

# Meeting of the Governing Body

## Summary sheet

**Date of meeting:** 1 December 2020

**For:** Public session (Part 1)

**For:** Information

**Agenda item:** Chairs update

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**Presented by:** Dr Iain Chorlton

### Executive summary

#### 1. Introduction

Hopefully we are all beginning to look forward to Christmas, however that might be celebrated this year. The vast majority of 2020 has been consumed with keeping us all as safe as we possibly can and as I write I know that efforts are in place to try and reduce the spread of COVID 19, where we are seeing significant outbreaks from within our communities.

The prospect of not one but three vaccines provides us with a new hope and I know that partners are in active discussion about how we deliver what will be the single most important public health measure for more than a generation. Much of this is being planned and implemented without the finer details and as I finalise this Governing Body report I am reflecting on discussions at our Clinical Practitioner Cabinet where there was absolute agreement that the roll out of these vaccinations must be aimed at protecting those who are most vulnerable, whether that be those with conditions that place them at most risk, or those providing direct care for them. Can I wish you all as Merry Christmas as you can safely have and a happy New Year with the hope that we can now start thinking about rebuilding from what 2020 has thrown at us.

#### 2. Clinical Leadership

As a CCG we place significant emphasis on the added value clinical leadership brings to commissioning. It is something that evolves to respond to and plan alongside current demands. As I have said on numerous occasions I believe our strength lies in our ability to engage as wide a clinical network as possible, never has this been more evident than during the pandemic and the response within our Primary Care Networks. As a Governing Body we must reflect the needs and aspirations of our members and therefore the populations they serve. Our clinical

leadership structure has not stood still through the lifetime of our CCG. Our initial structure had mandated GPs in each and every practice, collected together in localities and working together in a CCG wide network, with a Governing Body with GPs who had clear connections to individual localities. We have seen Governing Body members move onto other system leadership roles and evolved individual portfolios to include a view of place alongside more strategic responsibilities that include hospital and community care, mental health, primary care and technology. We are well set to continue a narrative and leadership built around place with our emergent Primary Care Directors. Last month as part of our regular Governing Body development sessions we facilitated a discussion around the future of clinical leadership with the evolving governance of an Integrated Care System. During that discussion it was pleasing to note how open this Governing Body is to evolution and change, there is recognition that there is benefit in retaining experience, whilst facilitating succession planning. There was also recognition that as a clinically led body that there is the potential for added value from clinical input in addition to GPs.

The 2012 Health and Social Care Act was prescriptive in some of the make-up of a Governing Body, requiring an out of area secondary care doctor and a nursing leader not directly connected to a provider organisation. Flexibility around those requirements has been sought in the past and I would urge that consideration be given to this in any future clinically led model. This afternoon we will take that discussion a stage further to tease out how we might practically further strengthen strategic clinical leadership for Cornwall and the Isles of Scilly, to report back to our member practices and this Governing Body in the New Year.

Any significant change to clinical leadership will require a review of our constitution, maintaining our accountability to our member practices.

One of our clinical leaders, Dr Rob White has continued to be an inspirational clinical leader for in hospital care, alongside leadership of the PCN Clinical Director network. We took a decision to extend his Governing Body term by 12 months at the start of the pandemic. That term will be due for renewal in March.

### **3. Recommendation:**

Given the current work in reviewing the clinical leadership of the CCG and Governing Body Rob White have a short term extension, at least until June 2021, in his current role, to aid stability during any transition.

### **4. Integrated Care System**

At our last Governing Body I made mention of our aspiration to be accredited as an ICS. There is an expectation that each and every area of England will be part of an accredited ICS by April 2021. That application has been submitted and my understanding is that it has been welcomed. The view is that Cornwall and the Isles of Scilly has a strong case for ICS accreditation with a strong emphasis on place and the difference between our Integrated Care Areas. We expect to hear back in the

near future whether our application has been successful. Our System Board meet monthly as a group of wider stakeholders and quarterly as the System Senate (in public).

One of the pre-requisites to that accreditation was the appointment of a System Executive Lead, that process has been in play and we were due to interview last Thursday 26<sup>th</sup> November, having gone through a long-listing and short-listing exercise. I am pleased to say that we have had significant and high quality interest in our appointment and I have had some very interesting conversations with candidates prior to any application. Earlier this month we were asked by NHSE and I to pause our recruitment process. My understanding is that as there are a significant number of ICSs going through this process at a similar time and each and every appointment must be supported by NHSE and I that there was not the capacity for this to progress with each ICS. Cornwall and the Isles of Scilly were assessed as not being in more urgent need of additional executive leadership in the immediate future, so we were instructed to pause our recruitment process.

