

# NICE Collaborating Centre for Social Care

**Intermediate Care (including reablement)  
Guideline Committee Meeting 3  
24<sup>th</sup> November 2015, 10.30am – 5.00pm  
SCIE Offices, Kinnaird House, 1 Pall Mall East London SW1Y 5BP**

## *Minutes*

<b>Guideline Committee Members</b>	
<b>Name</b>	<b>Role</b>
Antoinette Foers (AF)	Service user/carer
Caroline Ryder-Jones (CRJ)	Specialist in Dementia and Reablement
Claire Waddell (CW)	Health service manager
Dee Christie (DC)	GC Chair
John Murray (JM)	Service user/carer
Kath Sutherland-Cash (KSC)	Service user/carer
Laura Stuart-Neil (LS)	Topic Adviser
Lisa Langford (LL)	Occupational Therapist
Marion Lockett (ML)	Reablement Team Manager
Pam Enderby (PE)	Professor of Community Rehabilitation
Philip Whitehead (PW)	Research Fellow, Occupational Therapist
Rosa Hui (RH)	Service user/carer
Sarah Cambridge (SC)	Principal occupational therapist and County Manager
Terry Turner (TT)	Chair and owner of Domiciliary care agency

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	NCCSC
Palida Teelucknavan (PT)	Project Manager and minutes	NCCSC
Jennifer Francis (JF)	Lead Systematic Reviewer	NCCSC
Annette Bauer (AB)	Economist	NCCSC
Ted Barker(TB)	Research Assistant	NCCSC
Paul Ross (PR)	Senior Information Specialist	NCCSC
Joanna Lenham (JL)	Implementation Lead	NCCSC
Peter O'Neill (PO)	Technical Adviser	NICE
Sarah Richards (SR)	Economist	NICE

<b>Apologies</b>	
<b>Name</b>	<b>Organisation</b>
Andrew Nwosu (AN)	GC member (Regional Allied Health Professional Lead)
Kate Burgess (KB)	GC member (Social care commissioner)

<b>No</b>	<b>Agenda Item</b>	<b>NICE website</b>	<b>Action/Owner</b>
1.	<b>Welcome, introductions and potential conflicts of interest</b>	<p>DC welcomed members to the third Guideline Committee. Apologies were noted as above.</p> <p>DC asked the GC 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>PW informed the GC that the author of one of the papers that has been included in the evidence review is a tutor at his University. The GC agreed that this was not a conflict.</p> <p>There were no changes to the register of interests (<i>See Appendix A</i>) and no conflicts in relation to items on the agenda today.</p>	
2.	<b>Minutes and matters arising</b>	<p><u>Review of the minutes of the last meeting</u></p> <p>The minutes of the last meetings held on 21 and 22 September 2015 were reviewed for matters arising and accuracy. The following things were noted for amendment.</p> <p><i>GC 1 - 21<sup>st</sup> September:</i></p> <ul style="list-style-type: none"> <li>• Pg. 1 - Correct initials of John Murray.</li> </ul>	<b>Action 1: PT make corrections to minutes as noted.</b>

		<ul style="list-style-type: none"> <li>• Pg. 5 - Correct typo.</li> <li>• Pg. 6 – This should be the ‘ITV Diversity team’ - to be corrected.</li> <li>• Pg. 6 - Circulate telephone number of the NICE Communications team to GC members.</li> <li>• Pg. 6 – ITV Diversity</li> </ul> <p>The minutes for the first meeting were accepted as an accurate record and there were no outstanding actions.</p> <p><i>GC 2 - 22<sup>nd</sup> September:</i></p> <ul style="list-style-type: none"> <li>• Update on Action 2 &amp; 3 – Email addresses of GC members were circulated by the NCCSC. Members can also share mobile numbers with one another informally.</li> </ul> <p>The minutes for the second meeting were accepted as an accurate record and there were no outstanding actions.</p>	
3.	<b>Economic plan &amp; Review of economic evidence</b>	<p><u>Economic plan</u></p> <p>AB presented the draft economic plan which outlines the economic priority areas and economic modelling work that is needed to be done. AB explained that the plan is a live document and can be updated throughout the process once more evidence emerges. The GC agreed with the plan, the priority areas identified and the proposals for the studies to explore further.</p> <p><u>Economic evidence</u></p> <p>AB presented economic evidence on home-based intermediate care including the evidence statements, noting that it would be important to see the full range of evidence before making detailed recommendations as other studies could cover areas not discussed today.</p> <p>The GC discussed the date ranges of searches and suggested that these should be altered. The NCCSC and DC will discuss this further and will update the GC.</p> <p>The NCCSC requested that GC members forward any potential sources of relevant economic data that could be useful, to PT.</p>	<p><b>Action 2: DC &amp; NCCSC to discuss date ranges for searches.</b></p> <p><b>Action 3: GC members to forward useful research papers to PT.</b></p>

