

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**  
**PUBLIC HEALTH GUIDANCE**  
**DRAFT SCOPE**

## **1 Guidance title**

Independence and mental wellbeing (including social and emotional wellbeing) for older people

### **1.1 Short title**

Independence and mental wellbeing for older people

## **2 Background**

- a) The National Institute for Health and Care Excellence (NICE) has been asked by the Department of Health (DH) to develop guidance on public health interventions aimed at promoting the mental wellbeing and independence of older people.
- b) This guidance will support a number of related policy documents including:
- ‘A public health outcomes framework for England 2013-2016’ [Parts 1A and 2] (DH 2012)
  - ‘Ageing Well, an asset based approach’ (Office for Public Management/Local Government Association 2012)
  - ‘Care and support Bill’ (UK Parliament 2013)
  - ‘Eligibility for adult social care’ (DH 2010)
  - ‘Eligibility for adult social care’ [discussion paper] (DH 2013)
  - ‘Mental capital’ (Government Office for Science/Foresight 2008)
  - ‘No health without mental health: a cross-government mental health outcomes strategy for people of all ages’ HM Government 2011)
  - ‘Preparing for our ageing society’ (Department for Work and Pensions 2008)

- ‘Preventing suicide in England: a cross government outcomes strategy to save lives’ (HM Government 2012)
  - ‘Public Health England: our priorities for 2013/14’ (PHE 2013)
  - ‘Strategy and action plan for healthy ageing in Europe, 2012–2020’ (World Health Organization 2012)
  - ‘The adult social care outcomes framework 2013–14’ (DH 2012).
- c) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at commissioners, managers and practitioners with public health as part of their remit. They could be working in the NHS, local authorities and the wider public, private, voluntary and community sectors. It will also be of interest to older people, their carers, family, friends, community and other members of the public.
- d) The guidance will complement [Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care](#) (NICE public health guidance 16, 2008). The guidance will not consider conditions, care or services covered by other NICE guidance published or in development. For details of other NICE related guidance see section 6.

This guidance will be developed using the NICE [public health guidance process and methods guides](#).

### 3 The need for guidance

- a) By 2035, it is estimated that 23% of the UK population will be aged 65 or older (Office for National Statistics 2012). Current estimates suggest that, on average, a man aged 65 in England will live 18 more years and a woman aged 65 will live until she is nearly 86 (Office for National Statistics 2012).

- b) Cognitive decline, particularly due to dementia, is common among an ageing population. In addition, depression affects 1 in 5 adults older than 65 living in the community and 2 in 5 of those living in care homes ([Mental Health Foundation](#)).
- c) Age-related physiological changes are linked with personal, social and environmental circumstances. For example, older people often have to care for someone else. This may lead to a reduced income, pressures on household expenditure and less time for leisure activities. Loss of paid employment (through retirement or being made redundant) can also lead to social isolation: this can have as significant an impact on mortality as smoking or alcohol (and is as greater risk to health as obesity) (Holt-Lunstead et al. 2010). In addition, people who are lonely or socially isolated are more likely to be admitted to residential or nursing care (SCIE 2011).
- d) Older people may sometimes, wrongly, be perceived as a burden to care services, but only a minority (about 15%) are in contact with care services (Audit Commission 2004). Unlocking their potential could benefit families, communities and civil society. As an example, 65% of volunteers in the UK are aged 50 or older and 25% of carers are 60 or older (Local Government Association 2012).
- e) For the purposes of this guidance, mental wellbeing refers to 'feelings' (emotional and psychological wellbeing, including self-esteem) and the ability to 'function' socially (social wellbeing, including the ability to cope [be resilient] in the face of adversity). It also includes being able to develop potential, work productively and creatively, build strong and positive relationships with others and contribute to the community (Foresight 2008).
- f) 'Independence' in this guidance is defined as an older person having the capacity to make choices and to exercise control over

their lives. It also includes the ability to live independently, with or without support.

## **4 The guidance**

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

### **4.1 *Who is the focus?***

#### **4.1.1 Groups that will be covered**

- a) People aged 65 or over.
- b) People aged 55 and over who are ageing prematurely and are particularly at risk of the same physical and mental conditions as people aged 65 or older.

