Health Partnerships Committee

16 May 2022 from 9.30 to 11 a.m.
Minutes

Present Members:
Professor David Lomas (Chair); Professor Gianluca Baio; Professor Duncan Craig; Professor Andrew Dick; Professor Derek Gilroy; Mrs Claire Glen; Professor Graham Hart; Mr Richard Jackson; Mr Henry Killworth; Dr Alice Mortlock; Professor Deenan Pillay; Mr Michael Rowson; Professor Rebecca Shipley; and Professor Alan Thompson.

Apologies:
Professor Stephen Caddick; Professor Geraint Rees; Mrs Rebecca Whitham.

In attendance:
Professor Michael Hanna; Mr Alex Hall; Mr Nick Kirby; and Ms Alison Parker.

Officer(s):
Ms Mary Moloney

Part I: Preliminary Business

Professor David Lomas, Vice Provost (Health), welcomed everyone to the meeting, especially those who were attending for specific presentations.

17.   Minutes (2-01)

17.1   The Health Partnerships Committee approved the minutes of the meeting held on 6 December 2021.

18.   Matters Arising

18.1   Arising from minute 2:

The Vice Provost (Health) reported that the following changes to the HPC Terms of Reference had been approved by the University Management Committee:

a. The Clinical Governance Research Committee would report to the Research, Innovation and Global Engagement Committee instead of to the HPC.
b. It was noted that the correct title for the 'UCL Royal Free Board' was the Hampstead Campus Masterplan Project Board.

    c. The London Health Data Strategy Programme Stakeholder Board would also report to the HPC.

    d. The Health of the Public Strategic Oversight Board would start reporting to the HPC, when more firmly established.

The Vice Provost (Health) also confirmed membership of the HPC, as follows:

    e. Professor Graham Hart had assumed the role of Public Health representative, in his capacity as Co-Director of UCL Health of the Public.

    f. Alice Mortlock had joined the OVPH as Director of Strategy and Operations, OVPH, in January 2022, and had become a member of the HPC.

    g. It was hoped that the UMC would approve the nomination of Mr Richard Jackson (Director of Safety, Sustainability, Comms and Business Services) to membership of the Committee, at its meeting on 17 May 2022.

18.2   Arising from Minute 6.2(b):

As requested, the Committee Secretary had circulated to Committee members the link on the Oriel design 'flythrough':
https://www.youtube.com/watch?v=KMJZsr5JnXc

18.3   Arising from Minute 15.2-3:

Future agendas of the Health Partnerships Committee would include:

    a. an update from the Vice-Dean, Education (FPHS) on educational issues between UCL and its NHS Trust partners at the next meeting of 12 July 2022;

    b. a report from the Executive Director of Research & Innovation Services Operations on research contracts with external partners at the meeting of 30 November 2022;

    c. presentations on the Biomedical Research Centres, the Francis Crick Institute and the UCL Cancer Strategy, when appropriate.

Part II: Strategic Items for Discussion

19.   UCL Health Alliance (2-02)

19.1   The Vice Provost (Health) welcomed Mr Nick Kirby, Interim Managing Director, UCL Health Alliance to the meeting to present the Business Plan and Articles of Association for the Alliance. UCL approval for these would be required in order for the UCL Health Alliance to be launched as a new legal entity. He also thanked Ms Alison Parker, Director of Faculty Marketing, VPEE, and Mr Alex Hall, Interim Director, Legal Services, for joining this discussion.

19.2   The Interim Managing Director gave the context for the establishment of the Alliance:

    a. UCL had been a founding member of the Alliance. UCL Council had already given permission for the Health Alliance to use the UCL brand and it was hoped that this would also extend to the company/legal entity.

b. The context was both national and local: NHS England required that the NHS should form provider collaborations for the purpose of improving patient experience and outcomes as well as to ensure financial sustainability. These collaborations should complement the new Integrated Care Boards (ICB), set out in the UK Health and Care Act 2022. These Boards would have responsibility for financial stewardship and delivery, and for developing Population Health management and the provider collaborative would play a major role in driving delivery. Individual institutions and the five North Central London boroughs would remain key in overseeing primary, community and hospital healthcare. The UCL Health Alliance's focus would be on the pan health agenda for north London.

c. At a local level, it had been agreed that the Alliance would take an integrated, rather than segmented, approach to mental and physical health as well as reaching across healthcare sectors. Priorities would include: research to improve outcomes in the North London population; education and training to strengthen the NHS workforce; best use of procurement and estates to improve the social determinants of health.

