

Quality Standards Advisory Committee 3

Transition from children’s to adults’ services – post consultation meeting

Community engagement: improving health and wellbeing – post consultation meeting

Minutes of the meeting held on Wednesday 21 September 2016 at the NICE offices in Manchester

<p>Attendees</p>	<p><u>Standing Quality Standards Advisory Committee (QSAC) members</u> Hugh McIntyre [Chair], Jim Stephenson, Eve Scott, Malcolm Fisk, David Pugh, Ben Anderson, Lauren Aylott, Ann Nevinson, Gillian Parker, Geeta Kumar, Ulrike Harrower, Keith Lowe, Rhian Last, Karen Ritchie</p> <p><u>Specialist committee members</u></p> <p>Transition from children’s to adults’ services Ananta Dave, Alun Williams, Teresa Culverwell, Helena Gleeson, Louise Theodosiou, Debbie Kinsella</p> <p>Community engagement: improving health and wellbeing Chris Nield, Phil Taverner, Steve Tathata, Elizabeth Bayliss, Gerry Stone, Jane South</p> <p><u>NICE staff</u> Items 1 to 11 - Mark Minchin (MM), Christina Barnes (CB) Items 1 to 6 - Nicola Greenway (NG), Craig Grime (CG) Items 6 to 11 - Ania Wasielewska (AW), Alison Tariq (AT)</p> <p><u>NICE observers</u> Item 6-11 - Kate Mandeville</p>
<p>Apologies</p>	<p><u>Standing Quality Standards Advisory Committee (QSAC) members</u> Susannah Solaiman, Deryn Bishop, Martin Siddorn, Darryl Thompson</p>

Agenda item	Discussions and decisions	Actions
<p>1. Welcome, introductions and plan for the day (private session)</p>	<p>The Chair welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves.</p> <p>The Chair informed the committee of the apologies and reviewed the agenda for the day.</p>	
<p>2. Welcome and code of conduct for members of the public attending the meeting (public session)</p>	<p>No public observers in attendance.</p>	
<p>3. Committee business (public session)</p>	<p>Declarations of interest</p> <p>The Chair asked standing QSAC members to declare any interests that were either in addition to their previously submitted declaration or specific to the topic(s) under consideration at the meeting today. The Chair asked the specialist committee members to declare all interests. The following interests were declared:</p> <p><u>Standing committee members</u></p> <ul style="list-style-type: none"> • Rhian Last declared that she was a speaker at the Primary Care Nursing Conference in Liverpool (two sessions: Long Term Conditions / Dementia respectively) 7th September and Abstract accepted for oral communication and presented at European Academy of Teachers in General Practice / Family Medicine (EURACT) in Dublin 9th September • Malcolm Fisk declared that he has been appointed to CEN Project Committee on 'Quality of care for elderly people in ordinary or residential care facilities' which involves working to develop a European standard or standards and representing ANEC: The European Consumer Voice in Standardisation. He is involved in European Commission funded project 'PROGRESSIVE Standards around ICT for Active and Healthy Ageing Leading project that will focus on standards for a wide range of domains and fields including care and support services, age-friendly dwelling and community design. Representing De Montfort University. Working with partners that include Age Platform Europe and four national standards bodies • Lauren Aylott declared that she is currently employed by Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust. She reported that Trust colleagues are working on a specific project about 'transition from children's to adult services'. She advised that TEWV made comments during the consultation phase of this Quality Standard but confirmed she was not involved in the response. 	

