



Wessex Cancer Alliance Board Meeting
Wednesday 24th September 2025, 9.30am to 12.00pm
Explorer House, Southampton

Minutes

Board Members Present

- DF David French, Executive Chair, Wessex Cancer Alliance
- DC Derek Cranvey, Vice Chair of Wessex Cancer Alliance Involvement Steering Group
- JW Jane Winter, Nursing/AHP Lead, Wessex Cancer Alliance
- KA Kathryn Armitage, Primary Care Clinical Lead for Dorset
- LA Lara Alloway, Chief Medical Officer, Hampshire and Isle of Wight Integrated Care Board
- MH Matt Hayes, Medical Director, Wessex Cancer Alliance (Chair)
- PJ Paul Johnson, Chief Medical Officer, NHS Dorset
- RF Rebecca Furlong, Head of Cancer and Diagnostics - performance, NHS England (South East)
- RR Richard Robinson, Acute Clinical Lead for Cancer, Hampshire and Isle of Wight Integrated Care Board
- RRp Richard Roope, Primary Care Clinical Lead for Hampshire and Isle of Wight
- SR Sally Rickard, Managing Director, Wessex Cancer Alliance
- SB Simon Bryant, Director of Public Health, Hampshire and Isle of Wight Councils

In Attendance

- AG Alex Geen, Head of Planned Care, NHS Dorset attended on behalf of Sue Sutton
- FR Frank Ratcliff, Director of Industry & Innovation, Health Innovation Wessex attended on behalf of Nicola Bent
- RC Robert Chambers, Head of Programmes, Wessex Cancer Alliance
- SM Stephanie Moore, Business Support Assistant, Wessex Cancer Alliance (Minutes)
- TC Teresa Corbett, Programme Manager for Personalised Care, Wessex Cancer Alliance

Apologies

- AW Alex Whitfield, Executive Lead for Cancer, Hampshire and Isle of Wight Integrated Care System
- EL Emma Leatherbarrow, Equality and Involvement Lead, Wessex Cancer Alliance
- JH Jane Horne, Consultant in Public Health, Public Health Dorset
- LH Lindsay Hough, Senior Manager (Products and Programmes), Cancer Research UK
- LD Lyn Darby, Director of Acute Care, Hampshire and Isle of Wight Integrated Care Board
- NB Nicola Bent, Chief Executive, Health Innovation Wessex
- RS Richard Sim, Clinical Lead for Cancer, Dorset Integrated Care Board
- SS Sue Sutton, Deputy Chief Operating Officer, NHS Dorset

<u>Item</u>	<u>Subject</u>	<u>Action</u>
<u>1.</u>	<p>Welcome and introductions</p> <p>MH opened the meeting. Introductions were made and apologies were noted.</p>	
<u>2.</u>	<p>Minutes and matters arising</p> <p>The minutes from the meeting held on 10th June 2025 were agreed as an accurate record.</p>	

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	<p>External Funding SR and FR gave an update on the conversations the Alliance and Health Innovation Wessex have been having with potential industry partners. There was a discussion about the importance of building in quality data and being mindful of possible conflicts of interest.</p> <p>It was agreed that the Board will review and approve any future proposal for industry partnership projects ahead of final sign off.</p> <p>Action: SR and FR to continue conversations with Novartis and bring proposal back to the December Board meeting</p> <p>PPIE DC summarised the work of the Wessex Cancer Alliance Patient and Public Involvement (PPIE) Steering Group over the last year.</p> <p>SB referenced Local Authority community researchers from minority communities as well as Alliance researchers and queried how all the networks could be better utilised.</p> <p>Action: SB and PPIE Steering Group to connect regarding community researchers</p> <p>PHU oncology PHU oncology is to remain on the WCA risk register. There is pressure due to recruitment limitations and the consequences of the merger between PHU and the IOW.</p> <p>Action: LA requested details be shared with her and Dan Parr as Cancer Commissioner for HIOW.</p> <p>An additional risk to be added to the WCA risk register is 'wet lab' histopathology services. The proposal to remove 'wet lab' genomics work and functions from the UHS-led Wessex genomics laboratory services has resulted in several resignations. This is having a significant impact on both FDS and 62 day performance across Wessex.</p> <p>Urology There is national pressure on the urology pathway – this is largely due to limitations within provision of treatment options within 62 days, particularly robotic surgical capacity.</p> <p>Action: MH and SR to raise cancer surgical capacity with the Clinical Services Review programme in HIOW and Provider Collaborative in Dorset</p> <p>All previous actions closed.</p>	<p>SR/FR</p> <p>SB/DC/ES</p> <p>LA/RC</p> <p>MH/SR</p>