4.	<b>Review of the evidence: Home based intermediate care – reviewing effectiveness and views and experiences</b>	<p>JF gave an overview of the evidence for home-based intermediate care (<i>review area 1</i>) and then presented the evidence statements. The GC were then allocated to 2 groups, each given evidence statements to focus on and asked to develop recommendations based on the evidence statements.</p> <p>In absence of research evidence, the GC were asked to consider:</p> <ul style="list-style-type: none"> <li>- a call for evidence</li> <li>- call on expert testimony</li> <li>- arrive at recommendation by GC consensus</li> <li>- make research recommendations</li> </ul>	
5.	<b>Review area 1 (Home-based intermediate care): Writing recommendations (groups) + noting implementation considerations</b>	<p>Each group wrote recommendations based on the evidence statements together with their own collective knowledge and expertise. The groups were asked to take some time to consider whether there were any other evidence statements that could be drawn from the evidence, to note gaps in the evidence, any research recommendations, and to capture notes about policy/practice that was pertinent to this review area.</p>	
6.	<b>Recommendations Plenary</b>	<p>A nominated GC member shared and fed back the recommendations that were drafted in each group.</p> <p>The recommendations were displayed on the screen and each was discussed and agreed in turn. Some amends were made following discussion and these amends were incorporated.</p> <p>A number of issues and actions were noted as a result of GC discussion and these will be captured on the draft Linking Evidence to Recommendation (LETR) tables which will be reviewed at GC 9 &amp; 10.</p>	
7.	<b>Stocktake of dissemination and adoption issues so far</b>	<p>Due to time constraints this item was not discussed and will instead be discussed at the next meeting.</p>	<b>Action 4: NCCSC to add to agenda for next GC meeting.</b>
9.	<b>Draft review strategy for RQ3: Crisis response</b>	<p>PR presented the review protocol for Review Question 3 (Crisis Response) and the GC suggested some additional search terms. PR will update the protocol and re-circulate to GC members.</p>	<b>Action 5: PR to add the suggested search terms to protocol and re-circulate.</b>
10.	<b>AOB</b>	<p>The NCCSC will discuss the extension of date ranges for the searches and once agreed the findings will be discussed with the following GC members: PE/CW, LS-N, SC and DC.</p> <p>DC suggested that meetings should start earlier at 9.45am to ensure that there is enough</p>	<b>Action 6: NCCSC to look at extending searches and discuss results</b>

		time for all agenda items. DC will email GC members for agreement on this.	<b>with relevant GC members.</b>  <b>Action 7: DC to email GC members to propose a new start time of 9.45am for GC meetings.</b>
	<b>Date of next GC meeting</b>	21st January 2016.	

## Appendix A – Register of Interests

<b>Name</b>	<b>Interests declared</b>
Andrew Nwosu	Directorship of a consultancy company, limited by shared (AB Therapy services) this company has in the past worked with both social care and health sector providers. Within the social care sector provided training for staff around reablement, within the health sector on a consultancy basis for NHSIQ. However the company's main contracts are within the private sector (Centrica) and are in the realm of Ergonomics/Biomechanics so do not compromise the applicant in respect of the current guideline consultations.
Antoinette Foers	None
Caroline Ryder-Jones	None
Claire Waddell	None
Dee Christie	Clinical Advisor to Care Quality Commission
John Murray	None
Kate Burgess	None
Kathleen Sutherland-Cash	Owner of a business and work as an Equalities Consultant, providing information, support and advice to disabled people, people with long term health conditions, statutory, voluntary and private sector organisations. Responsible for hosting a national Work Advice Service for the Association of Disabled Professionals and their Disabled Entrepreneurs Network. Work has, at times, involved challenging statutory authorities (NHS, DWP and local councils) to ensure that disabled people's needs are met appropriately and policies and procedures are being correctly applied. Involved in supporting many disabled people to make formal complaints about inappropriate health/social care practice and decisions. Also undertaken published research into the principles of the social model of disability in relation to people with learning difficulties ("learning disabilities") and their life stories.

Laura Stuart	Currently work for UCL Partners which is an AHSN and manages a portfolio of projects related to older people including some with a reablement or independence focus. These projects involve working with health, social care and third sector organisations and focus on the translation of innovation and evidence into practice, often using quality improvement methodology. Some of this work is funded by research grants. Co-author on 'I'm still me: a narrative for co-ordinated support for older people' published in December 2014. I have shared the results of this research and my personal reflections via blogs and twitter. This document is not a RCT but may be considered as evidence for this guideline as it describes the views of older people with regards to independence and health and social care services. Also work as bank occupational therapist at King's College Hospital through NHS Professionals.
Lisa Langford	None
Marion Lockett	None
Pamela Enderby	Received royalties from five books related to outcome measurement and assessment, interests relating to academic reputation and have no other financial interests relevant to this work.
Philip Whitehead	Holds an NIHR Doctoral Research Fellowship - the research project attached to this award focusses on "Occupational Therapy in Homecare Reablement", author of a systematic review on "Interventions to Reduce Dependency in Personal Activities of Daily Living in Community Dwelling Adults who use Homecare Services" and three further empirical research publications in preparation which are based on the above fellowship programme. These publications are likely to be of relevance to the committee.
Rosa Hui	None
Sarah Cambridge	None
Terence Turner	None