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	<ul style="list-style-type: none"> Hugh McIntyre declared that he has been appointed Secondary Care Clinician to the Horsham and Mid Sussex CCG and to the Crawley CCG as of August 2016. <p><u>Specialist committee members</u></p> <ul style="list-style-type: none"> Louise Theodosiou declared that her employer Central Manchester Foundation Trust has been working with Pharma to develop a project around 18-25 ADHD health / probation project and she confirmed that she has not received payment for this. Alun Williams declared that he has received honoraria and travel expenses from a pharmaceutical company to present work. He stated that he has published a paper on children's surgery and he was a member of the NICE Fellows and scholars programme. <p>Minutes from the last meeting The committee reviewed the minutes of the last meeting held on Wednesday 20 July 2016 and confirmed them as an accurate record.</p>	
<p>4. QSAC updates</p>	<p>Changes to the 2017/18 QS work programme MM advised the standing committee members further to the circulation of the email detailing the future plans for the quality standards team for 2017/18, that the work programme will reduce and he outlined the intentions for the quality standards advisory committees.</p> <p>NICE accreditation programme MM informed the committee that the NICE accreditation programme is now closed to new applicant organisations. He confirmed that all organisations that have been accredited will continue to be accredited with regular light touch reviews.</p> <p>A committee member asked what would happen if a guideline was identified that required accreditation. MM advised that this would be reviewed on a case by case basis, noting that a large number of guidance producers had already gone through the NICE accreditation process. CG informed the committee that a working group has been set up to deal with the issues that may arise through the closure of the accreditation programme and confirmed that this question had already been raised and a NICE response would be provided in due course.</p> <p>A committee member asked what were the drivers for the changes to the quality standards programme? MM advised that due to the reduction of guideline output it has an effect on the output of the quality</p>	

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	<p>standards programme and also we have a requirement to reduce costs across NICE overall.</p> <p>NICE Fellows and Scholars 2017 intake MM informed the committee that recruitment to the NICE Fellows and Scholars programme is underway for the 2017 intake. He advised that all details can be found on the NICE website and the closing date for applications is the 4th November 2016.</p> <p>Expense claims 3 month cut-off MM reiterated to the committee members NICE expenses policy and the requirement to submit all expenses within 3 months of the expense date. He advised the committee to ensure claims are submitted within the allotted time period as otherwise they may not be honoured.</p>	
<p>5.1 Recap of prioritisation exercise</p>	<p>NG presented a recap of the areas for quality improvement discussed at the first QSAC meeting for transition from children's to adults' services.</p> <p>At the first QSAC meeting on Wednesday 18 May 2016 the QSAC agreed that the following areas for quality improvement should be progressed for further consideration by the NICE team for potential inclusion in the draft quality standard:</p> <ul style="list-style-type: none"> • Timing and review • Named worker • Involvement • Support before transfer • Support after transfer <p>The full rationale for these decisions is available in the prioritisation meeting minutes which can be found here: https://www.nice.org.uk/guidance/GID-QS10012/documents/minutes-3</p>	
<p>5.2 and 5.3 Presentation and discussion of stakeholder feedback and key themes/issues raised</p>	<p>NG presented the committee with a report summarising consultation comments received on transition from children's to adults' services. The committee was reminded that this document provided a high level summary of the consultation comments, prepared by the NICE quality standards team, and was intended to provide an initial basis for discussion. The committee was therefore reminded to also refer to the full list of consultation comments provided throughout the meeting.</p>	<p>NICE team to reword the introduction with the suggested comments</p>

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	<p>The committee was informed that comments which may result in changes to the quality standard had been highlighted in the summary report. Those comments which suggested changes which were outside of the process, were not included in the summary but had been included within the full list of comments, which was within the appendix. These included the following types of comment:</p> <ul style="list-style-type: none"> • Relating to source guidance recommendations • Suggestions for non-accredited source guidance • Request to broaden statements out of scope • Inclusion of overarching thresholds or targets • Requests to include large volumes of supporting information, provision of detailed implementation advice • General comments on role and purpose of quality standards • Requests to change NICE templates <p>The Chair wanted to thank all stakeholders on behalf of the committee for their input into the consultation on the draft quality standard. A wide range of organisations across a number of sectors had submitted comments and through their input the NICE team have been able to draft a fully inclusive set of statements.</p> <p>The committee discussed the general themes identified from the consultation comments. They agreed further information needed to be added to the introduction</p> <ul style="list-style-type: none"> • on the populations included in the quality standard, specifically young people in secure settings and looked after children and young people and those young people where the quality standard may not apply for example those with palliative care needs. • acknowledging the range of different needs and preferences of the young people and that young people should have a say in the level of involvement of their parents and carers • on the statutory requirements in the area of transition. 	

