

Quality standards advisory committee 2 meeting

Date: 10 July 2018

Location: NICE office, Level 1a City Tower, Piccadilly Plaza, Manchester, M1 4TD

Morning session: Air pollution: outdoor air quality and health – prioritisation of quality improvement areas

Afternoon session: School-based interventions – prioritisation of quality improvement areas

Minutes: Draft

Attendees

Quality standards advisory committee 2 standing members:

Michael Rudolf (Chair), Gillian Baird, James Crick, Robyn Noonan, Steve Hajioff, Allison Duggal, Moyra Amess, Mark Temple, Jane Putsey, Jean Gaffin, Corinne Moocarme, Julie Clatworthy.

Specialist committee members:

Morning session: Air pollution Karen Exley Stewart Brock Robert Tyler Samantha Heath Afternoon session – School-based interventions Susan Anne-Jones (MBE) Alastair Pearson David Bishop Mair Elliott Dawn Allen Nasima Patel

NICE staff

Nick Baillie (NB) {1-16}, Melanie Carr (MC) {5-9}, Nicola Greenway (NG) {5-9}, Michelle Gilberthorpe (MG) {12-16}, Julie Kennedy (JK) {12-16}, David Tyldesley (DT) {5-9}, Adam Storrow (AS) {12-14}, Rick Keen (notes)

NICE observers

Jessica Fielding

Apologies Jane Bradshaw, Ruth Studley, Michael Varrow, Ivan Le Fevre (air pollution), Harry Biggs-Davison (school-based interventions)

1. Welcome, introductions objectives of the meeting

The Chair welcomed the attendees and the quality standards advisory committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the meeting, which was to prioritise areas for quality improvement for the air pollution: outdoor air quality and health quality standard.

The Chair confirmed there were no members of the public.

2. Confirmation of matter under discussion and declarations of interest

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion in the morning session was air pollution: outdoor air quality and health, specifically:

- Awareness raising
- Transport choice
- Planning and development
- Clean air zones
- Reducing vehicle emissions

The Chair asked standing QSAC members and specialist members to declare verbally any interests that have arisen since the last meeting and all interests specifically related to the matters under discussion

during the morning session.

3. Minutes from the last meeting

The committee reviewed the minutes of the last QSAC 2 meeting held on 8 May 2018 and confirmed them as an accurate record.

4. QSAC updates

NB informed the committee about a recent NICE survey that was sent out to each standing member in regards to committee feedback.

5. Prioritisation of quality improvement areas – committee decisions

MC provided a summary of responses received during the air pollution topic engagement.

The committee noted the lack of response from the British Lung Foundation and Asthma UK.

MC referred the committee to the full set of stakeholder comments provided in the papers and the committee then discussed each of the areas in turn. The committee discussed the comments received from stakeholders and specialist committee members at topic engagement (in **bold text below**).

The following areas were prioritised for inclusion in the draft quality standard.

Awareness raising

• Advice for vulnerable groups – Prioritised

The committee agreed:

- Healthcare professionals should provide information about air pollution to people in vulnerable groups at key points of care such as clinics and reviews for respiratory and cardiovascular conditions. Children should be included and school nurses could provide advice.
- Advice should cover the risks of air pollution and how to reduce exposure. It should be tailored to the individual including raising awareness of high-risk areas or 'hot spots'. It should include written information.
- Healthcare professionals may need training to ensure they are able to provide appropriate advice and are aware of resources such as the Daily Air Quality Index.

Planning and development

• Strategic planning - Prioritised

The committee agreed:

- Although most local authorities have included air pollution in their strategic plans, there is some inconsistency. It would therefore be helpful to include a statement that identifies the key components of strategic plans.
- Suggested key components were active transport (network and investment), monitoring of air pollution, healthy streets/towns approach.
- Planning and development of specific sites Prioritised

The committee agreed:

• There is also a need to improve consistency of consideration/mitigation of air pollution in the planning of specific developments. This should include the siting of developments and planning permissions.

