

NICE PUBLIC HEALTH PROGRAMME GUIDANCE PROMOTION OF PHYSICAL ACTIVITY IN CHILDREN

6th Meeting of the Programme Development Group

Wednesday 5th March 2008

NICE Offices, Level One, City Tower, Piccadilly Plaza,
Manchester M1 4BD

Minutes

Attendees:	<p>PDG Members Gordon Andrews, , Barry Causer, Issy Cole-Hamilton, Ashley Cooper, Peter Cooper, Lindsey Dugdill, Martin Hagger, Chris Laws, Patricia Maude, Suzanne Priest, John Stevens, Gareth Stratton (Chair), Malcolm Tungatt, Kim Twine, Esther van Sluijs, Sarah Vaughan-Roberts, John Hutton, Paul Trueman</p> <p>NICE Hilary Chatterton, Hugo Crombie, Adrienne Cullum (via Teleconference), Simon Ellis, Mike Kelly, Anthony Threlfall, Melinda Kay</p> <p>Contractors Stuart Biddle, Ric Fordham, Nick Cavill, Trish Gorely, Andy Atkin, Garry Barton</p> <p>Co-optees and Expert witnesses None</p> <p>Observers Alix Johnson (NICE)</p>	
Apologies:	<p>PDG Members Vicki Birchwood, Jonathan Williams</p> <p>Contractors Charlie Foster</p>	
Authors	Melinda Kay, Simon Ellis	
File Ref		
Version	Final	
Audience	PDG members, NICE team, the public (via web publication)	

Item		Action
1	<p>Welcome, Introductions and Aims of the Meeting</p> <p>The Chair welcomed everyone to the sixth meeting. The new attendees to the meeting were introduced to the group and apologies were received.</p> <p>The Chair outlined the objectives of the day:</p> <ul style="list-style-type: none"> • discuss the findings of the Family and community effectiveness review • develop draft recommendations and ‘considerations’ on Family and community • discuss and revise the draft recommendations on Adolescent girls • decide on the focus of the economic modelling 	
2	<p>Declarations of Interests</p> <p>The PDG, NICE and reviewers were asked to give verbal declarations of interests that were additional to their written declarations or specific to the topics for discussion today.</p> <p>No verbal declarations of interest were received.</p>	
3	<p>Minutes of previous meeting (30th January 2008) and matters arising</p> <p>The Chair asked the PDG Members for any accuracy amendments to the minutes of the previous meeting.</p> <p>The minutes were approved by the PDG, after minor amendments.</p> <p>The Chair highlighted the following matters arising / action points that were not on the agenda:</p> <ul style="list-style-type: none"> • Glossary – updated and included in the papers. NICE team have ensured terms are consistent with PAE guidance. PDG members to suggest amendments and additions • Papers informing the economic modelling – commentary on the 36 papers forwarded to Paul Trueman and John Hutton • Tabled papers – the number have been reduced • Adolescent girls review – the Collaborating Centre confirmed that it is checking the description of the Marks et al 2006 study • Bullet 12, page 3. The Collaborating Centre noted that this should read ‘some websites with grey literature...’ rather than ‘the websites...’ • Adolescent girls draft recommendations – NICE team circulated draft recommendations to PDG for comment • School travel plans – Hilary has been in touch with co-optee, who confirmed that the list of groups in ‘who should take action’ was appropriate. Advised that local authorities will have different structures for the provision of cycle training. The only mandatory requirements are the provision of road safety and healthy schools at some level. • Active travel recommendations – NICE team revised these 	PDG Members

	<p>following the meeting and will re-circulate soon</p> <ul style="list-style-type: none"> Review on 'active play' – NICE team have been liaising with PDG members and the CC. It was noted that the review will be 'qualitative' will not contain evidence statements. 	
4	<p>Family and Community Review – Presentation of Key Findings</p> <p>The findings of the adolescent girls review were presented to the PDG by the Collaborating Centre.</p>	
5	<p>Family and Community Review – Questions and Discussion</p> <p>The Chair invited questions of clarification and there was a general discussion about the review methods and findings, and the following points were raised.</p> <ul style="list-style-type: none"> The Collaborating Centre confirmed that dis-aggregation of effect in any studies by social class was not reported. Parental physical activity had been searched for but was not normally reported. One study had considered the physical activity at 'family level' and had reported it, however it was not possible to identify how physical activity had changed in different family members. The GEMS studies all included a participatory approach which included preferences, however these studies were underpowered. The social marketing campaign (VERB) ran between 2001 and 2005. The effectiveness of this campaign was seen mostly between years 1 and 2. The CC noted there are additional papers on VERB due to be published in a special edition of the American Journal of Preventive Medicine. Some studies targeted at risk of and overweight children, however papers did not report effects on groups with different levels of activity. Generally, they were mixed populations and would have included some sedentary children. The applicability of the studies showing positive effects in home delivered interventions was discussed. These studies were from the US and there may be substantial differences in e.g. transport culture. Other community based UK approaches such as MEND were discussed. It was noted that the studies in the review aimed to achieve small lifestyle changes and the intervention was delivered to the participants were (home), rather than requiring them to travel to a venue. Information on participation rates was not usually given, where it was this was often low and used as an explanation for a negative finding. The studies did not state that they specifically addressed identified barriers (such as providing a safe environment for physical activity), however this may have been the intention behind some approaches. One study included reference to the Los Angeles Olympics and the PDG discussed any lessons for London 2012. The study included using the games to raise awareness. 	
6.	<p>Family and Community – Considerations and practical issues</p> <p>PDG members Barry Causer and Gordon Andrews gave brief presentations on what they see as some of the key issues for practitioners and others to consider for family and community interventions.</p>	