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<p>5.4 Discussion and agreement of final statements</p>	<p>The committee discussed each statement in turn and agreed upon a revised set. These statements are not final and may change as a result of the editorial and validation processes.</p>	
	<p>Draft Quality Statement 1: Young people who will move from children’s to adults’ services start planning for their transition by year 9, or immediately if they enter the service close to the point of transfer.</p> <p>The committee discussed the term year 9 within the statement and suggested that it could possibly be replaced with the actual age of year 9 children which is 13-14 years. The committee identified that some children, due to their educational needs, may be older than 13-14 years when they reach year 9 and would therefore not have started planning at the appropriate age. The committee agreed it should read ‘at least’ year 9 as for some young people transition planning may start before this age.</p> <p>The committee explored the phrase ‘planning for transition’ as they felt that this was not correct. The aim of the statement is not to plan for transition but to start transition planning. It was suggested that the word ‘for’ could be removed.</p> <p>The committee also felt the statement as currently worded suggests the young person does the planning themselves. The statement needs to reflect that the planning is done with a practitioner, with involvement of the various services and with the young person themselves. The committee asked the NICE team to review the wording.</p>	<p>NICE team to progress statement with the proposed wording changes</p>
	<p>Draft Quality Statement 2: Young people who will move from children’s to adults’ services have an annual meeting to review transition planning.</p> <p>The committee discussed the consultation comments about difficulties in implementing the statement given the location of services making it difficult to bring together the relevant practitioners. The committee discussed the different ways in which the meeting could take place such as video conferencing. It was suggested that the definition could be expanded to outline that the meeting may not necessarily have to take place with everyone in all one room and to explore other means of virtual approaches.</p> <p>The committee discussed the specifics of the meetings; its purpose and attendees. The importance of the young person’s involvement in these meetings was highlighted, the meeting should reflect their needs and preferences for example the level of involvement from parents and carers. The frequency of meetings was also discussed the committee agreed that depending on the needs of the young person there was scope for the meeting to happen more frequently but that it should at least happen annually, which is the area for</p>	<p>NICE team to progress statement and review the word ‘meeting’. Also remove reference to GP in the audience descriptor</p>

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	<p>quality improvement. Within the content of the audience descriptor a GP is specified but some felt that this may not be essential and should be removed.</p> <p>The committee discussed the phrase 'meeting' and it was suggested that an alternative should be used to emphasise that all attendees may not be required in person.</p>	
	<p>Draft Quality Statement 3: Parents and carers of young people who will move from children's to adults' services discuss their expectations of the transition process at the annual meeting.</p> <p>The committee discussed this statement and agreed its aim was to improve the experience and manage parent and carers expectations of the transition process and to help parents understand that some children and young people may have different expectations to them. The committee agreed with stakeholders that this should be an ongoing part of the transition process and should not be limited to the annual meeting, the purpose of which is to understand what is working well. Parents and carers involvement should be included throughout the other statements.</p> <p>The committee agreed that statement 3 should be integrated into statement 2 and the role of parents and carers incorporated into audience descriptors of all other statements.</p>	<p>NICE team to remove statement and include reference to parents and carers throughout the other statements</p>
	<p>Draft Quality Statement 4: Young people who are moving from children's to adults' services have a named worker to coordinate their transition care and support before and after transfer.</p> <p>The committee discussed and agreed the intention and practicalities of the statement. They acknowledged that the person who will take the role of the named worker may change as the transition process can be lengthy as this may be from the start of transition planning to after transfer.</p> <p>The committee discussed the possible resource implications of the statement and agreed that for some young people, for example looked after children, this statement will already be standard practice.</p> <p>The committee agreed with stakeholders that the tasks of the named worker are particularly important and highlighted that these were included in the definition of a named worker.</p> <p>The committee agreed to progress the statement as worded.</p>	<p>NICE team to progress statement</p>

