

# KING'S HEALTH PARTNERS BOARD MEETING

## MINUTES OF THE KING'S HEALTH PARTNERS BOARD

HELD ON 28<sup>th</sup> SEPTEMBER 2021

*via Microsoft Teams*

<b>PRESENT</b>	Rt. Hon. Prof Lord Ajay Kakkar	Independent Chair, King's Health Partner
	Prof Garret FitzGerald	Non-Executive Director, KHP
	Rt Hon Stephen Dorrell	Non-Executive Director, KHP
	Prof Pamela Kirby	Non-Executive Director, KHP
	Sir Hugh Taylor	Chair, Guy's and St Thomas' NHS FT and King's College Hospital NHS FT
	Prof Shitij Kapur	President & Principal, King's College London
	Prof Ian Abbs	CEO, Guy's & St Thomas' NHS FT
	Prof Clive Kay	CEO, King's College Hospital NHS FT
	Prof Richard Trembath	Executive Director, KHP
	Jill Lockett	Managing Director, KHP
<b>APOLOGIES</b>	Rt Hon Sir Norman Lamb	Chair, South London and Maudsley NHS FT
	David Bradley	CEO, South London and Maudsley NHS FT
	Prof Evelyn Welch	Senior Vice President, Service, People and Planning
<b>IN ATTENDANCE</b>	Dr Michael Holland	Medical Director, South London and Maudsley NHS FT (for David Bradley)
	Joseph Casey	Director, Partnerships and Programmes, KHP (minutes)
	Helen Whyte	Office Manager, KHP (meeting support)

### *Item 3 – Update on Psychosis Population Health Management Platform*

Dr Rob Harland	Clinical Director, Psychosis CAG, KHP
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### **1. Minutes and matters arising**

Lord Kakkar welcomed everyone to the first meeting of the reconstituted King's Health Partners Board. Apologies were noted for Sir Norman Lamb, David Bradley, and Prof Evelyn Welch. Lord Kakkar welcomed Dr Michael Holland to the meeting representing South London and Maudsley NHS FT.

Lord Kakkar thanked Sir Hugh Taylor for acting as interim chair for the Joint Boards from the beginning of the year.

Lord Kakkar and members of the Board congratulated Prof Ian Abbs on his recent substantive appointment as the CEO of Guy's and St Thomas' NHS FT.

The minutes of the previous meeting of the Joint Boards held via Microsoft Teams on 29<sup>th</sup> September 2021 were agreed as an accurate record.

There were no matters arising.

## **2. Welcome to Prof Lord Ajay Kakkar, Independent Chair, King's Health Partners**

Prof Lord Ajay Kakkar thanked members of the Board for the welcome to King's Health Partners. Lord Kakkar noted the common strategy and vision shared by the partners, and opportunities for the partners individually and collectively working across the broader health system. The Board's role is to support and challenge King's Health Partners to deliver for and on behalf of the partners, our patients, students, and staff.

Lord Kakkar confirmed that he had agreed to co-chair the Board of the SC1 Innovation District initiative and joined Prof Sir Robert Lechler in co-chairing a first Board meeting together.

Prof Richard Trembath noted that going forward, the SC1 Innovation District papers are to be received by the King's Health Partners Board.

The discussion noted the importance of ensuring the alignment across the collective strategic initiatives. In discussion, members of the Board welcomed and emphasised the important role of the Board in providing clarity and direction.

### **Action:**

- Board papers of the SC1 Innovation District to be received by members of the King's Health Partners Board in papers.

## **3. Psychosis CAG Population Health Management Platform**

Lord Kakkar welcomed Dr Rob Harland to the meeting, who joined Dr Michael Holland for the item. Dr Michael Holland provided an overview of the development of the population health management platform within South London and Maudsley and the Psychosis CAG, highlighting the potential opportunities for improving patient outcomes in the context of the changes in the broader health system. This includes opportunities to integrate mental and physical healthcare within primary care to improve outcomes across the whole system. This is a challenge locally and nationally.

Dr Rob Harland outlined the development of the Psychosis Population Health Management platform in the context of service and system developments, working with Prof Richard Dobson and colleagues developing CogStack at the King's College London Centre for Translational Informatics. Dr Harland provided a live demonstration, presenting an overview of the different comparisons and use cases on which the platform can support clinical teams (using a presentation-version with example

data). This includes direct patient care at an individual-patient level, as well as at population-level based on a defined cohort. Dr Harland noted that only a third of patients are under the care of secondary care, and the system enables clinicians to support integrated care for patients working across the whole healthcare system.

