

**NICE** National Institute for  
Health and Care Excellence

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# The role of NICE

- To identify good practice using the best available evidence
- To help resolve uncertainty for the public, patients and professionals
- To reduce variation in the availability and quality of practice and care



April 2013 – social care guidance and standards

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About this guideline

# Excess winter deaths and morbidity and the health risks associated with cold homes

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**NICE guidelines [NG6]** Published date: **March 2015**

Excess winter deaths and illnesses associated with cold homes

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The guideline is for commissioners, managers and health, social care and voluntary sector practitioners who deal with vulnerable people who may have health problems caused, or exacerbated, by living in a cold home.

It will also be of interest to clinicians and others involved with at-risk groups, housing and energy suppliers.

This guideline makes recommendations on how to reduce the risk of death and ill health associated with living in a cold home. The aim is to help:

- Reduce preventable excess winter death rates.
- Improve health and wellbeing among vulnerable groups.
- Reduce pressure on health and social care services.
- Reduce 'fuel poverty' and the risk of fuel debt or being disconnected from gas and electricity supplies
- Improve the energy efficiency of homes.

Improving the temperature in homes, by improving energy efficiency, may also help reduce unnecessary fuel consumption.

A wide range of people are vulnerable to the cold. This includes:

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (65 and older)
- households with young children (from new-born to school age)
- pregnant women
- people on a low income.

The health problems associated with cold homes are experienced during 'normal' winter temperatures, not just during extremely cold weather. Year-round action by many sectors is needed to combat these problems. This includes:

- prioritising which homes are tackled first
- shaping and influencing the decisions about how homes are improved

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# Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively



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NICE guidelines [PH50] | Published date: February 2014



Domestic violence and abuse

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Domestic violence and abuse is a complex issue that needs sensitive handling by a range of health and social care professionals. The cost, in both human and economic terms, is so significant that even marginally effective interventions are cost effective.

Women and men can experience this type of violence in heterosexual and same-sex relationships.

The recommendations cover the broad spectrum of domestic violence and abuse, including violence perpetrated on men, on those in same-sex relationships and on young people.

Working in a multi-agency partnership is the most effective way to approach the issue at both an operational and strategic level. Initial and ongoing training and organisational support is also needed.

The guidance is for health and social care commissioners, specialist domestic violence and abuse staff and others whose work may bring them into contact with people who experience or perpetrate domestic violence and abuse. In addition it may be of interest to members of the public.

More on this guideline



NICE calls for greater awareness about domestic violence and abuse

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Appendix A: Membership of the Programme Development Group (PDG), co-optees, expert witnesses, the NICE and SCIE project teams, and external contractors

Appendix B: Summary of the methods used to develop this guidance

Appendix C: The evidence

Appendix D: Supporting documents

About this guidance

Changes after publication

## Looked-after children and young people



Guidance



Tools and resources



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NICE guidelines [PH28] Published date: **October 2010**



Looked-after babies children and young people



Quality standard

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Review decision:

**This guidance will not be updated, the guidance remains current.**

Next review date: **January 2017**

This joint guidance from NICE and the Social Care Institute for Excellence (SCIE) is for all those who have a role in promoting the quality of life (that is, the physical health, and social, educational and emotional wellbeing) of looked-after children and young people. This includes directors of children's services, directors of public health, people who commission and provide health and social care services, social workers, carers (including foster carers), healthcare workers, staff in independent and voluntary agencies, schools, colleges and universities, and organisations that train professionals and inspect services.

The guidance may also be of interest to looked-after children and young people, their families, prospective adopters and other members of the public.

The focus of the guidance is on how organisations, professionals and carers can work together to help looked-after children and young people reach their full potential and enjoy the same opportunities in life as their peers.