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	<p>Draft Quality Statement 5: Young people who will move from children’s to adults’ services meet a practitioner from the adults’ service before they transfer.</p> <p>The committee discussed the statement and agreed that it required further definition. They agreed it should be a separate statement and should not be part of the statement on an annual meeting. They recognised adults’ services may be involved in the annual meeting but the purpose of the statement is for the young person to become familiar with the practitioner and this would not be possible in a multidisciplinary meeting.</p> <p>The committee agreed with stakeholders that it should specify that the young person would meet someone from each of the relevant adults’ services which they will transfer to and that further information should be added to describe who the ‘practitioner’ should be. They also discussed the frequency with which the young person should meet the practitioner and agreed this will vary between young people. It was agreed to reference this in the statement.</p>	<p>NICE team to progress statement with the proposed wording changes</p>
	<p>Draft Quality Statement 6: Young people who have moved from children’s to adults’ services but do not attend their first meeting or appointment are contacted by adults’ services and given other opportunities to engage</p> <p>The committee agreed with stakeholders that if appropriate preparation is made during transition planning then this statement may not be needed whilst noting that non-engagement can leave young people vulnerable. They discussed the need for support from health and social care organisations to implement the statement especially as it was felt current DNA policies could allow young people to get lost to follow up. It was agreed that this statement would provide a ‘safety net’ to ensure that this does not happen.</p> <p>The committee agreed an important component was to place the responsibility for this statement with adult services who should be encouraged to follow up these young people proactively. It would be difficult for the paediatric services to stay involved post transfer but the committee highlighted that the named worker may have a role to help re-engage the young person as they are known to them and this is referenced in the definitions.</p> <p>The committee discussed the phrase ‘first meeting’ and whether this should be expanded to include other appointments. It was suggested that this could be worded slightly differently, possibly ‘at least first’.</p>	<p>NICE team to progress statement with the proposed wording changes</p>

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	<p>Additional areas suggested by stakeholders</p> <p>Continuity of care NG advised the committee that following on from today's discussions the importance of continuity of care will be addressed within the introduction of the quality standard.</p> <p>Young person's self-management of their condition NG informed the committee that this was discussed in detail at the first QSAC meeting and was not prioritised and therefore will not be progressed.</p> <p>Young person's involvement and expectations of the transition process with agreed timeframes NG advised the committee that this area will be addressed through statement 2 with further emphasis on the young person's involvement and preferences.</p> <p>GP involvement NG advised the committee that this had been discussed at the first QSAC meeting and it was highlighted that in line with the statutory obligation of the GP contract all patients are required to have a named GP. It was suggested that GP involvement would be referred to throughout the quality standard but a specific statement around GP involvement will not be progressed.</p> <p>Portable, accessible medical summary NG advised the committee that use of portable, accessible medical summaries were discussed at the first QSAC meeting and was not prioritised due to a lack of guideline recommendations on which to base a statement and therefore will not be progressed.</p> <p>Young people being placed outside of their home local authority in a residential setting have a practitioner from the home local authority attend the review meeting. NG informed the committee that given the overarching approach of this quality standard a statement specific to local authority obligations would be too specific and that specific reference to this group of young people would now be made in the introduction. The committee agreed this area should not be progressed.</p>	
<p>5.5 Resource Impact</p>	<p>The committee discussed the resource impact of this quality standard. The committee agreed that statement 2 would have some resource implications but the process overall as a whole would generally have no net resource use impact with costs offset by savings.</p>	

