

Mental wellbeing and independence for older people

NICE quality standard

Draft for consultation

June 2016

Introduction

This quality standard covers interventions to maintain and improve the mental wellbeing and independence of people aged 65 or older, and how to identify those at risk of a decline. It also covers people aged 55 or over who are ageing prematurely and are particularly at risk of the same physical and mental conditions. It does not cover the mental wellbeing and independence of people who live in a care home or attend one on a day-only basis. For more information see the [mental wellbeing and independence for older people topic overview](#).

Why this quality standard is needed

Mental wellbeing covers both emotional and psychological wellbeing. This includes self-esteem, and the ability to socialise and cope in the face of adversity. It also includes being able to:

- develop potential
- work productively and creatively
- build strong and positive relationships with others
- contribute to the community.

Independence is the ability to make choices and to exercise control over your life.

In 2014, 17.7% of the population were aged 65 or older ([Annual Mid-year Population Estimates: 2014, Estimates of the usual resident population in the United Kingdom and its constituent countries](#) Office for National Statistics). By 2035 this is estimated to rise to almost 1 in 4 (23%) ([Disability-free life expectancy by upper tier local authority – England: 2008–2010](#) Office for National Statistics).

Improving the mental wellbeing of older people and helping them to retain their independence can benefit families, communities and society as a whole. Helping those at risk of poor mental wellbeing or losing their independence may also reduce, delay or avoid their use of health and social care services.

This can be done by ensuring that older people play an active role in society. For example, 65% of volunteers in the UK are aged 50 or older ([Ageing well: an asset based approach](#) Local Government Association).

The quality standard is expected to contribute to improvements in the following outcomes:

- quality of life for older people
- quality of life for carers of older people
- social isolation and loneliness of older people
- mobility rates of older people.
- hospital admission rates of older people.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – safety, experience and effectiveness of care – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- [Adult Social Care Outcomes Framework 2015–16](#)
- [Public Health Outcomes Framework 2016–19.](#)
- [NHS Outcomes Framework 2016–17](#)

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 [The Adult Social Care Outcomes Framework 2015–16](#)

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	<p>Overarching measure</p> <p>1A Social care-related quality of life**</p> <p>Outcome measures</p> <p>People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs</p> <p>1B Proportion of people who use services who have control over their daily life</p> <p>Carers can balance their caring roles and maintain their desired quality of life</p> <p>1D Carer-reported quality of life**</p> <p>People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation</p> <p>1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like</p>
2 Delaying and reducing the need for care and support	<p>Overarching measure</p> <p>2A Permanent admissions to residential and nursing care homes, per 100,000 population</p> <p>Outcome measures</p> <p>Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs</p> <p>Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services</p> <p>2B Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services*</p> <p><i>Placeholder 2E The effectiveness of reablement services</i></p> <p>When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence</p> <p>2C Delayed transfers of care from hospital, and those which are attributable to adult social care</p>

<p>3 Ensuring that people have a positive experience of care and support</p>	<p>Overarching measure People who use social care and their carers are satisfied with their experience of care and support services</p> <p>3A Overall satisfaction of people who use services with their care and support 3B Overall satisfaction of carers with social services <i>Placeholder 3E The effectiveness of integrated care</i></p> <p>Outcome measures Carers feel that they are respected as equal partners throughout the care process</p> <p>3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for</p> <p>People know what choices are available to them locally, what they are entitled to, and who to contact when they need help</p> <p>3D The proportion of people who use services and carers who find it easy to find information about support</p> <p>People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual</p> <p>This information can be taken from the Adult Social Care Survey and used for analysis at the local level.</p>
<p>Alignment with NHS Outcomes Framework and/or Public Health Outcomes Framework</p> <p>* Indicator is shared ** Indicator is complementary Indicators in italics in development</p>	

Table 2 [Public health outcomes framework for England, 2016–2019](#)

Domain	Objectives and indicators
<p>1 Improving the wider determinants of health</p>	<p>Objective Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p>Indicators 1.18 Social isolation*</p>
<p>2 Health improvement</p>	<p>Objective People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Indicators 2.23 Self-reported well-being 2.24 Injuries due to falls in people aged 65 and over</p>
<p>4 Healthcare public health and</p>	<p>Objective</p>

preventing premature mortality	<p>Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities</p> <p>Indicators</p> <p>4.11 Emergency readmissions within 30 days of discharge from hospital*</p> <p>4.12 Preventable sight loss</p> <p>4.13 Health-related quality of life for older people</p> <p>4.14 Hip fractures in people aged 65 and over</p> <p>4.15 Excess winter deaths</p>
<p>Alignment with Adult Social Care Outcomes Framework and/or NHS Outcomes Framework</p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p> <p>Indicators in italics in development</p>	

