

NIHR Cancer and Nutrition Collaboration Executive Committee meeting Tuesday 2nd June, 1-4pm

In attendance: Sam Ahmedzai (Chair), Kate Allen, Annie Anderson, Fiona Davey, Jacqui Gath, Kate Holmes, Alan Jackson, Ian Lewis, Jane Murphy, Josune Olza Meneses, Clare Shaw, Mike Stevens, Martin Wiseman, Steve Wootton

Apologies: David Bowrey, Karen Phekoo

Item	Notes	Person responsible
Welcome and apologies	The Chair welcomed everyone to the meeting and noted apologies from DB and KP.	
Minutes of the last meeting	The minutes of the last meeting were approved with one minor correction.	
Matters arising/actions	Work stream chairs Since the last meeting, AAJ has stepped up to act as Interim Chair for the Experimental work stream, and SAW is Interim Chair for the Toolkit work stream.	
WCRF Partnership	<p>After the previous meeting, KA took the idea of supporting the core infrastructure of the Collaboration to the CEO of WCRF and has secured funds for its core infrastructure for next 12 months. This gives us time to secure the Collaboration and we will work together to identify the areas where our strategies align and we can develop specific partnership tasks to work on together as a joint venture.</p> <p>The wider WCRF network has been aware of the Collaboration for a long time through the link with MJW/KA. WCRF UK has been going through a strategic planning review cycle and as a part of their longer term aspirations they have been looking at areas like such as training health care professionals to build capacity and improve the quality of information that patients receive. Identifying the synergies between our activities and the opportunities for mutual benefit, they have pulled forward their priorities by 18 months to enable this partnership.</p> <p>We will be setting up a new ad hoc steering group to guide us through this period.</p> <p>The NIHR Collaboration has a range of activities characterised as research, engagement and capacity building. We need to be clear in communicating how we will partner with different partners over time to achieve all three elements.</p>	

	<p>The partnership with WCRF UK is independent from WCRF research applications and does not prohibit or benefit us in terms of being able to apply for WCRF funding calls.</p> <p>It was reiterated that we cannot be complacent about our finances as we are at risk of the same situation occurring again in 12 months' time. We must maintain communication with the charities involved in previous Professionals work stream activities to highlight potential partnership opportunities and gain further financial support.</p> <p>KH confirmed that she can't foresee any issues with the WCRF partnership from the point of view of DHSC.</p> <p>Further specific details of the partnership will be shared down the line for the committee. Work stream leads will be asked to join the initial partnership steering group; and attend on an 'as required' basis thereafter</p> <p>We are considering formally announcing the partnership at the NCRI virtual festival in November.</p> <p>Next steps: We are still working through our Management Committee and with WCRF UK's executive to set out our objectives. The joint steering group will be set up over summer. Proposals will be brought back to the next executive committee. Within the business plan, we need to highlight the activities that would happen if we didn't exist and where we add value.</p>	
Governance	<p>Finances It was confirmed that there are no other financial aspects we need to consider in relation to governance.</p> <p>Organisational structure Consideration must be given to the future structure of the Collaboration if we become a consortium with other funders, such as how the funders will be represented.</p> <p>Offices Angela King has stepped back from the Collaboration due to personal circumstances. The committee expressed their gratitude for her significant contributions to the Collaboration.</p>	
Membership/consortium model	<p>We previously proposed a membership model which had a joint purpose of fundraising for our continuation. We were not able to continue with the route of receiving donations via the charity due to not being</p>	

	<p>granted approval from DHSC. In addition, we could not become a charity in our own right without losing our NIHR label. If this were to be seriously considered as an option we will need to weigh up the costs and opportunities arising from dropping the NIHR label.</p> <p>IL advised that it took many years for NCRI to become a charity, and it might be a distraction from our core objectives.</p> <p>The diagram of our structure and working groups in the proposed consortium model is not demonstrating how they deliver our ambitions. <i>Note: After the meeting SAW circulated a proposed diagram based on our discussions, see appendix.</i></p> <p>Action: IL to circulate presentation of NCRI's structure for the Collaboration to consider whether there is any application to our desired structure.</p>	IL
PPIE	<p>AK produced the major element of our PPIE ambitions, which were presented at the previous meeting.</p> <p>JG commented that there should be more opportunities for PPIE members to submit ideas for research to the collaboration. She would also like to see more work on involving ethnic minority groups in the Collaboration and highlighting the needs of women. The committee agreed that it supports the ambition to improve diversity across all its activities.</p> <p>Regarding the proposed numbers of PPIE members across the suggested new committees, it was suggested that there were too many for the current scale of our organisation, but these could be suggested as an example. It is important to ensure that all members have the opportunity to contribute regularly so that they have feel engaged and are able to provide meaningful contributions. The important thing is to be clear on the context of the groups and their purpose, such as advising, contributing to research or engaging with the broader community.</p> <p>Action: JG to share model of PPIE used by DATACAN</p> <p>Action: Produce a graphic/flowchart to demonstrate purpose of each group</p>	JG FD
KPIs	<p>The Collaboration was informed by NOCRI that it no longer needed to produce the standard KPIs that formal TRCs are required to submit. FD presented some suggested KPIs that could be useful for our own reporting purposes. These ought to be used not only for</p>	