The recommendations cover local strategy and commissioning, multi-agency working, care planning and placements, and timely access to appropriate health and mental health services. In particular, they aim to:

- promote stable placements and nurturing relationships
  - support the full range of placements, including with family and friends
  - encourage educational achievement
  - support the transition to independent living
  - meet the particular needs of looked-after children and young people, including those from black and minority ethnic backgrounds, unaccompanied asylum seekers, and those who have disabilities
  - places looked-after children and young people at the heart of decision making.
- November 2010: the footnote to recommendation 46 has been updated with details of new Department for Education guidance on transition to adulthood and leaving care.

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# Looked-after children and young people

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NICE guidelines [PH28] Published date: October 2010

## Tools and resources

Tools to help you put the guidance into practice. Includes slide sets, audit tools, uptake reports and recommended research

### Quick reference

Looked-after babies children and young people

Recommendations

### Related quality standards

Health and wellbeing of looked-after children and young people (QS31)

### Costing report

PH28 Looked-after children: costing report  
19 October 2010 PDF 191.82 KB

### Guide to resources

Guide to resources information

Looked-after children and young people: guide to resources  
15 December 2010 Word 388.5 KB

### Self assessment tool

Self assessment tool information

PH28 Looked-after children and young people: self assessment tool

01 December 2010 Excel 342.5 KB

### Slide set

Slide set

PH28 Looked-after children: slide set information

PH28 Looked-after children: slide set  
19 October 2010 PowerPoint 536 KB

PH28 Looked-after children: slide set handout information

PH28 Looked-after children: slide set handout  
19 October 2010 PDF 129.92 KB

### Research recommendations

Research recommendations information

### Shared learning

# Case studies – Looked after children

- Becoming a pushy corporate parent
- Davies structure interview for assessing children and adolescents in crisis
- Care home support team – reducing falls
- Improving managing violence training
- The behaviour and family support team
- NICE quality standards for service reviews – dementia and end of life care
- Moving on – the lunch club experience

- Care needs
- Dementia

- Related SCIE content
- Getting to know you
  - Reablement
  - Adult safeguarding
  - Sexual, reproductive and mental health
  - Parental substance misuse
  - Parental mental health and families
  - Mental Capacity Act
  - Managing knowledge to improve social care
  - Personalisation
  - Fair Access to Care Services (FACS)
  - Open Dementia programme**
  - Managing risk, minimising restraint
  - Interprofessional and inter-agency collaboration
  - Law and social work
  - Communication skills
  - Residential child care
  - Children of prisoners
  - Poverty, parenting and social exclusion

## eLearning: The Open Dementia Programme

Published: 2009

The Open Dementia eLearning Programme is aimed at anyone who comes into contact with someone with dementia and provides a general introduction to the disease and the experience of living with dementia. This programme is designed to be accessible to a wide audience and to make learning as enjoyable as possible and so allows users to fully interact with the content and includes video, audio and graphics to make the content come alive. In particular the programme includes a considerable amount of new video footage shot by both the Alzheimer's Society and SCIE where people with dementia and their carers share their views and feelings on camera.



### What it is and what it isn't

Covers: Views of dementia in the media; Facts and common misconceptions about dementia; Common symptoms, clinical terminology and causes of symptoms.

- [View elearning resource](#)
- [View text-only version](#)
- [View printable version](#)
- [Download the SCORM 1.2 version](#)
- [Download the SCORM 2004 version](#)
- [Learning record](#)



### Living with dementia

Covers: The person with dementia as a unique individual; The importance of knowing their background and life history; Abilities people with a dementia retain in spite of the difficulties they face; How dementia impacts on families, friends and community and the support that is needed.

- [View elearning resource](#)
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- [Download the SCORM 1.2 version](#)
- [Download the SCORM 2004 version](#)
- [Learning record](#)



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[Open Dementia E-learning programme QCF mapping](#)



Related SCIE content

[Dementia Gateway](#)

[NICE/SCIE: Dementia - supporting people with dementia and their carers in health and social care \(NICE clinical guide 42\)](#)

[Short-notice care home closures: a guide for local authority commissioners](#)



What do you think?

