Health Partnerships Committee

Tuesday 12 July 2022, 2.00pm

Minutes

Present Members:
Professor David Lomas (Chair), Professor Duncan Craig, Professor Graham Hart, Dr Sinéad Kennedy, Dr Alice Mortlock, Mr Michael Rowson, Dr Kathryn Walsh, and Mrs Rebecca Whitham

Apologies:
Professor Gianluca Baio, Professor Andrew Dick, Professor Derek Gilroy; Mrs Claire Glen; Mr Richard Jackson, Mr Henry Killworth, Professor Rebecca Shipley and Professor Alan Thompson

In attendance:
Dr Chris Laing, Chief Executive Officer, UCLPartners

Officer:
Ms Mary Moloney

Part I: Preliminary Business

Professor David Lomas, Vice Provost (Health), welcomed everyone to the meeting and, in particular, Dr Kathryn Walsh, Executive Director, Innovation & Enterprise, who had been nominated by Professor Geraint Rees, Vice Provost (RIGE), to become the single RIGE representative on the HPC (rather than the Pro-Vice-Provosts (AI, International and UK)). The UMC would be asked to approve this recommendation at the start of the 2022-23 academic session.

32. Minutes (3-01)

32.1 The Vice Provost (Health) noted the following:

a. The minutes of 16 May 2022 had been renumbered to comply with the requirement that minute numbering for the same academic session should be sequential.

b. Professor Deenan Pillay, Pro-Vice-Provost (International), had pointed out that minute 19.3i on the UCL Health Alliance should read:
'They also highlighted the lack of understanding within NMUH on UCLP' (not on the Provider Alliance).

c. The Vice Provost (RIGE) had sent apologies for the meeting of 16 May 2022.

32.2   With these amendments, the Health Partnerships Committee approved the minutes of the meeting held on 16 May 2022.

33.   Matters Arising

33.1   Arising from minute 18:

The Vice Provost (Health) reported that the UMC had approved the membership of Mr Richard Jackson, Director of Sustainability.

33.2   Arising from minute 19:

In relation to the UCL Health Alliance, Alice Mortlock (Director of Strategy and Operations, OVPH) reported that:
a.   The Articles of Association had been finalised with no further revision. The Vice Provost (Health) added that the UMC had requested, at its meeting of 12 July 2022, that the final Articles should be presented to the UCL Council for approval. The main reason for this was that the licensing for the Health Alliance would now change to that of a company.
b.   The name had been approved for use and a logo allocated.

33.3   Arising from minute 21:

In relation to the name change for the UCL Institute of Ophthalmology, the Vice Provost (Health) reported, on behalf of Andrew Dick (Director of the Institute of Ophthalmology) who had been unable to attend the meeting.

a.   A proposal had been made to change the name of the 'UCL Institute of Ophthalmology' to 'UCL Moorfields Institute of Ophthalmology' in recognition of the long-standing partnership between the two organisations. In a similar way, the ICH had recently changed its name to the 'UCL Great Ormond Street Institute of Child Health'.   A collaborative agreement had been produced and a licence agreement, to use the Moorfields name, was underway. It was hoped that the work would be completed by September 2022 in order that the UCL governance process would be undertaken in time for the new name to be launched for the academic year 2023-24.

Part II: Matters for Discussion

34.   OVPH Strategic Operating Plan (3-02 to be circulated with the minutes)

34.1   The Director of Strategy and Operations reported that:
a.   The Plan had already been presented to the Health Strategy Forum of 15 June 2022 as well as to a recent meeting of UCL Deans.

b. Whilst a UCL five-year strategy was in development, it was intended that the OVPH Operating Plan would be established to cover the transitional period of the next 12 months. A Health strategy would emerge from the main UCL Strategy, when finalised.

c. The Plan was being created in response to the Provost's request that academic expertise, across UCL's eleven Faculties and UCL East, should be mobilised to support the NHS.

d. Although UCL academics and the NHS were keen to work with each other, there was currently a lack of understanding, on each side, over matching NHS priorities with academic expertise.

e. UCL's internal partners included Faculties and other VP Offices.

f. UCL's external partners encompassed the NHS, Integrated Care Systems, Local Authorities, UCLPartners, the UCL Health Alliance, Industry and Biomedical Research Centres. The landscape was complex to navigate.

