

NICE Collaborating Centre for Social Care

Home Care – Guideline Development Group Meeting 4

8th April 2014, 1030-1600, SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1 6AQ

Minutes

Home Care Guideline Development Group	
Name	Member Type
Ajibola Awogboro (AA)	Practitioner
Daphne Branchflower (DB)	Service user
Sandra Duggan (SD)	Carer
Bobbie Mama (BMA)	Topic Advisor
Bilgin Musannif (BMf)	Co resident carer
Miranda Okon (MO)	Practitioner
Matthew Parris (MP)	Practitioner
Katie Tempest (KT)	Practitioner
Nicola Venus-Balgobin (NVB)	Practitioner
Bridget Warr (BW)	GDG Chair
Max Wurr (MW)	Practitioner
Apologies	
Miranda Wixon (MWn)	Practitioner
Michael Walker (MWr)	Service user/carers
Sue Redmond (SR)	Practitioner

Other invitees		
Name	Role/Reason for attending	Org
Amanda Edwards (AE)	NCCSC Director, GDG facilitator	NCCSC(SCIE)
Beth Anderson (BA)	Senior Lead	NCCSC(SCIE)
Lisa Boardman (LB)	Project Manager and minutes	NCCSC(SCIE)
Jane Greenstock (JG)	Research Assistant	NCCSC(SCIE)
Annette Bauer (AB)	Economist	NCCSC(PSSRU)
Jeanette Leech (JL)	Dissemination and Adoption Support	NCCSC (RIP/RIPFA)
Peter O'Neill (PO'N)	NICE Technical Advisor	NICE
PA	PA to Daphne Branchflower	NA
Apologies		
Deborah Rutter (DR)	Lead Systematic Reviewer	NCCSC(SCIE)
Martin Knapp (MK)	Senior Economist	NCCSC(PSSRU)
Claire Stansfield (CS)	Information Specialist	NCCSC(EPPI)
Irene Kwan (IK)	Systematic Reviewer	NCCSC(EPPI)

The NCCSC is a collaboration led by SCIE



No	Agenda Item	Minutes for NICE website	Action/Owner
1.	Welcome, apologies and declarations of interest	<p>BW welcomed members to the fourth Guideline Development Group meeting. Apologies were received from Miranda Wixon, Michael Walker, Sue Redmond, Deborah Rutter, Martin Knapp, Claire Stansfield and Irene Kwan.</p> <p>BW asked the GDG and other attendees to introduce themselves and to say whether there were any changes to the register of interests and any particular conflicts of interest in relation to the agenda for the meeting today.</p> <p>There were no changes to the register of interests (<i>see Appendix 1</i>) and no conflicts in relation to items on the agenda today.</p>	
2.	Minutes and matters arising from GDG 3	<p>The minutes of GDG 3 meeting held on 19th February 2014 were agreed as an accurate record of the meeting subject to two minor amendments.</p> <p>The minutes were reviewed for matters arising. All actions were completed with the exception of action 3 and 13.</p>	<p>Action 1: LB to make change to minutes for GDG 3.</p> <p>Action 2: LB to complete minutes for NICE website</p>
3.	Dissemination and Adoption – where we are	<p>JL introduced her presentation “Dissemination and Adoption – where are we”. JL had analysed information sources, composed of:</p> <ul style="list-style-type: none"> • The D&A issues log • Feedback from GDG members following GDG 1 and 2 • Minutes from GDG 1,2,and 3 • Minutes form scoping groups 1,2 and 3 • Feedback from stakeholder workshop • Responses from scope consultation and • D&A reference list <p>JL had undertaken an exercise to map the issues gathered across six key themes:</p> <ol style="list-style-type: none"> 1. General issues (relating to newness of NICE remit etc) 2. Fitting the guidance with inspection and regulation (must be flexible enough for a changing context) 3. Issues relating directly to improving outcomes 4. Commissioning and the marketplace (challenges rather than opportunities) 5. Workforce issues (at an organisational and individual level) 6. Very specific/ standalone issues (e.g. issues not covered by the scope but that sit around the scope and will matter to stakeholders) 	<p>Action 3: JL to redraft the D+A themes for GDG 6 or 7</p> <p>Action 4:GDG to send any further D+A ideas to LB by end of April14.</p>

