Integrated health and social care for people experiencing homelessness

Consultation on draft Scope - Stakeholder comments table
05/10/2020 – 02/11/2020

Stakeholder	Page no.	Line no.	Comments	Developer response
British Association for Sexual Health and HIV (BASHH)	2	4 - 5	Homeless people often have significant sexual health needs and may find it very challenging to access services, both for short term care (such as treatment of a specific infection), and long term care (such as contraception and/or PrEP (pre-exposure prophylaxis for HIV)). Additionally, they may be at higher risk of sexual assault, abuse or exploitation. Some homeless people will undertake sex work. Therefore we feel that sexual health ought to be mentioned specifically, alongside physical and mental health.	Thank you for this comment. We have not included this type of detail in the scope for the reason that the details of the reviews and recommendations will be based on the committee's decisions and the available evidence. On principle any health and social care is covered and we have made a note of these particular issues, which would certainly be within the scope of the guideline. It is also worth noting that the issues you raise are discussed in the Equalities Impact Assessment, which for example highlights that people experiencing homelessness might not have access to contraception or sexual or reproductive health services and that women may be particularly vulnerable to sexual exploitation and violence.
British Association for Sexual Health and HIV (BASHH)	2	22 - 23	Many homeless women and men will undertake sex work, and many street sex workers will be homeless (or vulnerably housed). Domestic violence is specifically mentioned here. We feel that in view of the significant risks to health associated with sex work, this should also be specifically addressed.	Thank you for this comment. Sexual health is now specifically described in the revised scope as something which is often an issue among people experiencing homelessness.
British Association for Sexual Health and HIV (BASHH)	6	17	Homeless people often have significant sexual health needs and may find it very challenging to access services, including for long-term care (such as contraception and/or PrEP (pre-exposure prophylaxis for HIV)). Lack of contraception in people of reproductive potential which may result in unplanned pregnancy, or lack of PrEP in people at increased risk of HIV acquisition may result in significant adverse health consequences. We therefore feel that long term care should specifically mention an overarching theme of 'sexual and reproductive heath'.	Thank you for your comment. The scope has been revised and now refers to the range of multiple and complex health and social care needs of people experiencing homelessness, including emotional and sexual health, which as you say, are often unaddressed and lead to poor outcomes. In terms of stating the level of detail you suggest in the 'key areas' section of the scope, this has not been done because it is intended to convey the fact that all health and social care for this population will be covered by the guideline. Further detail about specific interventions will be agreed by the committee and described in the individual review protocols.

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British Association for Sexual Health and HIV (BASHH)	7	7	Homeless people often have significant sexual health needs and may find it very challenging to access services, both for short term care (such as treatment of a specific infection), and long term care (such as contraception and/or PrEP (pre-exposure prophylaxis for HIV)). Additionally, they may be at higher risk of sexual assault, abuse or exploitation. Some homeless people will undertake sex work. We therefore feel that health outcomes should include sexually transmitted infections and unplanned pregnancies as specifically named categories.	Thank you for your comment. The scope has been revised and now refers to the range of multiple and complex health and social care needs of people experiencing homelessness, including emotional and sexual health, which as you say, are often unaddressed and lead to poor outcomes. In terms of stating the level of detail you suggest in the 'key areas' section of the scope, this has not been done because it is intended to convey the fact that all health and social care for this population will be covered by the guideline. Further detail about specific interventions and outcomes will be agreed by the committee and described in the individual review protocols.
Faculty for Homeless and Inclusion Health	1	14	Yes population focus is clear and sufficiently flexible to include nearly all people in the category	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Faculty for Homeless and Inclusion Health	1	15	Integrated Health and Care for rough sleepers and those at risk of rough sleeping	Thank you for this comment. Based on the stakeholder feedback we have changed the title of the guideline to: Integrated health and social care for people experiencing homelessness.
Faculty for Homeless and Inclusion Health	1	16	There is a growing body of published evidence, but attention should also be given to the "grey literature" which includes narratives and frequently represents the service user view	Thank you for this information which the committee will certainly consider when drafting the review protocols including the type of evidence that will be considered for inclusion.
Faculty for Homeless and Inclusion Health	5	6	Complex trauma (trauma informed care, psychologically informed environments, approaches to personality issues) is a cross cutting theme which should be considered for each category of access and engagement because it can be omitted from a narrow focus on mental health, social care or housing engagement.	Thank you for this comment. Complex trauma and the approaches you mention would certainly fall within the scope of the guideline and the committee will consider this when drafting the review protocols.
Groundswell	General	General	No mention in either the included or excluded population groups of unsupported temporary accommodation – Justlife has a lot of evidence which shows the impact of this form of accommodation on health – or housing first.	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.

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Groundswell	General	General	No mention in the scope about the importance of care coordination – very important particularly where multiple services are involved and integrated – would be good to have best practice examples of this	Thank you for this comment. Even though not explicitly stated this will be covered under approaches for joining up services within and across health, social care and housing. Care coordination may also come out as a theme under qualitative review looking as people's views and experiences of what improves access to and/or engagement with services, and delivery of care.
Groundswell	General	General	Important to consider within the scope the impact of different types of accommodation on health and the importance of ensuring that accommodation is appropriate for people's health needs.	Thank you for this comment. Although there isn't a specific question about the effect of different housing options, we anticipate that the issue you raise will be explored through the qualitative question about the improvements that should be made to health and care services for people experiencing homelessness.
Groundswell	1	14	We met with people with lived experience of homelessness from across our network to discuss the scoping document and they strongly felt that the population scope was too narrow. They felt it discriminated between forms of homelessness and they felt that homeless status varies. People move between different types of homelessness and all have an impact on a person's health, well-being and ability to access services. They were particularly clear that the population scope should cover people who are sofa surfing, squatting, living in unsupported temporary accommodation and accommodated through a housing first programme.	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Groundswell	1	15	The suggestions were that the population should be people experiencing all forms of homelessness and also people at risk of homelessness (as defined by the legal definitions used in the homelessness reduction act)	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters. Based on the stakeholder feedback we have also changed the title of the guideline to: Integrated health and social care for people experiencing homelessness.
Groundswell	1	16	Data sources suggested by the peers included: Local Homeless Health Needs Audits that have been completed but not published; Local Authority homeless/housing department data; DWP; Primary care; VCSE homeless services; expert by experience groups; unpublished peer research; criminal justice	Thank you for this comment. Where possible we will explore ways of incorporating other sources of data such as the suggested ones.

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			services including prison and probation. Also worth considering research projects that are currently being undertaken but not yet published – can data contribute to the guideline before publication?	
Groundswell	2	9	It was felt very strongly that people who are sofa surfing – and have health issues such as mental health and/or substance misuse are most at risk of rough sleeping. They felt there was little difference in the health needs or people who were squatting compared to those sleeping rough and argued that integrated services are most needed for more marginalised hidden homeless groups.	Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Groundswell	2	10	Felt that by excluding sofa suffers, women and young people would be missed as this is a common form of homelessness for these groups.	Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Groundswell	2	18	Feel this would only be achieved if population scope included all forms of homelessness and people at risk of homelessness. This would cover people who have not yet become homeless and also people who have been homeless previously and are at risk of returning. Integrated health services at this point could prevent homelessness.	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters. Primary prevention of homelessness is a large topic of its own and this guideline is not attempting to cover this. However, within our population definition for this guideline, we include people with history of homelessness who remain at high risk of homelessness because of ongoing complex health and social care needs.
Groundswell	3	25	People who use daycentres could be experiencing any form of homelessness, be at risk of homelessness or be stably housed.	Thank you for this comment. By including people using day centres we are aiming to capture 'hidden' homeless populations. It may be that some users of day centres for people experiencing homelessness are in stable housing but the majority would tend to be people who are homeless or in unstable or temporary accommodation. Based on stakeholder comments we have widened the population focus to include various forms of homelessness.

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Groundswell	3	26	Prefer use of people experiencing homelessness rather than homeless people to recognise that homelessness is not an identity	Thank you for this comment. We have taken note and amended the wording throughout the scope accordingly.
Groundswell	4	7	While this group may not form part of the scope and it may not be appropriate to do so feel it is worth considering specific guidance for homeless families and people experiencing homelessness under the age of 16.	Thank you for this comment. We recognise that there are families and children experiencing homelessness and indeed children under 16 might be covered tangentially if they accompany someone in the included population. However, evidence specifically about people younger than 16 will not be reviewed, nor recommendations made in this guideline. This is in recognition of their distinct health and care needs and the fact that different statutory duties and service structures apply and are beyond the scope of the guideline. This has been clarified in the final version of the scope.
Groundswell	4	9	Whilst in a long-term institution such as prison or a mental health institute, people should not be deemed to be homeless. However, they should be treated as homeless as they approach their release/discharge date, for example from 100 days before release date.	Thank you for your comment. Based on stakeholder feedback the population covered by the guideline has been widened but it does not specifically state that people approaching release from prison would be considered homeless. For a population to be covered by the guideline they would need to meet the criteria set out in the scope regardless of the circumstances which led to them experiencing homelessness. Also, it should also be noted that primary prevention of homelessness is a large topic of its own and this guideline is not attempting to cover this important topic area. However, we include people with history of homelessness and ongoing complex needs within the population definition for this guideline.
Groundswell	4	10	Strongly disagree with excluding sofa surfers. Often very unstable accommodation, people can experience various forms of exploitation. Has an impact on the health and well-being of the person and their ability to access and engage with health and social care services. Can also impact the health and well-being of people they are staying with. Minority groups such as young people, women, people with no recourse to public funds etc. are often sofa surfing and therefore would exclude these groups.	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Groundswell	4	13	Where is the evidence that the heath needs and access of services are different for squatters when compared to rough	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include

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			sleeping. Feel that squatters often essentially are rough sleepers but with a roof that they have no legal basis to have. Hidden homeless groups such as squatters and rough sleepers have less services involved and integrated services could benefit.	people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Groundswell	4	21	Does this include temporary accommodation or the street where people are not accommodated but get social care assessment or domiciliary care support?	Thank you for this comment. We have revised this section to say "All settings where health care or social care is provided for people experiencing homelessness."
Groundswell	5	2	Best examples of these services do not discriminate between different forms of homelessness and continue to provide services to people until they are no longer needed – i.e. when someone is stably housed or when someone is in a position to be able to access mainstream services independently. Examples include UK based homeless and inclusion health services such as Bevan Healthcare and US services such as Boston Health Care for the Homeless Program	Thank you for your comment. We have noted these and will consider these when formulating the review protocols.
Groundswell	5	8	Recommend looking at services that work to join health and social care services that sit outside of typical providers such as Groundswell's Homeless Health Peer Advocacy service	Thank you for this comment. This will be considered when formulating review protocols.
Groundswell	5	11	Recommendation from peers to link in to existing peer and expert by experience groups such as Groundswell and the #HealthNow Network, Pathway Experts By Experience group etc.	Thank you for your comment. In terms of the evidence base for this guideline, the views and experiences of people experiencing homelessness will be central. In terms of the guideline committee, 3 experts by experience of homelessness have been recruited. We will consider whether and in what ways further input from peers and experts is needed and we are grateful for your suggestions.
Groundswell	5	24	need to recognise the barriers to reporting and gathering patient experience of people experiencing homelessness and suggest resolutions for this	Thank you for your comment. It may be that the evidence review examining the views and experiences of people experiencing homelessness will highlight these issues and it will be up to the committee to decide whether to make recommendations along these lines.
Groundswell	6	16	Peers consulted asked for best practice examples for mental health to include support that doesn't include use of criminal justice i.e. police	Thank you for your comment. It is not possible to pre-empt the recommendations that the committee will make but this point has been noted and will be fed into committee discussions.
Healthwatch Southend	General	General	Not all people who are homeless would consider themselves roofless – this implies rough sleepers only.	Thank you for this comment. The original commission was about people who are homeless through being roofless i.e.