Please send us your comments and suggestions about 'The Open Dementia eLearning programme'. It will help us to continue to improve our work in the future.

[Complete our feedback form.](#)



Keep up to date

[Register for a SCIE account](#) to hear about our latest resources, news and events and to use all of our services.

# Costing statement – Domestic Violence and Abuse

- Background
  - “Domestic violence and abuse cost the UK an estimated £15.7 billion in 2008 (Walby 2009)”*
- Recommendations with potential resource impact
  - “More people identified and provided with support; training, advocacy and support”*
- Potential costs
- Potential savings and benefits

# Savings and benefits

The economic model for the guidance found that reducing domestic violence and abuse could save on the costs associated with:

- Treating and supporting someone who has experienced domestic violence and abuse. For example, hospital costs such as accident and emergency attendance plus medication
- Treating and supporting someone who is experiencing post-traumatic stress disorder as a result of such violence and abuse (an estimated cost saving of £4700 per month per person that includes healthcare and social care costs).
- Other savings will be associated with reduced costs to the criminal justice system and the economy (employability and productivity)

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# Treatment and care options for children and young people with antisocial behaviour and conduct disorders



## Antisocial behaviour and conduct disorders in children and young people

### Parent and child training programmes for children with complex needs

Offer individual parent and child training programmes to children and young people aged between 3 and 11 years if their problems are severe and complex and they:

- have been identified as being at high risk of developing oppositional defiant disorder or conduct disorder or
- have oppositional defiant disorder or conduct disorder or
- are in contact with the criminal justice system because of antisocial behaviour.

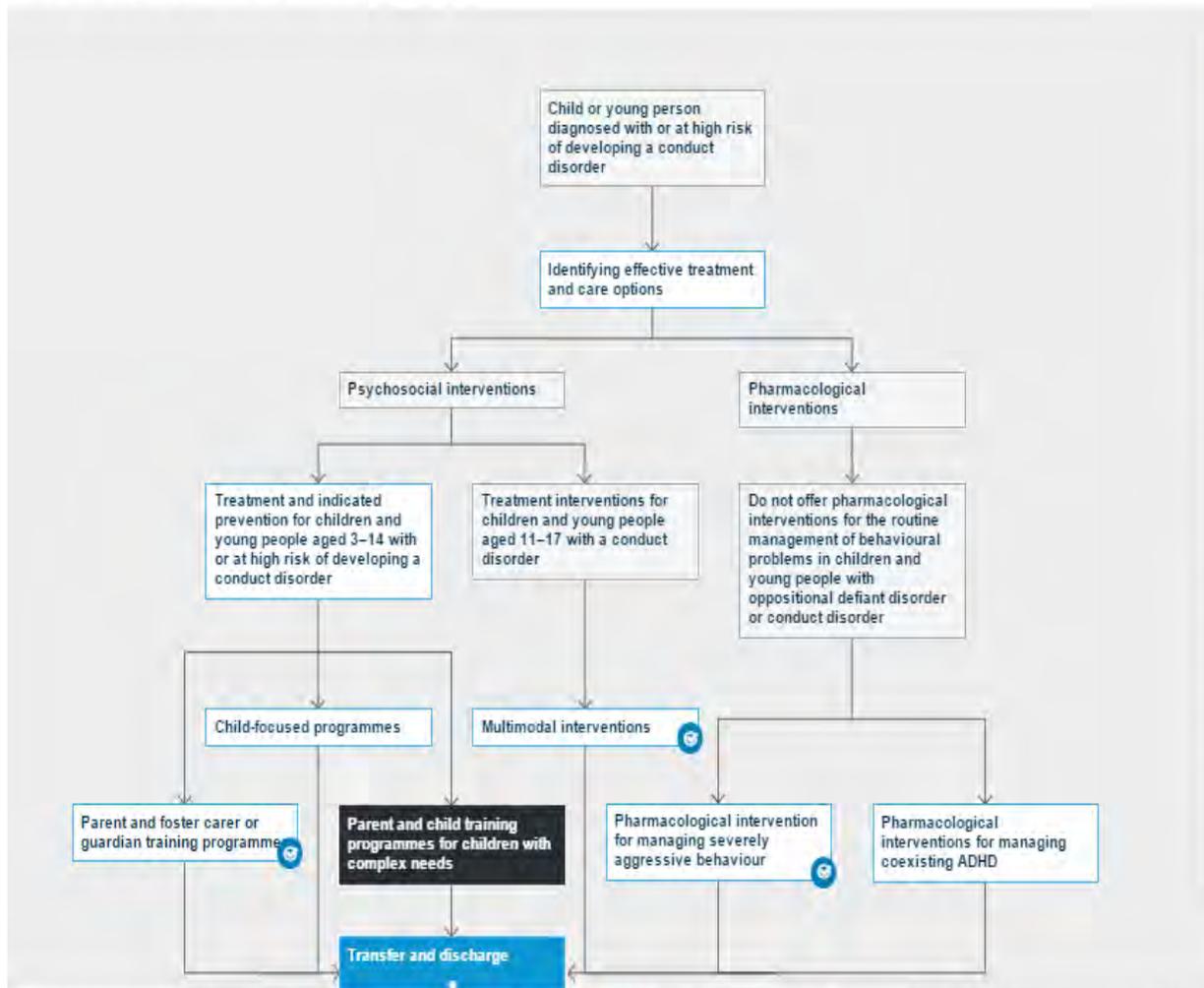
Individual parent and child training programmes should involve both parents, foster carers or guardians if this is possible and in the best interests of the child or young person, and should:

