are the elements that will us to the next stage of the work required to do.

It was important to note and not ignore the fact that last year was a difficult year financially, the plans for this year were significant with little opportunity to address the underlying financial issues that need to be addressed due to the pandemic and therefore the rest of this year and next year will focus strongly on ensuring models of care are established, sustainable over the medium term and consideration given on how to change the focus from a bed based set of interventions into community and primary care interventions that will ensure the population are better able to look after themselves; when NHS interventions are required, these are close to where people live and are as limited as they need to be.

Mrs Clare Bryan noted it was important to recognise the very significant work that has taken place over the last year in order to deliver the financial position. 2019 had been a challenging year with the resources available and NHS Kernow worked with system partners to develop a plan with some very ambitious savings targets. In the annual report, the outturn at year end showed a shortfall of savings delivery of £8m across the system, but this should not be seen as failure and focus should remain on what had been achieved including delivering £26m in savings directly. Mrs Bryan expressed thanks to colleagues for their hard work and commitment as well as to primary care and general practice.

The underlying challenges remain, but the pandemic has provided an opportunity to review, reset to a 'new normal' in order to maximise efficiency in resources and look at how to get the best value for money for the Cornish pound. To focus on the longer financial journey with sights firmly set on the opportunities available.

Item GB2021/065 NHS Kernow annual report and accounts – Look back and look forward continued

In the annual report, reference was made to the better payment practice code, the standard which all NHS Organisations need to achieve in payment of all suppliers within 30 days to suppliers and under the covid regime has been very important to ensure cash flows around the system and to support all providers to make sure the cash continues to move and the standard has been amended to aim to pay providers within 10 days. This is a positive step as an organisation in order to maintain a tightly run financial process.

Mr John Yarnold reflected on the minutes of last year's AGM and the 2019/2020 financial outturn is in contrast to the previous year and worth reflecting what drove that. NHS Kernow had started the year with a plan that aligned to the financial framework, but there was an imperative for provider trusts to come out of the deficit, which moved the £8m into providers as a savings target across the system and left the deficit with NHS Kernow. As such, NHS Kernow should not feel disappointed by the loss of the overarching financial framework, but reflect on the progress made.

Mr Blong expressed his thanks to all those who had contributed to the annual report and also to Governing Body and Audit Committee member for their role in approving the annual report prior to submission to the Governing Body. There is still work to be done and significant challenges remain, but also to reflect on the positive. Mr Blong noted the annual report felt like a system report, but without system names being specifically included and suggested as we move into an integrated care system to consider looking to produce one unifying system report that satisfies NHS England/Improvement rather than individual organisations producing reports.

Dr Chorlton noted the annual report is mandated as to how it is completed, but Mr Blong's comments were a reasonable challenge especially regarding the ambitions around ICS and how to create a report that describes the system and articulate the plans for future years.

Dr Chorlton expressed his thanks again to everyone responsible for putting the annual report together which had taken many, many man hours to prepare and produce and on reflection the report has improved year on year. Dr Chorlton noted Mrs Charlesworth-May's comment around recognising how the organisation had moved over previous years and acknowledged and recognised the work that Mrs Jackie Pendleton had done to lead NHS Kernow through turbulent times to get us to the position we are now in today.

The September 2019 AGM minutes will be published on the website and the minutes of the September 2020 AGM will be submitted to the October Governing Body for review.

Item GB2021/066 Primary and community care update

Mr Andrew Abbott, Director of primary care, provided an update on development in Primary Care. The Director of Primary Care role was one of three portfolios created four years ago by Mrs Jackie Pendleton with a view to enabling NHS Kernow to have a stronger role in commissioning for general practice. Mr Abbott was successful in securing the post, and brought together the primary care medicines optimisation, General Practice IT, and locality development teams, with a view to taking on responsibility of commissioning of general practice from NHS England/Improvement and creating the primary care directorate.

NHS Kernow applied for delegated commissioning three years ago, but were unsuccessful. Instead the CCG then applied to become joint commissioners with NHS England/Improvement in order to have the time to develop the capacity and capability to be successful. In April 2020 achieved delegated responsibility for commissioning primary medical services. The last four years have therefore seen a significant amount of change within the commissioning and delivery of general practice.

A Joint Primary Care Commissioning Committee was established in April 2019 chaired by Mrs Melissa Mead, which subsequently became the Primary Care Commissioning Committee in April 2020. During the past financial year a great deal of background work has been done in order to set up the processes, recruit staff, organise the governance arrangements and position the CCG to proceed with the delegated role of general practice commissioning. Following an internal audit review a substantial assurance rating was achieved in terms of processes being set up with actions to improve further. Mr Abbott noted the step to achieve joint commissioning last year strengthened the working relationships with practices and Kernow Local Medical Committee, creating strong and collaborative relationships, and enhanced learning and experience prior to becoming delegated. Mr Abbott thanked Mrs Kirsty Lewis and her team for the progress made in primary care commissioning.

All this work coincided with the new GP contract which brought with it significant changes to the GP contract, including increased funding, new workforce role, the creation of seven new Directed Enhanced Service specifications, the creation of primary care networks (PCNs) and a rapid and necessary upgrade to the digital infrastructure for GP practices.

There are 14 Primary Care Networks across Cornwall and Isles of Scilly. The leadership shown by the PCN clinical directors has been instrumental, working with the Governing Body, Chief Officers and clinicians of other provider organisations to both develop place-based teams and in our COVID-19 pandemic response. Currently there are 59 GP contracts and each practice has a named lead that, together with colleagues from the PCN, ensure that commissioning and provision is clinically-led and linked with the three integrated care areas made up of West and Isles of Scilly, Central and North and East.