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5.6 Overarching outcomes	The NICE team explained that the quality standard would describe overarching outcomes that could be improved by implementing the statements on transition from children's to adults' services. It was agreed that the committee would contribute suggestions as the quality standard was developed.	
5.7 Equality and diversity	<p>The NICE team explained that equality and diversity considerations should inform the development of the quality standard, and asked the committee to consider any relevant issues. It was agreed that the committee would contribute suggestions as the quality standard was developed.</p> <p>The committee identified the following groups of young people which should be considered for this standard and also by NICE.</p> <ul style="list-style-type: none"> • young people in the prison system or in a secure facility • young people in the armed forces • young people who are travellers • young people with sensory impairment <p>MM to review these groups for inclusion in the NICE generic considerations and feedback to the committee.</p> <p>A committee member asked how the quality standards team feedback to organisations which provided comments during consultation and how their comments are acknowledged. They wanted to reassure stakeholders that their comments were considered particularly those about specific conditions. MM outlined the current process for logging and acknowledging comments.</p>	MM to review suggested equality groups and feedback to the committee
6. Next steps and timescales (part 1 – open session)	The NICE team outlined what will happen following the meeting and key dates for the transition from children's to adults' services quality standard.	
7. Welcome and code of conduct for members of the public attending the meeting (public session)	The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow. It was stressed that they were not able to contribute to the meeting but were there to observe only. They were also reminded that the Committee is independent and advisory therefore the discussions and decisions made today may change following final validation by NICE's guidance executive.	
8. Committee business	Declarations of interest	

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<p>(public session)</p>	<p>The Chair asked standing QSAC members to declare any interests that were either in addition to their previously submitted declaration or specific to the topic under consideration at the meeting today. The Chair asked the specialist committee members to declare all interests. The following interests were declared:</p> <p>Standing committee members</p> <ul style="list-style-type: none"> • Rhian Last declared that she was a speaker at the Primary Care Nursing Conference in Liverpool (two sessions: Long Term Conditions / Dementia respectively) 7th September and Abstract accepted for oral communication and presented at European Academy of Teachers in General Practice / Family Medicine (EURACT) in Dublin 9th September • Malcolm Fisk declared that he has been appointed to CEN Project Committee on 'Quality of care for elderly people in ordinary or residential care facilities' which involves working to develop a European standard or standards and representing ANEC: The European Consumer Voice in Standardisation. He is involved in European Commission funded project 'PROGRESSIVE Standards around ICT for Active and Healthy Ageing Leading project that will focus on standards for a wide range of domains and fields including care and support services, age-friendly dwelling and community design. Representing De Montfort University. Working with partners that include Age Platform Europe and four national standards bodies • David Pugh and Gillian Parker declared that they were members of the co-operative party who have provided a response to the consultation for community engagement: improving health and wellbeing. Neither contributed to the response. • Ben Anderson declared that he was formally the Vice Chair of Sheffield Coronary Society, a local heart support group affiliated to the British Heart Foundation. He confirmed that he is no longer on the committee but retains links with the group. He also stated that he is a governor at the local primary school, Abbey Lane Primary School. <p>Specialist committee members</p> <ul style="list-style-type: none"> • Steve Tathata declared that he had undertaken two pieces of consultancy work on the topic of engagement. The first was with West Wakefield Health and Well-being Ltd, a GP Federation, where for a period of approximately 7 months he was the Patient and Carer Engagement Lead under the Prime Minister's Challenge Fund. The second was for a 3 month period with Nova Wakefield District, in the capacity as Community Anchor Development Adviser. He also declared that in January 2016 he joined the Board of Trustees at St George's Community Centre, Lupset, and Wakefield. 	

