

Physical activity and the environment, including accessibility for people with mobility problems or additional needs

Expert panel meeting

Date: 04/02/2016

Location: NICE offices, London

Minutes: Final

Topic Expert members present:	
Steve Cummins	Professor of Population Health & NIHR Senior Fellow, London School of Hygiene and Tropical Medicine
Andy Jones	Professor of Public Health, University of East Anglia
Catharine Ward-Thompson	Professor of Landscape Architecture, University of Edinburgh
Anna Goodman	Lecturer, London School of Hygiene and Tropical Medicine
Gail Mountain	Professor of Health Services Research (assisted living), University of Sheffield
Tim Chapman	Adult Lifestyle Manager (Physical Activity), Public Health England
Rachel Aldred	Senior Lecturer in Transport, Department of Planning and Transport, University of Westminster
Nanette Mutrie	Professor Nanette Mutrie MBE CPsychol FBASES, University of Edinburgh
Beelin Baxter	Senior Physical Activity Policy Officer, Department of Health
William Bird	General Practitioner and CEO of Intelligent Health
Mark Tully	Lecturer in Physical Activity and Public Health, Queen's University Belfast
Philip Insall	Director, Insall & Coe

NICE Public Health staff attending the meeting:	
Fiona Glen (Chair)	Programme Director
Adrienne Cullum	Technical Lead
Karen Peploe	Senior Technical Analyst
Andrew Harding	Programme Manager
Lesley Owen	Health Economist

NICE staff observing the meeting:

Diana O'Rourke	Technical Analyst
Alice Murray	Assistant Technical Analyst
Paul Levay	Information Specialist
Simran Chawla	Public Involvement Advisor

1. Welcome, introductions and the aims of the day

The Chair welcomed the panel of experts and NICE attendees to the meeting on Physical activity and the environment, including accessibility for people with mobility problems or additional needs.

The Chair explained this was the first topic panel meeting of this type for Public Health Guidelines since the 2014 update of the NICE Guideline Development Process.

The Chair informed the meeting attendees that the outline scope paper circulated for discussion at this meeting is confidential at this stage and is not for sharing more widely.

The Chair noted that attendees were not formally required to provide declarations of interest (DoI) for the meeting but thanked attendee's for submitting them in advance. A record of the DoI received (appendix A) would be included as part of the notes which would be published on the topic page on the NICE website.

The Chair outlined the objectives of the meeting, which included:

- Seeking overarching views on the outline scope
- Seeking answers to questions that NICE had posed (see item 4 below)
- Identifying key pieces of evidence (either published or forthcoming) that may inform scoping
- Identifying key activities of other organisations that may inform scoping
- Identifying additional key organisations with whom it would be helpful to engage as stakeholders

The Chair added that invited experts who were unable to attend had been asked to provide written comments in advance of the meeting. Existing Public Health Advisory Committee (PHAC) members who had an interest in this topic had also been asked to provide written comments. A brief overview of comments received was tabled.

The Chair encouraged a full and open discussion during the meeting.

The topic experts and NICE attendees introduced themselves, briefly summarised their background and expertise in this topic area and shared any previous involvement with NICE.

2. Referral and scoping process: key dates

Karen Peplow (KP), the Senior Technical Analyst for this guideline summarised the background to this guideline, including the Department of Health (DH) referral, the follow up discussions held with the DH and Public Health England (PHE), the review decision for NICE guideline PH8 (physical activity and the environment), the related NICE guideline (PH41: Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation) and the rationale for the potential scope of this guideline.

KP briefly explained the early steps of the scoping process, adding that from the broad title, the draft scope of the guideline would be developed to outline what will or will not be included. The purpose of the meeting was to seek the views of the panel of experts on the evidence base, consider the economic aspects and to discuss the questions presented as part of item 3.

3. Topic overview

KP presented an overview of the topic including the proposed scope outline, key questions, the population, interventions, services and activities, outcome measures and the comparators.

KP introduced the questions that would be discussed by the group (item 4), explaining the background and context for each question.

Lesley Owen (LO), the Health economist for this guideline, presented an overview of the economic models for the published guideline PH8 'physical activity and the environment' and PH41 'walking and cycling' and the proposed options for cost effectiveness work to be included within the updated guideline.

The Chair summarised the key issues which had already been identified:

- Comments received in writing had queried the capacity to include both whole population approaches and approaches for specific groups with low mobility.
- Scoping searches had identified that this is potentially a very large area to review and NICE would welcome attendees' advice on how to limit the search (e.g. reviews / outcome measures/ dates / intervention type / population group).
- NICE were aware that a Cochrane review that partially updates the evidence review for PH8 is in progress. Mark Tulley, lead author, was a member of the

panel and would be able to discuss the published protocol for this review.

- The Chair invited the experts to give their general comments or to ask questions on the presentation. The initial discussion and comments from the panel included the following points:
 - The proposed title of this guideline and its broad focus may appear to suggest that this guideline is primarily targeting a social care audience as opposed to a public health audience. It would be better to make the title more inclusive, so that the focus is on the population as a whole. It was suggested that the scope should include a focus on those with mobility problems but that the title should place less emphasis on subgroups. It would be helpful to approach this from a general population perspective and to think about 'inclusive environments' for physical activity.
 - It was noted that although it was proposed that recommendations from PH8 on building interiors are not updated, there may be new evidence to show the effects of infrastructures on physical activity.
 - It was also noted that although making recommendations on national strategies and policies were excluded from the scope, there may be evidence about their implementation locally which could be relevant.
 - It was queried if interventions reducing sedentary time should be included, noting that these may be particularly important for older people.
 - It was noted that since the publication of PH8, guidance from the Chief Medical Officer (CMO) on how much physical activity people should be doing has been updated.
 - It was noted there is now some evidence linking the relationship between sedentary times to transport (e.g. sitting in cars).
 - It was suggested that the scope should clarify what is meant by recreational activity.

4. Discussing the topic questions and the economics approach

The Chair led the discussion of the topic questions introduced during item 3.

Q1: Is there further evidence, in addition to that identified during the last review of PH8 in 2014, that NICE should be aware of, for updating the existing aspects of this guideline?

The discussion, main comments and suggestions for further evidence from the expert panel included the following:

- It was noted that there is further/new 'active living' evidence from outside of the UK that could be considered.
- There is now more intervention level evidence around changes to the environment than there was when PH8 was published. It was noted that there may be some new evidence that considers people's mobility within particular environments. It was noted that there is some emerging evidence that shifting to public transport increases incidental activity.
- It was suggested that NICE may wish to consider any available evidence on cycle strategies, Olympic parks, "Walking cities" (DH funded: 2013-2015); transport interventions; neighbourhood designs e.g. the Urban 40 project; European projects particularly those on green / blue space relating to health outcomes; shared space streets; WHO's Health Economics assessment tool on walking and cycling; the Dutch TNO example; and the Transport Knowledge Centre's 'Trends in attitude to transport'.
- It was noted that for people with disabilities, much of the evidence currently available might be qualitative research around barriers and facilitators to being active in the built and natural environment.
- It was discussed whether the guidance should be focused on children and adults or one or the other. It was noted that there is a good body of research on playground designs and school environments. However it was noted that the existing recommendations in PH8 on school playgrounds are currently based on good evidence and that additional evidence identified in the review update may add nuancing but would be unlikely to substantially change the existing recommendations.
- It was discussed that as environments are relevant to all groups it would be helpful to consider all ages.

Q2: Is there sufficient evidence of effectiveness to support the development of recommendations for (a) for the population as a whole? (b) to improve accessibility for those with mobility problems or additional needs?

Discussion, main comments and views from the expert panel on the evidence of effectiveness to support the development of recommendations:

- It was noted that there is evidence on interventions for the general population but likely to be less specific evidence on groups with low mobility. It was also noted that there is a distinct set of interventions that may be implemented specifically for people with disabilities and that this has its own evidence base.
- It was also noted that many people are not registered disabled but still have

difficulty being active in the built or natural environment. It was also noted that sensory impairment is an important consideration in terms of limiting people's ability to be active, even if they do not have mobility problems per se.

- It was discussed that it may be helpful for emphasis to be on inclusiveness so that environments are designed with the least restrictive access for all (e.g. the Fieldfare Trust work). It was noted that there is a Community health inclusion index for "inclusive designs". It was suggested that identifying any variation in the impact of interventions for different groups and any adverse effects or unintended consequences would be helpful.

Q3: Is there sufficient evidence of *cost effectiveness* to support the development of recommendations for (a) for the population as a whole and to (b) improve accessibility for those with mobility problems or additional needs?