Mr Abbott expressed congratulations to colleagues in Primary Care. At the NAPC (National Association of Primary Care) awards 2019, East Cornwall PCN won the Primary Care Network of the year award and St Austell Healthcare won the primary care home of the year, with Bridget Sampson highly commended for manager of the year.

A considerable amount of work has taken place with GP practices to upgrade GPIT systems. With funding procured to provide radical upgrades for practices including:

- purchase of over 600 laptops to enable practice staff to access systems remotely.
- migration from the legacy broadband network N3, to the new higher speed health and social care network (HSCN).
- roll out of virtual consultation platforms, NHS 111 online, and during the pandemic the roll out of Office 365 to enable practices to collaborate virtually with each other and the rest of the health and care system.

Mr Abbott expressed his thanks to Mr Paul Hayes and the GP IT team for their achievements over the past 18 months, and their continued focus on support primary care teams to work effectively.

The medicines optimisation team oversee the budget and policy associated with primary care prescribing. Of note, it that the CCG spends more on the drugs prescribed than the practices who prescribe them, and that the budget is under constant pressure due to national pricing increases. Mr Abbott thanked Mrs Bryan for noting the work the team does to realise financial efficiencies, reduce the wastage of medicines and in finding better deals across the system, focusing on supporting those medicines that could be purchased cheaper over the counter; not supporting medicines that have limited clinical benefit; and supporting people in prescribing medicines for long term conditions including respiratory conditions and diabetes. Through COVID, the team has worked with the system to support care homes and care home dietitians, pharmacists as well as supporting teams in social care to support people to live well and cope during the pandemic.

Mr Abbott referred to place base leadership and expressed thanks again to PCN Clinical Directors for providing strong leadership in their areas and representing general practice at system meetings. Working together, some have created specific facilities for those who are asymptomatic (hot hubs) or areas for non-symptomatic (cold areas). Thanks were also expressed to the primary care team who reviewed the national guidance and briefing notes, to provide daily briefings to all PCN CDs and practices to ensure they were constantly updated throughout the pandemic. Practices also changed the way they worked to support the new ways of consulting this included: telephone triage first, online consultations, video calls and face to face if medically needed in a safe way.

Item GB2021/066 Primary and community care update continued

There have been changes to the NHS 111 and GP out of hours service. The recently implemented “Think 111 first” pilot has seen the number of calls to this service increase from both tourists and residents to c50% higher than the same period last year. The joint working with the integrated service Cornwall 111 with other system partners and GP practices should be celebrated, and we expect further developments on how Cornwall 111 will integrate with other services in Cornwall and Isles of Scilly.

Finally, Cornwall has always until recently had every practice rated as good or outstanding by the Care Quality Commission. There is only one that has been rated inadequate and some require a little improvement, but still this year and last year and year before, on every question on the National GP Practice experience survey, our practices were rated the same or better than the national average on all the indicators. Healthwatch Cornwall is running a local survey to pick up people’s experiences of using practice services during the pandemic, this data will be added to the national survey to see where there are opportunities to improve and support practices to continue to improve and ensure Cornwall general practice does continue to be better than the England average.

Dr Chorlton thanked Mr Abbott for his report which focused on the theme of looking back and looking forward. Acknowledging the work that primary care directorate has done is reflected in the report over the past 4 years and huge amount of work. Reflecting on the public perception of how we are and the acknowledgement of primary care is recognised by the public of being good which should be applauded and recognised.

Mr Blong expressed thanks to Mr Abbott for his concise report and echoed thanks to the Primary Care team and members of Primary Care Commissioning Committee as this has made a huge difference to how we function and operate and focus on finite resources across the system and noted the slight, but steady gradual decline in percentage approval, noted and wondered what challenges were in place to change the curve. Where do you think your top challenges are this year and into next year as we move forward as a system, what do we need to do as a Governing Body to help you in that quest?

Mr Abbott noted there has been a slight decline on some of the national survey indicators. For some years, as mentioned, all practices were either good or outstanding and there weren't many practices struggling; especially when compared with other regions of the NHS. However, since becoming more involved in general practice commissioning and development, relationships and trust has improved, and the CCG has started to become aware of the fragility in general practice. Being independent business, with business partners' livelihoods linked to the practices, there has sometimes been reluctance to declare when facing difficulties; some hadn't realised that they could ask for help or felt confident where they could go for help. Workforce shortages, more GPs retiring earlier than might have done previously, and the number of people leaving medical school training not choosing to enter general practice, combined with the increase in demand, all contributes to a more challenge environment for delivering patient care; it is therefore not a surprise there has been a small decline in patient experience due to these pressures.

Mr Abbott noted it was important not to be complacent about the digital upgrade achieved so far, with the need ensure there is a sustainable digital offer to support general practice. There is a plan to integrate the CCG GP IT team into Cornwall CITS teams, to create a shared team to drive for digital developments across the system which can meet the evolving needs of general practice and the public.

There remains anxiety over how to cope with a potential second wave of covid-19 at same time as we move towards the winter season and flu, whilst also seeing people who haven't accessed Primary Care during the early stages of the pandemic. The teams purpose will be to continue to support practices and networks and being able to respond to any practices in trouble. The Mevagissey situation is one where the Primary Care Team and the Chief Nursing Officer and her team have been instrumental to support this practice, deploying staff into the practice to secure safe service delivery. This isn't normally the role a commissioner would do, but there was a need to offer support and the teams rose to the challenge very well.

Dr Chorlton noted this was an informative talk and a reflection on the teams' ability to respond to an emerging crisis and the team should be thanked for this and a job well done. Thank you.

Item GB2021/067 Questions from members of the public relating to the agenda

No questions were raised from members of the public.

The meeting closed at 10.54.

Final copy for ratification

Signed by the chair:

Date: