

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Delaying onset of disability

Meeting 6 of the Public Health Advisory Committee D

**Dee Room, NICE offices, Level 1A, City Tower, Piccadilly Plaza,
Manchester, M1 4BT**

Final Minutes

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| Attendees: | <p><i>PHAC Members</i> John Britton (Chair), Gary Bickerstaffe, Susan Biddle, David Croisdale-Appleby, Janet Henson, Robin Ireland, Louise LaFortune, Jane Landon, Jane Leaman (out of the meeting 1.20pm to 2.20pm PHAC 6), Susie Morrow, Gillian Orrow (by vc), Mark Strong, Dagmar Zeuner.</p> <p><i>NICE Team</i> Catherine Swann, Hilary Chatterton, Hugo Crombie, Alastair Fischer, Claire McLeod, Patricia Mountain</p> <p><i>Review Teams</i> Pieter van Baal (University of Rotterdam) PHAC 6 only Louise La Fortune (Institute of Public Health, University of Cambridge)</p> <p><i>Experts</i> Carol Brayne (Institute of Public Health, University of Cambridge - by TC 11.30am to 12.30pm PHAC 6 only), Oliver Mytton (PHAC 6 until 3pm), Jamie Waterfall (PHAC 6 until 11.30am day)</p> <p><i>Apologies</i> Charlie Foster, Paul Aveyard,</p> |
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| Author | PM |
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| Version | Final |
| Audience | PHAC members, NICE team |

| Item | | Action |
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| <p>1,2. Welcome and objectives for the meeting</p> | <p>The Chair welcomed the Public Health Advisory Committee (PHAC D) to the sixth meeting on delaying disability, dementia and frailty.</p> <p>The Chair welcomed the members of the review team and the experts. Introductions were made for and by the observers. The Chair outlined the objectives of the meeting which were as follows:</p> <ul style="list-style-type: none"> • Receive and discuss an evidence review by the Institute of Public Health, University of Cambridge • Hear expert testimony • Receive and discuss key findings from economic modelling report • Review recommendations drafted to date • Draft further recommendations based on the new evidence <p>The Chair informed the PHAC of apologies that had been received, which are noted above. There were no requests from members of the public to observe this meeting.</p> | |
| <p>3. Declarations of Interests</p> | <p>The Chair explained that verbal declarations of interest are a standing item on every agenda and are recorded in the minutes as a matter of public record.</p> <p>The Chair asked the PHAC to declare any changes to their interests. Previous declarations of interest can be viewed on the NICE website here: http://guidance.nice.org.uk/PHG/64</p> <p>Additional declarations were:</p> <p>Non-personal pecuniary interest – Janet Henson: organisation in receipt of funding from local Clinical Commissioning Group</p> <p>Personal non-pecuniary interest – Jane Landon joined Board of NHS England</p> <p>Carol Brayne – no interests declared Jamie Waterall– no interests declared Oliver Mytton – no interests declared</p> <p>The Chair and the Director/Associate Director noted that the interests declared did not prevent the attendees at committee from fully participating in the meeting</p> | |

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| <p>4. Minutes of last meeting and matters arising</p> | <p>The minutes were agreed as an accurate record and it was noted that all action points have been completed.</p> | |
| <p>5. Expert testimony on NHS Health Checks</p> | <p>Jamie Waterall, NHS Health Check National Lead gave a presentation on NHS health checks focussing on:</p> <ul style="list-style-type: none"> • Outline of NHS health checks – what it is, who it is for, aims and objectives • Policy background – ‘Putting Prevention first’ • A summary of evaluation data on health checks to date • Outlined the development of the initiative • Described how the communication of risk is tackled in the initiative <p>The PHAC considered how this expert testimony impacted on the draft recommendations. There was time for questions and discussion.</p> | |
| <p>6 Expert testimony on the psychosocial risk factors for dementia</p> | <p>Professor Carol Brayne, from Institute of Public health at University of Cambridge presented on the psychosocial risk factors for dementia which included:</p> <ul style="list-style-type: none"> • A brief overview of dementia burden, costs, and prevention strategies • Psychosocial risk and protective factors related to the development of dementia such as: <ul style="list-style-type: none"> ○ Education ○ Occupation ○ Leisure ○ Social network and social isolation ○ Anxiety and depression ○ Loneliness ○ Mental activity <p>The PHAC considered how this expert testimony impacted on the draft recommendations. There was time for questions and discussion</p> | |
| <p>7. Dementia Policy Review</p> | <p>Oliver Mytton, from UK Health Forum, presented at the first meeting for this guidance on their initial findings on the correlates of dementia.</p> <p>The aim of that review is to establish the extent to which prevention or risk reduction is being considered as part of the current response to dementia in the UK and other countries (with a focus on integration with prevention or risk reduction strategies for other non-communicable diseases).</p> <p>Oliver’s presentation at this meeting covered the second half of their review, which focuses on the</p> | |