Reducing vehicle emissions

- Low-emission vehicles Prioritised
- Driver training Prioritised

The committee agreed:

- Although there is already a move towards low emission vehicles nationally, progress has been slow and public sector fleets have an important role to play to supporting this transition as soon as possible.
- As there are also potential fuel cost savings, public sector fleets should be encouraged to support driver training to reduce emissions.
- Although the recommendations in the guideline are 'consider', the area is sufficiently important to explore if it is possible to develop a quality statement.

ACTION: NICE team to explore if it is possible to develop a statement on reducing vehicle emissions from public sector fleets based on the available evidence.

The following areas were not prioritised for inclusion in the draft quality standard.

Air quality monitoring and communication – Not prioritised as a separate statement but possibly include in the supporting information for the statement on strategic planning.

Active travel – The committee agreed this is an important area but could not prioritise a specific focus for a quality statement. It was suggested that it should be included in the statement on strategic planning. In addition, another quality standard currently in development on 'physical activity: encouraging activity within the general population' may be able to address this issue in more detail.

Public transport – Not prioritised as a separate statement as the evidence available would not support a statement on the issues identified by stakeholders.

Clean air zones - Not prioritised as a separate statement because there are already a lot of initiatives on this and the evidence available is not sufficient to support a statement that will enhance existing approaches.

6. Additional quality improvement areas suggested by stakeholders at topic engagement

The following areas were not progressed for inclusion in the draft quality standard.

• Other sources of air pollution – as this is beyond the scope of this quality standard. There is another referral for a quality standard on indoor air pollution which may cover some of the issues identified.

7. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard. DT highlighted the resource impact approach taken for the different guidelines relevant to this topic. The committee acknowledged the approach and agreed that although costs will vary at a local level the areas prioritised should be achievable.

The committee noted the overarching outcomes suggested and suggested the following:

- Mortality should be specific to relevant conditions
- A&E attendances could be linked to vulnerable groups
- Consider additional outcomes for quality of life/experience of walking on the street, number of journeys by car
- Link to the outcomes in the public health outcomes framework on walking and cycling

MC requested that the committee submit any further suggestions to the NICE team relating to the overarching outcomes of the quality standard when it is sent to them for review.

8. Equality and diversity

The committee agreed the following groups should be included in the equality and diversity considerations:

- Age
- Gender reassignment
- Pregnancy and maternity
- Religion or belief
- Marriage and civil partnership
- Disability
- Sex
- Race
- Sexual orientation

The committee also suggested:

- Socio-economically disadvantaged people
- Homeless

It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

9. Close of morning session

The specialist committee members for the air pollution quality standard left and the specialist committee members for the school-based interventions quality standard joined.

10. Welcome, introductions and objectives of the afternoon

The Chair welcomed the school-based interventions specialist committee members and QSAC members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the afternoon, which was to prioritise areas for quality improvement for the school-based interventions draft quality standard.

The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.

11. Confirmation of matter under discussion and declarations of interest

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion in the afternoon session was school-based interventions, specifically:

- Mental health
- Physical health
- Resilience, life skills and relationships
- Internet use and substance misuse
- Interventions

The Chair asked both standing and specialist QSAC members to declare verbally all interests specifically related to the matters under discussion during the afternoon session.

12. Prioritisation of quality improvement areas – committee decisions

MG provided a summary of responses received during the school-based interventions topic engagement, referred the committee to the full set of stakeholder comments provided in the papers and the committee then discussed each of the areas in turn. The committee discussed the comments received from stakeholders and specialist committee members at topic engagement (in **bold text below**).

The committee highlighted the importance of engaging with Barnados, Young Minds, and the Royal College of Psychiatry as stakeholders and suggested that Estyn needed to be a key stakeholder.

The committee discussed the topic in general.

The Chair highlighted to the committee that some of the key guidelines that could be used as development sources for the quality standard are due for review, or due to be updated and encouraged suggestions for other guidelines to potentially support the quality statements.

The committee discussed the population that the quality standard should cover. It was agreed that it should not be restricted to children attending primary and secondary school settings, but also alternative provision settings. The committee considered home-based education and agreed that this would not be a setting that the QS should cover,

The committee noted that staff morale and wellbeing underpin successful delivery of school-based interventions and are therefore relevant for all potential quality statements. The committee also noted that a 'whole school' approach was necessary.

