

Management committee

Tuesday 12th December 2023, 2-3.30pm

Attendees: Anjali Batish, Vicky Coyle, Fiona Davey, Alan Jackson, Steve Wootton (Chair), Jane Hopkinson

Apologies: Rachel Marklew, Martin Wiseman, Mike Grocott

Item	Notes/action	Lead	Due
Welcome and apologies	Apologies were noted on behalf of MJW. This was due to be MJW's last meeting as Chair and the committee gave a formal note of thanks for all his contributions over the years and having played a pivotal role in the development of the cancer and nutrition activity over the last 30 years both in the Department of Health and at WCRF, developing unique methodologies of how best to interrogate the evidence. The Collaboration hopes that it can keep consulting MJW in the future. Action: send formal note of thanks and SAW will send a card	AAJ/SAW	31/12/23
Minutes of the last meeting	The minutes of the last meeting were accepted as an accurate record. Actions NCRI Contact has been made with John Wilkinson who is leading NIHR's response to the NCRI closure and is open to a discussion with us. VC and FD will meet with him in the New Year. Global Health AB/AAJ to speak regarding the Global Health programme and will arrange a meeting with the programme lead.	AB/AAJ	TBC
	Succession planning Whilst SAW will be acting as management committee chair for the first half of 2024, a clear plan needs to be put in place for beyond that with deadlines and a decision/action tree. Action: discuss at next meeting	All	16/01/24
i-Prehab	JH joined the meeting for this item. The sub-group has supported the development of the I-prehab application and was instrumental in its success. £14.4k was allocated to the Collaboration for its ongoing support. In the previous LWBC meeting a suggestion was made to set up an inclusivity interest group to support and promote research relating to equality, diversity and inclusion, and share expertise on the topic.		

	<p>This idea came from the needs of the i-Prehab project but could be advisory group across the Collaboration for bids in development.</p> <p>I-Prehab already has a growing network of PPIE representatives supporting the project. 3 co-applicants representing different communities who worked with the research team to set up a public advisory group. The first meeting is in January and will meet 3 x year.</p> <p>Feedback The committee fed back that i-Prehab and the proposed EDI committee are very important projects that dovetail with other ongoing discussions across the work streams.</p> <p>The question was raised about how we will manage and organise the different priorities brought forward, as would be expected that there will be many issues raised and we won't be able to address everything at the same time. It would be beneficial to identify the key 'big questions' that can be taken to academics to pursue.</p> <p>The group can also form a link with the Nutrition Society's EDI Special Interest Group.</p> <p>Action: JH to draft brief for the group, be clear on objectives of group in terms of how they can support the project. FD will share with other work streams to recruit.</p> <p>Action: JH and FD to liaise regarding creating a web profile for i-Prehab on the Collaboration's website.</p>	JH FD JH/FD	5/1/24 29/2/24
Prehabilitation steering group	<p>Review of the NIHR grant submissions and current status is in progress.</p> <p>Summary of prehab activity Action: FD to ask work stream members to add in details of their ongoing projects with a headline to describe the activity and a footnote with further details, references if relevant and links. This will mainly focus on ongoing work.</p> <p>Mechanisms workshop This is proposed to happen in q2/3 of 2024.</p>	FD	16/12/23
Charity workshop	<p>A successful workshop took place with about 14 charities, who are interested in working together and will form a working group. We hope they will take the lead in an engagement activity. We will convene the working group in q1 of 2024.</p>		
PPIE	Funding matters		

	<p>Expressions of interest have been received to join a panel following the workshop. Funding is a key issue and the panel will need to explore how it could become self-sufficient and generate its own income.</p> <p>Sense about science SAW and FD met with SAS to review their offer and how it could work with the PPIE panel. There are some interesting ideas such as a ‘making sense of research’ publication which could be put forward to the panel but will require a funding application to be made jointly to access their professional experience and facilitation of the process. This will be put forward at the first meeting and we will report back to SAS.</p> <p>ICBs A query was put forward by Rashmi Kumar via WCRF regarding how we could influence Integrated Care Boards. Feedback was given that we do not have the opportunity to influence them at a national level but might be able to work locally through personal contacts of AAJ and SAW. ICBs are intended to work at a strategic and not at an operational level to bring coherence and uniformity to commissioning.</p> <p>Action: AAJ/SAW to make contact with Derek Sandeman – Clinical Lead for Hampshire and IOW ICB.</p> <ol style="list-style-type: none"> 1) how he sees this could work in their domain 2) identification of challenges and low hanging fruit. 3) views on how we could widen influence to others. <p>It was suggested to circulate a structured questionnaire to identify any commonalities in views on how we could engage with ICBs.</p> <p>It was noted that Cancer Alliances are usually the groups which ICBs go to for guidance on cancer.</p>		
WCRF partnership	<p>FAQs Further questions are being translated from the WKOF website for the FAQs resource. These are being reviewed by WCRF and FD will organise review by the BDA and PPIE representatives.</p> <p>Continuity Action: SAW to contact WCRF (VG/RHG) re confirming continuity of partnership.</p>	SAW	

<p>Membership</p>	<p>A new version of the membership document was presented to seek NOCRI's views on the acceptability by DHSC.</p> <p>As a Collaboration, we need to give people the opportunity to identify within the partnership.</p> <p>Feedback</p> <ul style="list-style-type: none"> - DHSC will have issues in it being labelled as a membership model, as they expect collaborations to be funded by the BRCs. - They would also be uncomfortable with any donations through charities at an individual level. - Nothing is written down about how NIHR supports Collaborations that aren't TRCs in terms of human or financial resource. Characteristics or criteria should be more clearly defined to give us a framework that we can align with. <p>Permitted</p> <ul style="list-style-type: none"> - No problem with organisations/people being identified as members <p>BRC support</p> <p>We are supported by Southampton BRC with involvement on committees, financial support for PPIE, access to PPIE community and access to expertise.</p> <p>We have significant PPIE engagement and with charities that support cancer related activities. Both would wish this Collaboration to do more to enable and facilitate that with human resource and income to enable those processes.</p> <p>Clarity required</p> <ul style="list-style-type: none"> - If SGH charity were keen to secure and promote prehabilitation and structured an agreement around prehabilitation, would that be acceptable? It was noted that SGHC already fund work that is ongoing in the BRC. <p>Actions:</p> <p>Define principles of what approval we are asking for and what DHSC may give and return to the membership document when we have clarity.</p> <p>Other non-TRC Collaborations: Statistics group</p>	<p>AB/KA</p> <p>AAJ</p>	<p>31/1/24</p> <p>31/1/24</p>
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	Multiple long-term conditions. – has central core funding.		
ICONIC	<p>ICONIC has completed its objectives for 2023 and is planning for 2024. The most visible project will be the development through the CTYA knowledge action platform for WHO. The Collaboration will need to explore how we can align to take advantage in the UK as well.</p> <p>A quality assurance framework was developed with colleagues in Ghana and the extent to which this should be defined as a function of the Collaboration is to be considered. ICONIC will look to consolidate activities at a national level.</p> <p>The capacity building objectives has been successful with training courses delivered to help people write better grant applications.</p>		
Work stream updates	<p>Professionals The meeting has been deferred to new year as WCRF contact in medical schools has gone quiet and new connections may need to be made.</p> <p>LWBC A new connection has been made with Prof Suzanne Scott and Rachael Barlow. SS is looking at rates of cancer within 5 years following negative diagnosis with urgent cancer referral and may be able to link with RBs' work on interventions in primary care.</p>		
AOB	Action: FD to clarify actions required by the end of the year and priorities for 2024	FD	16/12/24