		<p>The GDG discussed dissemination and adoption issues for the guidance and the proposed thematic areas. The GDG agreed to send any further thoughts on the thematic areas by the end of April 2014.</p>	
<p>4.</p>	<p>Views of users and family carers (Q1.1.1 and 1.1.2) – review of the evidence</p>	<p>BA introduced the item (in Deborah Rutter’s absence) and the papers that had been circulated to the group.</p> <p>The questions for which evidence had been reviewed were:</p> <ul style="list-style-type: none"> • What are users’ and family carers’ experiences of home care? • What do they think works well and what needs to change? <p>There were four types of evidence presented: qualitative studies, mixed methods studies, secondary data studies and findings from surveys. Each included a narrative summary, findings tables and evidence tables.</p> <p>BA introduced the discussion by highlighting some key themes from the narrative summaries. These included:</p> <ul style="list-style-type: none"> - The importance of people being listened to and heard - Respect, courtesy and involvement in planning and delivery of care, recognising the impact of missed visits and late changes - Importance of staff knowledge and expertise including in relation to particular conditions (dementia was cited) - Good documentation and record-keeping - Regular review of what people want; ability for people to change their minds - Challenges posed by short, time-bound visits, most notably in terms of meeting wider needs (e.g. shopping, DIY tasks, cleaning tasks, pet care etc) and being able to provide care that does not feel hurried - Importance of providing choices that address cultural needs, e.g. in terms of the way care is provided, food choices etc <p>The GDG reflected on the evidence and the key themes arising out of discussions about the narrative summaries.</p> <ul style="list-style-type: none"> • People may have insufficient time allocated for their support but are often reluctant to complain. • The importance of continuity of relationships and consistency of care. • Research can move slower than practice and there may be good examples from practice which do not come up from systematic review which we can use, in particular in relation to personalisation (including outsourced planning and support, individual service funds etc.) • The importance of putting the findings in context, in particular the speed of change in good 	<p>Action 5: LB to work with AE and BW to identify an expert to present on the implications of the Care Bill for this work</p>

		<p>practice and recognising that eligibility may change with the Care Act.</p> <ul style="list-style-type: none"> The guideline needs to address how carers can be supported 	
5.	Writing recommendations about the views of users and family carers	<p>BA introduced the session as being focused on developing action-oriented recommendations based on the key messages from the evidence. BA, BW and AE suggested four themes emerging from the previous discussion:</p> <ol style="list-style-type: none"> 1. Individual/family in control (careplanning, documentaing decisions, cultural sensitivities, complaints...) 2. Personal relationship aspect (empathy courtesy, respect, continuity) 3. Skill and training of people providing care, including specific support for particular groups of people 4. Wellbeing and preventative aspect of home care support (other services) <p>The GDG discussed possible recommendations relating to each of these four themes.</p>	
6.	Information and support for people who use services and their family carers (Q 3.1 and 3.2) – Review of the evidence	<p>JG summarised the cross-cutting themes from the nine papers reviewed, the majority of which were moderate quality. These included the following:</p> <ul style="list-style-type: none"> - Several studies addressed people using direct payments and self funders; issues about people’s role as employers or brokers; advocacy - Accessibility of information is critical. This include: format; ‘easy to read’; different languages; succinct and digestible information; signposts to other sources of help; easy-to-update to ensure information remains relevant - Need for face-to-face support as well as telephone (with easy-to-understand phone menus) and paper-based or internet resources - Information should be timely - People need to be enabled to play a full role in agreeing their care; the assessment process in particular can be complicated, confusing and opaque - Processes for making a complaint can be confusing with a number of organisations involved and people unsure about where to go - Home care workers can be treated as the ‘font of all knowledge’ so it is important that they are equipped to provide information or signpost <p>The GDG reflected on the evidence and the key themes arising out of the narrative summaries.</p>	
7.	Writing recommendations about about	<p>BA introduced the session as being focused on developing action-oriented recommendations based on the key messages from the evidence. BA, BW and AE suggested two over-arching themes emerging from the previous discussion about what good information looks like:</p>	

