

Public Health Interventions Advisory Committee (PHIAC)

PHIAC 23: Minutes of meeting 14th March, 2008

Workplace Mental Health Proactive Case Finding

Attendees	<p>Members Catherine Law, KK Cheng, Jane Putsey, Muriel James, Tracey Sach, Dale Robinson, Mike Bury, Mike Owen, Valerie King, Brian Ferguson, Ann Hoskins, David McDaid (am only), Ruth Hall, David Sloan, Richard Cookson, Klim McPherson, Philip Cutler, Joanne Cooke, Sharon McAteer, Sue Atkinson, Dagmar Zeuner</p> <p>NICE Mike Kelly, Jane Huntley, Antony Morgan, Emma Stewart, Sarah Dunsdon, Anthony Threlfall, Alastair Fischer, Amanda Killoran, Adrienne, Lesley Owen, Catherine Swann, James Jagroo, Elena Terol Sabino, Alix Johnson</p> <p>Observers Rona McCandlish (Non Executive Director, NICE), Rachel Smith (Greenstreet Berman), Rachel Evans (Greenstreet Berman)</p> <p>Contractors Workplace Mental Health Ramon Ortiz, Metroeconomica, Hilary Cowie and Richard Graveling, Institute for Occupational Medicine Proactive Case Finding Ruth Turley</p> <p>Cooptees and Expert witnesses Workplace Mental Health Ivan Robertson, Sarah Lyons, Alison Cobb, Ben Willmott, Helen Kirk Proactive Case Finding David Buck, Yvonne Thomas</p>
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Agenda Item	Minutes	Action
<p>1. Welcome and introductions (Chair)</p> <p>2. Apologies (All)</p>	<p>The Chair welcomed members to the twenty third PHIAC meeting. The meeting was declared quorate.</p> <p>Apologies were received from the following: Amanda Hoey, Susan Michie, John Barker, Simon Capewell, Andrew Hopkin, Matt Kearney, Alasdair Hogarth, Joyce Rothschild, Mark Sculpher, Mike Rayner</p>	
<p>3. Declaration of Interest (All)</p>	<p>Declarations of interest in relation to Workplace Mental Health were asked for.</p> <p>The following interests were declared:</p> <ul style="list-style-type: none"> • Sue Atkinson, FAST project – part of which involves researching workplace health. • Ivan Robertson - director of a private organisation that helps improve wellbeing at work • Phil Cutler – is involved in a programme that considers pathways to work. • David McDaid – is involved in a workplace wellbeing research project. • Alison Cobb – works at MIND, a charity concerned with mental health <p>Declarations of interest in relation to Proactive Case Finding were asked for.</p> <p>The following were declared: <i>PHIAC member</i> Klim McPherson – Chair of the National Heart Forum</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 Workplace Mental Health or Proactive Case Finding:</p> <p>Service Payment: <i>PHIAC member</i> Mike Owen</p> <p>Research: <i>PHIAC members:</i> David McDaid, Brian Ferguson, Tracey Sach, Jo Cooke, KK Cheng, Sue Atkinson, <i>Contractors/ Experts</i> Ramon Ortiz, Ivan Robertson and Richard Graveling</p> <p>It was agreed that the above declarations would not prevent participants from taking part in the meeting.</p>	
<p>4. Workplace Mental Health (All)</p>	<p>Richard Graveling from the Institute of Occupational Medicine presented an overview of the review of effectiveness.</p> <p>Ramon Ortiz from Metroeconomica then presented the key</p>	

