

# NICE Collaborating Centre for Social Care

Home Care Guideline Development Group meeting 5  
Wednesday 21<sup>st</sup> May 2014, 1030 - 1600,  
SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1 6AQ

## Minutes

<b>Guideline Development Group Members</b>	
<b>Name</b>	<b>Role</b>
Ajibola Awogboro (AA)	Local Authority and Health Manager
Daphne Branchflower (DB)	Service user
Bobbie Mama (BMA)	Topic adviser
Bilgin Musannif (BMf)	Carer
Miranda Okon (MO)	Home Care Worker
Matthew Parris (MP)	Home Care Provider
Sue Redmond (SR)	Local Authority and Health Manager
Katie Tempest (KT)	Home care workforce and Learning/Development Support
Nicola Venus-Balgobin (NVB)	Voluntary Sector
Bridget Warr (BW)	GDG Chair
Miranda Wixon (MWn)	Home Care Provider
Max Wurr (MW)	Home Care Provider

The NCCSC is a collaboration led by SCIE



<b>Other invitees</b>		
<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Beth Anderson (BA)	Senior Lead, GDG facilitator	NCCSC(SCIE)
Lisa Boardman (LB)	Project Manager and minutes	NCCSC(SCIE)
Deborah Rutter (DR)	Lead Systematic Reviewer	NCCSC (SCIE)
Irene Kwan (IK)	Systematic Reviewer	NCCSC (SCIE)
Jane Greenstock (JG)	Research Assistant	NCCSC(SCIE)
Annette Bauer (AB)	Economist	NCCSC(PSSRU)
Peter O'Neill (PO'N)	NICE Technical Advisor	NICE
Sarah Richards (SR)	NICE Economist	NICE
PA	PA to Daphne Branchflower	NA

<b>Apologies</b>	
<b>Name</b>	<b>Role/Organisation</b>
Sandra Duggan (SD)	GDG member – Carer
Michael Walker (MWr)	GDG member - Service user and carer
Amanda Edwards (AE)	NCCSC Director, NCCSC(SCIE)

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	<b>Welcome and apologies and potential conflicts of interest</b>	<p>BW welcomed members to the fifth Guideline Development Group meeting. Apologies were received from Sandra Duggan, Michael Walker and Amanda Edwards. Max Wurr would be arriving later in the morning.</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>BW declared a new interest as membership on a panel of chairs for NHSE Continuing Health Care – Independent Review Panels.</p> <p>With the exception of the above 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.	<b>Minutes and matters arising from the last meeting</b>	<p>The minutes of GDG 4 meeting held on 8<sup>th</sup> April 2014 were agreed as an accurate record of the meeting subject to three minor amendments.</p> <p>The minutes were reviewed for matters arising. All actions were completed or in hand.</p> <p>The GDG agreed to invite three expert witnesses to speak to the GDG about the Care Act, an international perspective on homecare, particularly in Europe and Japan and outcome based commissioning respectively.</p>	<p><b>ACTION 1:</b> LB and BA agree a revised form of words re item 2, “How information is provided” bullet 3.</p> <p><b>ACTION 2:</b> seek attendance from agreed expert witnesses at GDG meetings 6, 7 or 8</p>
3.	<b>Review draft recommendations Q1.1.1, 1.1.2, 3.1 and 3.2</b>	<p>BA introduced some early draft recommendations based on discussions at GDG 4 emphasising that these were high-level and more detail would need to be added as we continue the evidence reviews.</p> <p>The GDG expressed different views about how specifically the recommendations should be targeted at different audiences and cover different populations.</p> <p>BW would like the guidance to include something that maps recommendations across to the Care Act and then the CQC, perhaps in an appendix.</p>	<p><b>ACTION 3:</b> NICE and NCC colleagues begin discussions about the structure of the guidance in the context of the new NICE template</p>

		<p>PO'N explained that this could be covered in a context section but that NCC and NICE would need to discuss this further and consider how the contents could be organised.</p>	<p><b>ACTION 4:</b> LB to circulate some links to other NICE guidance so the GDG can get better feel for options for structure etc.</p> <p><b>ACTION 5:</b> BA and DR to develop an updated document containing all draft recommendations.</p> <p><b>ACTION 6:</b> AA to send some information to DR about the referrals process</p>
<p>4.</p>	<p><b>Economic modelling – Care planning and delivery</b></p>	<p>AB reminded the GDG that they would be looking at economic priority A at the meeting today. Priority area A covered the cost effectiveness of different approaches.</p> <p>AB explained that effectiveness data that comes out of the systematic review work would then feed into economic evaluation, but lack of evidence from that source has meant that she has had to look at evidence outside of the frame of reference initially agree, noting she had discussed and agreed this with NICE throughout. There are multiple information sources at the moment but no synthesised approach to looking at the data as yet.</p>	<p><b>ACTION 7–</b> BW and project team to consider how the economics sub-group can help progress the work in relation to outcome-based planning.</p> <p><b>ACTION 8:</b> SR or TS to bring an example of how other GDGs use economics data to inform recommendations</p>

