

Minutes

Minutes of the Annual General Meeting

1 September 2021

10am

MS Teams

Attendees

Dr Iain Chorlton, chair
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
Dr Paul Cook, GP Member
Dr Judy Duckworth, GP Member
John Yarnold, lay member for fiscal management
Dr Matthew Hayman, secondary care clinician
Melissa Mead, primary care and prevention lay member
Andrew Abbott, director of primary care
Rachel Wigglesworth, director of public health (interim) Cornwall Council

In Attendance

- Trudy Corsellis, board secretary
- Sally Turner, chair of citizens advisory panel (CAP)
- Samantha Cox, minute taker (pa to chief finance officer)

Apologies

- Natalie Jones, chief nursing officer
- Dr John Garman, GP member
- Dr Rob White, GP member
- Dr Francis Old, GP member
- Nikki Kelly, GB lay member
- Dr Deryth Stevens, GP member

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 2020

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

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.

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

<https://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/OurOrganisation/StrategicReportsAndPlans/AnnualReport2020.pdf>

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.

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.

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 and NHS Improvement and creating the primary care directorate.

NHS Kernow applied for delegated commissioning three years ago, but were unsuccessful. Instead the CCG then applied instead 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 where 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.

There have been changes to the NHS 111 and GP out of hours service. The recently implemented Think 111 first has seen the number of calls to this service increase from both tourists and residents to circa 50% 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.

GB1920/067 - Questions from members of the public relating to the agenda

No questions were raised from members of the public.

The annual general meeting closed at 10.54

Final copy for ratification

Signed by the chair:

Date: 3 August 2021