Table 3 [NHS Outcomes Framework 2016–17](#)

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	<p>Overarching indicator</p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p>Improvement areas</p> <p>Ensuring people feel supported to manage their condition</p> <p>2.1 Proportion of people feeling supported to manage their condition</p> <p>Enhancing quality of life for carers</p> <p>2.4 Health-related quality of life for carers**</p>
3 Helping people to recover from episodes of ill health or following injury	<p>Overarching indicators</p> <p>3b Emergency readmissions within 30 days of discharge from hospital*</p> <p>Improvement areas</p> <p>Helping older people to recover their independence after illness or injury</p> <p>3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation service*</p> <p>ii Proportion offered rehabilitation following discharge from acute or community hospital*</p>

<p>4 Ensuring that people have a positive experience of care</p>	<p>Overarching indicators</p> <p>4a Patient experience of primary care</p> <p>i GP services</p> <p>4b Patient experience of hospital care</p> <p><i>4d Patient experience characterised as poor or worse</i></p> <p><i>I Primary care</i></p> <p><i>ii Hospital care</i></p> <p>Improvement areas</p> <p>Improving hospitals' responsiveness to personal needs</p> <p>4.2 Responsiveness to inpatients' personal needs</p> <p>Improving access to primary care services</p> <p>4.4 Access to i GP services</p> <p>Improving people's experience of integrated care</p> <p><i>4.9 People's experience of integrated care **</i></p>
<p>Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework</p> <p>* Indicator is shared</p> <p>** Indicator is complementary</p> <p>Indicators in italics in development</p>	

Safety and people's experience of care

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to mental wellbeing and independence for older people.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services and service user experience in adult mental health services (see the NICE pathway on [patient experience in adult NHS services](#) and [service user experience in adult mental health services](#)), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to people using services. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect people's experience of using services and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for mental wellbeing and independence for older people specifies that services should be commissioned from, and coordinated across, all relevant agencies and encompass the whole care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to older people.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality service to improve the mental wellbeing and independence for older people are listed in [related NICE quality standards](#).

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing, caring for and treating older people should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development sources on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting older people. If appropriate, health, public health and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. Local authorities have coordinators to help identify and support older people who are most at risk of a decline in their independence and mental wellbeing.

Statement 2. Local authorities support and publicise tailored, community-based physical activity programmes for older people.

Statement 3. Local authorities support and publicise a range of activities for older people to build or maintain social participation.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you have an example from practice of implementing the NICE guidelines that underpin this quality standard? If so, please submit your example to the [NICE local practice collection](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any treatment. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 5 For draft quality statement 1, 2 and 3: Can we be more specific about which service would be expected to carry out the action?

Question 6 For draft quality statements 2 and 3: Given that it is unrealistic to expect every person over 65 to be offered these services, which groups do you believe should be a priority, for example a subpopulation from the definitions in statement 1?

Quality statement 1: Identifying and supporting those most at risk of a decline

Quality statement

Local authorities have coordinators to help identify and support older people who are most at risk of a decline in their independence and mental wellbeing.

Rationale

Coordinated action can prevent duplication of activity, improve record keeping and information sharing, and achieve better use of resources. Local coordinators can ensure that older people most at risk of a decline are identified and supported to use local services.

Quality measures

Structure

Evidence of local arrangements and written protocols that ensure local coordinators are in place to help identify and support older people who are most at risk of a decline in their independence and mental wellbeing.

Data source: Local data collection.

Outcome

a) Number of older people identified who are at risk of a decline in their independence and mental wellbeing.

Data source: Local data collection.

b) Number of older people who are at risk of a decline in their independence and mental wellbeing who have access to local services.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as local authority departments, local NHS providers, housing organisations and voluntary organisations) ensure that local coordinators are in place to identify and support older people who are most at risk of a decline in their independence and mental wellbeing. Service providers should collaborate with these coordinators.

Health, public health and social care practitioners (such as GPs, community nurses, health visitors and occupational therapists) use frameworks and protocols shared by their local coordinator to identify and support older people who are most at risk of a decline in their independence and mental wellbeing.

Commissioners (such as local authorities) commission local coordinators and services that collaborate with them.

What the quality statement means for patients, service users and carers

Older people benefit from coordinated action, led by their local coordinator, to help identify whether they are at risk of a decline in their independence and mental wellbeing.

Source guidance

- [Older people: independence and mental wellbeing](#) (2015). NICE guideline NG32, recommendation 1.5.3 and 1.5.4.

Definitions of terms used in this quality statement

Local coordinators

Local coordinators (sometimes called village or town agents or community navigators) know an area well. They help make it easier for older people to access community activities, social support and other non-medical services. Local authorities may incorporate this work into existing posts [[Older people: independence and mental wellbeing](#) (NICE guideline NG32)].

