

Public Health Interventions Advisory Committee (PHIAC)

PHIAC 20: Minutes of meeting 14th December, 2007

Mental Wellbeing and Children in Primary Education

Social Values Judgement Paper and Nuffield Public Health Ethics Report

Attendees	<p>Members Catherine Law, David Jones, Jane Putsey, Dagmar Zeuner, Sue Atkinson, Dale Robinson, Joanna Cooke, Mike Owen, Joyce Rothschild, John Barker, Ann Hoskins, Sharon McAteer, Mike Bury, David Sloan, Valerie King, Matt Kearney, Klim McPherson, Mike Rayner, Philip Cutler</p> <p>NICE Mike Kelly, Antony Morgan (PM only), James Jagroo (PM only), Dylan Jones (PM only), Amanda Killoran (PM only), Jane Cowl, Emma Stewart, Patricia Mountain</p> <p>Observers None</p> <p>Contractors <i>Mental Wellbeing and Children in Primary Education</i> Justin Ward, Janet Shucksmith, Carolyn Summerbell</p> <p>Cooptees and Expert witnesses <i>Mental Wellbeing and Children in Primary Education</i> Carly Raby</p> <p><i>Social Values Judgement Paper/ Bioethics report</i> Tom Baldwin</p>
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Audience	Members of PHIAC

Agenda Item	Minutes	Action
<p>1. Welcome and introductions (Chair)</p> <p>2. Apologies (All)</p>	<p>The Chair welcomed members to the twentieth PHIAC meeting.</p> <p>The meeting was declared quorate.</p> <p>Apologies were received from the following: Amanda Hoey, Tracey Sach, Richard Cookson, Muriel James, Mark Sculpher, KK Cheng, Susan Michie, Alasdair Hogarth, David McDaid, Simon Capewell, Brian Ferguson, Ruth Hall, Andrew Hopkin</p> <p>The committee were updated on the following news about committee members:</p> <ul style="list-style-type: none"> Howard Gilfillan has resigned due to work commitments. Amanda Hoey was congratulated on the birth of a baby boy. Condolences were expressed to Muriel James . 	
<p>3. Declaration of Interest (All)</p>	<p>Declarations of interest in relation to the Social Values Judgement Paper were asked for.</p> <p>None were declared.</p> <p>The following individuals indicated that they may receive a service payment for implementing some of the interventions that the Committee may recommend, or from future research funding relating to Social Values Judgement Paper:</p> <p>Service Payment: None</p> <p>Research: <i>PHIAC members:</i> Mike Rayner <i>Contractors/ co-optees:</i> Tom Baldwin</p> <p>Declarations of interest in relation to Mental Wellbeing of Children in Primary Education were asked for.</p> <p>None were declared:</p> <p>The following individuals indicated that they may receive a service payment for implementing some of the interventions that the Committee may recommend, or from future research funding relating to Mental Wellbeing of Children in Primary Education:</p> <p>Service Payment: None</p> <p>Research:</p>	

	<p><i>PHIAC members:</i> Jo Cooke, Catherine Law</p> <p><i>Contractors/ Co-optees:</i> Janet Shucksmith, Carolyn Summerbell, Justin Ward, Carly Raby.</p>	
4. Equalities Legislation (MK)	<ul style="list-style-type: none"> Following the recent equalities legislation, progress is being made to ensure that NICE adheres to legislation when developing guidance. Tool kits are being developed to help ensure that this new legislation is adhered to at every step of guidance production. MK will be meeting with chairs of advisory committees to discuss implementation of the tool kits and issues arising from them. The part of the toolkit relating to generating recommendations needs to be piloted at a future meeting. It was agreed that it will be important to consider at what point in the timeline and agenda it can be used most effectively. Committee members should look at the tool and feed back any comments to MK. The committee were keen that the toolkit be as efficient as possible and that opportunity costs should be considered further. 	
5. Nuffield Bioethics Paper (All)	<p>Tom Baldwin, who was a member of the working party on public health at the Nuffield Council of Bioethics gave a brief overview of the Council's November 2007 publication 'Public Health: ethical issues'..</p> <p>Following the presentation a number of issues were discussed.</p> <ul style="list-style-type: none"> How to define the term 'coercive'. The difficulties of addressing the issue of health inequalities – gap or gradient. The phrase 'stewardship' was considered and some of the benefits and disadvantages of use of the term. How to best use the term 'vulnerability' The role of state in relation to community and how this should be pursued. The number of steps in the intervention ladder proposed in the report. <p>It was agreed that the Nuffield Council's report was helpful and stimulating.</p>	
6. Social Values Judgement Paper (All)	<p>Mike Kelly introduced the new draft edition of the NICE Social Values Judgement paper, and the committee agreed that it would be useful to draft a PHIAC response to the paper whilst it is out for consultation (until February 2008)</p> <p>Mike Rayner provided an overview of the social values judgement paper. He argued that:</p> <ul style="list-style-type: none"> It was difficult to understand the philosophical framework that the SVJ is based on, although he 	