The discussion noted:

- Congratulations to Dr Rob Harland, Dr Michael Holland, and the team on the level of progress in recent years. The development is world-leading and potentially unique in the practice of psychiatry, especially in terms of population reach into the community.
- There are three-levels of use at the (i) organisational-level, (ii) service-level, and (iii) team-level to support improvements in practice and equity. The latter is the current focus of Dr Harland within South London and Maudsley. The discussion emphasised the importance of supporting intervention projects within King's Health Partners, including through large-scale trials within and between the NHS partners.
- The opportunities to support efforts to improve the social determinants of health. The discussion noted that the primary prevention strategy could focus investment and interventions in areas where psychosis is emerging. There is a link to secondary prevention, which should be located within primary care in the areas where psychosis is emerging (to support reaching people before they enter secondary care). There are important opportunities to support secondary and tertiary prevention across the breadth of collective referral pathways.
- Potential to link with Electronic Patient Record systems. The discussion noted the importance of interoperability of information sharing across Clinical Academic Groups (CAGs), learning from other system initiatives, including clinical effectiveness approaches across the local health system.
- Potential for DigiTech within mental health to support changing the balance and relationship between the patient and clinician to support patient decision-making. The discussion noted that the CAG Service Users and Carer Group are important supporters of this development, including because it enables access to their own data through the Beth portal (at South London and Maudsley), which enables people to see and (if necessary) correct their own data. This approach supports and enables service users and patients to increase autonomy.
- The potential to integrate further datasets from across multiple sources will enable the further development of the approach, building on the current version of the platform. There is work to align the outcomes sets between clinical services and research activities to including to support improvements in quality, outcomes, and equity.
- There are significant lessons to support collective development that will enable moving from observation to actionable insights, including within King's Health Partners and across London. Prof Ian Abbs is co-chairing the London Trusted Research Environment (TRE) initiative, and this could make a significant contribution in developing the capability across London.
- There are barriers to realising the full potential of integration with primary care, and work is underway on the supporting information governance across London.

**Actions:**

- King's Health Partners team to support Dr Rob Harland and colleagues in continuing to make progress, including identifying opportunities for cross-CAG collaboration.

- King's Health Partners team to connect Dr Rob Harland and colleagues to developments in primary care through Dr Rachna Chowla, including south east London Clinical Effectiveness which is being hosted by King's Health Partners with King's College London.
- King's Health Partners team to connect Dr Rob Harland and colleagues to the London Trusted Research Environment (TRE) developments.

#### **4. Clinical Academic Group (CAG) Development**

Lord Kakkar invited Jill Lockett and Joseph Casey to provide an update on KHP CAG development.

Jill Lockett outlined the importance of CAGs in developing the Academic Health Sciences Centre since 2009. A notable differentiator for KHP compared with other AHSCs was the inclusion of all clinical services and research teams in a CAG. It was noted that in 2015 five CAG were elevated to Institute status with a brief to achieve a "world class" capability. These Institutes were seen as "super CAGs". The partners have each undergone changes in operational structure and welcomed new leadership, and the King's Health Partners team has worked with directors of strategy to ensure alignment and agreement across the CAG structures, which is detailed in the papers received by the Board. This has included a review of CAG leader tenures and agreement on priorities for CAG leader recruitment, which will be undertaken in phases. Joseph Casey provided an update on developments, including scheduling of listening exercises with CAG executives from the autumn which will be supported by a refreshed CAG heatmap. CAG leader recruitment is an important enabler, and six CAGs are recommended to the Board for the first phase of recruitment in the autumn.

The discussion at the Board noted:

- The importance of committed and determined focus by many CAG leaders that has enabled delivery through CAGs and supported the development of King's Health Partners as an AHSC.
- Inclusive CAGs have been one of the defining features of King's Health Partners, and an area of differentiation, alongside the prominence of mental health and integrating mind and body within the partnership.
- This is a welcome opportunity to support alignment between partners. There is variable level of connections of CAGs within the partners. There have been significant changes in the operational structures of all partners. The discussion recognised the work undertaken with directors of strategy and the importance of ensuring that CAG leadership aligns with the operational leadership, where needed, and with partner structures. The focus needs to be on supporting translational research, ensured through strong connectivity between clinical and academic teams, which may include changing the leadership for a number of CAGs.
- Importance of testing the CAG priorities, capability, and capacity for delivery through the listening exercises and refresh of leadership (as proposed in the Board paper).
- Importance of close involvement of the operational leadership within the CAG leadership model, who should be part of the CAG leadership.
- From experience across the partners including in the Cardiovascular and Respiratory Partnership programme, potential for using a dyad or triad leadership model to ensure we have range of experience and expertise across the breadth of the tripartite agenda.

