NICE National Institute for Health and Care Excellence

Public Health Advisory Committee C – Meeting 12 (3)

Date:	03/02/15

Location: Broadway House, Tothill Street, London SW1H 9NQ

Minutes: Final

Committee members present:	
David Sloan (Chair)	(Present for notes 1 – 18)
Michal Chantkowski - community topic member	(Present for notes 1 – 18)
Ross Cowan – community core member	(Present for notes 1 – 18)
Gail Findlay – topic member	(Present for notes 1 – 18)
Alison Giles – topic member	(Present for notes 1 – 18)
Eileen Kaner – core member	(Present for notes 1 – 7 and from 12-18)
Stephen Morris – core member	(Present for notes 1 – 18)
Jasmine Murphy – core member	(Present for notes 1 – 18)
Chris Nield – topic member	(Present for notes 1 – 18)
Kamran Siddiqi – core member	(Present for notes 1 – 18)
Jane South – topic member	(Present for notes 1 – 18)
Geraldine Stone –community topic member	(Present for notes 1 – 18)
Karen Wint – community topic member	(Present for notes 1 – 18)

In attendance:		
Antony Morgan	NICE Associate Director	(Present for notes 1 – 18)
Tracey Sheild	NICE Lead analyst	(Present for notes 1 – 18)
Peter Shearn	NICE Lead analyst	(Present for notes 1 – 18)
James Jagroo	NICE analyst	(Present for notes 1 – 18)
Lesley Owen	NICE Health economics adviser	(Present for notes 1 – 18)
Patricia Mountain	NICE Project manager	(Present for notes 1 – 18)

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Alix Johnson	Public Involvement Adviser	(Present for notes 10 - 18)
Contractors:		
Clive Pritchard	Optimitry Matrix	(Present for notes 1 – 18)
Anne Marie Bagnall	Leeds Beckett university	(Present for notes 1 – 9)
Jo Trigwell	Leeds Beckett university	(Present for notes 1 – 9)
Ginny Brunton	Institute of Education	(Present for notes 1 – 9)
Michelle Robertson	Institute of Education	(Present for notes 1 – 9)
Angela Harden	University of East London	(Present for notes 1 – 9)
Kevin Sheridan	University of East London	(Present for notes 1 – 12)
James Thomas	Institute of Education (IOE)	(Present for notes 1 – 9)
Gillian Stoke	Institute of Education (IOE)	(Present for notes 1 – 9)
Jenny Caird	Institute of Education (IOE)	(Present for notes 1 – 9)
Experts		
Janet Harris	Sheffield University	(Present for notes 1 – 12)

Observers:	
Amanda Smith	(Present for notes 1 – 18)
Nicole Mbarga	(Present for notes 1 – 18)
Emauele Motara	(Present for notes 1 – 18)

Apologies:	
Elizabeth Bayliss	Committee core member
Jenny Popay	expert

1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the 12th meeting of Public Health Advisory Committee (PHAC) C and the third meeting on Community engagement (update).

The Committee members and attendees introduced themselves.

The Chair welcomed the members of the public to the meeting. The members of the public had been briefed already, both verbally and in writing by the NICE team, and

the Chair reminded them of the protocol for members of the public, whose role is to observe (they should not speak or ask questions). No filming or recording of the meeting is permitted. The Chair reminded all present that the Committee is independent and advisory, that its decisions and recommendations to NICE do not represent final NICE guidance, and that they may be changed as a result of public consultation.

The Chair informed the Committee that apologies had been received. These are noted above.

The Chair outlined the objectives of the meeting, which included:

- To discuss the findings from the effectiveness review on *Social Networks and Social Media* presented by Institute of Education (IOE)
- To discuss the findings from the from the Stream 2 qualitative evidence *Map* of *UK Literature* presented by Leeds Beckett University
- To discuss the findings from the Stream 2 UK qualitative evidence on Barriers and Facilitators presented by University of East London
- To hear expert testimony on community based peer support
- To hear expert testimony on the New Deal for Communities
- To discuss the findings from the cost effectiveness review prepared by Matrix
- To discuss the economic modelling presented by Matrix
- To continue the process of drafting recommendations
- To discuss further opportunities for expert testimony

2. Declarations of interest

The Chair asked everyone to verbally declare any conflicts of interest that have arisen since the last meeting.