#### **4.1.2 Groups that will not be covered**

- a) Older people who:
  - live in a care home or attend one on a day-only basis
  - have substantial health or social care needs, for example, due to dementia or another pre-existing cognitive impairment.

### **4.2 *Activities***

#### **4.2.1 Activities/measures that will be covered**

- a) Commissioning of services by local government and other local providers (such as charities and faith organisations) for local measures to promote, support and protect older peoples' mental wellbeing or independence.

- b) Interventions to raise awareness of the importance of older peoples' mental wellbeing and independence among professionals, older people, their carers, family and the wider community.
- c) Assessment and identification of older people within a local community:
- who have poor mental wellbeing or are at high risk of a decline in their mental wellbeing
  - who lack choice and control over the services they use or who are high risk of losing their independence.
- d) Activities to improve or protect mental wellbeing or older people's independence. This could include interventions aimed at:
- All those working with older people. For example, training to:
    - improve awareness of older people's mental wellbeing or independence and to acknowledge the factors that older people consider important to maintaining wellbeing and independence
    - improve their knowledge of the services available to support older people's mental wellbeing and/or independence.
  - Communities where older people live. For example:
    - activities to tackle ageism and encourage cross-generational participation and respect.
  - Older people and, if appropriate, their carers and family, including:
    - information and support to access services (such as routine healthcare, housing advice and household supplies)
    - support to develop and maintain social networks, including the use of communication technologies and community-based volunteers
    - access to leisure, education and community activities
    - transportation (including collection and delivery) services and other mobility support.

The Committee will take reasonable steps to identify ineffective measures and approaches.

#### **4.2.2 Activities/measures that will not be covered**

One-to-one interactions between health or care professionals and older people, other than as indicated in section 4.2.1. These include:

- a) Management of a chronic medical condition or disability, including dementia or another mental health disorder.
- b) Procedures for, and eligibility criteria used in, assessments for social care support and other welfare benefits.
- c) Psychological interventions such as cognitive behavioural therapy.
- d) Planning for the built environment to meet older people's needs including 'age-friendly city' initiatives.
- e) Prevention of mental and physical health conditions (such as cognitive decline, obesity, diabetes, cardiovascular disease or falls), unless specific components of the intervention support or improve mental wellbeing or independence.
- f) Occupational therapy and physical activity interventions recommended in [Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care](#).

#### **4.3 Key questions and outcomes**

Below are the overarching questions that will be addressed, along with some of the outcomes that would be considered as evidence of effectiveness:

**Question 1:** What are the most effective and cost effective ways that local authorities, other services and communities can raise awareness of the importance of older peoples' mental wellbeing and independence?

**Question 2:** What are the most effective and cost effective ways that local government, other services and communities can identify older people who are at high risk of a decline in their mental wellbeing or independence? This includes the following subsidiary questions:

- What are the key identifiable risk factors?
- What factors help reduce the risk of a decline in mental wellbeing or independence?

**Question 4:** What are the most effective and cost effective ways to improve or protect the mental wellbeing and/or independence of older people? This could include the following subsidiary questions:

- What information is needed by, or available to, those responsible for services for older people?
- What is the role of services (such as transport and care support in the home), and technologies (such as alarm systems, electronic communication and information systems) in improving or protecting the mental wellbeing and independence of older people?
- Are some interventions more effective for some target groups than others? What are the barriers and facilitators to assessing suitability for, and uptake of, interventions or services to improve or protect the mental wellbeing and/or independence of older people?

**Question 5:** What links are there between the mental wellbeing and independence of older people and their: mental and physical health, capability, quality of life, isolation and participation in community, civil and family activities ('mental capital')?

**Expected outcomes:**

- Mental wellbeing using, but not limited to, objective measures and self-report.
- Quality of life.
- Access, uptake, adherence to programmes and behaviours to improve mental wellbeing and/or independence.