	<p>findings from the economic appraisal.</p> <p>David McDaid, the PHIAC technical lead for Workplace Mental Health commented on what he saw as the main issues with the evidence analysis.</p> <p>Anthony Threlfall, analyst at NICE presented responses from some of the key stakeholders. He explained that the main stakeholder consultation closed on 20th March, and the summary of responses would be circulated to the committee at a later date.</p> <p>The committee then had a discussion about the effectiveness and economic evidence, and the contractors responded to some of the queries that were raised.</p> <p>The Chair summarised the discussion and suggested that the following would need further consideration:</p> <ul style="list-style-type: none"> • Whether the evidence was good enough to proceed with making recommendations • Given some of the problems and concerns with the cost effectiveness data, the committee would need to decide how to proceed with this data and whether any additional analysis was required. • That it is important to consider how this guidance sits with other NICE guidance, and to ensure there is consistency of approach. <p>Dale Robinson and Sharon McAteer, the PHIAC practitioner leads for this topic, suggested some broad areas for making recommendations from a practitioner perspective.</p> <p>Phil Cutler, the PHIAC lay lead, commented on possible areas for recommendations from a lay perspective.</p> <p>The experts and co-optees were given the opportunity to comment upon the evidence and the morning's discussions.</p> <p>The committee then made some further observations about the evidence and the contractors were given the opportunity to respond.</p> <p>The following was agreed by the committee:</p> <ul style="list-style-type: none"> • the current evidence is too limited to make any firm recommendations. More evaluation is needed. The committee will need to make clear research recommendations on this. • However, there is need for guidance to be developed on this topic. This could be done by adopting broader forms of evidence. • The committee considered that a 'model of pathways to mental wellbeing' could be a very useful approach, and include the use of logic models. • The committee also agreed that it is important to 	
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	<p>emphasise a preventative, upstream approach. The current evidence did indicate the health promoting value of working in a supportive environment.</p> <ul style="list-style-type: none"> • A new approach to this work should also try to address the wider social determinants of factors such as 'stress' without over medicalising these problems. The committee felt there was potential for harm if this happened. • The committee agreed that any new approach would need to take account of current Health and Safety Executive (HSE) recommendations, and take evidence from HSE. • The approach will need to be reconsidered by the NICE team, and they will need to consider what other literatures are available. Timelines will also need to be adjusted to take account of this new work. • The contextual considerations discussed by the committee this morning should be drafted by the NICE team and used in the considerations section of any future guidance on this topic. • A summary of the decision points will be drafted by the NICE team and sent to the committee. 	NICE team
5. Proactive Case Finding	<p>The experts and co-optees for Proactive Case Finding introduced themselves.</p> <p>Lesley Owen, analyst at NICE, gave an overview of the process so far. This included an overview of the rationale for the approach taken (with the focus on smoking and statins) and an update on potential recommendation areas.</p> <p>Dave Buck from the Department of Health gave an overview of the health inequalities strategy.</p> <p>Yvonne Thomas then presented some key learning from trying to implement interventions aimed at hard to reach groups in the West Midlands.</p> <p>Alastair Fischer updated the committee on further work carried out on the health economics for proactive case finding. Although there was some debate about diminishing marginal returns and costs per QALY, the overarching message is that all interventions considered by the committee are highly cost effective.</p> <p>The committee had a discussion about the economic evidence and how to progress with forming recommendations.</p>	
6. Proactive Case Finding (continued)	<p>The committee suggested some specific changes to the recommendations and some broad changes to the overall guidance.</p> <p>The following actions were agreed:</p>	

	<ul style="list-style-type: none"> Any drafting points should be emailed to the NICE team after committee. Because of the focus on smoking and statins, it was felt that it was not appropriate to make any general recommendations about proactive case finding. However, this should be referred as a potential future topic. Some of the important pre requisites for effective service delivery should be added into the preamble to the recommendations. The guidance should highlight the importance of recognising the broader context. There is a need for clear sign posting to other relevant NICE guidance. To add an additional recommendation for disadvantaged people who do not live in disadvantaged areas. Disadvantaged areas should be defined locally as any single definition may be restrictive. <p>Potential research recommendations were considered by the committee. NICE staff will draft these for further comment.</p>	<p>PHIAC</p> <p>NICE</p> <p>NICE</p> <p>NICE</p> <p>NICE</p>
7. Next steps in guidance (AM)	<ul style="list-style-type: none"> Consultation on the draft guidance 23rd April – 22nd May Revised versions to be sent to the PHIAC from 25th March – 3rd April for consideration. MK and CL to sign off prior to public consultation. 	
8. Minutes PHIAC 22	<ul style="list-style-type: none"> The minutes were approved subject to some minor changes to the AOB. 	ES
9. Topic proposals (MK)	<p>The committee suggested the following potential topics to be referred to the topic selection committee:</p> <ul style="list-style-type: none"> Conditional cash transfers The use of incentives in the UK to promote health. 	
10. AOB (Chair)	<ul style="list-style-type: none"> Equity tools – the tools are currently being piloted and we will be reporting back on how these are working. Some minor amendments will be suggested. Copies of these to be sent to the committee with the April PHIAC paper. Biographies – some of these are very out of date so ES to send a current list of biographies with the April PHIAC papers so they can be updated on the website. The committee were informed of a new stage of process where by the committee will be informed of upcoming actions for the PHIAC committee. Committee members were asked to comment on how useful they felt this was and to let us know of any changes. May meeting – 2 hours of training to be undertaken in preparation for meetings in public. April meeting will be used as a dress rehearsal. Smoking and children guidance – the committee was 	<p>ES</p> <p>ES</p> <p>PHIAC</p> <p>ES to add to April Agenda</p>

	<p>informed about the issues surrounding the legislation recommendations. They are currently consulting on how to proceed. MK to keep the committee informed of updates. The committee emphasised the importance of being able to make legislation recommendations, but were happy to take this forward in a cautious way.</p> <ul style="list-style-type: none"> • The committee were informed by the chair of a Delphi consultation on public health intervention horizon scanning and were asked whether they would like to be involved. Committee members to let ES know if they'd like to be involved. 	<p>PHIAC</p>
<p>11. Close</p>	<p>The meeting closed at 4.20pm</p>	