Public Health Guidance

Independence and mental wellbeing (including social and emotional wellbeing) for older people - Consultation on Draft Scope Stakeholder Comments Table

27 September 2013 – 25 October 2013

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AGILE	General		Overall seems to cover appropriate and wide ranging scope, and AGILE will welcome guidance on public health interventions aimed at promoting the mental wellbeing and independence of older people.	Thank you.
AGILE	4.3	7	No question 3	Thank you, this omission has been noted and corrected in the final scope (4.3)
AGILE	4.3	7	Question 5 could include the perspective of 'social capital' as well, as participation in 'community' is known to boost mental well-being. This could also relate to expected outcomes (pg 7 and 8), as there are measures of social capital (Office of national statistics were developing)	We intend that linkage between various components of 'social capital' could be explored in the guidance and measures of social capital have been added as an example outcome. Thank you for information on ONS metrics in development.
AGILE	4.2.1d	7	What does the term 'collection and delivery' refer to with regard to transportation? Needs to be made clear as currently it could be interpreted as referring to the drop off and pick up of older people at community services, rather than goods and services to older people?	The terms ''collection and delivery' are intended to refer to goods and illustrative and not exhaustive. The role of transportation services for the use of older people will be considered, as evidence allows.
AGILE	4.5	7	Question 4 – Could this question separate out the use of tele-health and telecare such as alarm systems and the like, from the use of technology for general communication to improve wellbeing – such as the use of Skype to increase contact with distant family and friends?	The guidance does not intend to consider dedicated telehealth and telecare technologies as these involve at least initiation by a health or social care professional. Such one-to-one interactions are outwith the scope of this guidance. Examples of technologies are illustrative and may have multiple, overlapping purposes.
Alcohol Concern	4.3, Question 1	6	Provide information on sensible drinking and alcohol related harm in older people through community facilities such as libraries, tenants associations and day centres from secondary care professionals such as	The guidance focuses on independence and mental wellbeing of older people. Health related behaviours, including

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	Raising awareness		psychiatrists, psychologists, alcohol liaison nurses and Alcohol Concern	alcohol consumption may be considered as outcomes. The guidance will not consider interventions specifically on the use of alcohol, except where delivered as a programme to support mental wellbeing and independence. The guidance will also consider the identification of older people at risk of poor mental wellbeing. The evidence may indicate that alcohol consumption may be identified as an important factor in identification. The committee will also give due consideration to behaviours that can lead to isolation, depression and poor mental wellbeing. In addition, other NICE guidance, including Public health guidance 24, considers harmful alcohol use.
Alcohol Concern	4.3, Question 1 **Raising awareness**	6	Provision of written material (e.g. Royal College patient information leaflet on alcohol and older people) in GP surgeries, together with those covering areas such as identifying early memory problems, low mood and anxiety	Format and provision of information may be considered in the guidance. This will not, however, focus specifically on alcohol.
Alcohol Concern	4.3, Question 1 **Raising awareness**	6	Encouraging older people to use the internet in order to access resources on healthy drinking habits and the risks of alcohol misuse in older people	The role of information technologies will be considered in the guidance. Resources to support independence and mental wellbeing will be included and the role of encouraging use of information technologies to access information about an older person's health and wellbeing

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				could be included, but this will not be limited to only information about alcohol.
Alcohol Concern	4.3, Question 2 **Risk factors**	7	There are recognised risk factors for alcohol related problems. These include social isolation, recent bereavement, recent retirement, chronic pain, depression and anxiety	Thank you – similar 'risk factors' for reduction in independence and mental wellbeing will be explored in the guidance (Question 2 in final scope).
Alcohol Concern	4.3, Question 2 **Protective factors**	7	Days care attendance and other social activities, volunteering, primary care psychology interventions and input from mental health teams where appropriate. Awareness of interaction between alcohol and prescribed medication, effect on physical health (e.g. mobility, blood pressure and blood sugar) and limiting access to alcohol. Also, improving motivation to change drinking behaviour.	The guidance will not focus on specific one to one interactions with health or social care professionals. Interventions for mental and physical health conditions are not the focus of this guidance, except where specific components of the intervention support or improve mental wellbeing or independence.
Alcohol Concern	4.3, Question 4 **Improving and protecting mental well-being and independence**	7	Sharing of specialist knowledge and skills between services to improve integrated care (e.g. combining skills in alcohol misuse in established services that care for older people). Such a service exists within South London and Maudsley NHS Foundation Trust	Question 3 in the final scope (mislabelled question 4 in the draft) will consider sharing of relevant information. Thank you for the reference to South London and Maudsley NHS Foundation Trust.
Alcohol Concern	4.3, Question 4 **Improving and protecting mental well-being and**	7	Improving access to services to minimise social disadvantage/handicap, including uptake of routine health checks in primary care, provision of social support (including day care), benefits advice, assistance and supervision with personal care and domestic activities of daily living, improving medication compliance and encouraging increased family support.	NICE considers relevant equalities legislation, its Social Value Judgements and the potential to reduce inequalities in developing recommendations. Facilitating access to services will be considered in the guidance, however, specifics of physical and mental health