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	<ul style="list-style-type: none"> • Chris Nield declared as an interim Public Health Consultant at North Lincolnshire Council she may apply for research grants in connection with community engagement. She advised that she is an honorary senior lecturer at Sheffield University for the MPH course. She is a member of the FPH mental health committee and is a senior lecturer at Hallam University. Chris stated that she has authored a document which was submitted as evidence to the NICE committee for the original guidance. She is currently part of a partnership application for NIHR funding for public health community engagement research. • Gerry Stone declared she is the Chair of a Community Development Trust, the Seedley and Langworthy Trust (SALT). • Elizabeth Bayliss declared that she is a member of The Guild for Health charity board which promotes health and wholeness. She occasionally undertakes organisation development consultancy work with small charities to help them engage more effectively with their communities and effectively promote self-care. She also stated that she was due to step down as Chief Executive of the Social Action in Health which is a community development charity promoting greater self-determination in health and wellbeing. • Jane South declared that as an academic she is engaged with bidding and undertaking research projects in the broad area of community engagement and volunteering. She is currently seconded to Public Health England to provide academic expertise. From April 2015, she has been in the role of National Adviser – Communities, Health and Wellbeing Directorate, Public Health England working to further dissemination of evidence and learning on community centred and participatory approaches. Within her PHE role she led the development of the PHE/NHS England (2015) ‘Guide to Community-centred approaches for health and wellbeing’. The updated NICE guidance on community engagement (NG44) refers to the guide for more detail on different models of community engagement. As part of her role in PHE, She is also involved in speaking on community engagement and empowerment at various events and conferences. 	
<p>9.1. Recap of prioritisation exercise</p>	<p>AW presented a recap of the areas for quality improvement discussed at the first QSAC meeting for Community engagement: improving health and wellbeing.</p> <p>At the first QSAC meeting on Wednesday 18 May 2016 the QSAC agreed that the following areas for quality improvement should be progressed for further consideration by the NICE team for potential inclusion in the draft quality standard:</p> <ul style="list-style-type: none"> • Effective engagement • Peer and lay roles 	

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	<ul style="list-style-type: none"> Evaluation <p>The full rationale for these decisions is available in the prioritisation meeting minutes which can be found here: https://www.nice.org.uk/guidance/GID-QS10013/documents/minutes</p>	
<p>9.2 and 9.3 Presentation and discussion of stakeholder feedback and key themes/issues raised</p>	<p>AW presented the committee with a report summarising consultation comments received on community engagement: improving health and wellbeing. The committee was reminded that this document provided a high level summary of the consultation comments, prepared by the NICE quality standards team, and was intended to provide an initial basis for discussion. Comments which suggested changes which were outside of the process, were not included in the summary but had been included within the full list of comments included in the appendices. These included the following types of comment:</p> <ul style="list-style-type: none"> Relating to source guidance recommendations Suggestions for non-accredited source guidance Request to broaden statements out of scope Inclusion of overarching thresholds or targets Requests to include large volumes of supporting information, provision of detailed implementation advice General comments on role and purpose of quality standards Requests to change NICE templates <p>At this point, AW asked the committee to consider the more general issues that emerged very strongly within the consultation comments and were relevant to all statements. The 2 main issues strongly linked with each other in this context were terminology and language used in the QS as well as the focus of the statements on commissioners.</p> <p>The committee agreed the focus of the statements should be on the commissioners of services and agreed that further definition was required as this is wider than the usual understanding of commissioners. The extended definition should reflect that within the community engagement context, anyone who pays for services is a commissioner which means that communities themselves can take on this role as well as universities, charities and a range of other people and organisations. The committee also agreed that the statements throughout the quality standard should say “local communities and commissioners work together” as opposed to “Commissioners work with communities”.</p>	<p>NICE to define the term commissioner in the context of this quality standard.</p> <p>NICE to amend the population in statements to be ‘local communities and commissioners work together’</p>
<p>9.4 Discussion and agreement of final</p>	<p>The Committee discussed each statement in turn and agreed upon a revised set. These statements are not final and may change as a result of the editorial and validation processes.</p>	