	<p>suggested that it seemed to be largely utilitarian in approach. It was considered important that that this was explicitly stated.</p> <ul style="list-style-type: none"> • Some values are considered, others are not. The four main value judgements are only partly discussed (autonomy, beneficence, non malevolence, justice.) • The aims and objectives are not clear and there is a need for greater clarity of how the paper will be used when forming recommendations. <p>He suggested that the paper was to be commended because :</p> <ul style="list-style-type: none"> • It is clear in the efficiency vs equity debate regarding decision making. • It now has a much better focus on Public Health. <p>He suggested the paper would be improved if :</p> <ul style="list-style-type: none"> • Terms and internal logic were defined more clearly. • Empirical evidence was used to support the paper more clearly. <p>PHIAC then considered each of the recommendations in the paper in turn. The following points were made:</p> <ul style="list-style-type: none"> • It was felt that the paper was an improvement from the first version. • The committee felt that public health had still not been fully embraced in the paper and that it was largely based on a medical model of health. Much of the language used is clinical, for example 'patient'. • It was felt it was helpful that the paper honestly stated that there is no easy formula to decide how to weight the different value judgements. • It was felt that it would be useful to highlight in the paper that other forms of economic analysis may sometimes be more appropriate than the QALY. • Principles 7 and 8 are too vague and need further clarification. • The paper has a relatively narrow definition of public health based on promotion and prevention rather than the wider determinants of health. • Many felt that it would be useful for the prevention agenda to be given greater prominence. The committee felt that a separate principle which identified the importance of prevention rather than cure would be helpful. • Some clearer principles should be developed to highlight that guidance in public health extends much wider than the individual. It needs to be much clearer when and where it is appropriate to do this. • Prevention needs to be part of the medical model. • The paper doesn't take account of different audiences beyond the NHS and this needs further consideration. • The issue of health inequities is not fully addressed. It was felt that many of the issues relating to equity have been well discussed and considered within the 	
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	<p>committee and this knowledge should be drawn on.</p> <ul style="list-style-type: none"> Some of the terms need to be clarified as they will be interpreted differently according to the audience. <p>Principle 1</p> <ul style="list-style-type: none"> There is a need to clarify the terms 'evidence' and 'intervention'? Whilst there is a need for clarity of terms it was felt that defining these too precisely also created problems. It was felt that clarity is needed on the implications of not having enough evidence. It is more complex than currently stated in principle 1. <p>Principles 2, 3 and 4</p> <ul style="list-style-type: none"> A definition of 'health' is required to determine what is meant by benefit. The balance needs to be right to allow committees to move beyond the QALY. The text should be enriched in order to give examples of what is meant by this. How to consider the impact of interventions in broader terms than economic costs needs to be addressed more fully. <p>Principle 5</p> <ul style="list-style-type: none"> This was considered to be potentially problematic for public health. The question was raised as to whether a population approach is at odds with the sentiment of this principle? If the principle is a clinical perspective, and is based on the idea of patient choice, this should be clarified. <p>Principle 6</p> <ul style="list-style-type: none"> No comments to add. <p>Principles 7 and 8</p> <ul style="list-style-type: none"> The 'circumstances' referred to in principle 7 should be defined or addressed more fully. It was felt that the two principles are potentially contradictory. What is the principal aim and objective in these principles? Is it about considering cost effective ways to improve population health OR is it about trying to actively improve health inequalities? There is a need for greater clarity so that principle 8 refers to 'inequity' rather than 'inequality'. This value of 'fairness' needs to be emphasised. There should be an acknowledgement that it is very difficult to reconcile economic rationing within universal access to health care. Attention should be drawn to papers where these issues have already been considered rather than developing these ideas from scratch. 	
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7. Summary from the chair (CL)	<p>The chair summarised the discussions and areas for further deliberation. These were:</p> <ul style="list-style-type: none"> • The nature of health improvement. • The broader audience beyond the NHS. • How to use these judgements when recommendations are not made in the same way. • How to consider different types of economic analysis. • How to address health inequities more thoroughly. • Whilst clarity of terms was considered important, it was also felt that keeping these principles broad would be helpful. • A summary of discussions will be drafted by the NICE CPHE team early next year and these will be sent to the committee for further comment before it is submitted to the SVJ consultation. 	<p>MK</p>
8. Mental Wellbeing and Children in Primary Education (All)	<p>Antony Morgan gave an overview of the process of forming this guidance to date. The purpose of today's meeting is to look at the fieldwork report and consider whether any of the recommendations should be adapted according to the report.</p> <p>Amanda Killoran then presented the main findings of the fieldwork.</p> <p>Carly Raby from Young Minds then presented an overview of a report on Young People's voices on emotional well being.</p> <p>The committee discussed the following in relation to the Mental wellbeing and children in primary education guidance:</p> <ul style="list-style-type: none"> • That 'pupil voice' should be strongly advocated in relation to mental health services. This should be drawn out in guidance. • That the guidance should reflect the idea that sometimes behaviour is a symptom of another problem. • That consideration needs to be given to implementation of this guidance and how to reach the correct audiences. • That school ethos is important, and can have considerable implications for mental wellbeing. • That it is important to incorporate very clearly three concepts: participation, confidentiality and avoidance of stigma. • That the relation between school performance and mental health needs to be drawn out in guidance. • That the ethos should be about having a 'safe and secure' environment free from bullying and violence. • That the origins of mental health problems is beyond the scope of this guidance. • That the term 'At Risk' is used ambiguously. • That there is a need to make sure the guidance is set in UK language and terminology. • That the targeted approach recommendations need to highlight the importance of a multi-agency approach. 	

