

	<p>The Collaboration has developed important networks that can be tapped to, and provides a link with DHSC. Action: Provide an appendix with a list of collaborators.</p> <p>AAJ declared an interest as he has been involved with WCRF for 15 years.</p> <p>The committee asked KH whether we can learn from the experience of BHF and the Cardiovascular TRC and the Versus Arthritis and the MSK TRC. Action: KH to share relevant information</p> <p>Action: KH will speak to Louise Knowles to inform of the conversations that will happen, and will approach about whether matched funding might be possible. This doesn't have to be secured in order for us to proceed, but we would want to pursue this.</p> <p>Considerations: How can WCRF be seen to play a major role in the cancer and nutrition agenda and contributing to practice as well as policy? Is WCRF wanting to be a named partner in collaboration or to take responsibility for the collaboration? Would they be welcoming other charities to work alongside us? Consider outputs and synergies with a limited time horizon of 5 years, as these may change. Be clear on what we want to do in this time without constraining options for plans after this time.. What is the best way we can configure our responsibilities and working relationships? Do we have enough synergy/complementarity? What are the outputs that could be planned? I.e. grants/networks/training and development Benefits include raising the profile of WCRF, establishing uniqueness of activities, and setting up more patient-facing activities. How would we measure outputs? KPIs provided for NOCRI would not be relevant.</p> <p>Action: MJW and KA to review document before it is formally presented to WCRF.</p> <p>The document would need to be reviewed by DHSC/NOCRI first if it is a formal partnership plan.</p> <p>KA left the meeting.</p>	<p>FD</p> <p>KH</p> <p>KH</p> <p>MJW/KA</p>	<p>1/3/21</p> <p>3/3/21</p> <p>5/3/21</p> <p>12/3/21</p>
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	<p>submitted involves David Bowrey, Clare Shaw and Rachael Barlow with new colleagues being drawn in, entitled 'A NATIONAL STUDY OF PREHABILITATION IN THE UNITED KINGDOM: ANALYSIS & EVALUATION OF CURRENT PROGRAMMES AND STEPPED WEDGE TRIAL OF EFFECTIVENESS OF AGREED BEST PRACTICE (PREHAB-UK)'. This will be submitted to the HS&DR programme.</p> <p>Population Health This work stream held a meeting at the beginning of February to define their areas of interest. They are interested in cancer prevention in hard to reach groups such as people with disabilities, multi-morbidities and ethnic minorities, as well as secondary prevention. They would like to hold a brainstorming work shop open to other work stream members to pull together a programme grant. FD will coordinate this.</p>		
Summary	<p>Actions:</p> <ul style="list-style-type: none"> • Confirm whether LM will act as lead or co-lead for Toolkit activity • AAJ will step in to support as interim Molecular Mechanisms Chair for a defined time period • Nutritional guidance editing will be held • Draft proposal for WCRF and summarise outputs and achievements. Arrange meeting for the group for next week to review first draft 	SAW	5/03/21