	<p>Barry showed a short DVD on an intervention called the Southwark Community Games. Issues highlighted were:</p> <ul style="list-style-type: none"> • Use of multiple venues • Primary school and housing estate links • Coaches also had the ability to engage participants • A key element was fun • The programme had political buy-in • The programme was monitored • The programme was not a one off event but continued through the year <p>Issues brought up in the discussion were:</p> <ul style="list-style-type: none"> • Cost was around £500,000 and reach was approx 10,000 participants • 30% were female • The programme was not weather dependent. <p>Gordon's presentation considered where the guidance could be of maximum benefit. Issues highlighted were:</p> <ul style="list-style-type: none"> • The importance of partnership working • The potential role of the guidance in crystallising partners • The importance of shared organisational targets. 	
8	<p>Equality impact assessment</p> <p>Mike Kelly gave a presentation on the NICE equity impact assessment toolkit and the processes involved. The NICE team will to carry out equity analyses at the various stages and produce a report to the PDG.</p> <p>The PDG should consider the overall change in health and the change in the slope of health inequalities that may arise from their recommendations. Both are potentially legitimate targets, the committee should be clear about which goal is intended. This should be discussed in the considerations section.</p>	
9	<p>Family and Community – Outline of areas to be considered</p> <p>The PDG were provided with a framework to help facilitate the development of the recommendations.</p>	
10	<p>Family and Community - Group Work</p> <p>The PDG split into 3 smaller groups to</p> <ul style="list-style-type: none"> ▪ draft some recommendations identify some key considerations 	
9	<p>Family and Community – Feedback from groups and whole group discussion</p> <p>Feedback: Group 1:</p> <ul style="list-style-type: none"> • Need to identify one key message to deliver consistently. A parallel was drawn with the 5 a day fruit and vegetable message • Avoid short term, single approaches • Ideally projects would stimulate daily activity and provide opportunities for different age/culture/gender/family groups 	

providing varied activities that stimulate imagination and address the need for appropriate risk taking.

- Parents should be addressed via agencies e.g. through LAA, with targets focusing on behaviour change not simply participation rates. LSPs have the potential to influence business through participation of Chambers of Commerce.

The group identified three areas for recommendations:

- Policy –LSPs to incorporate into LAA physical activity behaviour change target for families and children
- Training – service providers to ensure training is available to develop physical activity advocates
- Media/info – nationally developed messages to provide connection with regional and local level. This should use consistent messages with relevance to the target group. It should include practical tips and information should be delivered in various ways.

Feedback: Group 2:

- The importance of ‘taking the intervention to people not people to the intervention’
- The usefulness of social marketing, and the importance of setting targets with people that are achievable, relevant and specific. It was felt that it was likely that there were lessons to be learned from other social marketing areas, such as 5 a Day and WRAP (waste and resources action plan).
- The potential for conflict for providers between different agendas (e.g social vs financial pressures).

The following areas for recommendations were identified:

- The inclusion of innovative targets in local area agreements (LAAs).
- The development of baseline audit of levels of activity, with information at district level to connect with LAAs
- The importance of research and the dissemination of current research.
- The importance of local champions and the role of political leaders
- The importance of provision of activities that the whole family can participate in together.
- Schemes needed to be as local as possible.

Feedback: Group 3:

- Making a safe environment
- Ensuring sustainability
- Partnerships
- Making things local
- Multilevel interventions
- Supportive culture
- Removal of barriers
- Inspiration

The overall approach should be overcoming barriers and a significant factor is provision of opportunities locally. Important factors are people capable of inspiring others, who also have credibility within the relevant own community. The importance of working with schools in

