

Public Health Interventions Advisory Committee (PHIAC)

PHIAC 24: Minutes of meeting 11th April, 2008

Occupational therapy and physical activity interventions to promote the mental well-being of older people in primary care and residential care

Attendees	<p>Members Catherine Law, Amanda Hoey, Jane Putsey, Muriel James, Susan Michie, Matt Kearney, Joyce Rothschild, Mike Owen, Richard Cookson, John Barker, David Sloan, Mike Rayner, Joanne Cooke, KK Cheng, Mark Sculpher, Mike Bury, Valerie King</p> <p>NICE Mike Kelly, Simon Ellis, Emma Stewart, Patricia Mountain, Linda Sheppard, Bhash Naidoo</p> <p>Observers Patrick Morrison, NICE NED; Clare Wohlgemuth, Implementation, NICE; Alix Johnson, PPIP, NICE (pm only)</p> <p>Co-optees and Expert witnesses Gail Mountain, Sheffield Hallam University June Crown, Age Concern</p>
Author	Emma Stewart
File Ref	L:\Centre\PHIAC\Meetings\2008\PHIAC 24 meeting 11.04.08\Minutes
Version	1
Audience	Members of PHIAC; Public

Agenda Item	Minutes	Action
<p>1. Welcome and introductions (Chair)</p> <p>2. Apologies (All)</p>	<p>The Chair welcomed members to the twenty fourth PHIAC meeting. The meeting was declared quorate.</p> <p>Phil Cutler, Brian Ferguson, Ann Hoskins, Simon Capewell, Tracey Sach, Alasdair Hogarth, Sharon McAteer, Dale Robinson, Andrew Hopkin, Ruth Hall, David McDaid, Dagmar Zeuner, Sue Atkinson, Klim McPherson, Nigel Jackson (Dr Foster), Tricia Younger</p>	
<p>3. Meetings in Public (All)</p>	<p>The committee were advised that a date for holding the first PHIAC meeting in public had not yet been agreed, but is unlikely to be in June 2008 as first anticipated. Training for committee members will take place at the May meeting.</p> <p>It was agreed that this current meeting would be used to consider potential challenges from meeting in public and that this would be reflected on later in the day.</p>	
<p>4. Declaration of Interest (All)</p>	<p>Declarations of interest in relation to older people and mental wellbeing were asked for.</p> <p>The following were declared:</p> <p><i>PHIAC member:</i> Jo Cooke – potential research interest and also works for SchARR (research unit at Sheffield University) who have recently signed a contract with NICE as one of two collaborating centres who will be undertaking evidence reviews in the future – <i>pecuniary non-personal interest.</i></p> <p><i>Co-optee/ Expert:</i> Gail Mountain – has piloted a project called ‘lifestyle matters’ and has particular academic expertise in occupational therapy and the topic area. - <i>professional interest/ non-personal pecuniary.</i></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 Older People and Mental Wellbeing:</p> <p>Service Payment: <i>PHIAC member</i> <i>None were declared</i></p> <p>Research: <i>PHIAC members:</i> KK Cheng, Susan Michie, Jo Cooke <i>Contractors/ Experts</i> Gail Mountain</p> <p>It was agreed that the above declarations would not prevent participants from taking part in the meeting.</p>	
<p>5. Mental Wellbeing of Older People (All)</p>	<p>Linda Sheppard updated the committee about the change of title requested by PHIAC following its November 2007 meeting to better reflect the content of the guidance. This</p>	

	<p>change has been approved by the Department of Health. The new title is '<i>Occupational therapy and physical activity interventions to promote the mental well-being of older people in primary care and residential care</i>'.</p> <p>Mike Kelly highlighted the key points from the options paper (PHIAC 24.3) and suggested some potential ways forward.</p> <p>The committee discussed how to proceed.</p> <p>The Chair summarised the discussion as follows:</p> <ul style="list-style-type: none"> • The committee had some sympathy with the approach adopted by Guidance Executive which was to target the guidance at disadvantaged older people. • The committee was in favour of building on what had already been done rather than starting again from scratch. • The committee agreed that it would be useful to re-interrogate the current evidence given the refining of the target population in the scope. It might also request NICE to consider revising the current search strategies. • It is anticipated that there may be further topics referred under this broad subject area as a suite of future topics (as suggested at the PHIAC 1 meeting). This should be explicitly mentioned within the guidance. • Whilst it seemed likely that cost effectiveness was retained with the revised target group, this needed to be re-considered after re-interrogation of the evidence. Differential cost-effectiveness might be useful for deciding whom the guidance is aimed at. <p>Mike Kelly proposed the following:</p> <ul style="list-style-type: none"> • The timeline will be amended to accommodate the further review of the evidence and an additional PHIAC meeting. The publication date will also have to change accordingly. • The evidence and economic model will be revisited as agreed by the committee. • The fieldwork report and stakeholder comments should be discussed in some detail by the committee today. • Changes to the recommendations should not be made until the further evidence is considered. • The difference between aspirations for what might be achieved vs what can be done now should be drawn out much more explicitly within the considerations section. <p>The committee agreed that the development of the guidance should proceed on this basis.</p>	<p>NICE</p>
<p>6. Older People and Mental Wellbeing</p>	<p>Linda Sheppard, analyst at NICE, presented an overview of the responses from the stakeholders in relation to the recommendations consulted upon. She then presented the results of the fieldwork in the absence of Nigel Jackson, from</p>	