d. The collaboration had started informally in 2020. It was now believed that formal governance and the establishment of a legal entity would be required to sustain activity over the long-term. It was hoped that the governance process would be approved by 30 June 2022 so that the Alliance could then embark upon delivery. UCL Legal Services was currently reviewing the Articles of Association, which were not expected to prove problematic. The Articles should be approved by the HPC and ratified by the UMC and, possibly, by the UCL Council. The HPC part of the approval process could be undertaken by email, if necessary.

e. Funding: each member of the Alliance had been asked to contribute £43k *per annum* in order to deliver collaborative priorities, outlined in each CEO's high-level business plan. The interim Managing Director, UCL Health Alliance and the Director of Strategy & Operations, OVPH, would discuss this further in a follow-up meeting.

19.3   Discussion points included:

f. It was hoped that the Health Alliance would provide radical system transformation, whereby care would be de-fragmented to improve patient flow and establish research platforms. This might involve closing sub-scale services in some hospitals, which could be contentious with patients/public.

g. UCLPartners: Board members felt that greater clarity, via excellent communication, would be required to differentiate the roles of the Alliance and UCLPartners (UCLP). In relation to UCLP, the interim Managing Director, UCL Health Alliance confirmed that:

i.   Geographical scope: the Alliance would be anchored in the North Central London ICB footprint, whereas UCLP currently spanned five ICBs.

ii.   Designations: UCLP hosted a number of significant designations which brought funded capabilities to the health and life sciences' ecosystem. These included the NIHR LCRN, NIHR ARC, HDR-UK, DATA-CAN and the AHSN.

      iii. Central capabilities: UCLP had a number of core central capabilities in innovation, evaluation, data, digital and research. The Alliance would be centrally lean with a delivery model, designed to yield excellent returns from the expertise across providers, UCL, UCLP and the ICB.

      iv. Chris Laing, CEO, UCLP, represented UCLP on the Health Alliance Board and David Lomas had joined to act for UCL.

h. Committee members queried whether plans for the Alliance in Population Health would fall under the CQC regulatory regime. The interim Managing Director, UCL Health Alliance, offered to contact the UCLH Governance Lead to confirm the position.

i. They also highlighted the lack of understanding within NMUH on UCLP. This partly resulted from the fact that the Alliance was at an early phase of development and it was agreed that greater communication would be required to ensure that its role would be understood across all relevant communities.

j. Downstream ambitions: it was felt important to establish a longer-term strategy and operational plan for the Alliance. This was likely to include ambitious service provision, private patient care and commercialisation of IP.

k. It was agreed that the interim Managing Director, UCL Health Alliance and the Director of Strategy & Operations, OVPH would liaise further over the legal entity and costs. The Director of Faculty Marketing, VPEE would also be involved over branding.

20. Update on Progress of the Dementia Research Institute (DRI)

20.1 The Director of the UCL Queen Square Institute of Neurology gave the following update:

a. As background, he explained that dementia posed a huge health challenge to an ageing global population but, historically, there had been a lack of research investment, in comparison with cancer, with fewer researchers, publications, trials and approved new drugs.

b. The DRI was established *c.* five years ago as a national initiative to drive a major increase in dementia discovery science, translation and clinical benefit. It had just undergone a QQR and £32m had been awarded for the next five years.

c. The national headquarters was at UCL, headed by Bart De Strooper and Adrian Ivinson, with seven centres across the UK. The latest addition is located at Imperial and differed from the others in that its focus was care and technology. As well as the main DRI centre at UCL, there was also a research centre, led by Karen Duff (Professor in Dementia and Neurodegeneration). There were now over 750 researchers across the whole DRI, tackling dementia from different perspectives and with state-of-the-art technology.

d. At UCL, there were four key themes: genetics; disease mechanisms driven by genetic knowledge; targeted therapies; and clinical application. An important area was UCL's biomarker programme in order to detect the earliest possible signs of disease.

e. In 2024, the DRI would move from the Cruciform to the new building at Gray's Inn Road.