The Chair explained that verbal declarations of interest are a standing item on every agenda and a matter of public record.

The PHAC comprises both core members who are standing members of PHAC C and topic members who are members solely for this guideline.

The NICE policy on Declarations of Interest was revised in September 2014 and members received a copy with their mailed papers before the meeting.

Previous declarations of interest can be viewed on the NICE website here http://www.nice.org.uk/get-involved/meetings-in-public/public-health-advisory-

<u>committees</u>

The Chair asked all topic members to declare all interests and the core members to declare changes to previously declared interests and any interests specific to the topic under consideration at this meeting under the following categories

• financial or non-financial (specific or non-specific*)

• financial interests can be personal [family] or non-personal.(specific or non specific*)

* An interest is 'specific' if it refers directly to the matter under discussion.

Chris Neild - Non personal financial interest – **specific** - works as a consultant in public health at Sheffield city Council, which applies for research grants in the community engagement area;

Jane South- Non personal financial interest – specific – is part of the research team led by Dr Anne-Marie Bagnall, Leeds Beckett University that has been commissioned by NICE to undertake NICE Community Engagement stream 2, component 1a - map of the literature on current and emerging community engagement policy & practices; co-author on the report & has written short sections on the map of concepts and policy; part of the same research team led by Dr Anne Marie Bagnall, Leeds Beckett University that has been commissioned by NICE to undertake NICE Community Engagement stream 2, component 1b – map of current practice based on a case study approach. Her primary role is to provide methodological advice around the case study design and analysis.

Jane South – personal non-financial interest – specific has acted on the advisory group for component 1conducted by EPPI centre – A systematic review on 'Community engagement for health via coalitions, collaborations and partnerships'; part of Leeds Beckett team that are funded by NICE to undertake map of practice/policy and systematic review of barriers and facilitators; has been on the advisory group for component 1 conducted by EPPI centre – a systematic review on Community engagement for health via coalitions, collaborations and partnerships: as an academic she has co-authored 2 papers in 2014 relating to community engagement/community participation.

The Chair and the Associate Director noted that the interests declared did not prevent the attendees at committee from fully participating in the meeting.

3. Orientation session include summary of running issues.

Antony Morgan, associate director for this guideline, gave a presentation outlining where the PHAC is within the guideline development process. The actions from the previous meeting had all been addressed or added to the agenda for this meeting.

Outstanding issues were agreed to be

- Developing and agreeing an appropriate conceptual framework
- Potential Gaps
 - Evidence from Non-OECD countries
 - Older people
- Expert witnesses to be agreed

4,5. Evidence review – presentation of findings

Report 5 In depth analysis – Social Networks and Social Media

(Component 3; Stream 1)

Ginny Brunton from the IOE provided a summary of the findings of a systematic review on community engagement for health via online social media and social networks. This is the third and final component of the work on the use and effectiveness of community engagement in interventions that target health behaviours and outcomes. It aims to:

- update and extend the evidence base identified for the previous systematic review on community engagement undertaken by our team (O'Mara-Eves et al. 2013)
- provide a focus on both effective approaches (through synthesis of outcome evaluations) and appropriateness (through a synthesis of process evaluations).

The Committee then discussed the issues presented in relation to this guideline There was time for questions and discussion.