Older people

People aged 65 or older, and people aged 55 or over who are ageing prematurely and are particularly at risk of the same physical and mental conditions [[Older people: independence and mental wellbeing](#) (NICE guideline NG32)].

Older people who are most at risk of a decline in their independence and mental wellbeing

This may include older people:

- whose partner has died in the past 2 years
- who are carers
- who live alone and have little opportunity to socialise
- who have recently separated or divorced
- who have recently retired (particularly if involuntary)
- who were unemployed in later life
- who have a low income
- who have recently experienced or developed a health problem (whether or not it led to admission to hospital)
- who have had to give up driving
- who have an age-related disability
- who are aged 80 or older.

[Adapted from [Older people: independence and mental wellbeing](#) (NICE guideline NG32), recommendation 1.5.3.]

Question for consultation

Can we be more specific about which service would be expected to carry out the action?

Quality statement 2: Physical activity for older people

Quality statement

Local authorities support and publicise tailored, community-based physical activity programmes for older people.

Rationale

Encouraging older people to be physically active using programmes, such as walking schemes can improve their mental wellbeing and independence as well as their physical health. It also means older people are more likely to leave their own home and take part in vocational and social activities. This reduces the risk of loneliness and social isolation.

Quality measures

Structure

Evidence of local arrangements that ensure tailored, community-based physical activity programmes are in place for older people.

Data source: Local data collection.

Process

A count of older people attending tailored, community-based physical activity programmes.

Data source: Local data collection.

Outcome

a) Physical activity among older people.

Data source: Local data collection.

b) Proportion of people who use services and their carers who reported that they had as much social contact as they would like.

Data source: Local data collection. Data can be collected nationally in [The Adult Social Care Outcomes Framework 2015–16](#), 11.

c) Mobility rates of older people.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as local authority departments, local NHS providers, housing organisations and voluntary organisations) ensure that systems are in place to support and publicise individually tailored, community-based physical activity programmes for older people.

Health, public health and social care practitioners (such as GPs, community nurses, health visitors and occupational therapists) ensure that they are aware of and provide information on individually tailored, community-based physical activity programmes for older people.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) commission individually tailored, community-based physical activity programmes for older people.

What the quality statement means for patients, service users and carers

Older people have access to community-based physical activity programmes that reflect their preferences to improve their physical and mental wellbeing.

Source guidance

- [Older people: independence and mental wellbeing](#) (2015). NICE guideline NG32, recommendations 1.1.1 and 1.2.1.
- [Mental wellbeing in over 65s: occupational therapy and physical activity interventions](#) (2008). NICE guideline PH16 recommendation 2.

Definitions of terms used in this quality statement

Individually tailored, community-based physical activity programmes

Physical activity programmes may include:

- a range of mixed exercise programmes of moderate intensity (for example, dancing, walking, swimming)
- strength and resistance exercise, especially for frail older people
- toning and stretching exercise.

Older people should exercise for 30 minutes a day (this can be broken down into 10-minute bursts) on 5 or more days each week. Useful examples of daily activities that would help achieve this include: shopping, housework, gardening, cycling. [Adapted from [Mental wellbeing in over 65s: occupational therapy and physical activity interventions](#) (NICE guideline PH16), recommendation 2.]

Older people

People aged 65 or older, and people aged 55 and over who are ageing prematurely and are particularly at risk of the same physical and mental conditions [[Older people: independence and mental wellbeing](#) (NICE guideline NG32)].

Equality and diversity considerations

Physical activity programmes need to take into account any mental health conditions, and learning or physical disabilities that the person may have. Any written information provided should be accessible to people with additional needs, such as physical, sensory or learning disabilities.

Questions for consultation

Can we be more specific about which service would be expected to carry out the action?

Given that it is unrealistic to expect every person over 65 to be offered these services, which groups do you believe should be a priority, for example a subpopulation from the definitions in statement 1?

Quality statement 3: Activities for social participation

Quality statement

Local authorities support and publicise a range of activities for older people to build or maintain social participation.

Rationale

Participating in a range of activities, including one-to-one and group-based activities, can improve or maintain older people's mental health and wellbeing, by preventing loneliness and social isolation. Providing a range of activities increases the likelihood that the older person will be interested in the activity and continue to participate.

Quality measures

Structure

Evidence of local arrangements that ensure a range of activities are in place for older people to build or maintain social participation.

Data source: Local data collection.

Process

A count of older people attending activities to build or maintain social participation.

Data source: Local data collection.

Outcome

Proportion of older people and their carers who use services who reported that they had as much social contact as they would like.

Data source: Local data collection. Data can be collected nationally in [The Adult Social Care Outcomes Framework 2015–16](#), 11.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as local authority departments and voluntary organisations) ensure that systems are in place to support and publicise a range of activities to build or maintain social participation for older people.

