

Developing the NICE Guideline: Integrated health and social care for people experiencing homelessness

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National Institute for Health and Care Excellence (2022) Integrated health and social care for people experiencing homelessness.
Available from <https://www.nice.org.uk/guidance/ng214>

Guideline Process

- **Consultation** on scoping out what should be covered and on the draft guidelines – including experts by experience
- **Development team** – NICE and NGA provided the structure, kept us on track and carried out the evidence reviews and economic analysis
- **Guideline committee:**
 - **Experts by experience**
 - Range of professionals across the spectrum of services and settings
 - Working in different parts of the country

General Principles

- ▶ Co-design and co-delivery of services
- ▶ Supporting engagement with services
- ▶ Sustaining engagement
- ▶ Supporting re-engagement
- ▶ Communication and information

Multidisciplinary service models

Provide care through specialist homeless multidisciplinary teams across sectors and levels of care, tailored according to local needs.

Homelessness multidisciplinary teams should:

- ▶ identify people experiencing homelessness through outreach or when they present to health and social care services
- ▶ Support mainstream providers to identify and refer people to the homelessness multidisciplinary team
- ▶ undertake and support assessments for safeguarding, physical and mental health, alcohol and drug treatment needs, and social care, including informing Care Act assessments
- ▶ support mainstream providers to ensure safe, timely and appropriate hospital discharge and engagement with onward care.

In areas assessed as not needing a full-time homelessness multidisciplinary team because of **low numbers of people** experiencing homelessness, establish links with multidisciplinary teams in nearby areas and designate homelessness leads in all relevant **mainstream services**, for example, in primary, secondary and emergency care, palliative care and in adult and child social services.

Supporting access to and engagement with services

Design and deliver services in a way that **reduces barriers to access and engagement** with health and social care, for example, by providing:

- ▶ outreach services
- ▶ low-threshold services
- ▶ flexible opening and appointment times
- ▶ self-referral
- ▶ drop-in services
- ▶ 'one-stop shops' for multiple services
- ▶ incentives and help to access care, such as transport support, vouchers or digital connectivity
- ▶ advocates
- ▶ peer support care navigation
- ▶ psychologically informed environments and trauma-informed care.

Improving access

- ▶ **Do not penalise people** experiencing homelessness for missing appointments.
- ▶ Ensure that people can access help when needed and **avoid policies that withdraw support and close cases after a standard duration.**
- ▶ Ensure that people experiencing homelessness with multiple health or social care needs are not excluded from services because of **restrictive eligibility criteria.**
- ▶ Ensure that people experiencing homelessness who are assessed as frail and in need of social care and support get **long-term** care packages, including residential care or supported housing, irrespective of their age.

- ▶ Ensure that paper or digital forms needed to access health or social care or to get help with NHS costs are **readily available** and that people are **supported to fill them in**, including providing translation when needed.
- ▶ Primary care service providers should ensure that people without an address can **register with a GP practice**.
- ▶ Ensure that **frontline health and social care staff** who come into contact with people experiencing or at risk of homelessness are able to fulfil their duties under the Homelessness Reduction Act 2017.
- ▶ **Consider moving people up waiting lists** for health and social care appointments if they are experiencing homelessness because their circumstances may mean they are at higher risk of deterioration and premature death.
- ▶ Recognise the importance of **longer contact times** in developing and sustaining trusting relationships between frontline health and social care staff and people experiencing homelessness

What's happened since?

- ▶ CHI and NICE implementation guide [63d251ef62a297db26f9f601_CHI-NICE-guidelines-resource.pdf \(website-files.com\)](#)
- ▶ OHID-led consultation with local authorities across England which identified implementation gaps - working group to support NG214 implementation
- ▶ CHI and OHID developing short films about NG214 for different professional audiences, featuring professionals in similar roles and experts by experience.
- ▶ CQC inclusion within assessment.
- ▶ Principles into wider inclusion work - including:
 - ▶ A national framework for NHS – action on inclusion health www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/
 - ▶ King's Fund, Groundswell and Pathway work with 7 ICSs [If integrated care cannot tackle inclusion health, we should all be worried | The King's Fund \(kingsfund.org.uk\)](#)