- be based on a social learning model using modelling, rehearsal and feedback to improve parenting skills
- consist of up to 10 meetings of 60 minutes' duration
- adhere to a developer's manual<sup>1</sup> and employ all of the necessary materials to ensure consistent implementation of the programme.

#### Resources

The following implementation tools are relevant to this part of the pathway:

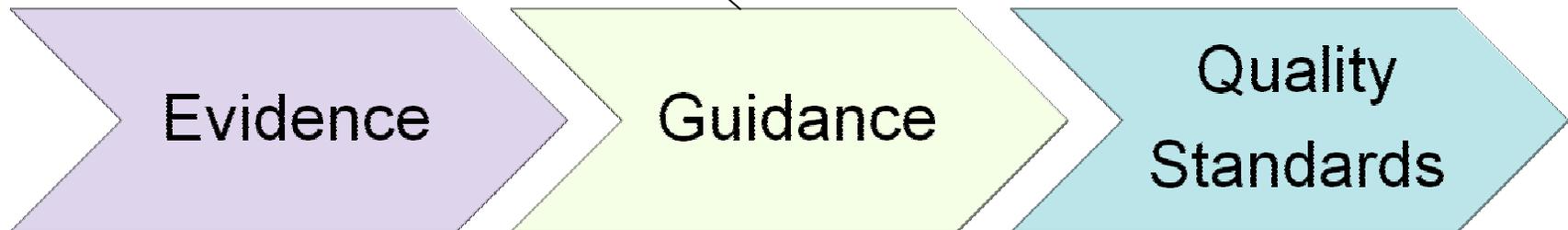
[Antisocial behaviour and conduct disorders in children and young people:](#)



# Supporting quality services – NICE quality standards

# What are NICE guidance and quality standards?

A set of systematically developed recommendations to guide decisions for a particular area of care or health issue



Research studies - experimental and observational, quantitative and qualitative, process evaluations, descriptions of experience, case studies

A NICE quality standard is a concise set of statements designed to drive and measure priority quality improvements.

