

Meeting Minutes KH Board Part 1

27.11.2024

**KERNOW HEALTH CIC (the “Company”)
(Company No. 07551978)**

**DRAFT Minutes of a meeting of the Board of Directors of the Company
held at 08:00 on Wednesday 27th November 2024
via Microsoft Teams Video-conferencing**

Present:	Name	
Executive Directors:	Dr Andrew Craze	Chair
	Mrs Jan Randall	CEO
	Dr Paul Cook	CMO
	Ms Maria Harvey	Director of Integrated Community Care
	Mrs Laura Wheeler	Director of Integrated Community Care
	Mr Brian Philpott	Director of Finance
ICA Director and Deputy Representatives:	Dr James McClure	ICA Board Director Member representing Central/ GP Partner.
	Dr Lawrence Barnes	ICA Board Director Member representing North and East Cornwall/ GP partner
Non-Executive Directors:	Mr Gary Jennings	Independent Non-Executive Director
	Mr John Acornley	Non-Executive Director, Finance
	Mr Stephen Holby	Non-Executive Director/ Managing Partner, Carn to Coast Health Centres
In Attendance	Mr Joseph St Leger-Francis	Head of IUCS
	Ms Emma-Ridgewell-Howard	CEO, Kernow LMC
	Mrs Jemma Ignaczak	Company Administrator

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.

1124/1	Apologies
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	No apologies were received.
1124/2	<p>Declaration of any New Interests / Conflicts of Interest for Part 1 Agenda items</p> <p>Declarations of Interests Register The Declarations of Interests Register was noted.</p> <p>Mr Jennings noted that he had been invited to join the Board at Allied Health Professionals Suffolk CIC as a Non-Executive Director. This was a non-competing organisation delivering MSK services to the NHS.</p> <p>The register was updated to reflect this change.</p> <p>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 <u>Part 1</u> of the Board meeting which they would be required to disclose in accordance with section 177 of the Companies Act 2006 and the Articles of Association of the Company.</p> <p>Board Attendance Register The register was noted.</p> <p>Mrs Randall raised that the document showed her attendance at the October meeting, however, was absent. Mrs Ignaczak to amend.</p>
1124/3	<p>Approval and ratification of Part 1 Board Minutes of the meeting held on 25 September 2024 AGREED: Following a preview of the minutes by Dr Craze, the Board approved and ratified the Part 1 minutes of the Board meeting held on the 25 September 2024, as a true and accurate record and signed by the Chair.</p> <p>Matters Arising and Action Grid from the Board minutes of the 25 September 2024</p> <p>1223/6 – CQC Compliance - Ms Harvey to arrange suitable training on the updated scheme for all executives by the 15th September to assure the Board. Ms Harvey to ensure that the CQC mock is delivered, actions identified and report back to September Board confirming assurance of implementation and action plan on any remainder items. MH would provide an update to members in Part 2 of the meeting, following the CQC visit early November.</p> <p>0424/6 – System Updates – Strategy - All to discuss primary care support strategy at away day. Dr Cook and Mrs Randall had met to review the documents, it was expected that the next iteration would be ready to review by 30th December and then plans could be ready to implement for the new financial year.</p>

1124/4	<p>Shareholder Transfers</p> <p>There were no shareholder transfers for November.</p>
1124/5	<p>General Business Update</p> <p>CEDS</p> <p>Mrs Randall noted her disappointment regarding CFTs decision to bring CEDS back in house.</p> <p>Ms Harvey added that there had been pressure for some time regarding the physical monitoring for CEDS. CFT had decided to end the subcontract with KHCIC and Ms Harvey had met with the Interim Head of Operations and the Head of Contracts to discuss how this was implemented. There was one member of staff who would be affected and be transferred to CFT via TUPE. KHCIC were working with CFT and the communications teams to ensure this was shared within the system.</p> <p>Ms Harvey added that it was disappointing, but the contract was no longer sustainable, activity had grown 400% but the funding had remained static. KHCIC had put forward new costings, but these were not given much consideration before refusal and CFT decided to take in-house. Ms Harvey would be in contact with Ms Ridgewell-Howard to ensure the communication to general practice was appropriate.</p> <p>Dr Craze queried when the contract would end.</p> <p>Ms Harvey replied that KHCIC had been undertaking the work without a formal contract. There were no documents available to detail how this should be terminated. CFT had asked KHCIC to continue with the service until March 25, but this was declined, the resource available was limited and KH would only be able to run a part service.</p> <p>Mrs Randall had met with Debbie Richards and queried how removing this contract was met the integrated strategic intent. Mrs Randall had suggested pulling together the financial pot for both adult and children's eating disorders to deliver the services effectively.</p> <p>Ms Ridgewell-Howard was disappointed and alarmed that this was transferring back over to CFT. The LMC would have expected Debbie Richards to be sighted on this decision, particularly given the current situation with the adult eating disorders. Ms Ridgewell-Howard was happy to support with KHs communications. General practice had found this to be a positive service and therefore it was recommended that KH communicate the change out as soon as possible as there would be a reputational impact.</p> <p>Dr Craze queried why CFT were taking the service back.</p> <p>Ms Harvey explained that KHCIC were a mandated contractor in 2017 as part of the CCG contractual arrangements, this was not something CFT had wanted.</p>

	<p>The funding had not increased since the initial 36 patients and patient numbers had recently peaked at 166. CFT were stating that it made sense to take it back via the eating disorder pathway but from experience this was not necessarily the simplest of pathways.</p> <p><i>Mr St Leger-Francis left the meeting at this point.</i></p> <p>Collaborative Board</p> <p>Mrs Wheeler highlighted the Primary Care Strategy and noted that the LMC and Collaborative Board had been instrumental in pulling together the first draft. The draft had been widely circulated and now the proof would be whether the system delivered.</p> <p>Mrs Randall welcomed this approach as it was a good cultural shift in terms of working together.</p> <p>The SPOA would be presented at the Collaborative Board by KHCIC and CFT on 10th December. Data was available that demonstrated how areas of the system were now meeting response times, including SWAST, and ED numbers had reduced. Paramedics were now implementing 'call before convey' and speaking with the acute GP before transporting to ED. This was a great example of channel shift, but no staff or money was available to support. Mrs Randall was concerned and had raised to the ICB that some of their governance was missing from the draft MOU/SLA and at present it was the indemnity of the person who answered the clinical call.</p>
1124/6	<p>System Updates</p> <p>Mrs Randall explained that the calls received into 111 were higher than commissioned for the previous 2 years, however, the commissioned number remained the same with no growth or financial resources. Mrs Randall had recommended to the commissioning intentions work that this was an area to invest else other parts of the system would fall over.</p>
0924/8	<p>Policy Ratification</p> <p>There were no policy updates.</p>
0924/11	<p>Reflection and Agreement on Communications.</p> <p>It was agreed that KHCIC would work with the LMC on communication regarding the adult eating disorder service.</p>
	<p>END OF PART 1</p>

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, the Board approved and ratified
4. the Part 1 minutes of the Board meeting held on the 25 September 2024, as a true and accurate record and signed by the Chair.

FINAL COPY – RATIFIED

Signed by the Chair: 

Dated: 14th February 2025