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Healthwatch Southend	General	General	The development of personalised care skills and competences will be essential (https://www.personalisedcareinstitute.org.uk)	Thank you for this comment and sharing this resource. The details of what is covered in each evidence review will be determined and expressed in the review protocol by the guideline committee.
Healthwatch Southend	General	General	The guidance needs to accommodate choice by individuals	Thank you for this comment. We have made a note of this.
Healthwatch Southend	General	General	Resource: Queen's Nursing Institute https://www.qni.org.uk/resources/guidance-health-assessment-tool-2015/	Thank you for sharing this resource.
Healthwatch Southend	General	General	Resource: www.groundswell.org.uk	Thank you for sharing this resource.
Healthwatch Southend	2	24	Does "providers" also include the VCSE sector?	Thank you for this comment. We have not defined who the providers of services are and where a voluntary, community and social enterprise provider is delivering health or social care to people experiencing homelessness then they would be considered a 'provider'. Also, the voluntary, community and social enterprise sector are listed in the scope as an audience for whom the guideline will also be relevant.
Healthwatch Southend	2	27	Welcome the inclusion of the guidance being for people who experience homelessness, but how will this be made available to them?	Thank you for your comment. All NICE guidance is available online but a specific case can be argued for publication in other more accessible formats. This is something that the committee will consider in discussion with NICE.
Healthwatch Southend	2	29	Would the guidance also be relevant to the Armed Forces, in relation to those leaving service?	Thank you for your comment. The guideline may be of interest to some sections of the armed forces but they are not listed as a particular audience because it is not generally their responsibility to commission or provide care and support to people experiencing homelessness.
Healthwatch Southend	2	30	VCSE providers are critical in engaging with this group of people, as well as providing direct service to them. It is more than "of relevance"	Thank you for this comment. Where a voluntary, community and social enterprise provider is delivering health or social care to people experiencing homelessness then they would be considered a 'provider', listed under 'who the guideline is for'.
Healthwatch Southend	3	3	How do community groups differ from the VCSE?	Thank you for your comment. We have taken out 'community groups' from this list and instead of 'voluntary and charity sector', the 'voluntary, community and social enterprise sector' is now listed.

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Healthwatch Southend	3	4	Faith groups, rather than religious groups?	Thank you for this comment. We have revised the list to say 'Faith-based organisations' instead of 'religious bodies'.
Healthwatch Southend	3	17	The target groups appear to be those who would be most easily accessible via local homeless groups/public organisations. Can the guidance also include those without access to public funds? These are often those with the complex needs.	Thank you for this comment. We have not excluded people with no recourse to public funds as such, instead our population definition is based on their housing/ homelessness status. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family (’sofa surfing), and squatters. We have recognised people with no recourse to public funds in the equality impact assessment.
Healthwatch Southend	4	10	“sofa surfers” are some of our most vulnerable and at risk of exploitation, also, as we know, more likely to have difficulty accessing primary care services, either through lack of documentation, do or modern slavery. They should be included in the scope	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family (’sofa surfing’), and squatters.
Healthwatch Southend	4	18	Depending on answer to comment 2, should this include VCSE/faith group settings?	Thank you for this comment. We have revised this section to say "All settings where health care or social care is provided for people experiencing homelessness."
Homeless Hotel Drug and Alcohol Service (HDAS-London)	3	16	The population adequately covers the populations discussed at the stakeholder workshop. We agree with this population, as expansion out to ‘anyone at risks of homelessness’ is likely to prove difficult to define, and therefore difficult to both collate research evidence on, and draft clinically useful recommendations. We agree with the proposed population.	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family (’sofa surfing’), and squatters.
Homeless Hotel Drug and Alcohol Service (HDAS-London)	004	004	There is a typographical error ‘case findings’ should read ‘case finding’	Thank you for pointing this out. However, we have revised this section of the scope and it no longer contains this detail.
Homeless Hotel Drug and Alcohol Service (HDAS-London)	4	5	‘Harm reduction’ should be included in the list “active case finding, screening programmes, immunisation and health promotion…”, this is a key component of substance misuse provision and vital to include as an approach to healthcare provision in the homeless cohort	Thank you for your comment. The text in this section of the scope has now been revised with this list being removed. The purpose is to indicate that the guideline covers health, social care and public health as they relate to people experiencing homelessness. The issue you highlight would certainly fall within the scope of the guideline but this kind of detail will be

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				set out in the review protocols through discussion with the guideline committee.
Homeless Hotel Drug and Alcohol Service (HDAS-London)	4	5	Consideration should be given to adding the Voluntary, Charity and Social Enterprise (VSCE) sector to the following list "Approaches for joining up services within and across health, social care and housing...'	Thank you for this comment. We have not defined who the providers of the health, social care and housing services are and we recognise the big role that VSCE sector plays in this context.
Homeless Hotel Drug and Alcohol Service (HDAS-London)	4	18	Day centres are omitted, or not explicitly stated, within the settings section despite one of the groups being targeted being the day centre attending population, this seems like an omission given a large number of interventions that may be delivered through day centres, however they are not traditionally thought of as settings where formal 'healthcare' or 'social care' are provided, and thus their omission from the list of settings should be rectified or made clear they are included.	Thank you for this comment. We have revised this section to say "All settings where health care or social care is provided for people experiencing homelessness."
Homeless Hotel Drug and Alcohol Service (HDAS-London)	4	18	Prisons or prison liaison services are not explicitly mentioned as settings to consider, given the large amount of people released from prison with no fixed abode, and the lack of joined up services supporting those on release from prison (and the over representation of mental health and substance misuse within this population), consideration should be given to prison or prison liaison settings as within scope for the guideline or justification for their non-inclusion noted.	Thank you for this comment. We have revised this section to say "All settings where health care or social care is provided for people experiencing homelessness." However, prisoners are not automatically included in the population covered by this guideline. Primary prevention of homelessness was considered such a large topic of its own and this guideline about integrated health and care is not attempting to cover it. Clearly where people experience homelessness following release from prison then they would meet the population definition for the guideline.
Homeless Hotel Drug and Alcohol Service (HDAS-London)	7	1	Consideration should be given to having an outcome related to housing, e.g. numbers of people accessing housing, numbers of people sustaining tenancies or some other proxy.	Thank you for this comment. We have noted this. The protocols for each individual review question will determine which outcomes are most important for the specific question so the outcomes listed in the scope are not definitive but give a flavour of possible outcomes of interest. That said, in the scope, an example of the 'recovery' outcome is given as 'housing status'.
Homeless Link	General	General	Homeless Link is the national membership charity for frontline homelessness services. Representing over 700 organisations, we work to improve services through research, guidance and learning and campaign for policy change that will ensure	Thank you for this information and sending your comments.

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			everyone has a place to call home and the support they need to keep it. Homeless Link is part of the Making Every Adult Matter (MEAM) coalition of national charities, along with Clinks, Mind and associate member Collective Voice. Together MEAM represents over 1,300 frontline organisations across England. Working together we support local areas across the country to develop effective, coordinated services that directly improve the lives of people facing multiple disadvantage. We use our shared knowledge and practical experience from this work to influence policy at the national and local level. We are pleased to provide our comments on the proposed guideline. The COVID-19 pandemic has made clear how critical the right housing is to the wellbeing of each individual and at the same time, has exposed the gaps in our support and safeguarding systems. Our process for gathering evidence and insight for these comments included a workshop with a group of men and women with lived experience of homelessness.	
Homeless Link	1	14	**Q2 - Do you agree with the population focus of the scope?** We believe the population focus is too restricted. Rather than the suggested population focus, we would advocate inclusion of the groups defined as experiencing either core or wider homelessness. Groups in the core homelessness category are • Those who are rough sleeping • Those who are sleeping in tents, cars, on public transport • Those who are squatting (unlicensed, insecure) • People in unsuitable non-residential accommodation, e.g. beds in sheds • Residents in hostels • Users of night/winter shelters	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.

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			• Survivors of domestic abuse in refuges • People in unsuitable temporary accommodation (which includes bed and breakfast accommodation, hotels etc) • People who with no fixed abode ('sofa surfing') – staying with others (not close family), on a short term and insecure basis, in overcrowded conditions Groups in the wider homelessness category are • People staying with friends/relatives because they are unable to find their own accommodation (longer term) • People issued with a notice seeking possession/possession order (and unable to afford rent/deposit for alternative accommodation) • People asked to leave home by their parents/relatives • People in intermediate supported accommodation • People who are discharged from prison, hospital and other state institution without permanent housing Additionally, people in the following groups should also be included in the population: • People whose release/discharge from prison, hospital and other state institutions is imminent, who have no accommodation available for that they have a right to occupy • People whose accommodation is overcrowded and/or unfit for human habitation • Travellers living on unauthorised encampments and unauthorised developments • Boaters who do not have a mooring or long-term boat licence When we spoke to people with lived experience of homelessness, they said: "…a sofa surfer, OK they're in a nice warm house, but that doesn't mean they've not got mental health problems and they could be kicked out at a minute's notice" "if you don't have your own front door, you're homeless"	

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			As we discuss in our latest research report on youth homelessness, We Have A Voice, Follow Our Lead, 2018/19 saw over 90,000 young people aged 16-24 at risk of homelessness approach their local council for housing help. However, these figures do not reflect the true level of youth homeless. Many young people simply don't approach local authorities when in housing need. Instead, they will often join the ranks of the hidden homeless. Women's homelessness too is often hidden. Whilst the rough sleeping population is disproportionately male, our research highlights the reality that women who are homeless will often have a roof over their heads, but in dangerously exploitative circumstances. Over a quarter (28%) of homeless women have formed an unwanted sexual partnership to secure and keep a roof over their heads. And for women fleeing domestic abuse, more than a tenth (12%) were forced to sleep rough during their search for a refuge, almost half (46%) were forced to sofa-surf and nearly one in ten women (8%) gave up their search and stayed put with the perpetrator. The STAGE Project found that sofa surfing amongst homeless women is common and often women are completely reliant on perpetrators of abuse for their housing, which in turn renders women in this situation vulnerable to further exploitation, demonstrating the inextricable links between homelessness, housing and sexual exploitation.	
Homeless Link	1	15	**Q3 - What title would best identify this population?** Integrated health and care for people experiencing or at risk of homelessness	Thank you for this comment. Based on the stakeholder feedback we have changed the title of the guideline to: Integrated health and social care for people experiencing homelessness.
Homeless Link	1	16	**Q4 - Are there any broader sources of data (beyond published literature) that might be useful to inform the development of this guideline?** Many state agencies collect data from and about people experiencing homelessness, including:	Thank you for this comment. Where possible we will explore ways of incorporating other sources of data such as the suggested ones.

