

# NICE Collaborating Centre for Social Care

## Intermediate care (including reablement) Guideline Committee meeting 7

14<sup>th</sup> June 2016, 1030-1620, SCIE Offices, Meeting room 1, Kinnaird House, 1 Pall Mall East, London, SW1Y 5BP

### Minutes

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

<b>Other invitees</b>		
<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Beth Anderson (BA)	Senior Lead	NCCSC

The NCCSC is a collaboration led by SCIE



<b>Other invitees</b>		
<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Zenette Abrahams (ZA)	Project Manager and minutes	NCCSC
Jennifer Francis (JF)	Lead Systematic Reviewer	NCCSC
Annette Bauer (AB)	Economist	NCCSC
Sarah Richards (SR)	Economist	NICE
Gary Shield (GS)	Resource Impact Manager	NICE
Dick Dickinson (DD)	Expert witness	London Borough of Islington

<b>Apologies</b>	
<b>Name</b>	<b>Organisation</b>
Claire Waddell (CW)	Health service manager
Sarah Cambridge (SC)	Principal Occupational Therapist and County Manager
Terry Turner (TT)	Chair and owner of Domiciliary care agency
Phillip Whitehead (PW)	Research Fellow, Occupational Therapist
Florence Lindsay-Walters (FL)	Research Assistant (NCCSC)

<b>No</b>	<b>Agenda Item</b>	<b>Minutes</b>	<b>Action/Owner</b>
1.	<b>Welcome, apologies and potential conflicts of interest</b>	The Chair welcomed members to the 7 <sup>th</sup> Guideline Committee meeting for this topic and introductions were done around the room. Apologies were received from SC, TT, CW and PW.	
2.	<b>Declarations of interest</b>	DC asked the GC and other attendees to declare whether they had any additional interests since the last meeting, and any particular interests in relation to matters under discussion today.  RH and AF declared new interests ( <i>See Appendix 1</i> ). There were no conflicts in relation to items on the agenda for this meeting.	
3.	<b>Minutes and matters arising from the last meeting</b>	The minutes of Guideline Committee 6 meeting held on 28 <sup>th</sup> April 2016 were agreed as an accurate record of the meeting.  The minutes were reviewed for matters arising. Actions were all completed or in hand.	
4.	<b>Economic modelling</b>	AB presented an update on the modelling work done for economic priority area D – reablement.	

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		<p>The main messages from the modelling work were:</p> <ul style="list-style-type: none"> <li>• The complexity of the model</li> <li>• High probability for saving costs and cost-effectiveness (as no evidence of adverse effects on outcomes)</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>• A few members volunteered to form a small economic sub-group to provide input on the modelling work and how the final modelling is presented.</li> <li>• GC members proposed that bed-based IC be explored further, and suggested 2 possible models: <ul style="list-style-type: none"> <li>i. intermediate care schemes in hospitals that enabled discharge to the person's home</li> <li>ii. intermediate care with specific beds in residential care homes aimed at re-enablement and IC.</li> </ul> </li> </ul>	<p><b>Action 1:</b>  <b>AB to explore further economic modelling on bed-based IC</b></p>
5.	<b>Resource impact assessment</b>	<p>Gary Shield (GS) presented a brief update on resource impact and changes to the process. The presentation included a summary of the old resource impact process and the new process (as proposed by the NICE board).</p>	
6.	<b>Review question 4 - Reablement</b>	<p>JF gave an overview of the evidence for review question 5 – Intermediate care and reablement for people living with dementia, and presented the evidence statements.</p> <p>JF reminded the GC that in the absence of research evidence, they could consider:</p> <ul style="list-style-type: none"> <li>- a call for evidence</li> <li>- call on expert testimony</li> <li>- arriving at a recommendation by GC consensus</li> <li>- making research recommendations</li> </ul>	
7.	<b>Question 5 – Writing recommendations (groups) + noting implementation considerations</b>	<p>The GC formed 2 groups with a mixture of practitioner and service user/carer members in each group.</p> <p>Both groups considered all the evidence statements and wrote recommendations based on these, together with their own collective knowledge and expertise.</p> <p>Members 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.	<b>Question 5 – Plenary</b>	<p>A nominated GC member from each group fed back the main points of the group discussion</p>	

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		<p>and any draft recommendations.</p> <p>The recommendations were displayed on the screen and each was discussed and agreed in turn. Some amends were made following plenary discussion and these amends were incorporated.</p> <p>A number of issues and actions were noted as a result of GC discussion. These would be captured on the draft Linking Evidence to Recommendation (LETR) tables, for review at GC 9 &amp; 10.</p>	
9.	<b>Gaps in evidence &amp; expert witnesses</b>	<p>Members indicated that they would like more evidence on this review area, specifically:</p> <ul style="list-style-type: none"> <li>• effectiveness</li> <li>• focused on dementia at different levels/stages</li> </ul> <p>Members were asked to email any further suggestions to the NCC after the meeting. The NCC would collate a list and send to GC members to select their top 2 preferences.</p>	<b>Action 2: GC to email suggestions for Expert witnesses (for RQ5) to NCC.</b>
10.	<b>Expert witness testimony for RQ5 - Reablement and IC for people living with dementia</b>	<p>The expert witness joined the meeting, and welcome and introductions were made around the room.</p> <p>Dick Dickinson, Enhanced Reablement Nurse from London Borough of Islington's Reablement and Home Support Service presented expert testimony on the outcomes of intermediate care and reablement, specifically for people living with dementia, to the GC.</p> <p>After the presentation the GC had a chance to ask the expert witnesses questions and further points of clarification.</p> <p>BA thanked the expert witness for attending and he left the meeting.</p>	
11.	<b>Review draft recs for RQ5</b>	<p>Following the expert testimony, the GC reviewed the draft recs for Dementia (RQ5) in plenary. The draft recs were displayed on the screen. The GC had an opportunity to consider and comment on each draft rec in turn, taking into account the additional testimony/evidence presented by the expert. JF amended the draft recs live as the GC discussed them. These amendments were captured in the revised draft LETR tables for GC meeting 6.</p>	
12.	<b>Reviewing draft recommendations to date</b>	<p>In preparation for refining and editing recommendations at GC 9&amp;10, the team had collated a first draft table of all draft recommendations to date (LETR table), which was displayed on the screen.</p>	<b>Action 3: NCC to send draft LETR table to GC for review and comment</b>

No	Agenda Item	Minutes	Action/Owner
		The recs drafted in the meeting today would be added to the LETR table and a few minor revisions made. The table would be sent to all GC members the following day for initial review and comment.	<b>by 11<sup>th</sup> July 2016.</b>
13.	<b>AOB</b>	None	
14.	<b>Date of next GC</b>	Tuesday 2 <sup>nd</sup> August 2016, SCIE offices, Meeting 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 ( <a href="http://www.dementia2020.co.uk">www.dementia2020.co.uk</a> ) 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	I have recently been approached by the Director of Centre for Ageing Better to join the Inequalities Advisory Group.
Sarah Cambridge	None
Terence Turner	None