20.2 Key discussion points were:

f. It was noted that the greatest risk to UCL was the commitment to funding Group Leaders' salaries beyond the next five years, at an annual cost of *c.* £3m-£4m.

g. Although DRI researchers were UCL employees, they were also answerable to the DRI Board. The relationship between UCL leadership and the DRI Board was therefore critical and posed a potential risk, unless both were working together well.

h. IP: UCL had a generous arrangement where most of the income from IP was re-invested in the DRI.

i. Brexit and the ensuing cut in Horizon funding posed a risk to the DRI as to many other major national research initiatives, and a Government decision on funding top-up was eagerly awaited.

21. Communicating UCL research in a complex stakeholder environment (attached to the minutes at <u>Appendix 2-04</u>)

21.1 Mr Henry Killworth (Deputy Head of Media Relations (FBS & FMS), News Room and Student Media, External Engagement) reported the following:

a. Much the work of his team related to setting up media opportunities and expert advisories, briefing journalists and making press releases to ensure that UCL received the credit it deserved for its collaborative health activities and research.

b. The landscape of UCL Comms for Health was complex in view of UCL's many stakeholders and partnerships, particularly with those of NHS Trusts. Each Trust had its own brand and, understandably, sought as much publicity as possible for its own successes. UCL was the only HEI to partner three NIHR BRCs. Many clinical scientists perceived their main affiliation to be with a partner NHS Trust rather than with UCL.

c. Overall, EE had good relationships with its research partners, such as The Francis Crick Institute, CRUK, North Thames Research collaboration and the HDR UK. During the covid pandemic, publicity around the UCL/UCLH/Formula One CPAP breathing device had been excellent as had the photo essay of medical student volunteers. An article on a UCL/University of Sheffield collaboration on AI assisted surgery had been published in The Guardian of 16 May 2022.

d. He felt that UCL was generous in sharing credit with partners, which was a good strategy as UCL required patient case studies from the NHS to illustrate its research.

e. However, there were examples where UCL involvement had not been sufficiently recognised: for example, with news on the MEH/Brent Cross clinic; the bionic eye; and the proton beam. Spin-out companies often did not highlight UCL's role in crucial, initial clinical trials. On these occasions,

the EE team would follow up with the aim of ensuring that UCL was included in subsequent publicity.

f. Media training was being rolled out to academics/clinicians. Future plans included branding lab coats with the UCL logo and focusing on feature writing.

21.2   Discussion included the following:

g. It was noted that UCL and the NHS had different Press strategies. UCL distributed press information under embargo in order to maximise circulation whereas the NHS often kept stories in abeyance in order to optimise impact.

h. Some HPC members proposed that consideration be given to the establishment of a more formal relationship (*e.g.* Memorandum of Understanding) between UCL and partners over brand and collaborative research publicity. Andrew Dick, Director of the Institute of Ophthalmology, reported that a name change was under consideration and might require the set-up of an MoU. He agreed to report on progress to the next meeting of the HPC.

i. It was felt that there could be better Comms across Faculties to share pan-UCL Health stories.

j. Greater consideration might be given to how to target Health stories at a less well-educated audience.

k. It was noted that TV news stories were controlled by the relevant TV company who were more likely to attribute Health features to the NHS.

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, except for those of the AHRI Programme Board.

22.   AHRI Programme Board (2-05)
22.1   The HPC received, for information, the final minutes of 4 October 2021.

23.   Cancer Strategy Board (2-06)
23.1   The HPC received, for information, the minutes of 17 February 2022.

24.   UCL Crick Board (2-07)
24.1   The HPC received, for information, the minutes of 23 March 2022.

25.   Hampstead Campus Masterplan Project Board (2-08)
25.1   The HPC received, for information, the minutes of 21 April 2022.

26.   Health Strategy Forum (2-09)
26.1   The HPC received, for information, the minutes of 30 March 2022.

27.   Oriel Project Board (2-10)
27.1   The HPC received, for information, the minutes of 4 April 2022.

28.   London Health Data Strategy Programme Stakeholder Board (2-11)
28.1   The HPC received, for information, the minutes of 11 April 2022.

29.   Research agreements 2021-22 (2-12)
29.1   The HPC received, for information, a list of research agreements for 2021-22 (to date) signed by the Vice Provost (Health).

30.   Any Other Business

30.1   The Vice Provost (Health) thanked all presenters for attending the meeting.

31.   Date of next meeting
31.1   The next meeting of the Health Partnerships Committee would be held on Tuesday 12 July 2022 from 2 to 3.30 p.m.

Ms Mary Moloney
Secretary to the Health Partnerships Committee
May 2022