	<p>partnerships was emphasised.</p> <p>The Chair identified three areas:</p> <ul style="list-style-type: none"> • Policy – In the current round of LAA production, it was thought that about 70% of them were considering including physical activity as a topic. It was also noted that this was in the context of pressure to include a range of other factors and PA might be removed as a result. There is a possibility to influence the additional 3 hours per week of school activity, however the guidance should avoid overburdening schools. • Marketing – There was a suggestion that the group could look at the additional VERB evaluations. The CC agreed to see if it would be possible to get these ahead of publication, in confidence. There was agreement that marketing needed to be sustained to be effective, and that it needed to have both national and local components. It was felt that it might help to reconsider the work Chris Holmes had done on the topic of social marketing. • Individuals/champions – It was noted that there is currently considerable support for local/street activities that the guidance could build on. <p>The issue of using trained staff/volunteers was considered. This might have the negative effect of excluding credible local people, however, training could also encompass ‘enabling skills’ or risk assessment.. It might be necessary to use qualified people to enable a scheme to be covered by insurance.</p> <p>NICE team to prepare draft recommendations following the meeting and circulate these by email for PDG comments.</p>	<p>Nick Cavill</p> <p>NICE Team/PDG Members</p>
<p>10</p>	<p>Adolescent Girls: Summary of feedback and next steps</p> <p>Anthony summarised members’ comments on the draft recommendations.</p> <p>Recommendation 1</p> <ul style="list-style-type: none"> • ‘Personal development’ had been used to avoid the term ‘self efficacy’. It was noted that the NICE Behaviour change guidance had defined self efficacy and it was agreed that this would be circulated to the PDG. • The phrase ‘regularly ask’ was discussed. Activity ‘fashions’ may change and that different answers might be given in different settings. There is a difference between ‘needs’ and ‘wants’. <p>Rec 2</p> <ul style="list-style-type: none"> • R2 is aimed at providers, whereas R6 is for service planners • Could this be a generic recommendation or a set of key principles to be set out in the considerations section? • Recs 1, 2 and 4 all include ‘ask’ and ‘involve’ • It was important to retain ‘non-competitive’ within the recommendation. This could also be included in R6. <p>Rec 3.</p> <ul style="list-style-type: none"> • Community/voluntary groups should be added to ‘who’ • Some discussion about training followed. 	<p>NICE team</p>

	<ul style="list-style-type: none"> • If the intention is to recommend positive female role models, this should be made explicit. <p>Rec 4</p> <ul style="list-style-type: none"> • This recommendation targeted at a broader audience than just schools. <p>Rec 5</p> <ul style="list-style-type: none"> • The view was expressed that the first paragraph of ‘action’ was not helpful, but that the second might be. • There is benefit in recommending best practice if it is not universal practice, it might benefit from stating that it conforms to current views on what forms best practice. • Would benefit if the focus was broader than just schools. <p>Rec 6</p> <ul style="list-style-type: none"> • ‘who’ should be altered to ‘service providers’ <p>NICE team to revise the recommendations.</p> <p>NICE team to circulate Behaviour Change Guidance to the PDG as some of the principles may be relevant.</p>	<p>NICE Team</p> <p>NICE Team</p> <p>NICE Team</p>
11	<p>Health Economics – identifying interventions to be modelled</p> <p>Ric Fordham and Gary Barton briefly introduced their options paper and suggested the interventions to be modelled. They highlighted what they need from the PDG – ie any additional or alternative suggestions for what should be modelled.</p> <p>Comments from the group were:</p> <ul style="list-style-type: none"> • There is cross sectional data available which could be used. The aim will be to use the best available data, which may be cross sectional. • There may be details available from Southwark about their walking buses which would help with developing costs • There was discussion of the helpfulness to the PDG of developing evaluations where either cost or effectiveness data was available. Other possible options for modelling might be the Southwark Community Games and Play Ranger projects • Concern was expressed that the planned modelling focused on transport projects. It was not clear why some excluded studies were considered not relevant or could not be used. • The key intention behind the process is assure the PDG and NICE that recommended interventions are likely to be cost effective. Identification of approaches to be modelled should focus on the emerging draft recommendations. • There is a need to consider the usefulness of a QALY approach when the costs and many of the benefits are outside the health sector. <p>NICE to discuss with economics CC and economists on PDG</p>	<p>NICE Team</p>
13	<p>Summary of the day, agreed action and next steps</p> <p>The Chair thanked members and summarised the outcome of the day.</p> <p>The following key actions were noted.</p> <ul style="list-style-type: none"> ▪ NICE team to circulate draft recommendations on Family and community interventions for PDG members to comment 	

	<p>before next meeting</p> <ul style="list-style-type: none"> ▪ NICE team to revise draft recommendations on Adolescent Girls ▪ Decision on focus of Economic Modelling 	PDG Members / NICE Team
14	<p>Next meeting</p> <p>Simon Ellis reminded the PDG that the focus of the next meeting would be to:</p> <ul style="list-style-type: none"> ▪ consider the economic modelling ▪ review the draft recommendations for Family and Community interventions ▪ revisit the draft recommendations on Under 8s, Active Travel and Adolescent girls – to look at cross-cutting issues and overarching recommendations. To collated and circulated to the PDG, with collated list of all evidence statements to date 	NICE Team
15	<p>Any Other Business</p> <p>There was no other business.</p>	
Close	The Chair thanked all attendees and closed the meeting at 4.15pm.	