6,7. Report 6 Map of literature

Anne-Marie Bagnall and Jo Trigwell from Leeds Beckett University provided a summary of the findings from the stream 2 qualitative evidence "Map of the UK literature "

There was time for questions and discussions

8, 9 Report 7: Barriers and Facilitators (UK Literature)

Angela Harden and Kevin Sheridan from the University of East London provided a

summary of the findings from the stream 2 qualitative evidence on the barriers to, and facilitators of, community engagement approaches and practices in the UK

10. Expert Testimony – Community based peer support

Janet Harris from the University of Sheffield provided a summary of her research on community-based peer support, which has been identified as a potential gap in the evidence-base . This drew evidence from an advisory Network with 120 people representing clients and workers in breastfeeding, diabetes, healthy living, HIV/safer sex, smoking cessation, published NIHR evidence and primary research.

There was time for questions and discussion.

The expert testimony that was planned to be on the agenda from Jennie Popay from the University of Lancaster will provide a summary of her research on the New Deal for Communities, which has been identified as a potential gap in the evidence-base was deferred to a future agenda as she had apologised for this meeting

Action: Professor Jennie Popay, of University of Lancaster to be invited to give Expert Testimony on her work relating to the evaluation of New Deal for Communities

11,12 Health Economics discussion

Clive Pritchard Principal Economist at Optimitry Matrix summarised the findings from the review presented at PHAC 1, including the use of comparators, and outline the proposals for the next phase of the health economic appraisal work, that is to say, the cost consequence analysis and potentially social return on investment analysis, and asked for PHAC instruction on the approach needed.

The PHAC discussed whether to ask Matrix to undertake further work on Social Return on Investment (SROI). SROI places a monetary value on outcomes, so that they can be added up and compared with the investment made. This results in a ratio of total benefits (a sum of all the outcomes) to total investments.

Committee members had differing views on the potential added value of SROI. There are attractions in this approach but the consensus view was that it would be difficult for the committee to be involved in contributing to a bespoke SROI analysis, particularly regarding the identification and valuation of both inputs and outcomes. The committee therefore decided not to proceed on this basis and suggested that the CCA be complemented with a review of published SROI evaluations of community engagement instead. The chair summarised and agreed the PHAC approach.

Action: NICE team and Optimity Matrix will proceed with the cost consequence analyses. They will also undertake a review of existing relevant SROI

information to bring back to a future PHAC meeting.

13. Drafting recommendations

The committee were asked to draft recommendations based on the evidence presented today and considering the recommendations in PH9.

The NICE team had drafted recommendations based on the first two reviews presented at PHACs 1 and 2 for the committees to discuss.

Action: NICE team to revise draft recommendations according to PHAC direction. This would be circulated in the next mail out so that committee members could read before the meeting.

Action: NICE team to draft additional recommendations on the basis of PHAC discussions and send out with mail out papers.

Action: NICE are developing guidance on Older people - independence and mental wellbeing which includes studies that may have relevance to the community engagement guidance. NICE team to consider collating these for the next meeting.

14. Discussion on logic models and conceptual frameworks (including reminder of PH9)

Action: NICE to add to next agenda (Deferred to the next meeting due to time constraints)

15. Discussion of gaps in the evidence and potential areas for expert testimony & research recommendations

Expert testimony is used by NICE to address potential gaps in the evidence.

The expert witnesses suggested by the PHAC have been contacted but additional experts are needed to address gaps in the evidence. The PHAC made additional suggestions and Alix Johnson from the Patient and Public involvement programme at NICE made suggestions also.

Action: NICE to agree with PHAC Chair a priority list to be invited to meetings prior to consultation.

16. Minutes of the meeting

The minutes of the meeting were agreed to be an accurate record of the meeting

17,18. AOB/Summary of the day and the next steps

The Chair summarised the items that had been discussed throughout the day and thanked committee members and presenters for their hard work during the day.

Antony Morgan informed the PHAC of the next steps in the guideline development process.

PHAC members were reminded that NICE will only process expenses that are submitted within 3 months of the date incurred.

The meeting closed at 4:20pm

DATE OF NEXT MEETING: 24th March 2015

VENUE FOR NEXT MEETING: NICE London Office