	information and support for people who use services and their family carers	<ol style="list-style-type: none"> 1. Information on what is provided 2. How information is provided <p>The GDG discussed possible recommendations relating to each of these areas.</p>	
8.	Economic plan update	<p>The economic plan has now been signed off</p> <p>In terms of case management, BW noted the potential for confusion about terminology and the need to absolutely clear about definitions. The group discussed and agreed the terms:</p> <ul style="list-style-type: none"> - Care management – where the professional is in control - Self-directed support – anything where the user is in control <p>We will consider economic evidence from non-UK countries, as appropriate.</p> <p>There was some discussion about how to address the literature on home care support designed specifically for frail, older people with complex needs.</p> <p>AB asked if she could involve the same sub-group of GDG members in virtual discussion/testing ideas throughout the process. NVB, MP, KT, BW agreed this was fine. AB will also ask SR who sent apologies but was involved previously.</p>	Action 6: AB to look at OPwLTC scope to consider issue of interventions for frail older people
9.	Future work plan	<p>BA advised that the next phase of the review work will focus on care and support planning and models of care. We are currently retrieving full texts and thinking about how to divide up the work as it will be likely to take more than one GDG to present the evidence.</p> <p>BA queried whether the format and level of detail GDG members had in relation to the questions addressed today was appropriate. People agreed it was and that the content was good.</p> <p>There was one formatting request: people wanted to have the headings clearer and consistent so that they could see more easily what is in each document.</p>	Action 7: LB to work out scheduling of expert witness presentations
10.	AOB	BW thanked the GDG for their contributions and closed the meeting.	
	Date of GDG 5	Wednesday 21 st May 2014, 10.30am – 4.00pm, SCIE offices, Shared Meeting Room, 2 nd Floor, 206 Marylebone Road, London NW16AQ	

Appendix A

Register of Interests - Guideline Development Group Meeting 4 Home Care

Name	Personal pecuniary interest	Personal family interest	Non-personal pecuniary interest	Personal non-pecuniary interest
Ajibola Awogboro	Director: Rembola Social Enterprises	None	Assistant Director Business Support and Commissioning - Royal Borough of Greenwich	None
Daphne Branchflower	None	None	None	None
Sandra Duggan	None	None	None	None
Bobbie Mama	None	None	I work for the Care Quality Commission	None
Bilgin Musannif	None	None	None	None
Miranda Okon	None	None	None	None
Matthew Parris	None	None	I am a full-time employee of a Homecare provider	None
Sue Redmond	I am doing some work for Mears, a home care company, and am also a Non-Executive Director on the board of Optalis, which is a local authority trading company.	None	None	None
Katie Tempest	Director of Limited Company (consultant in social care)	None	None	Member of the policy advisory group for the Standing Commission on Carers

Nicola Venus-Balgobin	None	None	I am employed as a Project Manager; Older People with Dual Sensory Loss Awareness program, I work for Sense, the leading national charity for people who are deafblind. This post is funded by the Department of Health.	None
Michael Walker	None	None	None	None
Bridget Warr	None	None	I am CEO of the United Kingdom Home Care Association (UKHCA), the professional association for homecare providers from all sectors, (employed for four days per week).	Chair of two boards/committees at Sense. Some ad hoc work with the Department of Health.
Miranda Wixon	Director: The Home care Partnership Ltd. Chair: Ceretas (Voluntary). Chair: Brent Healthwatch (voluntary). Trustee: Action on elder abuse (Voluntary).	None	None	None
Max Wurr	Employer of City and County Healthcare Group. As of December 2013, I also hold an equity stake in the company.	None	Senior manager of City and County Healthcare Group, a group of domiciliary care providers that collectively constitutes one of the largest providers of domiciliary care services in the UK	I am a Board member of the United Kingdom Homecare Association