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	independence			care or social care are not within the scope of this guidance.
Alcohol Concern	4.3, Question 4 **Improving and protecting mental well-being and independence**	7	Overcoming barriers such as stigma around being labelled an 'alcoholic' and self-perception that 'I can handle drink like I did when I was younger'	Management of specific conditions will not be considered in the guidance. The guidance will be applicable to the independence and mental wellbeing of older people, whether they consume alcohol, drink alcohol excessively or not.
Alzheimer's Society	General		Alzheimer's Society welcomes this guidance; however, we assert that the needs of people with dementia need to be considered in this guidance. It is essential that people with dementia are supported to live fulfilling lives, rather than merely existing. Research from Alzheimer's Society (2013) found that social contact, meaningful activities, personalised support and public awareness of dementia were all vital to ensuring a person with dementia is able to maintain their mental wellbeing and independence. Nearly two-fifths of people with dementia in surveyed in 2013 said they are not living well with the condition, which highlights that their quality of life is not good. 38% of people surveyed stated that they feel lonely and, as this guidance explains, there is strong evidence linking loneliness to an early death. As Dementia 2013: The hidden voice of loneliness (Alzheimer's Society, 2013) shows, there are clear links between 'mental capital' and mental wellbeing and independence. Therefore, Alzheimer's Society believes that this guidance must be promoted among commissioners and practitioners so that the good practice is spread widely.	The guidance focuses on independence and mental wellbeing of older people generally. It has a broad remit for interventions to support older people. Specifics of health and social care for people living with dementia will not be covered. Other NICE guidance and NICE quality standards focus on the needs of people living with dementia. (Please see the NICE Pathway on dementia http://pathways.nice.org.uk/pathways/dementia). Guidance is in development for people with long term conditions and care needs across clinical and social care guidance development programmes. Although this guidance will not focus on interventions for people living with dementia, recommendations on independence and mental wellbeing of

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				older people may be applicable to people with dementia. The guidance will consider links between the mental wellbeing and independence of older people and their mental and physical health.
Alzheimer's Society	4.1.2	4	Alzheimer's Society has concerns with the phrase of this point as it could be interpreted that people with dementia would not be covered at all by the guidance. However, the Society points out that the mental wellbeing of older people with substantial health and social care needs should be covered by the public health guidance as the quality of life for this group of people is important, particularly people with dementia. Alzheimer's Society recognises that many people with dementia with substantial health and social care needs live in care homes, however there is still a number of people with dementia who always live in their own home and this guidance should recognise this. The needs of people in the later stages of dementia are often forgotten as, due to the nature of the condition, they are unable to communicate their social and emotional wellbeing needs.	The guidance focuses on independence and mental wellbeing of older people in general. This guidance will not specifically focus on interventions for people living with dementia, recommendations on independence and mental wellbeing of older people may be applicable to people living with dementia. Other NICE guidance and NICE quality standards (QS) focus on the needs of people with dementia and guidance and QS is in development for people with long term conditions and care needs across clinical and social care guidance development programmes.
Alzheimer's Society	4.2.1 (d)	5	Alzheimer's Society welcomes the inclusion of cross-generational participation as a means for improving mental wellbeing of older people. As part of the Dementia-Friendly Communities programme, the intergenerational schools project aims to remove the stigma of dementia. In the academic year 2012/13, 21 schools signed up to develop dementia awareness sessions. An initial evaluation of the project shows that it has had a positive impact.	Thank you for referring to the Dementia-Friendly Communities programme.
Alzheimer's Society	4.2.2 (a)	6	Alzheimer's Society is concerned that this point states that the management of dementia would not be an activity or measure covered by	The guidance has a broad remit on independence and mental wellbeing of

