

NICE Collaborating Centre for Social Care

Home Care Guideline Development Group meeting 6

Thursday 26th June 2014, 1030-1600, SCIE Offices, Shared Meeting Space, 206 Marylebone Rd, London NW1 6AQ

Minutes

Guideline Development Group Members	
Name	Role
Ajibola Awogboro (AA)	Local Authority and Health Manager
Daphne Branchflower (DB)	Service user
Sandra Duggan (SD)	Carer
Bobbie Mama (BMa)	Topic adviser
Bilgin Musannif (BMf)	Carer
Matthew Parris (MP)	Home Care Provider
Katie Tempest (KT)	Social work practitioner and inspector
Nicola Venus-Balgobin (NVB)	Voluntary Sector
Michael Walker (MWr)	Service user and carer
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



Other invitees		
Name	Role	Organisation
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)
Irene Kwan (IK)	Systematic Reviewer	NCCSC (SCIE)
Jane Greenstock (JG)	Research Assistant	NCCSC(SCIE)
John McLean (JM)	NICE Programme Manager	NICE
PA-DB	PA to Daphne Branchflower	NA
PA-MWr	PA to Michael Walker	

Apologies	
Name	Organisation
Miranda Okon (MO)	GDG member - Home Care Worker
Deborah Rutter (DR)	Lead Systematic Reviewer, NCCSC (SCIE)
Annette Bauer (AB)	Economist, NCCSC (PSSRU)

No	Agenda Item	Minutes for NICE website	Action/Owner
1.	Welcome, apologies and potential conflicts of interest	<p>BW welcomed members to the sixth Guideline Development Group meeting. Apologies were received from Miranda Okon (MO), Deborah Rutter (DR) and Annette Bauer (AB).</p> <p>The GDG had been previously informed about the resignation of Sue Redmond and the reason for this. The GDG noted their thanks to Sue for her work to date on the group and wished her all the best for the future.</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>MWr said that he had recently become of trustee of In Control and this was to be added to the register of interests.</p> <p>With the exception of the above there were no changes to the register of interests (See <i>Appendix 1</i>) and no conflicts in relation to items on the agenda today.</p>	
2.	Minutes and matters arising from the last meeting	<p>The minutes of GDG 5 meeting held on 21st May 2014 were agreed subject to one minor amendment.</p> <p>The minutes were reviewed for matters arising. All actions were completed or in hand.</p>	
3.	Review of the evidence: Views and experiences of home care practitioners, service managers, commissioners (Q1.2.1, 1.2.2)	<p>JG talked the GDG through the evidence regarding the views and experiences of home care practitioners, service managers and commissioners.</p> <p>Some of the key themes discussed as part of the evidence were:</p> <ul style="list-style-type: none"> • 'Time' and not having enough of it. • Difficulties of working within 15 minute time slots • How funding restricts the nature of home care tasks • How time and task commissioning often led to personal care tasks only • The cleanliness of the working environment. <p>Lot of studies raised working conditions, low pay, antisocial hours, high absenteeism and lack of sick pay.</p> <p>Some studies showed how workers were largely happy in their jobs.</p> <p>There were some findings in relation to views on direct payments and personal budgets</p>	ACTION 1: Review team to check data from additional studies as requested by GDG

		<p>particularly in terms of the impact on risk, workload and administration.</p> <p>A lot of the studies did not provide detail about the methodology.</p>	
4.	<p>Review of the evidence: What are the barriers to, and facilitators of, effective implementation of approaches shown (Q2.1.1) to deliver good outcomes (Q2.2)</p>	<p>IK talked the GDG through the evidence regarding barriers to, and facilitators of, effective implementation of approaches shown (Q2.1.1) to deliver good outcomes (Q2.2).</p> <p>IK spoke about the need to ensure that we look only at those studies which are designed in a suitable way to answer the question. This is an effectiveness question and therefore requires studies to have a comparison group. 4 key studies were selected based on their design, which enabled the comparative impact of different approaches to home care.</p> <ol style="list-style-type: none"> 1. Individual budget v no individual budget 2. Outcomes –focused care vs time-task care 3. Joint working between social and primary care (co-location v no co-location) 4. Case management vs no case management 	
5.	<p>Writing recommendations based on the evidence presented to date and implications for dissemination and adoption (<i>working in groups</i>)</p> <ul style="list-style-type: none"> - Planning and delivering home care - Information and support for people who use services and their family carers 	<p>BW and BA then introduced the task for the afternoon. This was for the GDG to work in three groups, looking over the recommendations that had been developed so far and refining and adding to them with the following in mind:</p> <ul style="list-style-type: none"> - Adding new recommendations and detail in relation to evidence heard at meeting today (practitioner views and barrier and facilitators) - Making the recommendations meaningful (avoiding “motherhood and apple pie”) focusing on who should do what, when and how? - Reviewing the connection between the recommendations and the evidence heard to date. - It is important to make links between the evidence and the recommendations, making clear where the GDG are adding to the evidence from their working knowledge? - How strong are the recommendations? 	
6.	<p>Recommendations – plenary</p>	<p>BW invited each group to speak for around five minutes to highlight the key points that came up in their discussions.</p>	<p>ACTION 2: The project team would write up the detailed paper notes and use these to draw up a further set of draft recommendations.</p>

7.	Telecare update and discussion	<p>BA gave a brief update of work on Telecare, starting with a reminder of the two telecare questions. It was important to note that the first was an effectiveness question whereas the second was a views question.</p> <p>The GDG then discussed three key questions around telecare:</p> <ol style="list-style-type: none"> 1. Who assesses for and funds telecare? 2. Are smart homes part of a home care package? 3. Some papers reference telecare provided by/relating to <u>only</u> health staff. Should these be included? 	
8.	AOB	There was no AOB	

Appendix A

Register of Interests - Guideline Development Group Meeting 6 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
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	Trustee of the charity, In Control.

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). Trustee: In Control (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