Discussion, main comments and views from the expert panel on the evidence of cost effectiveness to support the development of recommendations:

- As environmental interventions apply across the population as a whole, determining cost effectiveness for particular groups will be difficult. It was noted that a threshold analysis could be explored, though expert testimony might be needed to help identify the values to focus on.
- Consideration of the wider benefits of interventions (as opposed to the health benefits alone) were thought to be very important and a Social Return on Investment approach was also suggested – this was the approach used in Belfast to capture extra benefits such as improvements in mental health.
- Commissioners hold data on under/over estimates, for example data relating to mental health, social care, pre-diabetes groups. It was noted that there are lots of related health benefits with being more active (this also applied to PH8). A recent analysis of health benefits of physical activity by age has been carried out which might be useful for an economic analysis.
- It was suggested that the WHO's Health Economics Assessment Tool (HEAT) may provide helpful leads in terms of evidence.
- It was discussed that a cost consequence analysis – balance sheet approach, could potentially be applied that captures the benefits (and all benefits attributed to the intervention). This approach could allow commissioners to decide what good value is.
- It was noted that changes to transport are likely to produce a negative cost benefit (due to likely driver delays). How these are handled in economic

models can affect the likely cost effectiveness.

- It was noted that any cost consequence analysis should consider who benefits from the savings - Local authorities or the NHS. In addition, it was suggested it would be important to capture any unintended consequences e.g. approaches for some groups (dropped curbs) might adversely affect other groups.
- There was discussion of the importance of contextual factors to aid understanding of causal mechanisms and pathways. The group discussed that it may be helpful to use a realist synthesis approach to capture this evidence. Reference was also made to mediating factors that could impact the outcomes.
- In the context of outcome measures which are also relevant to the economic analysis, it was considered inappropriate to restrict to total level of physical activity as it excludes all studies that change the slope in physical activity rather than the absolute level.

Q4: Are you aware of (a) evidence that is published or in the grey literature for interventions in these groups? Or (b) research in progress in this area and the timeframe for its publication?

Discussion, main comments and views of the grey literature or research in progress from the expert panel:

- It was recommend that NICE contact organisations such as Transport for London, Greater Manchester GMPT (and other key transport authorities), as all have initiatives in place that may be helpful.
- The Scottish government have an outcomes framework and have recently completed an inequality report which may be of interest.
- It was agreed that further comments could be submitted by email.

Q5: Are there key authors/ research groups in this field we should be aware of (as potential sources of research or expert testimony?)

- Please see Q4, further comments to be submitted by email.

Q6: Section 4.1 of the outline scope (Population) includes both adults and children in the general population. Is this feasible? Other options are for the scope to focus on adults alone or to only include children with specific conditions that affect their ability

to be physically active. What are your views on this?

Discussion and main comments from the expert panel:

- The expert panel were of the view that the guideline should include interventions that benefit all groups and all ages.
- It was noted that the evidence relating to the school playground and school environment is captured in recommendations from PH8. There might be additional evidence but it is unlikely to significantly change the existing recommendations.

Q7: In section 4.1 the focus for 'groups with mobility problems or additional needs' is currently on older people, people living with disabilities (including sensory and learning disabilities) and people whose mobility is affected on a temporary basis due to injuries. Initial scoping searches indicate that additionally including 'people with long term chronic conditions' would vastly increase the numbers of search 'hits'. Including this group may also stray into the remit of other guidance. To keep the scope manageable, do you agree that this additional group should be excluded?

Discussion, main comments and views from the expert panel on the exclusion of selected groups:

- The panel of experts were of the view that it would be helpful for the updated guideline to focus on the least restrictive access to environments which enable people from all groups to be physically active.
- The panel of experts made some proposals for revising the title to ensure that it encompassed all population groups.

Q8: It is proposed that the scope excludes building design. This is because the review decision for PH8, did not consider building design as an area of the guideline that required updating. Do you agree that this should be excluded?

Discussion main views and comments from the expert panel:

- They were of the view that the scope should exclude 'interior' building design.
- They were of the view that that the immediate environment outside buildings and publically accessible outdoor space can be a critical barrier or facilitator for older people to keep active.
- It would be helpful to clarify that the related recommendations from PH8 that are not updated will be transferred to the new guideline

Q9: It is proposed that some settings such as residential care homes are excluded to

ensure that the work does not stray into the remit of other guidance. However it should be noted that it does not exclude the residents themselves in terms of their needs in the wider environment and public spaces. Do you agree with this approach?

Discussion, main comments and view from the expert panel on the exclusion of residential care homes as a setting:

- The panel of experts were generally of the view that residential care homes should not be included as a separate setting with the scope of this guideline.
- They were of the view that being able to get outdoors and to be physically active wherever you live is very important and that excluding the setting would not exclude the needs of residents in the wider environment.