- Importance of ensuring King's Health Partners Executive Group involved in the appointments process to support and ensure alignment of CAGs to partners to support delivery of the tripartite mission.
- Importance of ensuring the partnership realises the benefit of the review and refresh of CAGs, which may require support at Board-level to navigate any challenges that arise.
- Consideration to be given to the framing of the Institute construct, which has some connotations around physical infrastructure. There is an opportunity to add value through platform-style institutes (eg, data, regenerative medicine). In the context of the governance review and refresh of CAGs, consideration should be given to the cross-cutting institute concept focused on platform capabilities which could enable the partners to access broader opportunities.
- Importance of ensuring that configuration of CAGs supports collaboration on the major challenges facing health and life sciences. There is the potential that the CAGs are too narrowly defined to support addressing these questions, which should be part of the scope of the conversation.
- Consideration to be given to ensuring the connection between mental health and physical health CAGs. As an example, there is a close connection between King's Health Partners Neurosciences and the Mental Health CAGs, which supports effective delivery between mental and physical healthcare. The question applies to several CAGs where there is an overlap between the physical- and mental health-focussed CAGs.

Prof Richard Trembath requested support from the Board to explore the questions relating to CAGs, potentially with a more limited number operating in a matrix-construct interacting with a new KHP cross-cutting structure.

Lord Kakkar thanked members of the Board for the discussion, noting the support of the Board for the considerations and direction set out in the paper.

**Actions:**

- Lord Kakkar to continue discussions with Prof Richard Trembath and Jill Lockett on further elements of CAG development.
- KHP team to develop the process for early phase appointments and launch the listening exercise and new Heat Map. Progress to come back to the Board in winter 2022.

**5. King's Health Partners Governance refresh**

Lord Kakkar thanked colleagues for conversations in recent weeks about the governance review and refresh. Lord Kakkar noted the large number of structures with which King's Health Partners interact with across the local health and innovation system, and the important balance of ensuring relevance and connection whilst not demanding too much of our partners in that complex context.

Lord Kakkar noted conversations with non-executive director colleagues to support delivery of the strategic vision, and the importance of external and well-informed challenge informed by national and international context. Consideration could be given to developing an external advisory group

with an international perspective, which maintains a connection to the King's Health Partners Board through the chair of the external advisory group.

Prof Richard Trembath updated on the implementation of the governance refresh. Nominations have been received from all partners, and invitations are now being sent to members of the expanded Executive Group. This will ensure the right level of engagement within each partner and across our partnership. The Executive Group will be meeting from November. Prof Trembath noted the involvement of Executive Deans from beyond the health faculties of King's College London to support collaboration across the breadth of the University.

Prof Richard Trembath noted the involvement of King's Health Partners individually and collectively in SC1, the immediate objective of which is the recruitment and appointment of an Executive Director.

The discussion noted:

- Support for the proposed approach and the importance of the simplifying role and value-add of governance in the context of changing system structures alongside concurrent and on-going operational pressures.
- Importance of the Life Sciences agenda, and the Board should support and challenge the development of major platforms in relation to data and innovation, advanced therapies, informatics, big data, and population health. The partnership needs a strong focus on these priorities. This should be an explicit focus for the Board.
- Will be measured on accelerated development and delivery of capability, including future funding through Office of Life Sciences.
- Development of an external advisory board should include life sciences representation as well as community, primary care, and public health across the health system. This needs to include ensuring there is a process that poses the challenging questions on representation.
- Representation should include the role of patients and residents within the work of the CAGs, which has not been the case within the CAGs and governance structure for King's Health Partners.

**Actions:**

- Executive Group to develop the matrix model to support delivery of the innovation agenda within the partners
- Lord Kakkar to work with Prof Richard Trembath and Jill Lockett to continue to develop the approach in the context of the changing landscape and ensuring the contribution of King's Health Partners.
- King's Health Partners team to work with partners to map alignment and initiatives across local health economy with regional and national development.

## **6. King's Health Partners Executive Director's Report**

Prof Richard Trembath noted the update on major programmes and developments through the Director's Report, received in papers, highlighting:

- the development of the BRC applications in advance of submission in October.
- impressive range of contributions from across the breadth of our partners.
- The relationship with Imperial College continues to be developed in the context of the merger of the Royal Brompton & Harefield with Guy's and St Thomas' earlier in the year.
- the recent success in academic training opportunities through the NIHR, as well as the Wellcome Trust health PhD programme (with a primary focus on mental health).

Lord Kakkar noted the importance of succinctly summarising the value of the partnership to support conversations across partners. The discussion noted that impact case studies would be helpful to support discussions on the value of the partnership to the local and national health systems. This will be important in supporting partners in supporting continued engagement and involvement of people across King's Health Partners.

***Actions:***

- Summary of added value of partnerships to support engagement and broader discussions, including through an Impact Report.

**7. Any of business**

Members of the Board expressed their condolences to Prof Anne Greenough (KHP Director of Education and Training) and her family following the recent passing of her husband, Prof Anthony Milner.