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			LA Housing Options teams Criminal justice services Health and social care services DWP Local authorities that have carried out a Homeless Health Needs Audit Additionally, voluntary sector agencies will also collect relevant data: Crisis Shelter Groundswell St Mungos Pathway Other Homeless Link members Multi agency data sources, such as GM-THINK, CHAIN databases Other sources might include: Peer researchers; unpublished academic research. Faith and community agencies. Expert by Experience organisations and groups.	
King's College London. Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care	1	4	Include the term "person/people" when describing the circumstance of homelessness. E.g. people experiencing homelessness as this implies that homelessness may be a temporary or permanent life experience that can often be changed and does not define the person as a whole.	Thank you for this comment. The title of the guideline has now been changed and makes reference to 'people experiencing homelessness'. The language used throughout the guideline will also reflect this.
King's College London. Florence Nightingale Faculty of Nursing,	2	5	"physical wellbeing" should be replaced with "physical health and wellbeing".	Thank you for this comment. We have amended the wording accordingly.

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Midwifery & Palliative Care				
King's College London. Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care	2	015 - 016	"no other access to basic necessities such as food, facilities for personal hygiene and clothing" should be amended as follows "no other access to basic necessities such as food, facilities for personal hygiene and clothing, rest and human contact."	Thank you for this comment. Although we understand and accept the point you make, this section of the draft scope has actually been revised based on wider stakeholder feedback and changes to the population for this guideline and this particular sentence has been deleted. People using day centres are still included.
King's College London. Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care	2	26	Please include medical and nursing academic institutions that inform and teach practitioners.	Thank you for your comment. The scope has been revised to reflect that the guideline may also be relevant for academics, educators and practice educators.
King's College London. Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care	5	0	Comment for further discussion regarding "health and early intervention". Skin health and integrity wound and vascular care assessment and treatment should be included in both the preventative programme of health promotion and as a long term health condition. People who experience homelessness with or without a history of injecting drug use have been shown to engage more positively and with greater results in specialist wound care services.	Thank you for this comment. We have not included this level of detail in the scope for the reason that the details of the reviews and recommendations will be based on the committee's decisions and the available evidence. In principle any health and social care is covered and we have made a note of these particular issues.
King's College London. Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care	5	2	Comment for further discussion regarding "specialist services": It is important to highlight skin integrity, wound (tissue viability) and vascular/lower limb care for people experiencing homelessness. Although not a new concept in homeless and inclusion health specialist wound care and tissue viability services care for people have open wounds, sores, abscesses and compromised skin have been shown to be an important physical health need for the homeless like similar specialist health services including sexual health, TB and podiatry.	Thank you for your comment. We have not included this level of detail in the scope for the reason that the details of the reviews and recommendations will be based on the committee's decisions and the available evidence. In principle any health and social care is covered and we have made a note of these particular issues.
King's College London.	6	15	Comment for further discussion regarding "Prevention of ill health and early intervention" in terms of lower limb vascular	Thank you for this comment. We have not included this level of detail in the scope for the reason that the details of the reviews

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Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care			disease and ulceration, early intervention in terms of specialist assessment (vascular and wound care), treatment with the aim of healing to reduce cost and improve the quality of life for people experiencing homelessness.	and recommendations will be based on the committee's decisions and the available evidence. In principle any health and social care is covered and we have made a note of these particular issues.
King's College London. Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care	6	22	Comment for further discussion regarding "Views and Experiences" views of people experiencing homelessness living with an open wound/sore or skin condition express that they experience direct stigma, pain, shame and guilt when trying to access care with a wound that may be smelling or leaking. Specialist homeless wound care services have shown to be more effective that mainstream practice.	Thank you for this comment. This will be considered when formulating review protocols.
King's College London. Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care	7	4	Comment for further discussion regarding - Direct case studies and quotes from peoples experiences of care can be provided to demonstrate the impact of wounds, sores and leg ulcers on people experiencing homelessness and the positive impact of specialist wound care/vascular/tissue viability services in engagement, healing and prevention of further problems.	Thank you for your comment. Where they are within the scope of the guideline data about the views and experiences of people experiencing homelessness will make an important contribution to the evidence underpinning the recommendations. As well as data about how to improve access to and engagement with health and social care, the question about views and experiences also focusses on improvements to the delivery of care.
Lancashire and South Cumbria NHS Foundation Trust	General	General	Our comments would be that those who are homeless generally have poor oral health, poor oral hygiene, poor diet and struggle to access oral care as they have a chaotic lifestyle and thus tend to fail appointments. This results in them having worse dental outcomes, extractions rather than fillings, no replacement of lost units etc. resulting in poor function, speech and a decrease in confidence and self-esteem. Failure to access oral health checks can result in late diagnosis of oral pathology such as head and neck cancers and a worse outcome. Smoking increases the risks of oral pathology. There needs to be support of this very vulnerable group to access dental care –both routine and urgent -without long and complicated pathways e.g. phoning helplines where you can be on hold for many minutes. Salaried dental services are an appropriate service to routine care for this group but are all	Thank you for this comment. We have not included this level of detail in the scope for the reason that the details of the reviews and recommendations will be based on the committee's decisions and the available evidence. In principle any health and social care is covered and we have made a note of this particular issue.

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			overstretched with long waits. Many would be suitable for oral care in primary care if high street dentists were willing and able to receive financial support for offering an access service.	
Leicestershire Partnership NHS Trust	General	Q1	**Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?** We would recommend inclusion of approaches based on the 2012 Psychologically Informed Environments (PIE) Guidelines. This has been rolled out in Lambeth, Leicester, Nottingham, Manchester and Southampton to name a few.	Thank you for this comment. This will be considered when developing review protocols.
Leicestershire Partnership NHS Trust	General	Q2	**Q2 - Do you agree with the population focus of the scope?** Our team works with most of the groups identified in your inclusion criteria, and we would consider it an omission to exclude people who are sofa surfing or living in a squat. Since 2010 those sofa surfing have accounted for an increasing proportion of homelessness in Leicester and an increasing proportion of our service provision.	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Leicestershire Partnership NHS Trust	General	Q3	**Q3 - What title would best identify this population?** We agree that using the term 'roofless' in the title of the guidelines would lead readers to think that the guidelines only apply to those who are rough sleeping. We think 'homeless and vulnerably housed' would capture the groups you have identified.	Thank you for this comment. Based on the stakeholder feedback we have changed the title of the guideline to: Integrated health and social care for people experiencing homelessness.
Leicestershire Partnership NHS Trust	General	Q4	**Q4 - Are there any broader sources of data (beyond published literature) that might be useful to inform the development of this guideline?** We would be happy to share our service data, please get in touch. We have also conducted an unpublished DClinPsy (Doctorate in Clinical Psychology) thesis in the area of the psychological needs of people who are homeless which can be found here We have undertaken unpublished service evaluations with the University of Leicester into: • Consultations to local authority housing support teams by NHS clinical psychology	Thank you for this comment. This will be considered when developing review protocols.

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			• PIE training • PIE and reflective practice in a voluntary sector homelessness organisation We have also undertaken several unpublished case studies of clinical psychology interventions	
Leicestershire Partnership NHS Trust	4	10	We feel strongly that these people should be included because since 2010, according to our service data, the number of people we work with who are staying in temporary accommodation has reduced and the number of people who are sofa surfing has increased. We know that our partner agencies in the homeless sector are also supporting more people who are sofa surfing. So to exclude them would be excluding a lot of people that homelessness services work with. To exclude people who are sofa surfing would also disproportionately affect youth homeless and women, both of whom are known to rely on sofa surfing rather than hostels and other temporary accommodation.	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Leicestershire Partnership NHS Trust	4	13	We feel that those who are staying in 'squats' should be included in this guidance, because they are homeless. Homelessness services (those included in the list of settings at the beginning of your scoping document) often support those who are squatting, and to exclude them would be to disproportionately affect those with no recourse to public funds.	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Leicestershire Partnership NHS Trust	4	18	We feel strongly that day centres should be included in the guidance as these are often a cornerstone of homelessness service provision including primary care, mental health care and social care. For example, without being co-located with a day centre, our specialist mental health team would not be able to access the wide range of people in the homeless community that we do	Thank you for this comment. We have revised this section to say "All settings where health care or social care is provided for people experiencing homelessness."
London Network of Nurses and Midwives - Homelessness Group	General	Q1	**Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?** This requires more specification – in inclusion health, cost cutting often leads to hugely increased costs down the line, often quite quickly. The focus should be on cost / quality ratios,	Thank you for this comment. This is a standard question that is asked by NICE during scope consultation to get an idea of any areas with a resource impact. We are encouraging stakeholders to identify practices that they are aware of which they have found to be working well so that we could capture these in our evidence reviews. Street outreach would certainly

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			and long term cost outcomes. For example, cost cutting in substance misuse services to optimise short term efficiency based on narrow outcomes will arguably lead to considerably increased burden on a range of measures further down the line including via criminal justice costs, long term healthcare costs for both emergency and chronic admissions and significant burden on safeguarding systems. With this in mind: Proactive outreach, including street outreach by clinical staff	fall under approaches that the committee would be interested in. We are not proposing to focus on cost saving for this population. Any economic modelling that will be undertaken for this guideline will attempt a cost-effectiveness analysis from a public sector perspective and will try to capture the trade-offs that you mention.
London Network of Nurses and Midwives - Homelessness Group	General	Q2	**Q2 - Do you agree with the population focus of the scope?** As mentioned in my comments, I believe that it would be prudent to include people in precarious situations that do not fall under the suggested criteria, such as people who are sofa surfing.	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
London Network of Nurses and Midwives - Homelessness Group	General	Q4	**Q4 - Are there any broader sources of data (beyond published literature) that might be useful to inform the development of this guideline?** It would be desirable to consult people with lived experience on their opinions and experiences as fully as possible. Expert clinical networks such as ours, The Faculty for Inclusion Health, QNI Homeless Health Network etc. should be consulted and asked for case studies and examples of best practice where possible, as these may not be published.	Thank you for this comment. Where possible we will explore ways of incorporating other sources of evidence such as the suggested ones.
London Network of Nurses and Midwives - Homelessness Group	2	7 - 19	No mention of precipitating factors for homelessness such as trauma, adverse childhood experiences, undiagnosed neurobehavioral differences etc. May be useful to briefly discuss in this context, especially when discussing joining up social, physical and psychological care.	Thank you for this comment. On the basis of your and other stakeholders' suggestions we have revised the context section of the scope which now describes precipitating factors for homelessness.
London Network of Nurses and Midwives -	4	10	Unclear why people who are sofa surfing are not included, as sofa surfing is highly precarious and people often fluctuate between sofa surfing and street homelessness. People who are discharged from prison, for example, may move straight to	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation,

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Homelessness Group			a brief period of sofa surfing and then rapidly become street homeless. It is not enough to wait for a person who is sofa surfing to become homeless to initiate care, care should be an intervention to prevent street sleeping at this point.	people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
London Network of Nurses and Midwives - Homelessness Group	4	13	Ditto squatting, which while sometimes may be part of a sustainable situation is often something which people do for very brief periods while, broadly speaking, being street homeless. In this case it does not seem appropriate for them to fall 'off guideline' for this brief period, potentially disrupting continuity of care.	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
London Network of Nurses and Midwives - Homelessness Group	5	7	Could include statutory duties to refer, i.e obligation to refer people at risk of homelessness	Thank you for your comment. We have noted this. Where relevant, when making recommendations the committee will be able to refer to statutory requirements and to hopefully build on these to support implementation.
London Network of Nurses and Midwives - Homelessness Group	5	7	Multi agency working including complex risk management should be included here, good examples of this working are available.	Thank you for your comment. This seems a relevant issue for the guideline and one that would be considered within scope. However it hasn't been specified because it is the kind of detail that would be included in the review protocols and potentially in the recommendations which will be based on the committee's decisions and the best available evidence.
London Network of Nurses and Midwives - Homelessness Group	6	11	Concerned that neurobehavioral difference, such as ADHD and autism, and neurophysiological differences such as brain injury, are not explicitly mentioned when they often play a part in engagement with the criminal justice system, poor mental health and homelessness, especially when undiagnosed or unsupported. This is an important area of concern, and often falls between physical and mental health in a way which means guidance does not translate to good practice for people in these situations.	Thank you for your comment. The scope has now been revised and cites brain injury as an important context for people experiencing homelessness. In terms of neurobehavioural difference such as ADHD and autism, people living with these conditions would be covered by the guideline if they meet the criteria for people experiencing homelessness which are described in the scope. As such evidence about their experiences would be located and considered by the committee as a basis for making recommendations.
London Network of Nurses and Midwives -	6	22	Re: views and experiences – how do we better assess the quality and effectiveness of services and feed it back, in light of this emerging guidance? How do we ensure accountability?	Thank you for this comment. This will be considered when formulating review protocols.

