NICE National Institute for Health and Care Excellence

Quality standards advisory committee 3 meeting

Date: 20 February 2019

Location: NICE office, Level 1a City Tower, Piccadilly Plaza, Manchester, M1 4TD

Morning session: Physical activity: encouraging activity in the general population – review of stakeholder feedback

Afternoon session: Suicide prevention – prioritisation of quality improvement areas

Minutes: Draft

Attendees

Quality standards advisory committee 3 standing members:

Hugh McIntyre (Chair), Ivan Benett, Deryn Bishop, Amanda de la Motte, Nadim Fazlani, Malcolm Fisk, Madhavan Krishnaswamy, Ann Nevinson, David Pugh, Phil Taverner, Jane Dalton, Steve Hajioff, Allison Duggal

Specialist committee members:

Morning session – Physical activity: encouraging activity in the general population
Barry Causer
Nick Clarke
Matthew Pearce
Michael Tornow

Afternoon session – Suicide prevention
Amy Beck
Andy Chapman
Helen Garnham (via teleconference)
Stephen Habgood
Navneet Kapur
Vikki Levick

NICE staff
Nick Baillie (NB), Sabina Keane (SK) {4-6}, Nicola Greenway (NG) {4-6}, Melanie Carr (MC) {10-13}, Julie Kennedy (JK) {10-13}, Jamie Jason (JJ) Notes

NICE observers
Roshelle Ramkisson (pm), Janine Wigmore (all day), Gunveer Plahe (all day), Sarah Winchester (all day), Trudie Willingham (pm), Charlotte Fairclough (all day), Victoria Fitton (all day), Ann Richardson (am), Rebecca Fletcher (all day), Suzanne Lilley (2.00-3.30)

Apologies

Jim Stephenson (vice-chair), Keith Lowe, Darryl Thompson, Julia Thompson

Specialist committee members, Physical activity, Verena Trend and Andy Cope

1. Welcome, introductions objectives of the meeting
The Chair welcomed the attendees and the quality standards advisory committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the meeting, which was to review stakeholder comments on the physical activity: encouraging activity in the general population quality standard. The Chair confirmed there were no public observers.
2. Confirmation of matter under discussion and declarations of interest
The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion in the morning session was the physical activity: encouraging activity in the general population specifically: • Physical activity champions • Travel routes • Public open spaces • Workplaces • Schools and early years settings The Chair asked standing QSAC members to declare verbally any interests that have arisen since the last

meeting and all interests specifically related to the matters under discussion during the morning session. The Chair asked the specialist committee members to verbally declare all interests.	
3. Minutes from the last meeting	
The committee reviewed the minutes of the last QSAC meeting held on 23 January 2019. The following points were made: It wasn't clear what was meant by merging of 2 standards. The committee agreed to amend the minutes to say 'whilst merging the standards would be desirable the committee were informed that the remit was to refresh the two set of standards'. Statement 4 refers to a care home but the committee felt this should be broader. Minutes to be amended to say 'anywhere outside of hospital/non-hospital environment'. The committee are keen to see a unified referent in the statement across the two standards such as people rather than service user and patient.	
4. Recap of prioritisation meeting and discussion of stakeholder feedback	
SK provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the physical activity: encouraging activity in the general population draft quality standard. SK summarised the significant themes from the stakeholder comments received on the physical activity: encouraging activity in the general population draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.	
4.1 Discussion and agreement of amendments required to quality standard	
Draft statement 1: Physical activity champions Local authorities and healthcare commissioners have physical activity champions to oversee the development and implementation of local strategies, policies and plans.	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following issues and amendments to be explored by the NICE team. **General** The committee noted the large number of consultation comments received and would like to thank the stakeholders for their input. The committee queried whether Ofsted had commented during consultation. NICE team confirmed that they had been targeted as a key stakeholder for this topic however Ofsted felt that on this occasion other organisations were better placed to contribute. **Statement 1** The committee discussed having a physical activity champion for both local authorities and healthcare commissioners with a senior lead contact so that there are different levels of leadership. The committee discussed the statement wording of 'oversee' and how this could be changed to 'ensure' or 'develop'. The committee felt that the statement's purpose isn't just about creating new plans but embedding physical activity within existing and wider plans. The committee discussed what physical activity means to the general population. They felt it was important to make sure the statement also prevents inactivity by supporting physically inactive groups such as older