g. The Plan's three key themes would be: service transformation, 'people and places', and new technologies, with cross-cutting workstreams on sustainability and mental health.   Each theme contained three goals, the outcome of which would comprise a series of recommendations in order that appropriate projects could be undertaken.

h. Service transformation: over the next decade, radical NHS service transformation would be required. Two of UCL's major aims in this area would be to improve clinical trials and to optimise the campus for Health activities (*e.g.* the Hampstead Campus Masterplan).

i. People and places: this theme would include better mapping for Health and improving the OVPH website; tackling health inequalities; and building a Health workforce for the future.

j. The theme of new technologies would focus on extending translation into the NHS; maximising use of Health data with the BRCs and others; and consideration of Healthcare environments.

k. It was intended that the Plan should be a 'live' and evolving document.

34.2   HPC members were invited to contact the Director of Strategy and Operations with feedback on the Plan.

34.3   The Vice Provost (Health) thanked her for all the hard work that the Plan had generated so far.

35.   Educational issues between UCL and its Health partners (3-03A&B)

35.1   The background to this presentation was that UCL needed to find a way to support the NHS workforce of the future, whilst being mindful of its own financial requirements. The Vice Provost (Health) was aware that Mike Rowson, Vice-Dean, Education (FPHS) had already undertaken work with GOSH.

35.2   The Vice-Dean, Education (FPHS) reported on both the opportunities and challenges, as follows:

a.   UCL had a significant volume of educational activity, undertaken with UCL's health partners and well-established areas included the MBBS programme. Postgraduate training/research programmes and clinical placements were well embedded in some areas, but not all. Across Life and Medical Sciences, there was huge input from clinicians across the portfolio.

b.   Arrangements for supporting educational activity included: honorary contracts, service and placement agreements. In cases where UCL provided education for students of external partners, UCL required a formal academic partnership agreement.

c.   Main challenges were to address: inconsistencies, both in processes and support resource; a lack of central co-ordination to drive new educational activity; a lack of flexibility in UCL's educational model (*e.g.* UCL's tariffs were perceived as too high); and costly oversight because of the amount of administration involved (a potential efficiency might be to use service level agreements to manage oversight).

d.   He had recently chaired a UCL-wide education working group, which had concluded that greater flexibility would be required in order to support a health workforce for the future.

e.   There were, however, real opportunities for UCL to create new clinical programmes in order to address the educational needs of its Health partners; and to take up funding opportunities from Health Education England.

f.   He felt that a more strategic approach should be adopted which would:
i. identify potential administrative efficiencies;
ii. pinpoint risks in operations and governance;
iii. instigate greater dialogue over training needs with clinical partners;
iv. review opportunities with the UCL Health Alliance;
v. enable greater flexibility within UCL's educational model.

35.3   The Vice-Dean, Education (FPHS) sought feedback from Committee members on how best to undertake this.

35.4   Key discussion points were:

a.   Professor Duncan Craig (Interim Dean of Life Sciences) highlighted that new education standards had just been introduced for the Pharmacy degree, which would result in a dramatic increase in clinical placements. The programme would also become part of the tariff system. He would contact the Vice-Dean, Education (FPHS) for advice. The Vice-Dean highlighted the need for improvement in UCL's capacity to build, and manage, co-ordinated relationships with Health Partners.

b.   The Director of Strategy and Operations, OVPH, added that there was a

good opportunity to work with UCLP and the UCL Health Alliance over the Integrated Care Systems. She, the Vice Provost (Health) and the Vice-Dean, Education (FPHS) would meet to discuss how best to support the NHS workforce.

c. Professor Graham Hart (Co-Director of UCL HOP) highlighted another issue in that several of UCL's Health partners were in competition with UCL over educational offerings and, indeed, often employed UCL's staff to provide them. UCL's current system did not facilitate provision of programmes across the wide range of health professions. He felt that this issue required significant focus and investment from UCL.

d. The Vice Provost (Health) reported that David Walker, Professor of Perioperative Medicine Education), was preparing a business case for a UCL Health Academy to provide education for nurses and other healthcare professionals, which would be funded by hospital trusts. The Vice-Dean, Education (FPHS) noted that GOSH had an excellent learning academy.

e. The Vice Provost (Health) wondered whether funding from the Government's Apprenticeship scheme could be used. This required a high degree of compliance from Ofsted with the requirement for monthly reporting. UCL had recently made an appointment in Academic Services to address this requirement.

f. The CEO, NHS Partners, suggested that other sources of income generation (*e.g.* funding from private practice) might be considered.