	<ul style="list-style-type: none"> That approaches to bullying needs to be incorporated into the guidance. 	
9. Research recommendations	<p>The committee spent some time discussing potential research recommendations to be considered in the final guidance.</p> <ul style="list-style-type: none"> Cost effectiveness should be added to research recommendation 4. Further consideration of what is meant by a 'positive' ethos in schools. An ethnographic study on this would be helpful. Studies should be linked to existing school based programmes which aim to promote the emotional and social well being of children. Engagement of parents should be drawn out in research recommendation 5. Funding should be given to properly conducted research. This should be embedded in these research recommendations. Involvement of children should be further considered and evaluated. Research recommendation 2 – QALY might not be the most appropriate measure here. <p>It was agreed that at the next meeting, the research recommendations will be redrafted and the committee will need to prioritise the recommendations.</p>	
10. Topic Suggestions (All)	<ul style="list-style-type: none"> Guidance for the Cabinet Office on the link between poor housing and health. (Dale Robinson to send an email on this.) Occupancy and different ways of living and the relationship to health. Guidance for policy makers on the role of health impact assessment in public policy. (Klim McPherson to send an email on this.) MK to update the committee at the February meeting on the status of past topics. 	<p>DR</p> <p>KM</p> <p>MK</p>
11. AOB (Chair)	<ul style="list-style-type: none"> The 'Proactive Case Finding and retention and Improving Access to Services in Disadvantaged Areas' guidance was discussed: <ul style="list-style-type: none"> It was felt the topic might have been better placed as programme guidance.. Further health economics work is currently being undertaken. Antony Morgan (AM), Catherine Law and Lesley Owen are working on the draft guidance. AM to consider the timelines and how to include further health economics work. He will update the committee at the next meeting on how this will proceed. Concern was raised at the pressure of meeting institute timelines. Timelines were felt to be inappropriately rapid for the nature of the work. 	

	<ul style="list-style-type: none"> ○ There is a need for the committee to consider in greater depth some of the fundamental issues relating to equity weighting. This should be an item at the June away day. • The health select committee are considering what should be the role of the NHS in reducing health inequalities. The PHIAC felt it would be useful to put forward some of the reflections they have considered during the committee over the last two years. CL and MK to draft a document in the next week, and to circulate to the committee over Christmas. To be submitted to the health select committee on 9th January. • The committee was requested to use the response table sent out to comment on the draft guidance where possible. • MK reported on the response from Mentor UK about their non declaration of interests at the Alcohol and Schools guidance. • The committee were thanked for their contribution this year. 	<p>ES/MK</p> <p>CL/MK</p>
12. Close	The meeting closed at 3.50pm	