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3.	<p>Update on Wessex Cancer Strategy <i>Slides attached for reference</i></p> <p>SR presented an update on the progress that has been made on the Wessex Cancer Strategy since its publication six months ago.</p> <p>In reference to the smoking prevalence data presented by SR, which shows an increase in smoking in Dorset, SB commented that he thought the way smoking is surveyed has changed.</p> <p>Action: SB to check whether there is a counting issue with the smoking prevalence data</p> <p>There was a discussion about lung cancer screening uptake and the reasons why people have not taken up their invitation.</p> <p>In reference to 62 day performance for skin for HHFT, LA highlighted the need to make sure the Alliance, the provider collaborative and the ICB planned care team are all in alignment. SR confirmed both the provider collaborative and the HIOW ICB planned care team are cited on the Alliance's work.</p> <p>Board members were impressed with the significant progress made on the strategy in a short timeframe.</p> <p>Comments were made about the value of the Alliance currently but also the need to continue to demonstrate value for money and impact.</p> <p>SB asked if the Alliance could use their influence to help shift more research into prevention.</p> <p>Action: SR and SB to discuss prevention research opportunities</p> <p>LA commented that it would be good to share the progress update widely - some of the statistics show significant impact and will boost people's engagement. LA also emphasised the need for work to be aligned across organisations to reduce duplication.</p> <p>DC raised the challenge in terms of variation across primary care referrals and asked how this can be improved. SR explained the work being done around practice variation using data and local GP leaders to identify opportunity for improvement. This year's Local Improvement Scheme is working across primary care to audit and understand the difference between stage of diagnoses in different practices and support improvement.</p> <p>The publication of the National Cancer Plan is imminent.</p>	<p>SB</p> <p>SR/SB</p>

Item	Subject	Action
	<p>Action: Alignment of the Wessex Cancer Strategy to the National Cancer Plan to be an agenda item for the next Board meeting</p>	<p>MH</p>
<p>4.</p>	<p>Potential for Cancer Care through Integrated Neighbourhood Teams</p> <p>LA gave an overview of the development of Integrated Neighbourhood Teams (INTs) in HIOW.</p> <p>Primary Care Networks are being used as the footprint for neighbourhoods (including North East Hampshire there will be 47 neighbourhoods), and Place Health and Wellbeing Boards are setting the direction for developing neighbourhood priorities.</p> <p>This year priority neighbourhoods have been identified based on highest levels of deprivation, and the priority areas are frailty and cardiovascular disease. This does not take away from cancer – want to think about how cancer fits within frailty, which is going to be a multi-year focus.</p> <p>Cancer particularly fits within multi neighbourhood providers - these have not yet been identified.</p> <p>There were discussions about what level the Alliance could be involved at, the complexities of developing INTs and the practical implications of moving services to community-based providers.</p> <p>AG gave an overview of the INT model that Dorset are working towards.</p> <p>18 INTs have been set up, and there are two Places largely centred around the local authority footprints – Bournemouth, Christchurch and Poole (BCP) and Dorset council.</p> <p>Dorset ICB is part of a new ICB cluster with Somerset ICB and Bath and North East Somerset, Swindon and Wiltshire ICB. The new cluster have been having high level discussions around ways of working and principles of INTs.</p> <p>AG outlined the draft principles the cluster are in the process of developing and the impacts they are seeking to achieve. AG gave the Right by You model as an example of what could work well at an INT level.</p> <p>Dorset have applied for an investment of £6 million for INTs and £4 million for EOL care from Macmillan Social Finance to be repaid if targets are delivered.</p> <p>Action: KA to share further updates with WCA colleagues as the bid progresses</p>	<p>KA</p>

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	<p>TC gave an overview of the work the Alliance has been doing to ensure cancer is a core consideration in neighbourhood planning.</p> <p>Members discussed how the Alliance can provide data and support for INT development at PCN, place and system level.</p> <p>Action: TC to share a briefing of INT framework for cancer for comment to WCA GPS and board members</p> <p>Right by You</p> <p>SR informed the Board that commissioning for the continuation of the Right by You (RbY) service after this financial year has not been determined, and notice may need to be served to the RbY staff imminently.</p> <p>£350,000 is required to keep the service going in the two existing sites for an additional year.</p> <p>The Board discussed the service and the scope/workload of Trust Clinical Nurse Specialists.</p> <p>JW highlighted that RbY is a model that works across the whole system and may be a case study in the forthcoming National Cancer Plan.</p> <p>The Board agreed to review the RbY service in December once the National Cancer Plan has been published and budgets are known.</p> <p>Actions: Evaluation and updated data to be shared RbY to be an area of focus for the next Board meeting</p>	<p>TC</p> <p>JW</p>
<p>5.</p>	<p>Any other business</p> <p>No other business was raised.</p>	

Next meeting: Tuesday 16th December 2025, 2.00pm – 4.30pm