			<p>to a future meeting of the GDG.</p> <p><b>ACTION 9:</b> AB to circulate the Ascot tool to GDG members</p> <p><b>ACTION 10:</b> AB to pursue agreed work around study 4c (the Ibsen study) and bring analysis back to the GDG.</p> <p><b>ACTION 11:</b> AB amend economic plan and seek sign off from BW and others when ready.</p>
5.	<b>Review of the evidence Q 2.1.1, Q2.1.2, Q2.1.3</b>	<p>DR outlined the 3 questions that she would be presenting on today and spoke about evidence that was found by the type of study, including systematic reviews, quantitative evaluations, and mixed methods papers.</p> <p>The review questions were:          -What approaches to home care planning and delivery are effective in improving outcomes for people who use services?          -What are the significant features of an effective home care model?          -Are there any undesired/harmful effects from certain types of homecare approaches?</p> <p>The GDG discussed the evidence they had heard about planning and delivering home care and DR answered questions about the strength of the evidence and highlighted some key themes for the GDG to consider.</p>	
6.	<b>Writing recommendations about planning and delivering home care and Implications for</b>	<p>BW introduced the discussion – in summary – what does good homecare look like?</p> <p>The following themes and initial recommendations were identified.</p> <ul style="list-style-type: none"> <li>- Assessments should be coproduced.</li> <li>- LAs should provide impartial advice, or tell people where they can go to get good information and advice. Somewhere that is updated regularly and properly resourced (put</li> </ul>	<b>ACTION 12:</b> GDG members to send additional comments or ideas regarding recommendations

	<p><b>dissemination and adoption</b></p>	<p>in post code/locality for ease of access)</p> <ul style="list-style-type: none"> <li>- If you are older and frail you should be able to ring a number or have printed paper copy of a web page printed out and a paper copy sent to you.</li> <li>- Important to recognise that the channels through which people receive or reach the information they need should be varied and suitable for different audiences.</li> <li>- Care workers/providers should be equipped to signpost to the LA or other sources of reliable information and support</li> <li>- Should aim for collaboration – trust and recognising that people can work together v monitoring (joined up care)</li> <li>- Importance of carers having statutory right to assessment, inclusive to whole process of assessment, planning and delivery and overall quality of service.</li> <li>- Must work with/support/ take into account family and family carers But carers only involved if person wants them to be or in person's best interest (where there is assessed lack of capacity)</li> <li>- People should be able to follow their own ambitions and aspirations</li> <li>- Flexibility and what is possible in Homecare.</li> <li>- Flexibility of workers to respond to customers' changing needs.</li> <li>- Person first, paperwork last</li> <li>- Issues around travel pay for homecare workers, particularly in rural communities..</li> <li>- Issue of confidentiality and dignity in very small communities. Who can give care to whom?</li> <li>- Good homecare has to be a constantly moving thing.</li> <li>- The Care Act puts an obligation on local authorities to promote the wellbeing of the person.</li> </ul> <p>The GDG also discussed some overarching themes and issues which the guideline should address. These included:</p> <ul style="list-style-type: none"> <li>- Comprehensive assessment and planning</li> <li>- Appropriate monitoring</li> <li>- Mechanisms for the person taking control</li> <li>- Time banking</li> <li>- The breadth of the service offering</li> <li>- Access to high quality information (online resources)</li> <li>- Role of volunteering</li> <li>- Delivery/reliability and continuity</li> <li>- Compatibility</li> <li>- Workforce (t&amp;cs)</li> <li>- Rural</li> </ul> <p>BW concluded the discussion and asked for group members to send any additional comments or ideas regarding any of the recommendations to LB by the end of May.</p>	<p>to LB before end of May 2014.</p> <p><b>ACTION 13:</b> To progress work on on-line access for GDG members.</p> <p><b>ACTION 14:</b> AE/BA to consider options for input from TLAP</p>
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		BA would write up the latest version of recommendations for the GDG to look at again at the next meeting BW thanked the GDG for an excellent and productive meeting.	
<b>7.</b>	<b>AOB</b>	There was no AOB.	
	<b>Date of GDG 6</b>	Thursday 26 <sup>th</sup> June 2014, 10.30am – 4.00pm, SCIE offices, Shared Meeting Room, 2 <sup>nd</sup> Floor, 206 Marylebone Road, London NW16AQ	

## Appendix 1

### Register of Interests - Guideline Development Group Meeting 5 Home Care

<b>Name</b>	<b>Personal pecuniary interest</b>	<b>Personal family interest</b>	<b>Non-personal pecuniary interest</b>	<b>Personal non-pecuniary interest</b>
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. Membership on a panel of chairs for NHSE Continuing Health Care – Independent Review Panels.
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