

NICE PUBLIC HEALTH PROGRAMME GUIDANCE

PSHE

**3rd Meeting of the Programme Development Group
Thursday 5th June 2008**

Royal College of Anaesthetists, London

Attendees:	<p><i>Programme Development Group (PDG) Members:</i> Anne Weyman, Ruth Joyce, Tariq Ahmed, Anne Ludbrook, Simon Beard, Mark Bellis, Jonathan Cooper, Aylssa Cowell, Kathryn Cross, Anna Martinez, Joseph Quigley, Clare Smith, Laura Cottey, Jasmin Mitchell, Tracey Phillips, Simon Blake, Kathryn Cross, Paula Pearce.</p> <p><i>NICE:</i> Tricia Younger, Hilary Chatterton, Bhash Naidoo, Sarah Dunsdon.</p> <p><i>Contractors:</i> Anna Bancsi, Jay Banerjee, Nina Balachander.</p> <p><i>Expert Advisor:</i> Harry Sumnall</p> <p>Observers: Rosemary Davidson.</p>
Apologies:	<p>Terri Ryland, Sarah Smart, Colleen McLaughlin, Kate Birch, Chris Gibbons.</p> <p>NICE: Louise Millward, Mike Kelly, Una Canning.</p> <p><i>Contractors:</i> Irene Kwan, Martin Dougherty, Paul Jacklin</p>

Agenda Item		Action
1. Welcome and introductions	<p><u><i>Introductions and apologies</i></u></p> <p>The Chair welcomed the group to the third meeting.</p> <p>The Chair introduced Harry Sumnall from the Centre for Public Health at Liverpool who is acting as an expert advisor to the National Collaborating Centre for Women's and Child Health.</p> <p><u><i>Declaration of interest</i></u></p> <p><i>Personal Pecuniary</i> Ruth Joyce</p> <p><i>Personal Family</i> None declared.</p> <p><i>Non Personal</i> Anna Martinez Anne Ludbrook Aylssa Cowell Simon Blake Simon Beard</p>	

	<p>Mark Bellis Kathryn Cross Clare Smith</p> <p><i>Personal non-pecuniary</i> Joseph Quigley Simon Blake Aylssa Cowell</p> <p><u>Minutes of last meeting</u> Kathryn Cross was not present at the last meeting and Anne Ludbrook was present. Action point:</p> <ul style="list-style-type: none"> Names to be removed / added to minutes of previous meeting. <p><u>Matters arising</u></p> <p><i>Update on actions from last meeting:</i></p> <p>The logic model and the updated primary review will be discussed at the meeting and the economics presentation will be given at the next meeting. The glossary, policy overview and revised qualitative recommendations will be continually updated..</p> <p>Action point:</p> <ul style="list-style-type: none"> PDG members to inform the NICE team of any new initiatives. <p>The Chair informed the group that young people will be involved during the testing of the recommendations during the fieldwork phase.</p> <p>Sarah Smart from the PSHE Association has been co-opted to the group since the last meeting.</p> <p>Action point:</p> <ul style="list-style-type: none"> NICE to follow up on co-optee suggestions. 	<p>NICE</p> <p>PDG</p> <p>NICE</p>
<p>2. Updated primary review: introduction to the updated review and presentation of main findings</p>	<p>The NICE team provided a brief overview on the process for literature searching and the search terms used. In terms of the primary review, the NCC have revisited the screened papers and a total of 61 are now included in the review.</p> <p>Action point:</p> <ul style="list-style-type: none"> The PDG to submit any additional papers to the NICE team. <p>The NCC clarified some of the terminology used in the review and discussed the exclusion of the 'Draw and Write' process which does not evaluate changes in outcomes. There was a lack of reporting of the effect sizes and statistical significance in the evidence statements and evidence tables. These data will be needed for transparency, comparison and for use in the health economic analysis.</p> <p>The NCC WCH introduced the PSHE Primary review: School</p>	