I am assured that each of the high quality short-listed applicants have been kept informed about this, with a view to recommencing the appointment process as soon as is practicable. Our local process includes a number of stakeholder groups that reach across our providers, elected council members, patient participation groups and the citizens' voice, alongside the voluntary sector.

Hopefully by the time of my next update I will have something more to say

## **5. Urgent Governing Body decision 17 November 2020**

Within NHS Kernow's Constitution the Governing Body is able to take urgent decisions. It took such a decision on 17 November 2020. Members agreed put in place additional investment and resources to ensure the national policy requirements for the discharge to assess model are achieved. It requires individuals to be discharged within 24 hours of being medically optimised and is intended to release hospital capacity to in order to respond to winter pressures.

It was agreed the Finance and Performance Committee will retain oversight of the schemes and receive regular reports. The notes of the urgent decision meeting shall be presented retrospectively to the February 2021 Governing Body meeting.

## **6. Winter planning**

This year's draft winter plan was reviewed by members of Audit Committee (AC) – see the AC Chair's update report later on the agenda. The plan is currently being amended and the final version will be available shortly once Royal Cornwall Hospitals Trust December 2020 [board papers](#) are uploaded on their website.

## 7. Sedgemoor

Throughout the pandemic many of those whose role is not direct patient care have embraced working from home, even those involved in direct care have, when necessary, been able to work remotely. I speak to myself in that respect as I have provided GP surgeries from home, when required to isolate and walked through the door at our CCG headquarters on just one occasion since the first lockdown in March.

Whilst we are now all “expert” in the use of video technology there is something to be said about the potential loss of the human part of interaction and I am sure there will be a need for office space in a post pandemic world. That said there has been opportunity with the end of our lease at Sedgemoor. The CCG retains office space in Saltash, Liskeard, Truro and Praze an Beeble. It will be necessary to maintain a registered head office and at the time of writing we are at an advanced discussion for an interim arrangement in St Austell. We can however be confident that we have held our last Governing Body in public at Sedgemoor.

I would like to place on record my thanks to the landlord over our tenure, in a building that has had many uses including that of a college and has hosted council colleague, provider organisations, the Local Medical Committee and NHS organisations.

On the subject of the Local Medical Committee I was saddened to hear of the passing of Dawn Molenkamp. Her leadership of the LMC and support to our General Practice over many years is respected and fondly remembered. The LMC office as it was stuck in the upper reaches of the roof space and was always a welcome retreat for some quality coffee whenever I needed to find a quiet retreat. My thoughts are with her family

**And finally** I wanted to share with you a letter I sent to all those who work with our CCG and to our member practices.

I have had the privilege of being your chairman since 2015; there have been some tough times but many, many highs. Living and working in this great place is like nowhere else, it pulls at your heart strings and is difficult to put into words, but I am going to give it a go.

At some times in life it is important to look after yourself, for your own sanity and so I have taken the decision to step down as your chairman at the end of this financial year. As a new granddad it is almost time to start thinking about how I want to live those years. First and foremost in my professional life I am a clinician. We have been consistent in our approach to clinical leadership here, in that we look to our clinical leaders to maintain their presence and connection to day to day clinical practice. I will be continuing my work as a GP in Callington and for what my opinion is worth I would encourage all those taking on roles in leadership to continue their connection

to professional practice. That principle isn't followed consistently across the country, it is part of what makes up our vibrant and innovative clinical leadership community. The past few months have seen the renewed emergence and strength of our locality based approach and whilst the acronyms may forever change, the benefit of our clinical commissioning group's (CCG's) connection to our clinical members continues to be an essential part of how we work.

I have worked alongside many of you for more years than I would like to admit, lest it reminds us of our ageing years! What has been consistent is what motivates you in our focus on shaping services around people. The identity badge and organisation we are part of is becoming ever less important as we move towards a system approach that is more concerned with understanding and working to address inequalities, so evident across Cornwall and the Isles of Scilly. As commissioners we have a lead role in that system transformation. Personally, from one of our absolute low points of a few years ago, I am so proud that you have helped build our reputation as credible and respected leaders. What we do in Cornwall and the Isles of Scilly is now looked upon as how those, elsewhere, can follow- that would have been unthinkable a short while ago.

I hope I have kept true to my intention, enabling rather than directing. I am sorry for the repeated references to Winnie the Pooh, Rudyard Kipling, Stanley Holloway and the numerous other sources I have used to get my point across! The message though is a consistent one: the journey we have been on has been exciting, emotional and exhausting. Your inspiration, input and initiative to do what is right is why we stand at what I see as the threshold of something really special. Be proud of how we have helped create today. Take heart in the fact that we will always want to do the best we can and mould whatever is cast our way from any far off authority into what makes sense to us. Most of all enjoy what is to come.

Each and every one of you has a special and unique contribution to make. I am so glad that I have been a part of it and I look forward to my last four months as your chairman.

Thank you