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Homelessness Group				
Marie Curie	General	Q1	**Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?** Not that we are aware of	Thank you.
Marie Curie	General	Q2	**Q2 - Do you agree with the population focus of the scope?** Sofa surfers - I think it would be useful to include this group. Although they are a group that is hard to define, they will be affected by many of the same challenges and issues that people that fall into the scope of the guidelines.	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Marie Curie	General	Q3	**Q3 - What title would best identify this population?** Perhaps "people who are insecurely or vulnerably housed"	Thank you for this comment. Based on the stakeholder feedback we have changed the title of the guideline to: Integrated health and social care for people experiencing homelessness.
Marie Curie	General	Q4	**Q4 - Are there any broader sources of data (beyond published literature) that might be useful to inform the development of this guideline?** Not that we are aware of	Thank you.
Marie Curie	6	17	Might be useful to provide some examples of definition of long term care here eg could palliative care fall into this category?	Thank you for your comment. Palliative care is certainly considered within the scope of this guideline. However, this detail has not been specified because it is intended to convey the fact that all health and social care for this population will be covered. Further detail about specific interventions will be agreed by the committee and described in the individual review protocols.
Marie Curie	7	13	Palliative care is not represented here– a starting point could be to look at referrals or access to specialist palliative care support and if possible explore quality of palliative or end of life care received	Thank you for your comment. Palliative care is certainly considered within the scope of this guideline. However, this detail has not been specified because it is intended to convey the fact that all health and social care for this population will be covered. Further detail about specific interventions will be agreed by the committee and described in the individual review protocols.
Marie Curie	7	14	It would also be interesting to look at the impact of interventions on uptake of planned health services, as well as unplanned. Increasing uptake to planned health services may	Thank you for this comment. We have noted this. The protocols for each individual review question will determine which outcomes are most important for the specific question so the

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			be more costly in the short term, but may lead to better management of conditions, improvements in quality of life and also potentially lower costs in the long term (https://link.springer.com/article/10.1186/s12913-019-4620-1)	outcomes listed in the scope are not definitive but give a flavour of possible outcomes of interest. That being said, we think that the outcome "access and engagement with care" would cover uptake of planned care.
Marie Curie	7	14	An additional outcome to explore could be the impact on staff working within homelessness services that more joined up care may bring. Currently many homelessness staff do not have access to consistent support from health and social care services, facilitating this integration may have positive impacts in terms of staff wellbeing and burnout, which could in turn influence the way that they work with people experiencing homelessness. .	Thank you for this comment. We have noted this. The protocols for each individual review question will determine which outcomes are most important for the specific question so the outcomes listed in the scope are not definitive but give a flavour of possible outcomes of interest. The experience of staff working in homelessness is likely to be examined through the qualitative review question about improving services. Some service outcomes may be included in the quantitative questions but their main focus will be the impact on people experiencing homelessness.
NHS South East Clinical Networks	General		**Equality impact assessment** The EIA does not mention people with acquired brain injury (ABI) who are at high risk of homelessness and should be included. It is not clear from the EIA how a decision will be made about inclusion or exclusion of each of the groups in section 1.2 in the recommendations.	Thank you for this comment. We have noted this in the equality impact assessment. We had not made this explicit enough in the EIA although we had acknowledged the issue under disability “Factors relating to homelessness, such as prolonged substance misuse might also be a cause for cognitive impairment or other disability.”.
NHS South East Clinical Networks	General		**Equality impact assessment** We agree that women may need different consideration to men in terms of vulnerability to domestic violence and sexual exploitation and violence, as well as pregnancy and having babies and children taken into care as a consequence of homelessness.	Thank you for this comment. We have noted this in the equality impact assessment.
NHS South East Clinical Networks	General		**Committee membership** It may be helpful to include a pharmacist as part of the committee to advise on drug regimens for individuals receiving replacement prescriptions, and for those with mental and physical medication needs.	Thank you for this comment. Because of the multidisciplinary topic area, we had to be carefully selective in the committee’s membership. Pharmacist was not prioritised as a role although they could be considered through the role of primary health professional.
NHS South East Clinical Networks	General		**Innovative approaches** There are many innovative approaches we are aware of in the SE region, many of which have been enhanced during COVID-19 where services such as testing for and treating blood-borne viruses are taken to accommodation or day services for	Thank you for this comment. It is helpful to know and we will attempt to consider these innovative approaches in our reviews.

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			homeless people, enhancing their ability to access services, rather than requiring them to visit a service.	
NHS South East Clinical Networks	4	6	**Groups that will not be covered**: should also exclude asylum seekers but should not exclude all those with no recourse to public funds (NRPF). Many people thought to have NRPF have not been properly assessed, and it is later established that they do have recourse. It would be helpful to include ways to support people to apply/be properly assessed for their access to public funds as part of this guideline.	Thank you for this comment. The population definition is based on the housing/homelessness status rather than other criteria, therefore, the population may include asylum seekers and people with no recourse to public funds. We have recognised these groups in the equality impact assessment.
NHS South East Clinical Networks	6	1	**Economic aspects:** Economic plan should include assessment of the cost effectiveness of interventions for health and mental health conditions. This should be included because these services are often difficult to access for homeless people, but the benefits to the individual and society (including police, criminal justice, probation, A&E, and acute and community healthcare services) from providing care seems likely to be cost-effective.	Thank you for this comment. We appreciate that cost-effectiveness is important and required. As stated in the 'Economic aspects' section we will review existing economic evidence in all areas. However, due to the expedited nature of the guideline, the scope for new economic modelling will be limited to one priority agreed with the committee. Data permitting any economic analysis will consider a wide public sector perspective and will attempt to consider the benefits that you have outlined.
NHS South East Clinical Networks	6	1	**Economic aspects:** Economic plan should include assessment of clinical and cost effectiveness of drug and alcohol interventions, and should include assessment of effectiveness of treating co-occurring conditions rather than one or other in isolation. This should be included because these services are often difficult to access for homeless people, but the benefits to the individual and society (including police, criminal justice, probation, A&E, and acute and community healthcare services) from providing care seems likely to be cost-effective.	Thank you for this comment. We appreciate that cost-effectiveness is important and required. As stated in the 'Economic aspects' section we will review existing economic evidence in all areas. However, due to the expedited nature of the guideline, the scope for new economic modelling will be limited to one priority agreed with the committee. Data permitting any economic analysis will consider a wide public sector perspective and will attempt to consider the benefits that you have outlined.
NHS South East Clinical Networks	6	11	**Access and engagement should include co-design of services by people with lived experience. Conditions and services which should be included in developing recommendations include:** • use of trauma-informed treatments • drug and alcohol rehabilitation services, including mental health services (viewing conditions as co-occurring disorders) • dental services • access to GP services for people who are homeless	Thank you for your comment and for all the information provided. We agree that these are all important issues and important parts of the population covered by this guideline. People experiencing homelessness and who are also experiencing the conditions or issues you describe would certainly be included within scope and many of them are also specifically highlighted in the Equalities Impact Assessment.

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			(including testing for blood-borne viruses and TB) • vaccination for flu and other routine vaccinations provided for vulnerable groups (eg pneumococcus, TB) • mental health assessment and treatment • smoking cessation • people with cognitive impairment • people with acquired brain injury • people with learning disability • people experiencing domestic abuse • people experiencing modern slavery and trafficking • people being discharged from prison or supported by probation services These topics/groups should be included because they represent the key and complex conditions which contribute to homelessness. As explained in the introduction to the Scope (p1-2), people experiencing homelessness often have complex physical and mental health conditions which contribute to their homelessness, and therefore addressing these health needs is essential to reduce the likelihood of continued or repeated rough sleeping. Many of these groups have specialist third sector organisations supporting their needs, and involvement of these groups during the development of the guideline will enhance the output of the guideline.	
NHS South East Clinical Networks	6	18	**Joining up health and social care** needs to include mental health services. The prevalence of co-occurring health and mental health conditions alongside drug and alcohol misuse means that it is essential to include mental health services as part of this topic.	Thank you for this comment. Health and social care include mental health services.
NHS South East Clinical Networks	6	22	**Views and experiences** should include increasing awareness about homelessness, its causes and how to seek help as part of education for schools, colleges and further education institutions.	Thank you for this comment. This will be considered when formulating review protocols.
Norfolk County Council	General	General	The cost saving intervention or examples of innovative approaches that should be considered for inclusion in this guideline are the Norfolk Strategic Housing Partnership and the collaborative approach that this multi-agency partnership is	Thank you for this comment. It is helpful to know and we will attempt to consider these innovative approaches in our reviews.

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			taking to end homelessness in Norfolk. The partnership grew out of the county wide response to Covid 19 and the government backed programme “Everyone In”. Partners include all local authorities, health, police, probation, housing associations in Norfolk and has an independent chair. Partners have produced a strategy together (No Homelessness in Norfolk) and have contributed funding to the partnership and appointed a co-ordinator to support the development of new initiatives, increase collaboration, reduce duplication, and improve efficiency and pilot innovative practice. The partnership has set up a provider forum including front line servicers from the statutory and voluntary sector and includes people with experience of homelessness. One of the approaches will be to introduce co-production of new approaches with people with lived experience of homelessness.	
Pathway	General	Q1	**Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?** We are wary of the guidance focussing overmuch on finding cost saving interventions for this population. Given the large degree of unmet and unmanaged health need we hope this guidance will explore the powerful case for additional investment in services for a population whose experience of many public services is to be denied, excluded or punished. There are a number of very promising innovative approaches that this guideline should consider, particularly the Pathway Hospital Team model, and Find and Treat’s approach to outreached mobile case-finding and treatment. Pathway has a wider, evidence-based view of what a good basic set of integrated services for homeless patients should look like: extended, specialist primary care able to outreach to other settings; a specialist Pathway hospital team, integrated with the primary care provider; specialist intermediate care provision, integrated with primary care and the hospital team; mobile case	Thank you for this comment. This is a standard question that is asked by NICE during scope consultation to get an idea of any areas with a resource impact. The list of innovative approaches is very helpful and we will attempt to capture these in our reviews. Also, any economic modelling that will be undertaken for this guideline will attempt a cost-effectiveness analysis from a public sector perspective to assess the value for money of such interventions/approaches.