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			this guidance. Dementia has been recognised as a public health priority, as well as a national government priority. A person's dementia could be managed by some of the activities / measures covered by the guidance, such as one-to-one support from a dementia adviser.	older people. This guidance will not specifically focus on interventions for people with dementia or one to one care provided by health or social care professionals. NICE recognise the importance of care for people living with dementia and (as above) has more guidance published or in development for more specialised care for people with dementia and related needs.
Alzheimer's Society	4.2.2 (d)	6	Alzheimer's Society questions why 'age-friendly city' initiatives are not covered in the guidance. The Dementia-Friendly Communities programme is an ambition in the Prime Minister's challenge on dementia. A dementia-friendly community is one in which people with dementia are empowered to have high aspirations and feel confident knowing they can contribute and participate in activities that are meaningful to them. This encourages the independence and positive wellbeing of people with dementia. Therefore, Alzheimer's Society would welcome dementia-friendly communities as a measure to be covered in this guidance.	Development of recommendations specially on the 'built environment' elements of 'age friendly cities' is outside the remit of this scope for practical reasons to allow high quality guidance.
Alzheimer's Society	4.3 Question 1	6	There exist already good examples of effective ways to raise awareness of the importance of older people's mental wellbeing. Alzheimer's Society's Dementia Friends initiative, funded by the government, aims to raise awareness and improve understanding of dementia. The initiative is volunteer led and can help older people with dementia to maintain their mental wellbeing and independence.	The guidance will consider awareness raising around the independence and mental wellbeing of older people in general. It may consider how programmes developed for people with specific conditions (such as dementia) may be translated to older people in general – particularly in the case of an absence of evidence on older people in general. Thank you of referring to the Alzheimer's Society's Dementia Friends initiative.

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Alzheimer's Society	4.3 Question 2	7	Alzheimer's Society research (2013) found that people with dementia are at a high risk of loneliness and declining mental wellbeing and independence. The risk is compounded when people with dementia live alone. Loneliness can be as a direct result of their condition, although there are also factors which are common to all older people. People with dementia interviewed for the research described how important social contact is for their mental wellbeing. When asked what would make them less lonely, people living alone with dementia said having somebody to talk to, receiving visitors or attending clubs or day centres. More than half (53%) of respondents to the survey mentioned face-to-face contact as a means of alleviating loneliness. With regards to identification of people with dementia, the Quality Outcomes Framework incentivises GPs to keep a register of their patients with dementia. Where this data exists, there should be processes in place to share this information with local government or other services in a safe and efficient way. This is dependent on people with dementia receiving a formal diagnosis, when currently less than 50% of people with dementia in the UK receive a formal diagnosis. Of course, it is very difficult to identify the people who are truly isolated as they may not have a formal diagnosis and may not receive any services.	Thank you – the guidance will consider factors common to older people that contribute to loneliness. The guidance will consider a range of activities and interventions to support independence and mental wellbeing of older people. The guidance focuses on independence and mental wellbeing of older people. It will not develop recommendations specifically for people living with dementia. That being said, activities such as the appropriate use of relevant data in GP registers to support identification of older people at risk of poor independence and mental wellbeing may be considered. The guidance will attempt to consider how services may improve identification and service access for older people who are otherwise 'difficult to identify', 'truly isolated' and no 'formal diagnosis'.
Alzheimer's Society	4.3 Question 4	7	Social contact is important for people with dementia as conversations contain visual and other sensory clues for the person. These elements are an essential part of communication, particularly as dementia progresses. People with dementia interviewed for Dementia 2013 (Alzheimer's Society, 2013) described how they enjoyed visiting family or friends for Sunday lunch and this significantly improved their mental wellbeing.	Thank you for the description of the importance of and services to support social contact. The guidance focuses on independence and mental wellbeing of older people. The activities and services could also be relevant to older people in general. The guidance will consider in the first instance