	<p>internal reporting but for external audiences to share our successes as an impact report. It is important to be able to monitor progress as it enables us to self-govern and act upon our past to improve in the future.</p> <p>Action: Refer to as 'our successes' not KPIs</p> <p>Others to include if quantifiable:</p> <ul style="list-style-type: none"> • A grant application that has catalysed other activity • What changes have been made as a result of PPIE input 	FD
Work stream updates	<p>Experimental</p> <p>The Experimental group convened at the end of March, and AAJ is stepping in as Interim Chair. They would like to meet more regularly and in the first instance would like to hold a meeting showcasing their ongoing research. Once it has started to meet more regularly we hope someone will come forward to act as a long term chair.</p> <p>Population Health</p> <p>No grants have been developed but the group has published two articles in the British Journal of Cancer. AA also recently had discussions with SAW about opportunities for research for the group that could be achieved without a large budget required. Initially the group was looking at intervention evaluation, but one area coming up increasingly is about the extent to which patients can engage in dietary change from the point of view of patient autonomy and activation. A workshop will be planned to work up the idea of a study on determining the factors of participating in interventions.</p> <p>LWBC</p> <p>The group has been very active this year, particularly in relation to responding to the NIHR Prehabilitation funding call. One application was submitted to the HS&DR programme and one to HTA, and we are awaiting the outcomes. An application was also submitted to WCRF which was shortlisted through the first stage. They have welcomed many new members including PPIE members, who were recruited from BRCs and some were participants of the SAFEFIT study. The group has also collaborated with the Population Health work stream.</p> <p>Discussions are ongoing for identifying collaborative opportunities for the North West Cancer Research funding call. During these discussions a team from</p>	

	<p>Coventry University has shared their platform for delivering remote interventions, and has offered it out for use by Collaboration members.</p> <p>Professionals The group has not met during this quarter. They will regroup soon and redefine strategy about training, following discussions with WCRF about where they could work together.</p> <p>CTYA The work stream conducted a national survey of current practice which has just closed. This will provide a baseline to better understand what is going on and will be a vehicle to engage with the professional community. Results will be shared later in the summer. Once the survey results are published they will develop the PPIE element of their activity.</p> <p>The group will also look at young adults with experience of cancer in childhood or adolescence and will collaborate more directly with CCLG on this, as they already have a late effects group.</p> <p>Wellcome Trust PDG The ultimate direction of this study hasn't been as cohesive as initially planned but it is still continuing and has been submitted to the Wellcome Trust's collaborative awards in science programme, led by Prof Helen Roche.</p> <p>Toolkit SAW is leading on refreshing this work stream and getting support for it. Laura Miller and Neil Bibby have agreed to take a greater leadership role but SAW will continue as interim chair. We don't want to have further discussions about the different measurements that can be used as this is not productive. Initially we will ask the group to focus on nutritional screening, in particular screening for people with diagnosed or suspected cancer who are living with overweight or obesity. The group will then look more formally at assessment.</p> <p>The Toolkit group needs to offer principles and guidance so that individuals can contextualise it and introduce it to their own programmes of work. It needs to be able to be implementable, and to influence practice and patient care.</p>	
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	NCRI offered to advertise for PPIE members in their consumer newsletter.	
AOB	<p>NIHR Palliative and End of Life Partnership funding Whilst the partnership funding is not suitable us, this is a strong indicator that NIHR will be funding research in this area next year. Action: We need to be making contact with palliative charities/organisations to offer our services.</p> <p>NCRI Virtual festival Action: remind members about abstract deadline</p> <p>A suggestion was made for us to jointly run a panel discussion on the gut microbiome – cancer causation, prevention, diet and nutrition. SA will invite Stephen Hursting to participate.</p> <p>NCRI hope that the format of sessions will be different this year, with the opportunity for more discussion despite it being virtual, and less focus on presenting slides.</p> <p>We are also proposing a healthy cooking session as a potential activity with WCRF.</p> <p>Nutrition in advanced cancer is another potential area for a session, and we could suggest that we host a debate.</p>	<p>TBC</p> <p>FD</p>

Appendix