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			finding and outreached treatment services, care navigators able to support patients across all services; trauma informed thinking and training and psychological support for all staff.	
Pathway	General	Q2	**Q2 - Do you agree with the population focus of the scope?** We respond in the table to this question.	Thank you.
Pathway	General	Q3	**Q3 - What title would best identify this population?** Integrated healthcare for excluded groups.	Thank you for this comment. Based on the stakeholder feedback we have changed the title of the guideline to: Integrated health and social care for people experiencing homelessness.
Pathway	General	Q4	**Q4 - Are there any broader sources of data (beyond published literature) that might be useful to inform the development of this guideline?** Pathway can provide access to the Faculty for Homeless and Inclusion Health network and to our Experts by Experience network, to a significant number of service needs assessments and case studies and to academic partners across the UK and abroad.	Thank you for this comment. Where possible we will explore ways of incorporating other sources of evidence such as the suggested ones.
Pathway	2	7 - 19	We suggest this section would be strengthened by additional recognition that homelessness is usefully seen as a transient state that people end up in and hopefully move away from. The health harms that result from homelessness increase the longer people are exposed to it in all its forms, so healthcare interventions that contribute towards ending homelessness are key. The guidelines should also recognise that the causal chains which very often lead people to develop multiple complex needs and become flow from structural social and economic factors, economic inequality and the wider determinants of health towards social and economic exclusion, severe deprivation, poverty and ultimately homelessness. Homelessness is never a “lifestyle choice” and explanatory paradigm's that individualize it’s causes are both factually wrong and therapeutically unhelpful, particularly because they tend to blame and stigmatise. Framing homelessness in its wider sociological context is therefore vital.	Thank you for this comment. On the basis of your and other stakeholders' comments we have revised the context section of the scope which now describes precipitating factors for homelessness and emphasizes that homelessness is often a transient state where people move between different forms of homelessness. The revised scope now hopefully accounts for the broader sociological context, albeit that it is only intended to provide a brief overview and summary of the issues to be covered in greater detail by the guideline itself.
Pathway	3	17 - 26	**Section 3.1** People experiencing the physical and psychological privations	Thank you for this comment. On this basis of stakeholder comments the scope of the population has been extended to include people staying in unsupported temporary

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			that come with homelessness get sick. People who are already poor, socially excluded and vulnerable are at high risk of homelessness. NICE should consider extending the focus to include groups known to be at extremely high risk of homelessness. For example care leavers, prisoners on release, people living in poverty who also have chronic mental health or addiction issues, and particularly people in hospital who have nowhere to go.	accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters and people with history of homelessness who remain at high risk of homelessness due to ongoing complex health and social care needs. Care leavers and prisoners on release will be included if they meet this now much broader definition but the evidence reviews will not search generally for data about people leaving care or prison. The issue of transfer of care from hospital is expected to be identified as part of the evidence reviews.
Pathway	4	6 - 16	This list of excluded groups should be caveated as the boundary between the 'state' of being identified as homeless is not so easily definable. The guidance should allow itself some leeway to consider groups on the margins of homelessness. For example some squats function as organised, well-run households. Others are shambolic, chaotic environments, perhaps without sanitation, with broken windows and routinely used by drug dealers. Excluding squatters per se therefore seems wrong. Similarly baldly excluding 'sofa-surfers' as a group will miss many people at very high risk of tracking into the homeless population, or people are already cycling in and out of it. Perhaps the guidance should give itself the scope to include people who are functionally without a 'home' – a place of shelter, security, safety, where there is a functioning household?	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing), and squatters.
Pathway	4	19 - 22	**3.2 Settings** We would suggest this list is amended to explicitly include 'the streets'. 'Outreach' may encompass this but this guidance needs to give itself space to have a clear focus on services that take care to where people are.	Thank you for this comment. We have revised this section to say "All settings where health care or social care is provided for people experiencing homelessness."
Pathway	6	8 - 28	**3.5 Key issues and draft questions** We were surprised issues relating the fundamental quality of care are not included in this list. People experiencing homelessness regularly report feeling stigmatised or poorly treated by health and care services. Improving outcomes will be about improving the quality of care people receive, which goes beyond questions of access to care, which are of course also very important. We would suggest amending this list to	Thank you for your comment. The list of key areas has been revised and the final item now explicitly states that the reviews will look for evidence about how delivery of care could be improved (as well as how access and engagement can be improved). In terms of palliative or long term care, these are considered within scope but it is the purpose of the review protocols to describe this level of detail, for example specific interventions.

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			include an explicit reference to care quality, including asking people with lived experience what they think would improve care quality. Also to include palliative and/or long term care and support needs in this group.	
Pathway	6	18	Across all services there is a need to see more join-up and integration across health, social care, addiction services and housing.	Thank you for this comment. As stated in the scope this guideline will look at approaches for joining up services within and across health, social care and housing. Addiction services will be covered under health and social care services.
Pathway	7	15	Outcomes relating to frontline homelessness staff support, wellbeing and burnout. Currently many homelessness providers (hostel staff, day-centre staff) are not trained to support people with health and social care needs but are often left to support people with multiple and complex needs. There is evidence in relation to the kinds of training and support which will help staff deliver compassionate, patient-centred support for people experiencing homelessness, while also supporting the staff themselves.	Thank you for this comment. The protocols for each individual review question will determine which outcomes are most important for the specific question so the outcomes listed in the scope are not definitive but give a flavour of possible outcomes of interest. The experience of staff working in homelessness is likely to be examined through the qualitative review question about improving services, particularly around issues such as person centred care and staff competencies. Some service outcomes may be included in the quantitative questions but their main focus will be the impact on people experiencing homelessness.
Queen's Nursing Institute	General	Q1	**Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?** The focus on 'cost saving' is wrong. The focus should be on quality, effective interventions delivered in an efficient way. We do not ask for e.g. palliative care to be cost saving. • Street outreach interventions • Nurse led specialist teams outreaching to day centres / hostels • Community matrons • Specialist Community Mental Health Teams and Rough Sleeping and Mental Health Programmes teams • Pathway teams and other homeless health interventions based in secondary care • Medical respite / step down care • Specialist end of life interventions • Specialist GP practices • GP practices with LES contracts	Thank you for this comment. This is a standard question that is asked by NICE during scope consultation to get an idea of any areas with a resource impact. The list of innovative approaches is very helpful and we will attempt to capture these in our reviews. Also, any economic modelling that will be undertaken for this guideline will attempt a cost-effectiveness analysis from a public sector perspective to assess the value for money of such interventions/approaches.

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			• Specialist Health Visitors for Homeless Families • Specialist health workers working with Gypsy Roma Traveller communities • Specialist health workers working with street-based sex workers • Homeless health peer advocacy and similar approaches • Specialist outreach in dental care, optician care and podiatry • Specialist interventions with people who have a diagnosis of complex trauma or personality disorder including pre-treatment engagement • Safe surgeries toolkit • Groundswell access cards	
Queen's Nursing Institute	General	Q2	**Q2 - Do you agree with the population focus of the scope?** We think anyone experiencing homelessness should be included, and this includes homeless families Ultimately the things that you want to provide guidance on e.g. access and engagement services are relevant to all populations who do not have a fixed abode i.e. all these people might have problems registering with a GP or engaging with mainstream care. It would seem a shame NOT to apply this guidance to those groups and give away that potential advantage	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters. While we recognise that there are families with children who experience homelessness, we are focusing on the adult population in this guideline. Children under 16 might be covered tangentially if they accompany someone in the included population. However, evidence specifically about people younger than 16 will not be reviewed, nor recommendations made. This is in recognition of their distinct health and care needs and the fact that different statutory duties and service structures apply and are beyond the scope of the guideline.
Queen's Nursing Institute	General	Q3	**Q3 - What title would best identify this population?** Integrated health and care for people and families who have no fixed abode Or Integrated health and care for people and families experiencing homelessness Or Integrated health and care for people and families experiencing homelessness or at risk of homelessness No fixed abode is a good catch all for all inclusion health	Thank you for this comment. Based on the stakeholder feedback we have changed the title of the guideline to: Integrated health and social care for people experiencing homelessness.

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			groups not currently in regular accommodation However, we are wondering whether the scope will include the delivery of secondary health care, primary health care, public health interventions, mental health care and addictions to people and families experiencing homelessness. If so, this guidance could be quite extensive. And is access to dental, optician care and podiatry / chiropody being included? We are also interested to know whether this guidance will cover good practice in identifying homelessness	
Queen's Nursing Institute	General	Q4	**Q4 - Are there any broader sources of data (beyond published literature) that might be useful to inform the development of this guideline?** The clinical networks operating in this area – the QNI Homeless Health Programme, The Faculty of Homeless and Inclusion Health and the London Network of Nurses and Midwives Homelessness Group all hold case studies and have knowledge of current and emerging best practice around the country. We need to be able to more effectively identify people experiencing homelessness in health data sets in order to better understand what interventions are effective, and this guidance should address this issue.	Thank you for this comment. Where possible we will explore ways of incorporating other data sources such as the ones you suggest.
Queen's Nursing Institute	4	8	Gypsy and Traveller populations should be included, along with any other disenfranchised groups without a current fixed abode. Inclusion health covers a wide variety of people who do not have a fixed abode	Thank you for this comment. Based on yours and other stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters. The decision remains however that unless they fit the now broader criteria for the included population then travellers will not be covered by the guideline.
Queen's Nursing Institute	4	10	Sofa surfers make up a significant percentage of the homeless population – why are they being excluded?	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.

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Queen's Nursing Institute	4	25	There should be a section here on actually identifying homelessness	Thank you for your comment. We can see how identifying people experiencing homelessness may be part of an approach to improving access and engagement with health and social care but to include this level of detail risks pre-empting the findings of the reviews and the discussions and decisions of the guideline committee. This section of the scope has therefore been kept deliberately broad.
Queen's Nursing Institute	4	25	There ideally should be a section on statutory duties – in terms of the Homelessness Reduction Act, Care Act, safeguarding and mental capacity	Thank you for your comment. The key areas section of the scope has been kept deliberately broad to indicate the inclusion of health, social care and public health, as they relate to people experiencing homelessness. Although there is no specific reference to them, statutory duties of course play an important role in this context. The committee will be cognizant of these and will ensure the recommendations support - and do not contradict - these legislative requirements.
Queen's Nursing Institute	4	26	Is this categorisation correct, or is there an overarching principle that sits above this categorisation – assertive outreach / engagement skills, drop-in services, and starting where the patient is at, and working with people who do not have digital access / a phone / literacy etc	Thank you for this comment. We have taken out the detail under the key areas so not to pre-empt the findings of the reviews and the discussions and decisions of the guideline committee. These seem relevant issues for the guideline and ones that would be considered within scope. However it hasn't been specified because it is the kind of detail that would be included in the review protocols and potentially in the recommendations which will be based on the committee's decisions and the best available evidence.
Queen's Nursing Institute	5	7	This is a really obvious point, but should the title say Joining up health, housing and social care. The join up between health and housing is the key issue for most	Thank you for this comment. Housing is obviously a key issue for this population and will certainly be picked up in the evidence reviews, however, the main remit of NICE guidelines is health and social care and not housing as such.
Queen's Nursing Institute	5	14	Primary prevention should be included e.g. the requirement to identify someone at risk of eviction and refer them to the Local Authority as required in the Homelessness Reduction Act. Also screening people for past rough sleeping, identifying Adverse Childhood Experiences etc	Thank you for this comment. Primary prevention of homelessness is a large topic of its own and this guideline is not attempting to cover this important topic area. However, we include people with history of homelessness and ongoing complex needs within the population definition for this guideline.
Queen's Nursing Institute	5	23	Note that pharmacy outreach to homeless populations is an emerging intervention in Scotland	Thank you for this comment. We have noted this.