	people. **Action: NICE team to explore the statement wording of 'oversee' and how this could be changed to 'ensure' or 'develop'.** **Action: NICE team to define physical activity in this quality statement and add more detail about supporting inactive groups.**
Draft statement 2: Travel routes Local authorities develop and maintain connected travel routes that prioritise pedestrians, cyclists and people who use public transport.	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team. The committee discussed whether the statement wording may need amending to make the focus more about prioritising pedestrians, cyclists and people who use public transport rather than the travel routes. The committee discussed the meaning of 'connected travel routes'. It was felt the current definition needs more clarity. The committee discussed the issue of accessibility and independence of these travel routes. It was agreed more detail on equal access should be added to the equality considerations for this statement. The committee suggested referencing appropriate existing schemes that support this statement. **Action: NICE team to review the statement wording and its focus about prioritising pedestrians, cyclists and people who use public transport rather than the travel routes.** **Action: NICE team to add more detail to the definition of 'connected travel routes'.** **Action: NICE team to add more detail on equal access in the equality considerations for this statement.** **Action: NICE team to explore referencing appropriate existing schemes that will support this statement.**
Draft statement 3: Public open spaces Local authorities involve community and voluntary groups in designing and managing public open spaces.	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team. The committee discussed the statement wording. The term 'involve' was discussed as there may be different levels of involvement. The committee suggested using 'co-design' as alternative wording. Also stating community and voluntary groups was also queried as it was felt residents should also be included. 'Members of the local community' was suggested as appropriate alternative wording to align with QS148 community engagement: improving health and wellbeing. The committee also discussed open spaces, their definition and how these are interpreted. The committee discussed community involvement and how these open spaces are positive assets in the community that provide a range of communal activities. It was suggested that open spaces as 'community assets' should be included in the rationale.

	Action: NICE team to review the term 'involve' and add more detail in the supporting information if appropriate. **Action: NICE team to amend statement wording to 'members of the local community'.** **Action: NICE team to review adding open spaces as 'assets in the community' to the statement's rationale if appropriate.**
Draft statement 4: Workplaces Workplaces have a physical activity programme to encourage employees to move more and be more physically active.	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team. The committee discussed the purpose of this statement. It was felt that the opportunity to participate in the programme in the first instance was most important as that not all organisations currently provide this opportunity. It was therefore suggested to change the statement wording to workplaces 'have and encourage' physical activity programmes. The committee felt this statement would be achievable in any size organisation as the programmes should be adapted depending on the size of the organisations and the type of work it undertakes. It was agreed to make this clearer in the definition section. The committee discussed whether this issue was wider than just physical activity and also healthy lifestyles should be included. The committee noted there are existing programmes and this should be aligned to them. The committee also suggested additional outcome measures for this statement- reducing absenteeism and improving patient work engagement **Action: NICE team to review the statement wording 'have and encourage'.** **Action: NICE team to review the definition of physical activity programmes to highlight how these should be tailored to the organisation.** **Action: NICE team to check this physical activity programme aligns with other existing programmes.** **Action: NICE team to review the additional outcome measures suggested.**
Draft statement 5: Schools and early years settings Schools and early years settings monitor and update travel plans annually to increase active travel.	The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team. The committee discussed the stakeholder comments on physical activity within the school day. It was agreed that this statement is about active travel to and from the school. Physical activity within the school is covered by the school based interventions: physical and mental health and wellbeing promotion quality standard which is due to publish in April 2019. The committee noted it is not clear whether all schools will have an active travel plans such as academies. It was therefore agreed to amend the statement to also state 'develop' travel plans.

	The committee agreed that annual monitoring was acceptable and in line with NICE source guideline NG90. The committee agreed that for successful delivery it was important that schools and local authorities work together to improve physical activity and the future behaviour of the pupils as childhood habits can be carried through to adulthood. It was suggested that the rationale should include detail on this. The committee noted a Public Health England 2015 briefing- What works in schools and colleges to increase physical activity which should be referenced in this statement. **Action: NICE team to amend the statement to include the term 'develop'.** **Action: NICE team to review the PHE toolkit and reference in the supporting information if appropriate.**

4.2 Additional quality improvement areas suggested by stakeholders at consultation

The following areas were not progressed for inclusion in the final quality standard as the committee agreed that they were not a priority in relation to the five quality improvement areas already included:

- Promoting physical activity within the setting
- Supporting active travel within the setting
- Evaluation

The committee noted that sustaining or maintaining physical activity as a habit is important and needs to be included in this quality standard.