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How this quality standard fits into the NICE Pathway

List of quality statements

Quality statement 1: Discussing concerns about possible dementia

Quality statement 2: Choice and control in decisions

Quality statement 3: Reviewing needs and preferences

Quality statement 4: Leisure activities of interest and choice

Quality statement 5: Maintaining and developing relationships

Quality statement 6: Physical and mental health and wellbeing

Quality statement 7: Design and adaptation of housing

Quality statement 8: Planning and evaluating services

Quality statement 9: Independent advocacy

Quality statement 10: Involvement and contribution to the community

Using the quality standard

# Quality standard for supporting people to live well with dementia

Quality Standard

Tools and resources

Information for the public

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NICE quality standard [QS30] Published date: April 2013

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## List of quality statements

**Statement 1.** People worried about possible dementia in themselves or someone they know can discuss their concerns, and the options of seeking a diagnosis, with someone with knowledge and expertise.

**Statement 2.** People with dementia, with the involvement of their carers, have choice and control in decisions affecting their care and support.

**Statement 3.** People with dementia participate, with the involvement of their carers, in a review of their needs and preferences when their circumstances change

**Statement 4.** People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day based on individual interest and choice.

**Statement 5.** People with dementia are enabled, with the involvement of their carers, to maintain and develop relationships.

**Statement 6.** People with dementia are enabled, with the involvement of their carers, to access services that help maintain their physical and mental health and wellbeing.

**Statement 7.** People with dementia live in housing that meets their specific needs.

**Statement 8.** People with dementia have opportunities, with the involvement of their carers, to participate in and influence the design, planning, evaluation and delivery of services.

**Statement 9.** People with dementia are enabled, with the involvement of their carers, to access independent advocacy services.

**Statement 10.** People with dementia are enabled, with the involvement of their carers, to maintain and develop their involvement in and contribution to their community.

Other quality standards that should also be considered when commissioning and providing a high-quality service are listed in [Related NICE quality standards](#).

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# Using NICE Quality Standards

- Source of performance or quality indicators
- Service review

*An assessment of how the service compares to the quality standard statements:*

- Can provide assurance
- A positive assessment could be included in the organisation's quality profile
- An assessment indicating areas requiring quality improvement can:
  - inform local quality improvement work/programme planning
  - support discussions with commissioners
- Inform local risk management

# NICE Evidence Services

- [www.evidence.nhs.uk](http://www.evidence.nhs.uk)

The screenshot shows the NICE Evidence Search website. At the top, there is a dark blue navigation bar with links for "My Evidence", "Journals and Databases", and "Sign In". Below this, the NICE logo is displayed as "NICE National Institute for Health and Care Excellence". The main content area features a large blue eye graphic with the text "Evidence Search Health and Social Care" and a search input field with a magnifying glass icon. A footer section contains several columns of links: "About Evidence Services", "Clinical Knowledge Summaries", "Journals and Databases", "Evidence Search", "Evidence Uncertainties (UK DUETs)", "A-Z of Topics", "Medicines Information", "Public Health Information", "Quality, Innovation, Productivity and Prevention (QIPP)", "Subscribe to our evidence awareness bulletins and access Evidence Updates", and "Add Evidence Search to my browser". At the bottom, there are links for "Sitemap", "Terms and Conditions", "Contact Us", "FAQs", and "Help", along with social media icons for Facebook and Twitter, and the text "Follow us: f t". The footer also includes the copyright notice "Copyright © 2013 National Institute for Health and Care Excellence. All Rights Reserved." and "Provided by NICE".

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**NICE**

# NICE Workshop Session

Using NICE resources to:

- Inform service development/planning
- Ensure services are evidence based
- Evidence the effectiveness of the service offer
- Develop quality indicators
- Build the business case for investment

# Keeping up to date

- Sign up for the NICE News
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- Email: [deborah.ocallaghan@nice.org.uk](mailto:deborah.ocallaghan@nice.org.uk)