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Queen's Nursing Institute	6	7	As noted above this needs to be considered very carefully. A focus on cost saving would be wrong, and treating clients with complex needs appropriately is always going to be costly. Is the intention to look at cost-benefit?	Thank you for this comment. The question on cost-saving interventions is a standard question that is asked by NICE during scope consultation to get an idea of any areas with a resource impact. We appreciate that the question may have caused confusion. We are not proposing to focus on cost saving for this population. However, as stated in the 'Economic aspects' section we will review existing economic evidence (i.e. cost-effectiveness studies) in all areas. We will also potentially undertake new economic modelling in one area which will be prioritised with the committee. Data permitting we will attempt a cost-effectiveness analysis using a public sector perspective.
Queen's Nursing Institute	7	14	Should there be an outcome here related to effective safeguarding?	Thank you for this comment. We have noted this. The protocols for each individual review question will determine which outcomes are most important for the specific question so the outcomes listed in the scope are not definitive but give a flavour of possible outcomes of interest. Safeguarding could potentially be captured by quality of life outcomes or through unplanned use of services, for example if a safeguarding referral is made to a local authority.
Royal College of Midwives	General	General	Maternity services are not mentioned in the settings covered, or the activities, services or aspects of care.	Thank you for this comment. We have not included this type of detail in the scope for the reason that the details of the reviews and recommendations will be based on the committee's decisions and the available evidence. On principle any health and social care is covered and we have made a note of this particular issue. We have also acknowledged the issue of pregnancy and maternity in the equality impact assessment.
Royal College of Midwives	3	9	Pregnancy is referred to in the EIA, but does not state how the issues identified will be addressed.	Thank you for this comment. The issues identified in the equality impact assessment will be considered by the committee throughout the guideline development, including considering if evidence specific to particular subpopulations should be sought and whether or not specific recommendations should be made. This has been explained in the EIA form.
Royal College of Midwives	3	16	Pregnant women are missing from 'Who is the focus', despite the critical implications of homelessness for outcomes of this group. The RCM published guidance on Homelessness outlines	Thank you for this comment and sharing that resource with us. In the equality impact assessment, we recognise pregnancy as a particular issue that impact some people who are homeless and can make them particularly vulnerable. We have not listed all the various health and social care needs that different

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			midwives' responsibilities and duty of care for women who are homeless or at risk of homelessness: https://www.rcm.org.uk/media/3115/duty-to-refer-guidance-for-midwives-on-the-homelessness-reduction-act-a5-16pp_6.pdf	people experiencing homelessness might have and the details of subpopulations that will be covered will be determined and expressed in the review protocols by the guideline committee.
Royal College of Midwives	6	23	Key issues identified are joining up services, access and engagement. There are a range of relevant issues that relate to pregnancy, where multiagency input it vital to providing effective care. Access and engagement also present challenges in supporting this disadvantaged group of women.	Thank you for this comment. This will be considered when formulating review protocols. Where appropriate and possible stratified analyses of evidence, based on any sub-group that the committee considers relevant (such as pregnant women), will be undertaken.
Royal College of Nursing (RCN)	General	General	Thank you for the opportunity to contribute to this guideline. We do not have any comments on this occasion.	Thank you.
Royal College of Physicians (RCP)	General	General	The RCP is grateful for the opportunity to respond to the above consultation. In doing so we would like to endorse the response submitted by the Faculty for Homeless and Inclusion Health (FHIH). We have also liaised with our experts and would like to make the following comments.	Thank you.
Royal College of Physicians (RCP)	General	Q2	**Q2 Do you agree with the population focus of the scope?** We want to make sure the population scope is broad and includes homeless people who have been temporarily housed by the council on campsites, in B&Bs or hotels, and people at risk of becoming homeless and are sofa surfing. At the moment there's a possibility that people who are sofa surfing and aren't already accessing support (eg known to the council or using day shelters offering support to homeless people) wouldn't be covered by the proposed guidance even though they could suffer from similar health problems.	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Royal College of Physicians (RCP)	General	Q3	**Q3 - What title would best identify this population?** The text uses 'people who are experiencing homelessness'. From some brief research it seems that leading organisations in the sector such as Crisis and shelter use 'homeless people'. Therefore we would suggest: 'homeless people and people at risk of homelessness'.	Thank you for this comment. Based on the stakeholder feedback we have changed the title of the guideline to: Integrated health and social care for people experiencing homelessness.
Royal College of Physicians (RCP)	General	Q4	**Q4 - Are there any broader sources of data (beyond published literature that might be useful to inform the**	Thank you.

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			development of this guideline? We are not aware of any.	
Royal College of Psychiatrists, Child and Adolescent Faculty	4	7	Draft scope excludes children under 16. Not clear what the reasons are for this. Children over 16 and those just under may have very similar difficulties/needs and work with the same organisations. Might be better to lower inclusion age.	Thank you for this comment. We recognise that there are families and children experiencing homelessness and indeed children under 16 might be covered tangentially if they accompany someone in the included population. However, evidence specifically about people younger than 16 will not be reviewed, nor recommendations made in this guideline. This is in recognition of their distinct health and care needs and the fact that different statutory duties and service structures apply and are beyond the scope of the guideline. This has been clarified in the final version of the scope.
Salvation Army - Centre for Addiction Services and Research, University of Stirling.	General	Q1	**Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline?** We are strong advocates for the involvement of peers (those with lived experience of a particular problem/condition/issue) as a way of facilitating better engagement with those who are homeless in services. Our research (Miler et al. 2020) has shown that peer support interventions were associated with positive outcomes in terms of substance use (alcohol, tobacco and/or drugs), housing status, employment, physical health and quality of life. The qualitative studies included in the review highlighted the positive impacts on service users and peers, for example in terms of a sense of community and better access to treatment. Several challenges were identified in terms of vulnerability; authenticity; boundaries; stigma; and peers having their involvement valued. In another review, the involvement of peers in substance use treatment was valued (Carver et al., 2020). Peers should continue to be involved/supported to become involved in services accessed by people experiencing homelessness, and their contributions should be valued, well supported and compensated. While more research is required regarding peer-delivered interventions, it is likely that the involvement of peers in integrated healthcare services would be beneficial.	Thank you for this comment. This is very helpful and we will attempt to capture this in our protocols/reviews.

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Salvation Army - Centre for Addiction Services and Research, University of Stirling.	General	Q2	**Q2 - Do you agree with the population focus of the scope?** As noted below, it would be worth ensuring that a broad definition of homelessness is included to ensure those most at risk of ill-health are included (for example those leaving prison or residential treatment services). We also believe that the focus should be on people who are currently homeless and at risk of homelessness.	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters. Primary prevention of homelessness is a large topic of its own and this guideline is not attempting to cover this important topic area. However, we include people with history of homelessness and ongoing complex needs within the population definition for this guideline.
Salvation Army - Centre for Addiction Services and Research, University of Stirling.	General	Q3	**Q3 - What title would best identify this population?** People who are homeless and at risk of homelessness.	Thank you for this comment. Based on the stakeholder feedback we have changed the title of the guideline to: Integrated health and social care for people experiencing homelessness.
Salvation Army - Centre for Addiction Services and Research, University of Stirling.	General	Q4	**Q4 - Are there any broader sources of data (beyond published literature) that might be useful to inform the development of this guideline?** N/A	Thank you.
Salvation Army -Centre for Addiction Services and Research, University of Stirling.	1	25	We would urge that recommended person-centred language is used to describe people who use substances by using 'problem substance use' instead of 'substance misuse' (see, for example, Scottish Drugs Forum (2020) publication entitled 'Moving beyond people first language').	Thank you for this comment and sharing this resource. We have amended the scope accordingly.
Salvation Army Centre for Addiction Services and	2	17 - 19	In terms of the title to best describe this population, it should be clear that this refers to people who are currently homeless and those at risk of homelessness due to a range of factors, such as a history of homelessness and complex needs, as detailed	Thank you for this comment. Based on the stakeholder feedback we have changed the title of the guideline to: Integrated health and social care for people experiencing homelessness.

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Research, University of Stirling.			in the guidance (see Amore et al. (2011) for a definition of homelessness). Such groups are often at high risk of harm (for example being at increased risk of drug overdose) and will likely have increased difficulties in accessing healthcare. Amore, Baker & Howden-Chapman (2011) The ETHOS definition and classification of homelessness: An analysis. European Journal of Homelessness, 5 (2) 19-37.	We include people with history of homelessness who remain at high risk of homelessness because of ongoing complex health and social care needs in our population. We have also widened population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Salvation Army - Centre for Addiction Services and Research, University of Stirling.	2	21 - 24	The draft scope excludes people who are in temporary accommodation, such as problem substance use or mental health residential treatment and prison. These groups should be included in the definition of those covered by the guidance.	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Salvation Army - Centre for Addiction Services and Research, University of Stirling.	3	9	The draft scope excludes people who are 'sofa surfing'. Those who sofa surf are often considered hidden homeless and should be included as they are often included in the definition of homelessness/at risk of homelessness (see Amore et al. (2011) for a definition of homelessness). Amore, Baker & Howden-Chapman (2011) The ETHOS definition and classification of homelessness: An analysis. European Journal of Homelessness, 5 (2) 19-37.	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Salvation Army - Centre for Addiction Services and Research, University of Stirling.	6	11 - 17	Our research has focused on the intersections between homelessness and problem drug/alcohol use and several of our findings are applicable to this draft scope: Effective treatment for problem substance use for people who are homeless (qualitative systematic review) - Participants had a preference for harm reduction-oriented services. Participants considered treatment (harm reduction and abstinence based) effective when it provided a facilitative service environment; compassionate and non-judgemental support; time; choices; and opportunities to (re)learn how to live. Interventions that were of longer duration and offered stability to service users were valued, especially by women. In this review we developed	Thank you for your comment and for all the information provided. Although the detail of the evidence reviews is yet to be discussed by the guideline committee and set out in the protocols, it is likely that many of the issues and references you suggest would be relevant and this information will certainly be passed to the committee to inform those discussions.

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			a new model, highlighting critical components of effective substance use treatment from the service user's perspective, including a service context of good relationships, with person-centred care and an understanding of the complexity of people's lives (Carver et al. 2020). Peer support (state of the art systematic review and feasibility study) – these studies highlight the importance of involving people with lived experience of homelessness and/or problem substance use (peers) in the delivery of services. Peer-delivered interventions can support engagement with services and result in positive outcomes for service users and peers (Parkes et al., 2019; Miler et al., 2020). Other related research points to the need for integrated healthcare services for people who are homeless. In their systematic review of what works in inclusion health, Luchenski et al. (2018) conclude that partnership working is essential to achieve the best results for marginalised populations. Such work helps to ensure long term continuity of care. Integrated care is particularly important for people who are homeless, who often fall through the cracks of healthcare; they are more likely to engage with services that are flexible and integrated ((Maness and Khan 2014; Mills et al. 2015). Such services appear to be particularly necessary for people who use substances and/or with mental health problems. Carver, Miler, Ring & Parkes (2020) What constitutes effective problematic substance use treatment from the perspective of people who are homeless? A systematic review and meta-ethnography. Harm Reduction Journal, 17, Art.no. 10. Luchenski, S. et al. (2018) 'What works in inclusion health: Overview of effective interventions for marginalised and excluded populations', The Lancet, 391(10117), 266–280. Maness, D. L. and Khan, M. (2014) 'Care of the Homeless: An Overview', American Family Physician, 89(8), 634–640.	