	<p>Dr Foster, who was unable to attend due to illness.</p> <p>The committee considered both the fieldwork and the stakeholder comments and some of the questions that this feedback raised.</p> <p>June Crown and Gail Mountain were given an opportunity to reflect and make comments on the discussions of the morning.</p>	
<p>7. Older people and mental wellbeing</p>	<p>The committee discussed the following:</p> <ul style="list-style-type: none"> • The complexities of defining mental wellbeing; • The complexities of defining disadvantage/ risk/ vulnerability • The complexities of defining different professional groupings • The difficulties of producing generic public health intervention guidance for those in residential care who are a group with complex needs. <p>The committee felt that many of the issues and considerations raised in discussions today would be better resolved after revisiting the evidence.</p> <p>It was agreed that the NICE team would re-interrogate the evidence and this would then need to be presented to PHIAC at a future meeting. The committee will need to consider how to redraft the recommendations in light of this.</p> <p>Summary from Chair:</p> <ul style="list-style-type: none"> • The guidance will need to consider: <ul style="list-style-type: none"> ○ Who should the guidance be aimed at? ○ Who is at risk? How can this be defined? ○ The differential cost effectiveness of aiming the guidance at different population groups ○ Whether professional groupings should be highlighted and whether the guidance should be directed towards those in residential care. • It was felt important by the committee to try to include elements from the earlier draft of the guidance. • The committee felt strongly that the further suite of topics should be put forward to the topic selection panel as soon as possible, and that this should be explicitly drawn out in the current guidance. • That there is a need to make a more explicit link between this guidance and services and changes to policy, particularly in social care, which may affect this. • The committee also noted that the mental wellbeing focus of the guidance should be highlighted. 	<p>NICE</p> <p>NICE</p>
<p>8. Next steps in guidance (Chair)</p>	<p>The next steps in guidance production will need further consideration by the NICE team and should be reported back at the next PHIAC meeting.</p>	<p>NICE</p>
<p>9. Reflections on meeting in public</p>	<p>The committee reflected on whether there were any potential issues or considerations that may have arisen had the</p>	

	<p>meeting been held in public. The committee made the following observations:</p> <ul style="list-style-type: none"> • There was some concern that no documentation had been circulated about the procedures for meeting in public in advance of the training next month. NICE to follow up with communications. • The step between deliberations on the evidence and the development of recommendations will need to be transparent. • The committee felt it would be important to have a code of conduct for members of the public. NICE to discuss further. • The committee hoped that that meeting in public would be evaluated at some point in the future. • For declarations of interest, a laminated card explaining the different declarations of interest will be tabled at all future meetings to help committee members when making declarations of interest (similar to the process in technology appraisals). 	<p>ES</p> <p>NICE</p> <p>NICE</p>
10. Minutes of PHIAC 23	<ul style="list-style-type: none"> • The minutes were approved subject to some minor changes. • NICE team to follow up regarding the actions relating to Workplace Mental Health from the last PHIAC meeting. 	<p>ES</p> <p>NICE</p>
11. 18th Wave topic referrals	<ul style="list-style-type: none"> • The committee were given a list of the recently referred topics from the Department of Health. • PHIAC were encouraged to comment on the scopes to ensure they are made compatible with processes, and to make sure they are manageable topics. 	PHIAC
12. Topic proposals (MK)	<ul style="list-style-type: none"> • Topics that were suggested during the last PHIAC meeting relating to Older People and Mental Wellbeing (NICE team to double check that social isolation/ social capital issues are included in this list) • Social marketing – what is it? What is evidence base for it? As suggested by Susan Michie. 	<p>NICE</p> <p>Topic selection</p>
13. AOB (Chair)	<ul style="list-style-type: none"> • The committee were referred to the letter written to the Department of Health which related to the smoking and children guidance and whether legislative recommendations can be made. The committee will be updated as soon as a response is received. A process will need to be considered on how to deal with these issues in the future. • The chair advised the committee that Mike Kelly and Catherine Law will be presenting oral evidence at the Health Select Committee on health inequalities on 30th April. The committee were encouraged to feedback any particular issues relating to health inequalities that should be raised before 30th April. • Forward planning of PHIAC workloads – the committee were advised of upcoming workloads until the end of June. 	

	<ul style="list-style-type: none"> • The committee were informed that they were unable to make generic declarations of interests and should continue to make declarations of interest at the beginning of each meeting. • Equalities monitoring form – committee members were asked to complete these and send to ES. ES to send a copy for all committee members who are not present. • Committee member’s biographies on the website – the committee were informed that these are being updated. ES to send a link to the website for this. Members to send updated version to ES for uploading to the website. • The committee were given a copy of the NICE equality and diversity guide for information. <ul style="list-style-type: none"> ○ Training needs – members were asked to identify any training needs. ES to send an email to committee members to ask what these might be. Some may also be considered as topics at the away day. • The committee were keen to ensure that lessons were learnt from the process of submitting recommendations to Guidance Executive (GE). • The committee were keen to further the idea of appointing a deputy chair. MK to pursue. • CL reported back on a recent meeting with Andrew Dillon in which the following was discussed: <ul style="list-style-type: none"> ○ The role of GE in relation to guidance. ○ The topic selection process. ○ Meeting in public. ○ Legislative recommendations. ○ CL passed on Andrew Dillon’s thanks for the hard work of the committee. 	<p>ES</p> <p>ES</p> <p>ES</p> <p>MK</p>
<p>14. Close</p>	<p>The meeting closed at 4.15pm</p>	