

Putting NICE guidelines into practice

## **Making progress on personal and joined up support: report of a roundtable discussion**



**Implementing the NICE guideline on**  
[Older people with social care needs and multiple long-term conditions \(NG22\)](#)

Published: April 2016

## Introduction

In November 2015, NICE published a [guideline](#) on how best to support older people with multiple long-term conditions and their carers. The guideline sets out best practice which, if followed, will make a real difference to people's lives.

NICE held a roundtable event in January 2016 to identify how the guideline can be used. This report summarises the discussion, and sets out practical examples and ideas to implement best practice.

This report is for managers across social care, health and the voluntary sector, including providers and commissioners. It will also be of interest to older people and their carers, and social care and health practitioners.

You can use the report to:

- Find out more about the guideline
- See how others are implementing the guideline
- Get ideas for how you might use the guideline to improve local practice.

### ***Key messages from this report***

This guideline sets out evidence-based recommendations.

Using the guideline to empower older people and carers, to empower practitioners who work with them, and to coordinate care will make a big impact on people's lives.

There are some good examples already that we can build on to improve services for older people and carers.

We can all play a part in implementation by sharing the recommendations, and working with older people and carers to make them a reality.

## The purpose of the roundtable

The Roundtable was attended by a mixture of older people and carer representatives, practitioners, providers and commissioners. The purpose was:

- To identify how to help people to use new NICE guidance to better support older people, who have social care needs and multiple long-term conditions, and their carers; and
- Gather experience, examples and actions people can take to use the guidance to improve social care.

## About the guideline

Roundtable chairs, Ann McFarlane and Bernard Walker, introduced the guideline. This was developed through an 18-month process undertaken by a group of people with lived experience and people from every sphere of supporting older people, along with researchers. The guideline covers planning and delivering social care and support for older people who have multiple long-term conditions. It promotes an integrated and person-centred approach (see Box 1). The chairs highlighted its value: “NICE brings credibility as an organisation which people respect...if they’re NICE guidelines then we’d better make sure we adhere to them.”

### Box 1: guideline recommendations

- [1.1 Identifying and assessing social care needs](#)
- [1.2 Care planning](#)
- [1.3 Supporting carers](#)
- [1.4 Integrating health and social care planning](#)
- [1.5 Delivering care](#)
- [1.6 Preventing social isolation](#)
- [1.7 Training health and social care practitioners](#)

“These guidelines affect us all. There won’t be anybody who isn’t either personally involved, or have a family member, a friend or a neighbour who is affected.”

The Roundtable group emphasised some important points about the guideline:

- The public can use the recommendations to ask for good care and support.

- The guideline can help with other initiatives to improve social care and health such as implementing the [Care Act 2014](#); efforts to [integrate social care and health services](#); and [integrated personal commissioning](#).
- The guideline can help organisations to use resources better, for example it can help with timely discharge from hospital, with prevention, and avoiding waste through investing in good practice.

## Implementing the guideline – aims, actions and examples

**“Let’s not be timid. We should say ‘this is what constitutes best practice. This is the practice standard.’ Or if you are an older person or family, ‘this is what I expect.’”**

Small groups discussed how the guideline can help achieve three priorities that the Guideline Committee identified as most important for potential impact and the likely significant challenges. Aims, actions and examples for each priority were shared and discussed as a whole group.

### ***Priority one: Empower older people and carers***

**“Older people should believe they are important and say what they think.”**



The main areas in the guideline that support empowerment include: enabling people to manage their own care and support; and reducing social isolation.

The group agreed that when this priority is achieved there will be information, advice and support delivered in a way and at a pace that suits people. There will be holistic assessment that looks at all needs, and access to decent advocacy services. Older people will be able to share their skills and knowledge, and be their own care coordinators if they want to.

Actions to achieve this include:

- Co-produce a definitive statement of what good looks like to measure against
- Create a ‘What do I need to know?’ summary for older people and carers
- Send the guideline to the older people’s council in each area
- Agree local ways of knowing if older people are having better outcomes.
- Use the voluntary sector to help with the journey, for example Age UK is bringing a group of local charities together to talk through the guideline

Examples include:

Helping [people with dementia](#) have more of a say through the Dementia Engagement and Partnership Project

An [Independent Lives](#) advocacy service for frequent GP visitors, *co-located in GP surgeries*, that reduced GP visits by 60%

[Volunteers to support people home from hospital](#) from the Royal Voluntary Service.

### ***Priority two: Empower health and social care practitioners***

**“We all talk jargon. We all recognise that we have a lot more to do.”**

The main areas in the guideline that support this include: developing skills and knowledge; providing supervision and support; and supporting managers.

The group agreed that when this priority is achieved practitioners will take a rights-based approach and look at people’s strengths. Supervision will concentrate on what matters to older people and carers. Staff will identify gaps in knowledge and skills,

and will be able to be innovative. Staff will be more motivated and retention of workers will get better.

Actions to achieve this include:

- Create a quick, punchy executive summary for practitioners, and identify practice standards based on the guideline
- Write to health and wellbeing board chairs, clinical commissioning groups and local authorities, and ask how they will support implementation
- Disseminate the guideline through our networks and events
- Put questions on the [Social Care Institute for Excellence](#) website with relevant signposting
- Look out for the NICE quality standards and implementation tools.

Examples include:

Using [different conversations in assessment](#) to identify strengths in Essex

Use of [one-page profiles](#) to capture important information about people

[Principles for integrated care](#) developed by National Voices.

***Priority three: Integration of different care and support options to enable person-centred care***

**“It would look like there was one person to go to. That person would need to have clout and be valued within the system.”**

The main areas in the guideline that support this include: establishing named coordinators for people’s care and support; and building relationships across care and health.

The group agreed that when this priority is achieved there will be a single point of access and one person to help you navigate around the system; this is likely to be a

GP or social worker. Different assessments will be brought together and carers will be fully involved. Care records will show who is doing what and why, and what they have achieved. Technology will be used to share information between everyone involved in their care (with permission), and there will be consistent language. Health and social care budgets will be integrated and we will understand which bits are means-tested. The whole sector will understand one another's roles.

Actions to achieve this include:

- Use examples from learning disabilities and mental health services to identify how care coordinators can help
- Ask employers and commissioners to collect examples of where it works
- Commission [Think Local Act Personal](#) or the [Coalition for Collaborative Care](#) to establish test sites and capture existing examples and their impact.

Examples include:

[Care Navigators](#) in Warwickshire to offer information and advice referred by GPs

[Pathfinders](#) in Newquay to help people build their confidence and self-reliance

[Integrated services](#) in Lowestoft to help support people outside of hospital

**“The guideline is fundamental to the change process.”**

The Roundtable concluded with each person individually identifying the actions that they would take to let people know about the guideline, involve older people and carers, and link the guideline to their work.

## Acknowledgements

We would like to thank all participants and their organisations for their contributions to this event. With particular thanks to Ann MacFarlane and Bernard Walker for chairing the event, the National Collaborating Centre for Social Care for running the event and for scribing discussions, and Nightingale House for hosting.

## About this report

This report is designed to help improve understanding of NICE's role in social care and to encourage people to work together to improve the lives of people with long-term conditions and their carers. It accompanies and complements the NICE guideline on supporting older people with long-term condition.

Issue date: 2016

This tool is not a NICE guideline. You can find out more about [NICE guidelines](#) and [quality standards](#) on our website.

## Promoting equality

Implementation of the guideline is the responsibility of local commissioners and providers. Commissioners and providers are reminded that it is their responsibility to implement the guideline, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in the guideline should be interpreted in a way that would be inconsistent with complying with those duties.

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