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statements	<p>Draft Quality Statement 1: Commissioners of health and wellbeing initiatives work with local communities to agree the aims for the initiative</p> <p>The committee discussed and agreed the importance of this statement but suggested that the statement could be re-worded slightly to state 'local communities and commissioners work together'. Changing the population order will shift the emphasis to partnership working with the local communities rather than giving the impression that the commissioners are only consulting the community on aims they had already agreed. The committee agreed that local communities need to be involved in deciding on the initiatives in order to promote and take them forward and this will also help in the evaluation of the success of community initiatives.</p>	<p>NICE team to progress statement with the proposed wording changes</p>
	<p>Draft Quality Statement 2: Commissioners of health and wellbeing initiatives agree with local communities how to measure the impact of the initiatives once the aims are agreed</p> <p>The committee discussed the statement and suggested that it could be re-worded slightly to reflect working together and sharing agreed goals. It was stated that if local communities are involved from the start of initiatives the aims would be agreed and at that point how to measure their impact should be agreed also. The committee agreed the importance of getting the community involved in identifying the measures for success which would have an overall impact on wellbeing, a sense of participation and also the empowerment of local communities.</p>	<p>NICE team to progress statement with the proposed wording changes</p>
	<p>Draft Quality Statement 3: Commissioners of health and wellbeing initiatives work with local communities to identify the skills, knowledge, networks, relationships and facilities within the local community.</p> <p>The committee discussed the statement and agreed that the focus of this statement should remain unchanged as it was well received by stakeholders following the comments received at consultation but the statement population required amending in line with discussions at the start of the meeting.</p>	<p>NICE team to progress the statement</p>
	<p>Draft Quality Statement 4: Providers of health and wellbeing initiatives identify community members who can take on bridging roles</p> <p>The committee discussed the statement and in line with the consider guideline recommendation 1.3.2 it was suggested the statement be revised to encompass the development and growth of community members acting in the bridging roles and stress the importance of the bridging roles being part of a collaboration between commissioners and communities.</p> <p>The committee stated that the community members need to be identified with and by the local community</p>	<p>NICE team to progress statement and explore the proposed wording changes</p>

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	<p>and it should not be done in isolation by the providers of initiatives. It is important to get new people involved in the initiatives and ensure that the right training and support is in place for them to enable the initiative to progress.</p> <p>The committee discussed the rationale of the statement and suggested the addition of 'support' will help emphasise the drive for growth within the communities.</p> <p>NICE team highlighted issues around 1.3.2 being a consider recommendation.</p> <p>Additional areas suggested by stakeholders</p> <p>Involving communities in developing Joint Strategic Needs Assessment AW advised the committee that the introduction to the quality statements will include strategic context and JSNA is part of that context alongside, health and wellbeing boards, Healthwatch and the joint health and wellbeing strategies as well as 5 year forward view and STPs. It was therefore agreed that there was no requirement for a stand-alone statement and this area will not be progressed.</p> <p>Co-production of service design and delivery and increased employment opportunities for community members The committee discussed that communities working together with commissioners and providers is to be the underlying message behind all statements and agreed that no additional statement is required.</p>	<p>NICE team not to progress suggested areas</p>
9.5 Resource Impact	The committee discussed the resource impact of this standard.	
9.6. Overarching outcomes	The NICE team explained the overarching outcomes that this quality standard can contribute to. It was agreed that the committee members would contribute further suggestions as the quality standard was developed.	
9.7. Equality and diversity	<p>The NICE team explained that equality and diversity considerations should inform the development of the quality standard, and asked the committee to consider any relevant issues. It was agreed that the committee would contribute suggestions as the quality standard was developed.</p> <p>The Chair raised concerns around the comment received from The National LGB&T Partnership which states that they have been clearly excluded from the NICE quality standard as sexual orientation and gender reassignment are not listed within the protected characteristics. The chair wanted to give</p>	<p>MM to review generic list of protected characteristics used by NICE and feedback.</p>

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	<p>assurance that this was not the case.</p> <p>The committee identified the following population groups which should be considered for this standard and also by NICE as a whole.</p> <ul style="list-style-type: none"> • Those in the prison system or in a secure facility • Those in the armed forces • Those who are travellers • Those with sensory impairment • Those with low literacy <p>MM to review how these groups are included in the NICE generic equality and diversity considerations and feedback to the committee</p>	
10. Next steps and timescales	<p>The NICE team outlined what will happen following the meeting and key dates for the Community engagement: improving health and wellbeing quality standard.</p>	
11. Any other business	<p>The following items of AOB were raised:</p> <ul style="list-style-type: none"> • None <p>The Chair thanked the specialist committee members for their input into the development of this quality standard,</p> <p>Date of next QSAC 3 meeting: Wednesday 16 November 2016</p> <ul style="list-style-type: none"> • Violence and aggression • Multimorbidity 	