Q10: The proposed outcome measures and comparators are outlined in sections 4.4 and 4.5. Do you agree that these are appropriate?

Discussion, and main comments and views from the expert panel on the proposed outcome measures:

- The panel were of the view that outcomes shouldn't be restricted to total physical activity only. This would miss much of the evidence base particularly around transport interventions that measure time spent in specific activities such as cycling, walking etc.
- They were of the view that it would be helpful for reductions in sedentary time to be included as an outcome measure, particularly where focusing on older people. It would also be helpful to include intermediate outcome measures that focus on 'changes'.

5. Key stakeholder organisations to include

The Chair informed the group that stakeholders for this guideline can register via the topic page on the NICE website. The project team have also commenced with the process to develop a list of potential stakeholders who will be contacted and invited to register. The Chair asked the expert panel for suggestions for inclusion in the potential stakeholder list.

Suggestions for potential stakeholders from the expert panel:

- Chartered institute of water and environment
- Design council
- Transport professional bodies

- Wheels for wellbeing
- Environment agency
- Institute for highway engineers
- Green space Scotland
- Scot national heritage
- Further suggestions welcome – please email the team

6. Agreed actions

Action: NICE team to consider the views of the panel during the development of the scope

Action: NICE team to check the suggestions and add to the potential stakeholder list

NICE: Notify the expert panel when the topic expert recruitment commences

7. Next steps and meeting close

The Chair thanked the panel of experts for their attendance and contribution.

The meeting closed at 12:45pm.

Appendix A – Declarations of interest

Name	Job title, organisation	Declarations of Interest, date declared	Type of interest	Decision taken
Andy Jones	University of East Anglia	As part of my employment I have received research funding from the Medical Research Council, the UK Clinical Research Collaboration, Macmillan Cancer Support, and The Ramblers to undertake research on the environmental determinants of physical activity.	Non-personal financial	No action needed
Anna Goodman	London School of Hygiene and Tropical Medicine	I have received or will receive Department for Transport and Transport for London funding for some academic or consultancy, namely: <ul style="list-style-type: none"> • Helping to develop a ‘national propensity to cycle tool’ that models where the potential for cycling in England is greatest (DfT, Jan 2014 onwards: see http://geo8.webarch.net/master/). • Conducting analysis of survey work undertaken by TfL as part of their evaluation of the ‘mini-Holland’ scheme (July 2016 onwards). • * Contributing to a meta-analysis of the effects of the DfT ‘Local Sustainable Transport Fund’ across 12 large projects (September 2013 onwards). 	Personal financial	No action needed
Catherine Ward-Thompson	University of Edinburgh	I am not aware of any interests that need to be declared.	None	No action needed
Gail Mountain	University of Sheffield	None to declare	None	No action needed
Mark Tully	Queen’s	None to declare	None	No action

	University Belfast			needed
Philip Insall	Insall & Coe	<p>I was until July 2015 Health Director at Sustrans, and since August I have worked as a private sector consultant on transport, environment and health policy.</p> <p>It is therefore likely that my status as a consultant, and the willingness of clients to commission my services, may benefit from my association with NICE. I do not believe that this would influence any advice I may give to NICE – there is no advantage to me in putting forward anything other than what I believe to be the best advice, opinion and evidence – but I think it is appropriate to state this as a potential interest.</p>		No action needed
Rachel Aldred	University of Westminster	<p>I have recently, or am currently, carrying out research funded by ESRC, Creative Exchange (AHRC)/Blaze, TfL, DfT, and CILT. Last year I wrote a commissioned report for British Cycling on ‘Benefits of Investing in Cycling’.</p> <p>I am an Elected Trustee of the London Cycling Campaign (2012-4, 2014-)</p>	Non-personal financial	No action needed
Steve Cummins	London School of Hygiene and Tropical Medicine	None to declare	None	No action needed
Steven Mann	Uk active	None to declare	None	No action needed
Tim Chapman	Public Health England	None to declare	None	No action needed
William Bird	Intelligent Health	<ul style="list-style-type: none"> CEO of Intelligent Health a company that 	Personal financial	No action

		<p>promotes physical activity</p> <ul style="list-style-type: none"> • Principle Advisor to World Health Organisation (EMRO) on physical activity • Trustee of Get Berkshire Active (County Sport Partnership charity) • GP NHS • Trustee of Association of Colleges Sport (Charity that promotes PA in colleges) • Author of Oxford Textbook of Nature and Public Health 		<p>needed</p>
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