Health, public health and social care practitioners (such as GPs, community nurses, health visitors and occupational therapists) ensure that they are aware of and provide information on a range of activities for older people to build or maintain their social participation.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) commission a range of activities to enable older people to build or maintain their social participation.

What the quality statement means for patients, service users and carers

Older people have access to a choice of activities to build or maintain their social participation. This can prevent loneliness and social isolation.

Source guidance

- [Older people: independence and mental wellbeing](#) (2015). NICE guideline NG32, recommendations 1.1.1, 1.2.1 and 1.3.1.

Definitions of terms used in this quality statement

Activities to build or maintain social participation

Group activities could include:

- Singing programmes, in particular those involving a professionally-led community choir.
- Arts and crafts and other creative activities.
- Intergenerational activities. For example, helping with reading in schools or young people providing older people with support to use new technologies

- Multicomponent activities: for example, lunch with the opportunity to socialise and learn a new craft or skill in a community venue.

One-to-one activities could include:

- Programmes to help people develop and maintain friendships. For example, peer volunteer home visiting programmes, programmes to learn about how to make and sustain friendships, or befriending programmes based in places of worship.
- Befriending opportunities that involve brief visits, telephone calls or the use of other media.
- Information on national or local services offering support and advice by telephone and other media.

[[Older people: independence and mental wellbeing](#) (NICE guideline NG32), recommendation 1.2.1 and 1.3.1.]

Older people

People aged 65 or older, and people aged 55 and over who are ageing prematurely and are particularly at risk of the same physical and mental conditions [[Older people: independence and mental wellbeing](#) (NICE guideline NG32)].

Equality and diversity considerations

Offers of one-to-one or group-based activities, need to take into account any mental health conditions, and learning or physical disabilities that the person may have. Any written information provided should be accessible to people with additional needs, such as physical, sensory or learning disabilities.

Question for consultation

Can we be more specific about which service would be expected to carry out the action?

Given that it is unrealistic to expect every person over 65 to be offered these services, which groups do you believe should be a priority? For example, a subpopulation from the definitions in statement 1?

Status of this quality standard

This is the draft quality standard released for consultation from 16 June to 14 July 2016. It is not NICE's final quality standard on mental wellbeing and independence for older people. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 14 July 2016. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from December 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be

appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement. This tool is updated monthly to include new quality standards.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

Diversity, equality and language

During the development of this quality standard, equality issues will be considered and [equality assessments](#) will be available.

Good communication between health, public health and social care practitioners and older people is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Older people should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards [Process guide](#).

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Older people: independence and mental wellbeing](#) (2015). NICE guideline NG32
- [Mental wellbeing in over 65s: occupational therapy and physical activity interventions](#) (2008). NICE guideline PH16

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Government Office for Science (2015). [What role can local and national supportive services play in supporting independent and healthy living in individuals 65 and over?](#)
- Office for National Statistics (2015). [Measuring national well-being: insights into loneliness, older people and well-being](#)
- Office for National Statistics (2013). [Measuring national well-being – older people's neighbourhoods.](#)
- Office for National Statistics (2013). [Measuring national well-being: older people's leisure time and volunteering](#)
- Department of Health (2001). [National service framework for older people](#)

Related NICE quality standards

Published

- [Falls in older people](#) (2015) NICE quality standard QS86.
- [Mental wellbeing of older people in care homes](#) (2013) NICE quality standard QS50.

In development

- [Home care](#). Publication expected June 2016.

- [Older people with social care needs and multiple long-term conditions](#). Publication expected September 2016.
- [Transition between inpatient hospital settings and community or care home settings](#). Publication expected September 2016.
- [Falls: prevention](#). Publication expected January 2017.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Care and support of older people with learning disabilities
- Falls: regaining independence for older people who experience a fall
- Housing: planning to improve health and wellbeing
- Long term conditions, people with comorbidities, complex needs
- Mental wellbeing: life course settings and subgroups
- Regaining independence (reablement): short term interventions to help people to regain independence
- Vulnerable populations: strategies for tackling inequalities.

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1. Membership of this committee is as follows:

Dr Ivan Benett

Clinical Director, Central Manchester Clinical Commissioning Group

Dr Gita Bhutani

Associate Director for Psychological Professions, Lancashire Care NHS Foundation Trust

Mrs Jennifer Bostock (until May 2016)

Lay member

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Consultant in Public Health, Cheshire West and Chester Council

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Professor Carolyn Chew-Graham

GP and Professor of General Practice Research, Manchester and Keele University

Mr Paul Cooper

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard will be incorporated into the NICE pathway on mental wellbeing and independence for older people.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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