

NICE Collaborating Centre for Social Care

Intermediate Care (including reablement) Guideline Committee meeting 5

8th March 2016, 0945-1630 SCIE Offices, Meeting room 1, Kinnaird House, 1 Pall Mall East, London SW1Y 5BP

Minutes

Guideline Committee Members	
Name	Role
Dee Christie (DC)	GC Chair
Andrew Nwosu (AN)	Regional Allied Health Professional Lead
Antoinette Foers (AF)	Service user/carer
Caroline Ryder-Jones (CRJ)	Specialist in Dementia and Reablement
Claire Waddell (CW)	Health service manager
John Murray (JM)	Service user/carer
Kate Burgess (KB)	Social care commissioner
Kath Sutherland-Cash (KSC)	Service user/carer
Laura Stuart-Neil (LS)	Frailty Programme Manager (Topic Adviser)
Lisa Langford (LL)	Occupational Therapist
Marion Lockett (ML)	Reablement Team Manager
Pam Enderby (PE)	Professor of Community Rehabilitation
Phillip 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



Other invitees		
Name	Role	Organisation
Beth Anderson (BA)	Senior Lead	NCCSC
Zenette Abrahams (ZA)	Project Manager and minutes	NCCSC
Jennifer Francis (JF)	Lead Systematic Reviewer	NCCSC
Ted Barker (TB)	Research Assistant	NCCSC
Caroline Coomber (CC)	Information Specialist	NCCSC
Nick Staples (NS)	Project Manager	NICE
Vida Douglas (VD)	Associate Director for Education (observer)	NICE

Apologies	
Name	Organisation
Annette Bauer (AB)	NCCSC
Paul Ross (PR)	NCCSC
Jo Lenham (JL)	NCCSC
José-Luis Fernandez (JLF)	NCCSC

No	Agenda Item	Minutes	Action/Owner
1.	Welcome, apologies and potential conflicts of interest	<p>DC welcomed members to the 5th Guideline Committee for this topic. Apologies were received from AB, PR, JL and JLF.</p> <p>DC asked the GC and other attendees to introduce themselves, 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>Changes to the register of interests have been updated in Appendix A. There were no conflicts in relation to items on the agenda today.</p>	
2.	Minutes and matters arising from the last meeting	<p>The minutes and working notes of Guideline Committee 4 meeting held on 21st January 2016 were agreed as an accurate record of the meeting, subject to a few minor amendments to the working notes.</p> <p>The minutes were reviewed for matters arising. Actions were all completed or in hand.</p>	
3.	Feedback from Methods	Methods meeting and gaps in evidence	

No	Agenda Item	Minutes	Action/Owner
	meeting	<p>After GC4, a meeting was convened with NICE colleagues (PO, NS, JK), NCC colleagues (JF, AE), the GC chair and two GC members (PE, LS) to discuss and clarify NICE methods. AE fed back on the key messages from this meeting.</p> <p><u>Resource impact</u> AE gave a very brief overview of upcoming NICE resource considerations, which were currently under discussion.</p>	
4	Completing HBIC Ec (from GC 3&4)	Item to be carried forward to GC6.	
5	Economic modelling update – reablement	To be discussed at GC6.	
6	Review question: Q3 Crisis response IC	<p>JF gave an overview of the evidence for Crisis response – intermediate care (<i>review area 3</i>) and then presented the evidence statements.</p> <p>If there was an absence of research evidence, the GC were reminded that they could consider:</p> <ul style="list-style-type: none"> - a call for evidence - calling on expert testimony - arrive at recommendations by GC consensus - making research recommendations 	
7	Question 3 – Writing recommendations (groups) + noting implementation considerations	<p>The GC formed 2 groups with a mixture of practitioner and service user/carer members in each. The groups were allocated evidence statements to focus on and asked to develop recommendations.</p> <p>Each group wrote recommendations based on the evidence statements together with their own collective knowledge and expertise. Both 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>	
8.	Question 3 – Plenary	<p>A nominated GC member 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 among the whole GC and these amends were incorporated.</p> <p>A number of issues and actions were noted as a result of GC discussion and these will</p>	

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		be captured on the draft Linking Evidence to Recommendation (LETR) tables which will be reviewed at GC 9 & 10.	
9	Gaps in evidence & expert witnesses	The GC looked at the gaps in the evidence and suggested expert witnesses. It was agreed which experts the NCC research team would contact as priority.	
10	Draft review strategy RQ5 - Dementia	JF and CC presented the review protocol for Review Question 5 – Dementia to the GC for comment. GC discussed inclusions and any gaps, and suggested flagship universities and possible experts for this review area.	
11	Implementation	<p>BA presented an update on Dissemination and Implementation (D&I). This included a brief recap of D&I and listed the main themes arising from the implementation issues captured so far.</p> <p>GC considerations were focused around:</p> <ul style="list-style-type: none"> • if anything was missing from the themes and if there were any priority themes • who the audience was for this guideline • which existing resources would support implementation 	
12	AOB	A Vice-chair for this GC was still to be selected. The NCC would send an email to Committee Members with details of the role and application process.	Action 1: NCC to email details of Vice-chair vacancy to GC members
	Date of next GC	GC meeting 6 will take place on Thursday 28 th April 2016, SCIE offices, Room 1.	

Appendix A – Register of Interests

Name	Interests declared
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. Work with NHS England on DTOC.
Antoinette Foers	None
Caroline Ryder-Jones	None
Claire Waddell	None
Dee Christie	Clinical Advisor to Care Quality Commission and NICE Fellow.

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. Asked to speak on breaking down the barriers to effective person centred support at Dementia 2020 (www.dementia2020.co.uk) in April 2016 and her company is a partner in the event. Undertaking some work with SCIE in relation to the local implementation of the NCCSC guideline on transition between inpatient hospital settings and community or care home settings for adults with social care needs.
Laura Stuart-Neil	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 my 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 works 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.
Phillip 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. Publication: Whitehead, PJ, Walker, MF, Parry, RH, Latif, Z, McGeorge, ID and Drummond, AER (submitted) Occupational Therapy in Homecare Re-ablement Services (OTHERS): Results of a Feasibility Randomised Controlled Trial.
Rosa Hui	None
Sarah Cambridge	None
Terence Turner	None