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			In order to maintain the mental wellbeing and independence of older people, Alzheimer's Society recommends that local authorities and other commissioners understand the needs of people with dementia within the context of living in the community and commission a wide-range of services to ensure that they are not socially isolated or lonely. Examples include: • Social groups, such as dementia cafes • Befriending services • Accessible transport. Social groups, like dementia cafes, also provide peer support for people with dementia. Alzheimer's Society has found that one of the greatest sources of support is having access to other people with dementia following diagnosis. To give another example, a year after the befriending service in Merseyside, West Lancashire and West Cheshire was set up, people with dementia living alone found visits from their volunteer befrienders to have a positive impact on their overall wellbeing. One person said that the service is important because it enables 'someone just to acknowledge you as a human being'.	evidence on the general population of interest, but, if evidence is lacking, may consider information from more specific groups of older people – potentially including those living with dementia.
Alzheimer's Society	4.3 Question 4	7	Alzheimer's Society highlights the importance of personalised services. For example, younger people with dementia may not want to participate in the same activities as older people with dementia, so it is vital that services are tailored to the individual's needs, their wishes and they are supported to continue to take part in activities that they have previously enjoyed.	If evidence allows, the preferences for and suitability of services for subgroups of older people may be considered. Appendix B of the final scope outlines potential considerations.
Alzheimer's Society	4.3 Question 4	7	Assistive technology plays a key role in ensuring people with dementia are able to maintain their independence. For example, sensors which detect if the gas has been left on mean that a person with dementia to continue to cook their favourite meal. However, assistive technology	The guidance will consider independence and mental wellbeing of older people (in general). If evidence allows, the suitability of

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			must fit the needs of the individual and it is important to recognise that what is suitable for one person with dementia, will not be right for another.	interventions or services (including assistive technology) will be considered. This should also be considered as part of recognising and supporting an older person's independence (to make choices and to exercise control over their lives).
Alzheimer's Society	4.3 Question 4	7	Dementia-friendly communities are an important vehicle for maintaining the mental wellbeing of people with dementia. Businesses, organisations and communities should be encouraged to commit becoming dementia friendly. A dementia-friendly community is one in which people with dementia are empowered to have high aspirations and feel confident knowing they can contribute and participate in activities that are meaningful to them. This encourages the independence and positive wellbeing of people with dementia. People with dementia must be involved in decisions about their community, so the dementia-friendly priorities are based on the views of local people with dementia. This information is useful for those responsible for commissioning services for older people.	Thank you for the information. The guidance focuses on independence and mental wellbeing of older people in general. As stated above, it will not develop recommendations specifically for people living with dementia.
Alzheimer's Society	4.3 Question 4	7	Health and Wellbeing Boards must consider the prevalence (both current and projected) rates of dementia while carrying out their Joint Strategic Needs Assessments. This will ensure there is adequate service provision for people with dementia living in their area.	Questions 1 and 2 in the final scope are relevant to Health and Wellbeing Boards. It is anticipated that consideration will be given to identifiable risk factors, for poor mental wellbeing or independence.
Alzheimer's Society	4.3 Question 4	7	Alzheimer's Society also recommends that the public should sign up to the Dementia Friends programme, giving them the confidence to engage more fully with people they know with dementia and people they meet who they suspect to have cognitive difficulties. The initiative aims to raise awareness and improve understanding of dementia. The initiative is volunteer led and can help older people with dementia to maintain their mental wellbeing and independence.	Noted – thank you.

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Alzheimer's Society	4.3 Question 5	7	Alzheimer's Society research for Dementia 2013 found that 38% of people with dementia feel lonely and are generally lonelier than the older population as a whole. The reasons for this are manifold, but there are clear links between the mental wellbeing of people with dementia and their mental and physical health, as well as their quality of life. People with dementia often lose confidence to continue doing things that they have previously enjoyed as they worry about becoming confused or lost. They no longer go out or take part in activities. This, in turn, leads to social isolation and loneliness. In fact remaining active is important to maintaining a healthy lifestyle and preventing the development or progress of other age-related conditions. In fact many people with dementia describe other health conditions, such as mobility problems, sensory impairments, or mental health issues, all of which have an impact on a person's wellbeing and reduce their independence. Case studies in Dementia 2013 show that where they have regular contact with friends and family, or where there are appropriate social groups for them to attend, people with dementia feel happier as they can look forward to spending time with people with whom they share common interests. It is for this reason that Alzheimer's Society believes improving quality of life, overcoming loneliness and social isolation are key to maintaining a person's mental wellbeing and independence.	The guidance will consider links between the mental wellbeing and independence of older people and their mental and physical health.
British Association for Counselling and Psychotherapy	General		BACP welcomes the development of guidance on independence and mental wellbeing for older people and is grateful of the opportunity to comment upon the draft scope.	Thank you for commenting on the draft scope.
British Association for Counselling and	4.2.2	6	In explicitly excluding one-to-one interactions between health and care professionals and older people, but not explicitly including one-to-many	The guidance will be relevant to those commissioning and delivering services. In