The committee also discussed the title of the quality standard in terms of the general population. Would this include settings such as care homes or prisons? It was felt this needed to be defined.

The NICE team were asked to reference the 2018 behavioural and social sciences in public health strategy where appropriate in this quality standard.

Action: NICE team to add the importance of sustaining or maintaining physical activity to this quality standard.

Action: NICE team to review the standard's title and the definition of general population.

Action: NICE team to review the 2018 behavioural and social sciences in public health strategy and reference in the quality standard if appropriate.

5. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard.

Physical activity encourages mental wellbeing and reduces the risk of a number of health conditions such as stroke and dementia.

The committee noted the importance of using existing infrastructure rather than new costs.

There could be a cost impact for active travel but long term savings.

The committee confirmed the overarching outcomes are those presented in the draft quality standard.

- physical activity in adults, young people and children
- outdoor space usage for exercise or health reasons

- active travel

The committee suggested that the following be added to the overarching outcomes of the quality standard:

- Inactivity
- Inclusivity
- Safe environments
- Speed limits
- Health improvement- mental and muscle and bone

6. Equality and diversity

The committee agreed the following groups should be included in the equality and diversity considerations:

- Age
- Gender reassignment
- Pregnancy and maternity
- Religion or belief
- Marriage and civil partnership
- Disability
- Sex
- Race
- Sexual orientation

It was suggested that older people should be identified as a specific consideration. It was agreed that the committee would continue to contribute suggestions as the quality standard was developed.

7. Close of morning session

The specialist committee members for the physical activity: encouraging activity in the general population quality standard left and the specialist committee members for the suicide prevention quality standard joined.

8. Welcome, introductions and objectives of the afternoon

The Chair welcomed the specialist committee members for suicide prevention and QSAC members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the afternoon, which was to prioritise areas for quality improvement for the suicide prevention draft quality standard.

The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.

9. Confirmation of matter under discussion and declarations of interest

The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion in the afternoon session was suicide prevention: specifically:

- Partnership working
- Awareness and communication
- Reducing access to methods of suicide
- Identifying people at risk
- Supporting people at risk
- Supporting people bereaved or affected by suicide

The Chair asked both standing and specialist QSAC members to declare verbally all interests specifically related to the matters under discussion during the afternoon session.

10. Prioritisation of quality improvement areas – committee decisions
MC provided a summary of responses received during the suicide prevention topic engagement, referred the committee to the full set of stakeholder comments provided in the papers and the committee then discussed each of the areas in turn. The committee discussed the comments received from stakeholders and specialist committee members at topic engagement **(in bold text below)**.
Partnership working • **Multi-agency partnership** • **Intelligence-based strategy and action plan** The committee discussed multi-agency partnerships for suicide prevention. It is important to get the right people in the group and people who have the authority to make decisions and influence budgets. It is also important to ensure that people with lived experience of suicide are included. There is variation across the country. The composition of the partnership is key as this will ensure the strategy and action plan are delivered successfully. The committee also discussed the importance of understanding data and real time surveillance to inform the local action plan. Information sharing between local partners is variable. The NICE team explained that the quality standard should focus on what data analysis and intelligence gathering can help partnerships to achieve rather than having a specific statement on it. **Action: NICE team to draft a statement on the composition of multi-agency partnerships in line with the committee discussions.** **Action: NICE team to reference the importance of gathering and analysing suicide-related information within the supporting information for the quality statements.**
Awareness and communication • **Awareness raising** • **Media communication** The committee discussed raising awareness. Local action plans already include activities to raise awareness of suicide. There is currently very little research or evidence in this area. It was agreed this isn't an area that can be improved by a quality standard. The committee discussed media communication. There was agreement that the key issue is getting the media to report suicide responsibly as reporting can have an impact by encouraging more suicides. There is detailed guidance available from the Samaritans and the Independent Press Service Organisation. The priority is for multi-agency partnerships to develop a relationship with the local press and work with them to improve reporting. The committee discussed the issue of social media in relation to suicide but accepted that they are limited by what is in the guideline and therefore were unable to prioritise it as an area for quality improvement. The committee decided to wait to see what stakeholders raised at consultation. **Action: NICE team to draft a statement on media communication with a focus on local partnerships working with the local press to improve reporting.**
Reducing access to methods of suicide The committee discussed access to methods of suicide. In prisons suicide is likely to happen in a single cell so sharing cells can prevent suicide. The committee discussed common places for suicide, for example, bridges and railways. It was agreed that having local knowledge and gathering evidence could help to prevent suicides. If specific locations are identified, deterrents can be put in place. It was suggested that making an environment such as a station more

pleasant can also be a deterrent. Access to drugs and medication is important and over prescribing should also be addressed.