- Change in mental health, including depressive symptoms.
- Change in physical health and health related behaviours (such as moderate alcohol consumption, good diet and physical activity).
- Change in mortality rates.
- Independence and capability using, but not limited to, objective measures and self-report.
- Mobility (physical).
- Socialising, loneliness or social isolation.
- Community activities (such as civil engagement, volunteering).
- Use of healthcare and social care services.

#### **4.4 Status of this document**

This is the draft scope, released for consultation from 27 September until 25 October 2013. Following consultation, the final version of the scope will be available on the NICE website from November 2013.

## **5 Further information**

The public health guidance development process and methods are described in [Methods for development of NICE public health guidance](#) (2012) and [The NICE public health guidance development process](#) (2012).

## **6 Related NICE guidance**

### ***Published***

- [Falls](#). NICE clinical guideline 161 (2013).
- [Alcohol dependence and harmful alcohol use](#). NICE clinical guideline 115 (2011).
- [Depression in adults](#). NICE clinical guideline 90 (2009).
- [Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care](#). NICE public health guidance 16 (2008).
- [Community engagement](#). NICE public health guidance 9 (2008).
- [Behaviour change](#). NICE public health guidance 6 (2007).



- [Dementia](#). NICE clinical guideline 42 (2006).

### ***Under development***

- [Disability, dementia and frailty in later life - mid-life approaches to prevention](#). NICE public health guidance. Publication expected February 2015.
- [Excess winter deaths and illnesses](#). NICE public health guidance. Publication expected January 2015.
- [Homecare](#). NICE social care guidance. Publication expected July 2015.
- [Older people with long-term conditions](#). NICE social care guidance. Publication expected September 2015.
- [Transition between health and social care](#). NICE social care guidance. Publication expected November 2015.
- [Workplace health – older employees](#). NICE public health guidance. Publication date to be confirmed.
- [Multimorbidities: system integration to meet population needs](#). NICE public health guidance. Publication date to be confirmed.
- [Oral health - in nursing and residential care](#). NICE public health guidance. Publication date to be confirmed.

## **Appendix A Referral from the Department of Health**

The Department of Health asked NICE to:

Develop 'Guidance on promoting mental wellbeing and independence of older people through primary, secondary and tertiary prevention with a focus on early intervention and reducing health inequalities'.

## Appendix B Potential considerations

It is anticipated that the Public Health Advisory Committee (PHAC) will consider the following issues:

- How ways to improve or protect the mental wellbeing or independence of older people aged 65 can be adapted for people aged 55 and over who have aged prematurely.
- The target audience, actions taken and by whom, context, frequency and duration.
- Whether the intervention is based on an underlying theory or conceptual model.
- Whether the intervention is effective and cost effective.
- Critical elements. For example, whether effectiveness and cost effectiveness varies according to:
  - the diversity of the population (for example, in terms of the user's age, gender or ethnicity or physical abilities)
  - the status of the person delivering it and the way it is delivered
  - its frequency, length and duration, where it takes place and whether it is transferable to other settings
  - its intensity.
- Any trade-offs between equity and efficiency.
- Any factors that prevent – or support – effective implementation.
- Any adverse or unintended effects.
- Current practice.
- Availability and accessibility for different groups.

## Appendix C References

Audit Commission (2004) [Older people: independence and well-being](#).

London: Audit Commission

Foresight Mental Capital and Wellbeing Project (2008) [Final Project report](#).

London: The Government Office for Science

Holt-Lunstead, Smith TB, Bradley Layton J (2010) [Social Relationships and Mortality Risk: A Meta-analytic Review](#). PLoS Med 7 (7): e1000316

Local Government Association (2012) [Ageing well: an asset approach](#).

London: Office for Public Management

Mental Health Foundation. [Older People](#). [Accessed 10 September 2013]

Office for National Statistics (2012) [Statistical bulletin: health expectancies at birth and age 65 in the United Kingdom 2008–2010](#). London: Office for

National Statistics

Social Care Institute for Excellence (2011) [Research briefing 39: Preventing loneliness and social isolation: interventions and outcomes](#). London: Social

Care Institute for Excellence