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Psychotherapy			interactions between health and care professionals and older people in section 4.2.1, it is unclear whether the latter are within scope.	that sense, 'one-to-many' interactions could be considered in the guidance. It is anticipated that the guidance will not make specific recommendations on one to one interactions between an older person and health or care professionals as other NICE guidance (such as developed in the clinical or social care programmes) are more relevant vehicles for developing recommendations for health and social care professionals.
British Association for Counselling and Psychotherapy	4.2.2.a, c and e	6	Though one-to-one psychological interventions and one-to-one interventions aimed at preventing or managing mental health conditions are explicitly excluded from the scope, BACP believes there is considerable preventative public health value in one-to-many psychological interventions with qualified healthcare professionals, for instance group therapy and group support, for both the prevention and management of mental ill health among older people. It is particularly important to note that 30% of people with long term physical conditions, which are more common in the elderly, are diagnosed with one or more co-morbid mental health conditions, and two-thirds of this group are diagnosed with depression or anxiety. So the mental wellbeing of those with long term physical conditions is at risk, and it is therefore important not to unintentionally exclude preventative one-to-many interventions for this cohort from the scope of the guidance, (not least as we believe that in answering Questions 2 and 4 (section 4.3, p7) when the Call for Evidence is issued, we will argue that such interventions are cost-effective as they reduce the need for costlier one-to-one interventions at a later date).	Noted. It is anticipated that the guidance will support access to specialist services, such as those providing psychological interventions, however, specifics of management of mental health conditions is more appropriately considered within other NICE programmes, such as the Clinical practice (in the case of practice in mental health) or Social care (in the case of care needs of people with long term conditions).

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College of Occupational Therapists			The College of Occupational Therapists fully supports the concept of reablement and maintaining independence. We recognise that this document will provide useful and much needed guidance in this topic area.	Thank you for your support.
Cruse Bereavement Care	General		Bereavement is a major life transition for everyone. For older people bereavement may have a special poignancy, it can occur when we feel least able to deal with the life changing effects that a death can bring. Memories of losses over a lifetime may occur when other support systems have weakened or disappeared. Older people are more likely to experience multiple bereavements, including their partners, siblings and peer group and sometimes, their adult children or grandchildren. This can exacerbate social isolation and lead to increased financial challenges for some because of reduced income. Others may face practical challenges such as learning to cook or manage a bank account for the first time. 49% of people seeking support from Cruse are over the age of 51, 12% of them being over the age of 70 (over 3500 clients). Research shows the significant impact bereavement can have on physical and mental heath and wellbeing. Additionally, grief in older people can be disenfranchised ie ignored or the implications minimised, in part because older people are *expected* to face bereavements.	Noted – identification of older people with poor mental wellbeing or are at high risk of a decline in their mental wellbeing will be considered in the guidance. Bereavement as a transition and risk factor will be considered - subject to available evidence.
Cruse Bereavement Care	3 c	3	Bereavement/s can have a significant impact, leading to emotional distress, social isolation, loss of 'identity', changes in financial status and challenges of trying to undertake tasks previously carried out by the person who has died.	Noted – the guidance will seek to consider a range of risk factors and their impacts on older peoples' mental wellbeing and independence.
Cruse Bereavement Care	3 d	5	Under the 3rd bullet point, first extra point, add information in bold typeface: - information and support to access Services (such as routine healthcare, **bereavement support services,** housing advice and household supplies)	Noted – this list is illustrative, not exhaustive. NICE recognise that bereavement is likely to be a key transition affecting older peoples' mental wellbeing and independence. Reference to bereavement is referred in 4.2.1

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				(paragraph d) of the final scope.
Department of Health (Mental Health Disability and Equality)	4	4	Could the consultation set out/confirm the evidence base for the approach taken of providing these proposed services to over 65s, and how they objectively justify this age cut-off point.	NICE recognise that the use of an age of 65 years to define a person as 'older' is not objective, but arbitrary. The age of 65 years has had a relationship to male state pensionable age, though both equalities legislation and changes to pensionable age reduce value of 65 years as an objective definition. Although the age of 65 years is also in use for other Department of Health and Department for Work and Pensions policies, NICE also recognise that people below the age of 65 years may be vulnerable to a decline of independence and mental wellbeing. The guidance will consider people aged 55-64 years who are at comparable risk to decline of independence and mental wellbeing as a person older than that age range. The guidance will therefore consider a full 10-year margin below the age of 65 years. Please see appendix B of the final scope.
Department of Health (Mental Health Disability and Equality)	4.1.2	4	Could they also clarify the rationale for why the certain groups listed at 4.1.2 are excluded.	The guidance focuses on independence and mental wellbeing of older people. It is anticipated that this public health guidance will consider activities and interventions operating at a community (local, 'neighbourhood') and in older persons' homes. In order to manage delivery of this guidance, there are