	<p>Aged Children 4 – 11 and presented the main findings.</p> <p>It was noted that most of the studies are from the US but 5 UK studies are now included.</p> <p>Questions and responses on the updated review:</p> <ul style="list-style-type: none"> • The studies did not take account of confounding and external variables that may have influenced long term effectiveness. • The applicability rating included consideration of at risk populations. • There was little correlation between length of intervention and follow up, though most of the intervention studies had short follow-up. • There was little evidence on socio-economic differences. <p>Action point:</p> <ul style="list-style-type: none"> • The effect sizes to be calculated for the subsequent reviews. 	<p>NCC-WCH</p>
<p>3. Consideration of primary review</p>	<p>The NICE team gave an overview on the guidance development process and the next steps for the PDG.</p> <p><i>Formulating recommendations</i></p> <p>It was suggested that draft recommendations could be developed on:</p> <ul style="list-style-type: none"> • The value of PSHE in primary education • Consistency of approaches between schools • Continuing professional development and training • Good practice when working with and involving parents <p>The PDG agreed that there are research gaps around:</p> <ul style="list-style-type: none"> • How change in knowledge might be linked to change in behaviour • How to identify and measure outcomes that relate to Every Child Matters outcomes <p>Other key issues arising from primary review:</p> <ul style="list-style-type: none"> • The community in which the school exists and the ‘whole school’ approach • Gender differences – between boys and girls and the predominance of female teachers in primary schools • The evidence to be considered in the context of children’s development and current practice. • Experimentation and risk-taking are part of growing up. <p>The NICE team will inform the PDG on progress on the development of related NICE guidance including the prevention of alcohol disorders guidance.</p> <p>Action point:</p> <ul style="list-style-type: none"> • NICE to circulate behaviour change guidance before next meeting. • PDG to consider evidence and send further ideas / 	<p>NICE NICE</p>

	recommendations to NICE team.	
4. Presentation of logic map	<p>The revised logic map was presented to the group.</p> <p>The draft logic map captured both educational and health delivery. Outcome mapping maybe a useful complementary framework. Birmingham children’s services have used this approach for the development of their model. Other influential factors (other than schools) should be recognised by the model.</p> <p>Action point:</p> <ul style="list-style-type: none"> • Examples of outcome mapping to be introduced at a later stage. 	NICE
5. Group workshops	<p>The PDG split into groups to consider the logic map.</p> <p>Action Point</p> <ul style="list-style-type: none"> • PDG members to send any further suggestions and changes to the logic map to NICE. 	
6. Secondary review 11 – 19: Discussion of protocol and plans for the presentation of this review.	<p>The group considered the protocol for the secondary review. An additional outcome ‘changes in alcohol related physical illness’ was agreed for inclusion.</p> <p>Action point:</p> <p>PDG to consider the protocol and send any comments to NICE</p>	PDG
7. DEF survey on drug education	<p>Ruth Joyce gave an overview on the DEF Drug education snapshot survey and the DCSF report on drug education. The full report will be ready in approximately a month to 6 weeks.</p> <p>Anna Martinez gave an update on the SEF SRE snapshot survey.</p> <p>Action point:</p> <p>Anna to circulate results of SRE survey, when available, to PDG.</p>	Anna Martinez
8. Next steps	<p>The next PDG meeting will focus on the secondary review.</p> <p>The fieldwork will take place during the guidance consultation and NICE will issue invitations to tender for fieldwork to potential contractors. The recommendations will be tested with young people as well as professionals, parents and carers.</p>	
9. AOB	<p>Action point:</p> <p>PDG to submit draft recommendations to NICE.</p> <p>Action point:</p> <p>PDG to send studies, evidence and references to NICE.</p>	<p>PDG</p> <p>PDG</p>

Next meeting: Wednesday 16 July, Royal College of Anaesthetists, Red Lion Square, London.