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			Miler, Carver, Foster & Parkes (2020) Provision of peer support at the intersection of homelessness and problem substance use services: A systematic 'state of the art' review. BMC Public Health, 20, Art.no. 641. Mills, E. D., Burton, C. D. and Matheson, C. (2015) 'Engaging the citizenship of the homeless-a qualitative study of specialist primary care providers', Family Practice, 32(4), 462–467. Parkes et al. (2019) Supporting harm reduction through peer support (SHARPS): Testing the feasibility and acceptability of a peer-delivered, relational intervention for people with problem substance use who are homeless, to improve health outcomes, quality of life and social functioning and reduce harms: Study protocol. Pilot and Feasibility Studies, 5, Art.no. 64.	
Sevenoaks District Council	General	General	Ability to access medical records from every GP surgery. I don't think this exists at present, but potentially it could allow patients to access routine treatment/medication in whatever area they happen to be and maybe allow payment to be allocated to the administering surgery. This could potentially save money as transient patients would be able to seek medical advice before the situation becomes an emergency and they attend A+E.	Thank you for this comment. We have not included this level of detail in the scope for the reason that the details of the reviews and recommendations will be based on the committee's decisions and the available evidence. We have made a note of the issue you describe.
Sevenoaks District Council	General	General	The DWP must have data relating to those who receive voucher payments or have their benefit paid into another person's account, this would usually flag up a difficulty in obtaining accommodation.	Thank you for this comment. Where necessary and possible we will explore ways of incorporating other data sources including any data held by DWP.
Sevenoaks District Council	General	General	In terms of innovative approaches, in West Kent we secured RSI (Rough Sleeper Initiative) funding from MHCLG for a Complex Care Nurse, two Outreach Mental Health Nurses and a Consultant Psychiatrist to work specifically with rough sleepers/those insecurely housed. The number of complex need cases are increasing significantly and it is difficult for this cohort to access mainstream services. We hope this project will help with the longer term, ongoing support needed to aid recovery, sustain a tenancy and prevent a return to the streets.	Thank you for this comment. It is helpful to know and we will attempt to consider these innovative approaches in our protocols/reviews.

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Sevenoaks District Council	1	15	Transient rather than roofless. I have come across a number of people who are occasional rough sleepers when they run out of places to sofa surf and even though they may be registered with a GP somewhere it is likely not in the area they are staying when they need to access medical care.	Thank you for this comment. Based on the stakeholder feedback we have changed the title of the guideline to: Integrated health and social care for people experiencing homelessness. Based on the stakeholder feedback we have also changed the population definition to also include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Sevenoaks District Council	4	6	I am not sure why squatters and sofa surfers have been excluded from this, women and young people often sofa surf and are not at one address for any length of time, but could still find accessing health services difficult because of the lack of a permanent address. Also workers who move for their work may have no fixed base.	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Sheffield Health & Social Care NHS Foundation Trust	General	Q1	*1. Are there any broader sources of data (beyond published literature) that might be useful to inform the development of this guideline?* *Traumatic brain injury in homeless and marginally housed individuals: a systematic review and meta-analysis.* *[Lancet Public Health 2019, December 2, 2019, https://doi.org/10.1016/S2468-2667(19)30188-4]* *Jacob L Stubbs, Allen E Thornton, Jessica M Sevick, Noah D Silverberg, Alasdair M Barr, William G Honer, William J Panenka* *Traumatic brain injury and homelessness: from prevalence to prevention* *[Lancet Public Health 2019, December 2, 2019, https://doi.org/10.1016/S2468-2667(19)30225-7]*	Thank you for sharing these publications.
Sheffield Health & Social Care NHS Foundation Trust	1	26	Also consider forensic history, prostitution, unemployment with low educational attainment, problematic social integration (stigma & discrimination), brain injury and neurodevelopmental problems as well as veterans (PTSD).	Thank you for this comment. On the basis of your and other stakeholders' suggestions we have revised the context section of the scope which now describes precipitating factors for homelessness.
Sheffield Health &	2	14	What about including those who sofa surf, have a temporary bed for sexual favours, are squatting or veterans	Thank you for this comment. Based on the stakeholder feedback we have changed the population definition to also

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Social Care NHS Foundation Trust				include people who are staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Sheffield Health & Social Care NHS Foundation Trust	2	17	Consequence of covid means loss of dignity waiting outside charity buildings waiting to be fed	Thank you for this comment. This has been noted.
Sheffield Health & Social Care NHS Foundation Trust	3	21	Sofa surfers	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Sheffield Health & Social Care NHS Foundation Trust	4	10	Not including sofa surfers / *sofa with benefits* might disadvantage women or LGBT community	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Sheffield Health & Social Care NHS Foundation Trust	4	13	Squatters – what is the quality of the building? If amenities available this is different to someone residing in a shell of a building	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
Sheffield Health & Social Care NHS Foundation Trust	6	15	Education in these settings: schools, prison / young offenders & care settings to build awareness of the problem	Thank you for your comment. Although we recognise the importance of education, the settings you list would be considered outside the scope of the guideline which is essentially all settings where health and social care are provided to people experiencing homelessness. Although the definition of the population has been broadened in the final version of the scope, it does not include people under 16 years of age.

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Sheffield Health & Social Care NHS Foundation Trust	6	21	Shared objectives, shared records / interoperability of systems, sharing learning and values would facilitate integration.	Thank you for this comment. This will be considered when formulating review protocols.
St Georges University Hospitals NHSFT	4	26	Please can drug and alcohol use and services be one of the key areas to be covered. People will often not be able to access shelters etc if there is an ongoing drug or alcohol issue	Thank you for this comment. We have not included this level of detail in the scope for the reason that the details of the reviews and recommendations will be based on the committee's decisions and the available evidence. In principle any health and social care is covered and we have made a note of these particular issues, which would certainly be within the scope of the guideline.
St Georges University Hospitals NHSFT	4	26	Please can the impact of forensic histories and the impact of histories of violence and aggression also be considered as a barrier to access. There is often an over reliance on previous history which then is used as a means to limit access.	Thank you for this comment. We have not included this level of detail in the scope for the reason that the details of the reviews and recommendations will be based on the committee's decisions and the available evidence. We have made a note of these particular issues, which would certainly consider to be within the scope of the guideline.
St Georges University Hospitals NHSFT	4	26	Please can specific recommendations be made regarding the tailoring of approaches to patients with differing needs including those of different ethnicities, those who do not speak english and those who are not legally in this country and whether they have the same access to services	Thank you for this comment. We have recognised these groups in the equality impact assessment. The committee will decide which subgroups they wish to focus on. Where appropriate and possible, stratified analyses of evidence according to the subgroups agreed by the committee will be undertaken and the committee will consider whether specific recommendations can be made.
St Georges University Hospitals NHSFT	4	26	Please can a specific recommendation be made around the responsibilities of services when patients refuse to engage despite a tailoring of approaches and signposting of individuals	Thank you for this comment. We have noted this issue and this will be considered when formulating review protocols.
St Georges University Hospitals NHSFT	5	7	Can the joining up of health and social care also include the third sector /voluntary sector? Organisations such as Pathway have been instrumental in developing services which have had a direct benefit for homeless people accessing urgent & emergency care	Thank you for your comment. Integrated health and social care is a key area of this scope, regardless of the sector or funding arrangements of the providers involved.
St Georges University	5	7	There is currently a statutory duty to refer, however if the patient does not have a mobile number or e-mail then we	Thank you for your comment. These kinds of obstacles are likely to be identified in the evidence reviews depending on the

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Hospitals NHSFT			cannot refer. Hence this link between health and social care cannot be forged	detail of the protocols, which will be developed with the committee.
St Georges University Hospitals NHSFT	5	7	Please can a specific recommendation be made around admission of patients 18 years and over to hospital as an emergency if there is a concern over their welfare? I mention this as it is often seen as a social issue and patients in Emergency Departments without an immediate health need are often 'discharged' to the waiting room where they sleep until daylight and then allowed to leave of their own volition. The numbers treated in this way increase with colder weather. In the context of Covid, it would be good to have recommendations regarding whether housing services should allow patients to attend their services in person (if hospitals arrange transport to these services) and if they do not, should social workers then see these patients in hospital. If the latter is the case, then there needs to be single social work service in each hospital which sees patients irrespective of which borough the patient has a link to.	Thank you for your comment. This seems a relevant issue for the guideline and one that would be considered within scope. However it hasn't been specified because it is the kind of detail that would be included in the review protocols and potentially in the recommendations which will be based on the committee's decisions and the best available evidence.
St Mungo Community Housing Association	1	15	It is not clear from the title who the population focus is. 'Homeless through being roofless' suggests people sleeping rough. Yet the description includes a wider group. We would recommend simply 'Integrated health and care for people who are homeless or at risk of homelessness'.	Thank you for your comment. On the basis of this and other stakeholder feedback the population to be covered by the guideline has been broadened and to reflect this, so has the title, which is now 'Integrated health and social care for people experiencing homelessness'.
St Mungo Community Housing Association	1	16	Some of the broader sources of data beyond published literature could include: Service providers (NHS and homelessness services) Joint strategic needs assessments Pathway homeless services good practice standards Examples of innovative good practice services e.g. via Homeless Link Take-up rates for NHS vaccination/immunisation programmes by homeless people, and take-up of NHS screening program Data on smoking and dental care, as well as GPs, hospitals and community services Interviews with experts by experience – people who are homeless or at risk of homelessness	Thank you for this comment. We will consider these other potential data sources when formulating review protocols.

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St Mungo Community Housing Association	2	10	We would query that women "are in an equally difficult situation" but suggest, rather, that when they do sleep rough they are in a more vulnerable position and often experience more violence, sexual abuse and stigmatisation. In St Mungo's report 'Stop the Scandal' in 2016 we found that women who are sleeping rough are more likely than men to need support for mental health problems. In Oxford, 76 per cent of women sleeping rough were found to have a mental health need. A group of street outreach workers who work with women in London told us that women are more likely to sleep rough as a result of traumatic experiences, which may partly explain why mental health problems are more common. This would further suggest that they are more vulnerable to other forms of harm such as alcohol and drug problems as these are often closely related to trauma. In fact, as part of St Mungo's Knocked Back report (2020) drug and alcohol needs among women are rising at a shocking rate (65% rise in women sleeping rough in London with drug and alcohol problems since 2014-15 to 2020).	Thank you for your comment. The scope has been revised to better reflect the often complex and multiple needs of people experiencing homelessness as well as the range of societal and individual precipitating factors. The line to which you refer has also been deleted from the final version of the scope and we are grateful for your description of these issues. It is also worth noting that the issues you raise are discussed in the Equalities Impact Assessment, which for example highlights that people experiencing homelessness might not have access to contraception or sexual or reproductive health services and that women may be particularly vulnerable to sexual exploitation and violence.
St Mungo Community Housing Association	2	10	We would question the phrase 'women… rarely sleep rough' since women's experience is almost certainly being undercounted as women's patterns of rough sleeping may mean they are less likely to be recorded in counts. For instance, street counts may miss women who avoid being visible when sleeping rough. Women also tend to avoid services as they are more geared towards men. We think this should be recognized.	Thank you for your comment, on the basis of which we have removed this phrase. It is also worth noting that the EIA highlights that women's homelessness is often hidden. Settings have therefore been included in the final scope that will cover women specifically to ensure that women are not inadvertently excluded from the guideline.
St Mungo Community Housing Association	3	17	There does not seem to be a reason why people who sofa surf are not included in the scope. We agree that rough sleeping is the most visible and severe form of homelessness, but since the reason to expand the scope is to encompass "people at a high risk of sleeping rough" it is unclear as to why those who are sofa surfing are less at risk of sleeping rough than those who are, for instance, "temporary residents" of "longer stay hostels". In fact, St Mungo's outreach services have reported a sharp increase in the number of people newly rough sleeping	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.