Action: NICE to draft a statement on reducing access to methods of suicide based on local intelligence.

Identifying people at risk

The committee discussed statement 1 on compassion, respect and dignity from the self-harm quality standard (QS34) and noted its importance. People who have self-harmed are at a high risk of suicide. It was discussed that this group can be dealt with poorly and the risk of suicide can be dismissed. Only 50% of those who self-harm receives a psychosocial assessment (statement 3 in QS34).

The committee discussed having a community model for dealing with self-harm and suicide risk. There should be a shared responsibility and people who may come into contact with someone at risk of suicide e.g. GPs, police, prison service should be upskilled in order to identify and deal with them. The committee recognised, however, that this would require large scale intervention in order to prevent a small number of suicides.

The committee discussed the possibility of focussing a statement on ensuring that people presenting to hospital with self-harm are asked about suicide and given support if needed.

The committee were undecided on whether to take this area forward given the overlap with the self-harm quality standard but asked the NICE team to explore what could be done.

Action: NICE team to explore a statement on talking to people about suicide potentially with a focus on those presenting to hospital following self-harm.

Supporting people at risk

- **Support for people at risk**
- **Information sharing**

The committee discussed providing support for people at risk and how an individualised approach is needed. There was concern that the risk-based approach is considered to be flawed by some people. It was agreed therefore that this area would not be suitable for a quality statement.

The committee discussed information sharing. Information about suicide risk is not always shared between professionals and with family members. It was noted that some people do not want their families to know. It is important to offer an opportunity to involve families, if the person consents, as they may be able to provide support. In prisons, sharing information with families is more complex. It was agreed that the national consensus statement on ‘information sharing and suicide prevention’ is important and should be emphasised.

Action: NICE team to draft a statement on information sharing with families.

Supporting people bereaved or affected by a suspected suicide

The committee discussed that people who are bereaved or affected by suicide are at risk themselves.

The committee discussed the type of support that is available and how to offer that support. It was noted that peer support and voluntary groups are important. There may need to be ongoing support from different services as people’s needs are different. People are at risk of post-traumatic stress disorder.

The committee agreed that providing information and support to people is a priority for improvement as there is considerable local variation.

Action: NICE team to draft a statement on offering information and support for people bereaved or affected by a suicide.

Additional areas

The following areas were not progressed for inclusion in the draft quality standard for the following reasons:

- Training and skills – quality statements focus on actions that demonstrate high quality care and support, not the training that enables the actions to take place.
- Managing transitions – this is covered in separate quality standards.
- NHS Health Checks – this is beyond the scope of quality standards which are focussed on local rather than national initiatives.
- People with coexisting mental illness and substance misuse – this population is covered by a separate quality standard currently in development.
- Trigeminal Neuralgia – the management of a specific condition is beyond the scope of this quality standard.
- Evaluation and research – quality statements focus on actions that demonstrate high quality care and support, not the methods by which evidence is collated.
- National legal and performance framework - this is beyond the scope of quality standards which are focussed on local rather than national initiatives.

The committee also discussed transition for veterans but agreed that the evidence on this is currently in development. It was agreed that it would not be appropriate to focus on a particular high-risk group in this quality standard.

12. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard and agreed that the impact will vary in different areas depending on current progress with implementing guidance and national priorities. No specific areas were highlighted as a concern in terms of resource impact at this stage.

The committee considered the overarching outcomes suggested for the quality standard and agreed to provide feedback on this when the initial draft quality standard is circulated.

13. Equality and diversity

The committee agreed the following groups should be included in the equality and diversity considerations:

- Age
- Gender reassignment
- Pregnancy and maternity
- Religion or belief
- Marriage and civil partnership
- Disability
- Sex
- Race
- Sexual orientation

It was suggested that older people who are at risk should be identified as a specific consideration. It was agreed that the committee would continue to contribute suggestions as the quality standard is developed.

14. Any other business

No other business.

Close of meeting