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				inevitably some exclusions from its scope. The guidance will not make specific recommendations on the specific of care for people with health and social care needs as other NICE guidance (such as developed in the clinical or social care programmes) are more relevant for developing recommendations aimed at for health and social care professional practice. Please see the Related NICE Guidance section (6) of the final scope. Although the recommendations will not be developed specifically for the group defined in 4.1.2, the guidance, in general terms, they may also apply to these groups of people.
Department of Health (Mental Health Disability and Equality)	Appendix B	11	To meet their obligations under the public sector equality duty, NICE and PHAC need to consider the diversity of the population across all of the protected characteristics. This is the same in relation to looking at availability and accessibility for different groups.	Thank you for your comment. NICE (and its advisory bodies) implement its Equality Scheme (and Social Value Judgements) and comply fully with relevant legislation. Consideration of equalities and activities to reduce inequality are recorded in Equality Impact Assessments at key stages of guidance development and in the considerations section of the final guidance. Please see http://www.nice.org.uk/aboutnice/howwework/niceequalityscheme.jsp
Doncaster Council	Q1		The most effective and cost effective way to increase awareness would be to support contact and integration between service users and the	Thank you for the various comments and suggestions around awareness raising

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			wider community through informal social activity. Encouraging contact via schools and community groups would breakdown barriers and misconceptions that develops through the segregation. Working with young people to spend time with older people would not only improve the opportunities for natural community support for older people but would provide cost savings in the long term by embedding knowledge and understanding as the young people move into adulthood and become the future leaders in that community. Public service agencies could facilitate initial opportunities but this should be built in a way that encourages continued contact in a natural way. Supporting the wider community to identify and foster an inherent responsibility to include their older community naturally and as a matter of course would result in improved awareness and support networks without unnecessary and inflated costs.	using informal social activity and tackling segregation through schools and community groups. It is anticipated that the guidance, and evidence review to support the Public Health Advisory Committee in its recommendation development, will consider such activities. NICE guidance, in line with its Social Value Judgements, considers both effectiveness and cost effectiveness in developing recommendations.
Doncaster Council	Q2		By developing and fostering referral network with community lead organisations, prompt and early identification of vulnerable older people. By supporting two-way referrals, via a strong and prominent network of community groups would facilitate early Social care support and local connections. This may require initial investment, learning and guidance to increase local community network groups but should be set up to enable the ULO/community groups to be self-sustainable.	Thank you for your comments. It is anticipated that this public health guidance will consider activities and interventions operating at a community level.
Doncaster Council	Q4		Knowledge is key to ensuring that the correct services are initiated – whether that is self-commissioned community groups or more formal Local Authority activity. However, one of the main challenges is self-identification as a Service User with social care needs. Whether due to naivety, ignorance or stigma, Service Users can often only seek support when already in crisis when earlier contact and support could prevent and avoid the crisis occurring.	Thank you for your comments. It is anticipated that this public health guidance will consider early identification and intervention, and evidence permitting provide recommendations for service commissioners (including local authorities and groups of volunteers) and will