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			since the start of the Covid-19 pandemic due to the breakdown in informal housing arrangements such as sofa-surfing.	
St Mungo Community Housing Association	3	17	We feel those who have had eviction notices served should be included in the scope – a group that potentially should be covered by the homelessness reduction act and also are at high risk of sleeping rough. CHAIN data on rough sleeping in London shows an increase in the number of people sleeping rough whose last settled base was the private rented sector. Up from 34% in 2018/19 to 38% in 2019/20.	Thank you for your comment. In light of stakeholder feedback, the population to be covered by the guideline has been broadened significantly. However, it does not specifically include people who have been served with eviction notices unless they fulfil the other criteria set out in the scope. Primary prevention of homelessness is a large topic of its own and this guideline is not attempting to cover this important topic area. However, we include people with history of homelessness and ongoing complex needs within the population definition for this guideline.
St Mungo Community Housing Association	3	17	Currently the population scope excludes people in long term institutions. However, homelessness often starts at transition points such as leaving care or prison, or hospital (tenancy may be lost during the stay, or someone's living situation may no longer be tenable because of hospital treatment e.g. someone might be staying with friends on the condition that they are out during the day, but would not be able to do this if the hospital stay rendered them immobile). We would therefore recommend that they are included in the scope.	Thank you for this comment. We recognise that transition points can present particular difficulties, sometimes resulting in homelessness. The scope has been revised to better reflect the range of individual and societal precipitating factors connected with homelessness but that list is not exhaustive. It is possible that issues around the provision of integrated health and social care during transition from hospital will be addressed by the evidence reviews but the exact details of the review protocols are yet to be agreed with the committee.
St Mungo Community Housing Association	4	11	We would disagree with a blanket exclusion of people "staying on campsites or other sites used for recreational purposes" from the scope. We would argue that a caveat would need to be put in which addresses people who are not staying on sites used for recreational purposes out of choice — i.e to use them recreationally — but out of necessity.	Thank you for your comment on the basis of which this wording has been removed as it was felt to be misleading. People staying on campsites would now only be covered by the guideline if they fulfil the population criteria set out in the final scope.
St Mungo Community Housing Association	4	11	We would question the exclusion of "squatters" on a blanket basis and would argue the question of necessity needs to be considered. Somewhere may be originally designed for habitation but no longer be habitable.	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
St Mungo Community Housing Association	4	18	The settings currently do not include the street. We feel this setting should be included because one of the groups this guideline is supposed to cover is people sleeping rough which, as is specified, are largely people sleeping outside. To specify 'Emergency or temporary housing' but not the street seems an	Thank you for this comment. We have revised this section to say "All settings where health care or social care is provided for people experiencing homelessness."

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			oversight and leaves out a cohort who are a lot harder to reach already.	
St Mungo Community Housing Association	6	8	One the key issues needs to be improving health outcomes rather than just improving access to health services. It needs to look at reducing health inequalities and reducing mortality amongst the homeless population. Although included in main outcomes it must be voiced as a key issue as well.	Thank you for your comment. The key focus for this guideline is improving outcomes for people experiencing homelessness by improving the way health and social care services respond to their often complex and multiple needs. We have revised the scope to make this clearer. As such improving health and other outcomes will be key determinants of the success of interventions included in the evidence reviews, the results of which will be used by the committee to make recommendations.
St Mungo Community Housing Association	6	19	A number of guidelines (from both NICE and PHE) already stress the importance of partnership work across health and social services, including supported housing, in order to address the often complex and multiple needs of homeless people. Crucially however, this does not happen consistently due to a silo working mentality. One query raised amongst staff was whether the guidance could have more 'teeth' i.e. in some other areas of care (e.g. cancer) services are monitored on whether they are following guidance and keeping to standards; whilst guidance or standards in regards to homelessness or dual diagnosis is often just advisory.	Thank you for your comment and for highlighting other relevant guidelines in this area to which the committee may consider referring. As with all NICE guidelines this one will be advisory but where recommendations are based on legal requirements these will be highlighted. Furthermore, it is worth noting that the CQC draws on NICE guidelines in the development and implementation of its frameworks for inspection across health and social care services.
St Mungo Community Housing Association	6	23	When the scope says 'people involved' it would be helpful to give a couple of examples of that group e.g. are 'people involved' just those with experience of rough sleeping, does it include services? A short non-exhaustive list giving an indication of this would be helpful.	Thank you for this comment. We did not want to pre-empt the details of this evidence review in the scope but left it open for the committee to agree at the review protocol stage. However, given the scope of the guideline it is likely to include people experiencing homelessness, their families, supporters and also practitioners working with them.
St Mungo Community Housing Association	7	4	Recovery could also include 'involvement in the community' which would encompass areas such as volunteering, joining local community groups etc. This gives another dimension to recovery which we see as key.	Thank you for this comment. We have noted this. The protocols for each individual review question will determine which outcomes are most important for the specific question so the outcomes listed in the scope are not definitive but give a flavour of possible outcomes of interest. That said, in the scope, an example of the 'recovery' outcome is given as 'wellbeing' and in addition, quality of life outcomes are listed, which would also cover the kinds of issues you mention.

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St Mungo Community Housing Association	General	General	Cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline: Increased health outreach and in-reach is essential to engage those who are the most vulnerable and hard to reach. People who are homeless often face many barriers with accessing traditional health care routes. For many, their lives can be chaotic, meaning traditional appointment based services do not cater for their needs. Increased health outreach and in-reach is flexible towards people's needs and meets people where they are – whether that is on the streets or in a hostel. They also prevent escalation of a problem – people who are homeless are five to seven times more likely to visit A&E than the general population. Increase health outreach can include incorporating more health staff into outreach teams, for example St Mungo's Assertive Contact and Engagement (ACE) service which reaches out to people who have barriers to using services and encourages participation and carries out joint work with mental health recovery teams. It can also include skilling up generic outreach workers, for example through mental health training and psychologically-informed techniques to build trust and provide support; as well as mobile health units such as Doctors of the World and Find&Treat. Health in-reach would include having GPs, nurses, drug and alcohol teams etc coming in to hostels and supported accommodation, with clients able to drop in rather than make structured appointments. One example of good practice which has emerged over the Covid-19 crisis has been the establishment of a multidisciplinary team in Brighton (including St Mungo's support workers, as well as Outreach workers from Brighton & Sussex University Hospitals NHS Trust and the Terrence Higgins Trust), which has carried out a Hepatitis and HIV screening program for all temporarily housed rough sleepers in hotels. Navigator programs also work well. Navigators were developed by the Ministry for Housing, Communities and Local Government and were given funding as part of the Rough Sleeping Strategy 2018, for boroughs with high numbers of people rough sleeping. The purpose is for the Navigators to	Thank you for this comment. The examples are very helpful and we will make every attempt to include the suggested interventions/approaches in our reviews.

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			provide a comprehensive package of support to clients who have complex or multiple needs. Caseloads are small so that Navigators can be a single reliable point of contact for the client. The aim is to have greater flexibility and freedom within the role to build relationships over a longer period of time and support the individual through the complex system of services to coordinate support. This system has worked well for people with multiple needs and shows the value of a person-centred holistic approach. However, most navigators are currently only employed on an annual basis. Longer term contracts would enable services to better plan recruitment in regards to aspects of their team and would also give time to enable culture change. A crucial cost saving intervention is to ensure that health and homelessness teams are further integrated, through joint commissioning for instance which would help services work better together and encourage them to treat clients holistically. Health, homelessness, and drug and alcohol systems do not currently work as well together as they should: they are designed and funded as if people fit into one box, rather than the reality that people's problems are complex and interwoven and cannot be addressed one by one but need to be approached holistically. To best support people we need integrated support and housing pathways, with a treatment package arranged for them in a way which works for them in that particular point in their recovery journey. As well as joint commissioning we must also ensure that all Sustainability and Transformation Partnerships (STPs) or Integrated Care Systems (ICSs) – which aim to design 'whole system' approaches – develop plans which include action to address the health needs of people sleeping rough, and prioritise the integration of housing, mental health and drug and alcohol treatment pathways.	
University of Glasgow	General	General	Overall the draft is clear in its scope and beyond the points above I agree with the inclusions/exclusions. The only additional comment I would make is how to ensure that really key learning that would inform the topic from other fields can be	Thank you for this comment. We expect the committee to bring in their expertise about the issue of homelessness which could also include expertise around other marginalised groups. The scope determines the remit of the guideline but the details of

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			included? Maybe one of those impossible questions and maybe simply hope the wider picture is captured in the homelessness evidence review. However something like- how does the evidence base about the care of other marginalised groups in health and social care inform this specific guideline development for people experiencing homelessness?	the type of evidence considered will be discussed and decided with the committee at the protocol development stage.
University of Glasgow	General	Q3	**Title (question above) Q3** 'Health and social care for people experiencing homelessness' To get across that really its about people with severe and multiple disadvantage could prefix homelessness with 'multiple exclusion', but for most users of the guideline that will be understood.	Thank you for this comment. Based on the stakeholder feedback we have changed the title of the guideline to: Integrated health and social care for people experiencing homelessness.
University of Glasgow	4	10	As highlighted in the equality impact- women, people leaving care and (with less available evidence) migrants and people in the asylum system are important sub-populations. Hence I think that is then difficult to exclude people who are sofa surfing from the guidance. Including them will help the guidance recognise the complex journeys people experiencing homelessness face and also ensure less visible populations are tangibly included. Otherwise this guidance will face (reasonable) criticism from social policy colleagues. On the contrary though from my knowledge of the literature including this will not add much to the evidence review scope. Summary of what is in the equality impact helps justify its inclusion.	Thank you for this comment. Based on the stakeholder feedback we have widened the population definition to include people staying in unsupported temporary accommodation, people who are temporarily staying with friends or family ('sofa surfing'), and squatters.
University of Glasgow	4	21	Unless I am picking this up incorrectly- this means hostels, supported accommodation etc, but it reads as all social care settings inc nursing homes (to this reader), maybe included 'settings where social care for people experiencing homelessness is provided'. This then also importantly includes day centres drop in's etc as well as supported accommodation with various levels of support for people.	Thank you for this comment. We have revised this section to say "All settings where health care or social care is provided for people experiencing homelessness."
University of Glasgow	7	13	Having had access and engagement at the top of the other headings it then does not make sense to this reader to then have it as number 6 in outcomes. And logically too- for the health/social care aspects of care to make a difference to outcomes – as per the other ones listed- then none happen if first this does not.	Thank you for this comment. We have changed the order of the outcomes listed as suggested although it should be noted that the order they are presented in does not imply order of importance in any way.

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