The following areas were prioritised for inclusion in the draft quality standard.

Mental health – Prioritised

The committee agreed:

- Children and young people should have access to support in the school setting, which should ideally be counselling. Inclusion of a timescale was discussed and will be explored further during development of the statement.
- Teachers should be trained to identify early warning signs in children and young people to indicate that they require support.
- Children of primary school age have different needs than those of secondary school age and there is a different dynamic in their relationships with parents. Transition between primary and secondary education is a key point at which support may be needed.

ACTION: NICE team to explore development of statement on setting-based support for children who have been identified with signs of anxiety, emotional distress or behaviour problems.

Physical health - Prioritised

The committee agreed:

• That the recommendations highlight the need to promote physical activities for children in school via appropriate facilities, and that such a practice is already in operation within some primary schools, such as the Daily Mile initiative and team-based sports. The committee noted that this was an area for quality improvement because it is an area where there is variation in practice.

The committee noted that schools tailored to children with special needs could potentially have some additional challenges in providing this.

ACTION: NICE team to explore statement around schools providing facilities and a choice of activities for children and young people to promote physical activity.

Resilience, life skills and relationships – Prioritised

The committee agreed:

- There is a great deal of variability across the country in availability and quality of provision to support development of skills to enhance emotional wellbeing.
- There is a growing connection between social media usage and mental health issues.
- There needs to be more social and emotional learning and interventions, Developing life skills also is important to support children and young people to identify and respond to problems.

ACTION: NICE team to progress statement on developing life skills to support social and emotional wellbeing of children in primary and secondary education.

Internet use and substance misuse - Not prioritised

- Internet use and cyberbullying
- Substance misuse, addiction and violence.

The committee noted that evidence that suggests drug and alcohol misuse is in decline among young people, although it is still an area for improvement, and there are issues around the use of "legal highs".

The committee discussed issues around use of social media and cyberbullying. It was concluded that the statement already prioritised on developing life skills could encompass these issues.

ACTION: None.

Interventions – Prioritised

The committee agreed:

• Working partnerships with young people is essential in the delivery of interventions. It was noted that children are more likely to engage in beneficial programmes if they are involved, and that there are recommendations in support of this.

There is variation in the extent to which children and young people are currently involved in designing interventions

There is a need for greater working partnerships with parents and carers of children in regards to all such interventions.

ACTION: NICE team progress statement on involving children and young people in developing interventions

NICE team to progress a statement on working in partnership with parents and carers.

13. Additional quality improvement areas suggested by stakeholders at topic engagement

The following areas were not progressed for inclusion in the draft quality standard. The reasons for not progressing these are highlighted in the briefing paper.

- Domestic abuse
- Inspections
- Monitoring and measurement of interventions
- Online mental health interventions and intervention and development
- Oral health
- Parents accessing mental health services
- Permanent exclusions
- Pregnancy and postnatal care
- Research
- Staff morale and wellbeing
- Training
- Variation in services

14. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard.

It was noted that there could be a potential resource impact for statement 1 but this would be explored further through questions asked at consultation.

The committee confirmed the overarching outcomes are those presented in the draft quality standard.

- Pupil absence
- 16-18 year old not in education, employment or training
- Quality of life

The committee suggested:

- Emotional wellbeing
- Social wellbeing
- School attainment
- School-age pregnancy
- Physical health

15. Equality and diversity

The committee agreed the following groups should be included in the equality and diversity considerations:

- Age
- Gender reassignment
- Pregnancy and maternity
- Religion or belief
- Marriage and civil partnership
- Disability
- Sex
- Race
- Sexual orientation

It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

The committee suggested:

- Children and young people with medicated-based conditions such as epilepsy.
- Children and young people with special needs.

16. Any other business

The Chair reported that Guy Bradley-Smith, Malcolm Griffiths, and David Weaver had all resigned from QSAC 2, and that he had written to thank them for their contributions to the committee's work.

Close of meeting