36. New UCL/UCLP Strategy (3-04)

36.1 The Vice Provost (Health) welcomed Dr Chris Laing, Chief Executive Officer, UCLPartners, to the meeting.

36.2 The CEO, UCLPartners, reported that:

a. His background was as a kidney specialist and he had assumed the role of CEO, UCLP in February 2022. He had a strong interest in partnership working. Digital Health was overseen by Dr Tim Ferris, National Director of Transformation for the NHS. His vision was to build innovation within the healthcare system on the back of academic partnership and commercial collaborations.

b. UCLP's aims were to build a world-class, strategic health innovation and research system, to transform health outcomes and reduce inequalities. There was now a focus on addressing the needs of vulnerable populations, as a priority.

c. UCLP was not responsible for the individual workings of its partners but for the collective work of the partnership, including the NHS and Integrated Care Systems. This involved working across the Academic Health Science Centres network, with the UCL AHSC led by the UCL Vice Provost (Health) and the Director of Strategy and Operations, OVPH.

There were 15 AHSC networks across England and eight AHSCs with redesignation required shortly via a retendering process. It was important that the three London AHSCs (UCL, KCL and Imperial) should work together well.

d. Historically, UCLP had engaged in important work, bringing together leadership and building networks for clinical transformation. There was increasing international interest in health innovation systems.

e. Potential priority health areas included: adolescent mental health, dementia, cardiovascular health, vision, early cancer diagnosis and respiratory health with an over-arching objective for sustainability. It was hoped to move from treatment, to prevention, of disease.

f. UCLP hoped to build teams of diverse expertise with strong patient input.

g. Another aspiration was to build infrastructure to facilitate innovation, workforce capability, data systems, process and enterprise with strong public/patient engagement.

h. UCLP covered a large and diverse population from inner city deprivation to coastal areas in Essex. Impact and delivery would be monitored.

36.3   Discussion included the following:

a. Clarification was sought as to the number of NHS Trusts covered by UCLP. The CEO, UCLP, indicated that the correct figures were now: 17 NHS Trusts, with eight HEIs, covering a population of five million. By way of explanation, he indicated that UCLP had pulled out of some parts of Bedfordshire and Hertfordshire and the CEO wished to avoid exaggeration over scale.

b. Excellent communication would be key to broadcast UCLP's message to all UCLP's stakeholders. Many UCL academics were unaware of its remit and the interplay between UCLP and the UCL Health Alliance. It was confirmed that Ms Katie Mantell, UCLP Chief Engagement Officer, was currently developing a plan.

Part III: Other Business for Approval or Information

Committee members noted that all minutes were 'draft' as they had not yet been approved by the relevant Board.

37.   Renewal of the School of Pharmacy's Memorandum of Understanding with the Centre for Medicines Optimisation Research and Education (CMORE) (3-05)

37.1   Professor Duncan Craig (Interim Dean of Life Sciences) reported on the successful collaboration between SOP and UCLH relating to the optimisation of safety of medicines.

37.2   The Memorandum of Understanding was approved by the Health Partnerships Committee and would be reported to the University Management

Committee.

38. Outcome of GOSH, MEH and UCLH Biomedical Research Centre bids

38.1 The Vice Provost (Health) provided an update on the outcome, which remained under embargo.

39. AHRI Programme Board (3-06)

39.1 The HPC received, for information, the final minutes of 7 June 2022.

40. Hampstead Campus Masterplan Project Board (3-07)

40.1 The HPC received, for information, the minutes of 30 May 2022.

41. Health Strategy Forum (3-08)

41.1 The HPC received, for information, the minutes of 15 June 2022.

42. Oriel Project Board (3-09)

42.1 The HPC received, for information, the minutes of 6 June 2022.

43. London Health Data Strategy Programme Stakeholder Board (3-10)

43.1 The HPC received, for information, the notes of 13 June 2022.

44. Research agreements 2021-22 (3-11)

44.1 The HPC received, for information, a list of research agreements for 2021-22 (to date) signed by the Vice Provost (Health).

45. Any Other Business

45.1 The Vice Provost (Health) thanked all presenters.

46. Date of next meeting

46.1 The next meeting of the Health Partnerships Committee would be held on 30 November 2022 from 2.30pm to 4.00pm.

Ms Mary Moloney
Secretary to the Health Partnerships Committee
July 2022