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| | <p>impact of relevant policy on dementia.</p> <p>There was time for questions and discussion.</p> | |
| <p>8. Plenary presentation on evidence reviews</p> | <p>Louise La Fortune summarised the key findings from the three reviews looking at which primary prevention approaches to be adopted in mid-life are most effective and cost-effective to prevent and delay the onset of disability, dementia, frailty, and other non-communicable conditions in later-life. They were grouped under</p> <ul style="list-style-type: none"> • Physical activity • Sight • Hearing • Diet • Alcohol • Smoking • Lifestyle • Weight management <p>There was time for questions and discussion</p> | |
| <p>9, 10 Review 4: Service models for mid-life interventions</p> | <p>Claire McLeod, analyst at NICE, summarised the review she undertook for this guidance on service models to address the question posed in the scope: What are the most effective models of delivery of interventions that increase the uptake and maintenance of healthy lifestyle behaviours in mid-life?</p> <p>Mid-life was defined as 40-64 for the general population, though evidence for people aged 18-39 was also considered for disadvantaged groups.</p> <p>There was time for questions and discussion.</p> | |
| <p>11,12 Health Economic Modelling Report</p> | <p>Pieter van Baal outlined the key findings from the economic analysis to evaluate the cost-effectiveness of public health interventions for middle-aged people to prevent or delay the onset of disability, frailty and dementia in later life. It focused on the impact of including future medical costs on the cost effectiveness of the chosen intervention.</p> <p>There was time for questions and discussion. The Chair and the NICE team thanked Pieter for his contribution.</p> | |
| <p>13. Drafting recommendations, considerations, and research recommendations – continued</p> | <p>The Chair asked the PHAC to discuss the draft recommendations in light of the new evidence heard at this meeting and the impact on recommendations already drafted.</p> <p>The PHAC split into small groups to discuss drafting the recommendations. A member of the NICE team</p> | |

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| | <p>facilitated each group however did not participate in the discussions.</p> <p>The PHAC then discussed recommendations based on all of the evidence considered, with particular reference to:</p> <ul style="list-style-type: none"> • What action should be taken • Who should take action • Are there any equity issues raised by the evidence • Are any implementation issues raised • Are there any considerations identified | |
| 14. Any other business | The Chair summarised the key actions from the meeting. | |
| Close | The meeting closed at 5.15pm | |

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7th Meeting of the Public Health Advisory Committee D

**Thursday 1st May – Red rooms, City Tower, Piccadilly Plaza,
Manchester, M1 4BT**

Final Minutes

| Item | | Action |
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| 1. Welcome and objectives for the meeting | <p>The Chair, welcomed the members of the Public Health Advisory Committee (PHAC D) to the second day of the two day meeting.</p> <p>The members of the public were also welcomed 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, i.e. their role is to observe and they may not speak or ask questions. Also, no filming or recording of the meeting is permitted.</p> <p>The Chair reminded all present that the PHAC is independent and advisory, and that its decisions and recommendations to NICE do not represent final NICE guidance; and they may be changed as a result of public consultation.</p> <p>The Chair informed the PHAC that apologies had been received. These are noted above.</p> | |

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| <p>2. Declarations of Interests</p> | <p>The Chair explained that verbal declarations of interest are a standing item on every agenda and are recorded in the minutes as a matter of public record. The Chair asked the PHAC and attendees at the table, to declare any changes to the interests already declared, and any additional declarations. Previous declarations of interest can be viewed in the minutes of previous meetings which are available on the NICE website here http://guidance.nice.org.uk/PHG/64</p> <p>There were no declarations of interest made at this meeting</p> | |
| <p>3,4 Drafting recommendations – new recommendations/ revising existing recommendations</p> | <p>The PHAC continued to work through the draft recommendations, refining one by one in plenary session. Additional draft recommendations and amendments to agreed recommendations were recorded by NICE staff.</p> <p>Action: NICE team to revise and circulate to the PHAC for comment before guidance consultation</p> | <p>NICE</p> |
| <p>5. Drafting and revising: considerations</p> | <p>The PHAC discussed and refined each consideration and identified additional draft considerations.</p> <p>Action: NICE team to revise and circulate the draft considerations to the PHAC for comment before guidance consultation</p> | <p>NICE</p> |
| <p>6,7 Drafting and revising: other guidance sections</p> | <p>The PHAC discussed potential gaps in the evidence that they had received. Research recommendations were identified for further discussion electronically.</p> <p>Action: NICE team to circulate draft research recommendations to the PHAC for comment before guidance consultation for further comment and agreement.</p> <p>The PHAC discussed Section 5 of the draft guidance document and agreed changes.</p> <p>Action: NICE team to circulate Section 5 to the PHAC for comment before guidance consultation for further comment and agreement</p> | <p>NICE</p> <p>NICE</p> |
| <p>8. Summary of the day and any Other Business/Next steps</p> | <p>The Chair summarised the items that had been discussed throughout the day.</p> <p>The Chair informed the group of the next steps with approximate dates:</p> <ul style="list-style-type: none"> • NICE to send draft recommendations, considerations and research recommendations | |

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| | <p>to PHAC for comment: 21st May 2014 to 4th June 2014</p> <ul style="list-style-type: none"> • Re-draft recommendations in light of PHAC comments 9th & 10th • NICE to meet with the Chair to review the comments and agree the revisions. • Consultation guidance approval by Chair and Centre Director 19th June 2014 to 23rd June 2014 • Consultation on draft guidance, evidence and research recommendations: 11th July 2014 to 5th September 2014 • Next meetings PHAC 8 & 9 Wednesday 8th and Thursday 9th October 2014, Dee Room, NICE offices, Level 1A, City Tower, Piccadilly Plaza, Manchester, M1 4BT <p>There was no other business.</p> | |
| <p>11. Close</p> | <p>The meeting closed at 2.30pm</p> | |