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			Socialisation, community contact and clear pathways for two way referrals between Community groups and the Local Authority would offer the earliest opportunity to offer reablement or social care support. This would increase overall health and wellbeing at a reduced overall cost and maximise the longevity of independence. Reducing mobility challenges are key to ensure that socialisation is maintained when potential service users first require support. Initial investment by the Local Authority to build transport links, either with formal contracts or volunteer networks, will increase access to community activities helping to maintain the wellbeing of individual service users and the stability of community activities and groups. This in turn will increase the visibility of older people with mental health conditions into the wider community and also help to improve understanding and integration. This should improve their "voice" to help shape the community that they want and need.	consider mobility and transport services. As stated above, NICE advisory bodies consider both effectiveness and cost effectiveness in developing recommendations. In order to manage delivery of this guidance, there are some exclusions from the scope.
Independent Age	General		We welcome the development of this guidance. It is going to be important in the context of public health, but across social care and health too. It is timely because all local authorities will be required by legislation to promote individual well-being as part of their responsibilities under the Care Bill. The guidance may help councils discharge their social care duties, even though it is directed at stakeholders working in public health. We look forward to responding to the full consultation and ensuring the guidance assists a wide range of agencies.	Thank you for your comments. It is anticipated (evidence permitting) that the guidance will include recommendations for service commissioners - including local authorities.
Independent Age	4.2.2 d)	6	We recognise that planning for the built environment might be covered in other pieces of guidance, but the links between accessible street environments and older people's mobility and mental wellbeing are so great, we believe NICE should still cover interventions that facilitate older people to keep active and go outdoors within the scope of this particular	Thank you for recognising the role of other NICE guidance. In order to manage the delivery of this guidance, the detailed consideration of the 'built environment' has been excluded.

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			piece of public health guidance.	Public Health Guidance 16 makes recommendations on physical activity and older people, including walking groups and other community activities. Please see http://www.nice.org.uk/ph16
Independent Age	Question 5	7	We think this question also needs to consider choice and control and how older adults' perceived level of choice and control influences their mental wellbeing. One of the expected outcomes could focus on older people's self-reported control over their choice of social activities. We believe this is a key factor in determining mental wellbeing and overall levels of independence. The personalisation agenda is advancing in both health and social care. The proposal in the Care Bill for all people to receive either a personal budget or an individual personal budget demonstrates how this approach will be enshrined in law. NICE guidance on independence for older people should therefore reflect best practice on personalisation and maximising older people's feelings of choice and control Having full choice and control could encompass meeting a person's specific cultural or religious needs, so this also needs to be included within the scope of the guidance. Failing to do so could unintentionally limit the impact of the guidance and its effectiveness for significant numbers of older people. This guidance needs to be relevant and meaningful for all older people, so we are pleased the 'Critical elements' in Appendix B highlights effectiveness of public health interventions could vary according to the diversity of the population. The guidance might encourage local authorities to consider the most effective approaches for different groups of older people and how to effectively track the relative impact of different interventions	The guidance will consider links between mental wellbeing and independence of older people and other aspects of their mental and physical health, capability, quality of life, isolation and participation in activities. Please see question 4 of the final scope. While the guidance will not consider specifics of health and social care (including personalisation and personal budget) recommendations may be relevant to supporting an older person's choice, control and independence. Public Health Advisory Committee (PHAC) will consider all relevant equalities characteristics, including an older person's religion and beliefs. Thank you for recognising (as set out in appendix B of the final scope) that PHAC (the independent advisory body) will consider how effects may vary according to the characteristics of the population. The guidance we also consider how relevant information is shared to support independence and wellbeing of older people.

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Independent Age	3 e and throughout	3-4	In developing guidance it is important that the definitions NICE uses to describe wellbeing are consistent across health, social care and public health.	Thank you for your comment. The scope sets out key definitions for this guidance. Development of these definitions has considered existing NICE guidance and terminology used in current policy and practice.
Independent Age	Question 4	7	The sub question to Question 4 'Are some interventions more effective for some target groups than others?' should be widened. Where NICE plans to consult stakeholders on the "barriers" and "facilitators" to assessing suitability for, and the uptake of certain interventions, it would make sense to include a prompt and ask whether these barriers and facilitators are cultural in nature, and if so, what can be done to overcome or help promote them. If for example some older people are more likely to respond to a public health intervention because it is culturally sensitive to their needs based on their faith, nationality or primary language, then this should clearly be highlighted in the final guidance,	The development of the guidance will include formal, independent evidence review of 'barriers and facilitators'. A separate protocol will define the detail of this research. The Public Health Advisory Committee will consider implementation (barriers and facilitators) and applicability in developing recommendations. In addition, the Committee will consider all relevant equalities characteristics, including ethnicity and communication modes. It will also carefully consider health inequalities and how they may be reduced.
Independent Age	Question 5	7-8	Under the expected outcomes for this section it would be suitable to refer to meeting a person's spiritual or cultural needs as important in achieving 'mental capital'.	Thank you for your comments – the Public Health Advisory Committee will consider implementation and applicability in developing recommendations. This could include older people with spiritual beliefs, or none, and how cultural needs may be considered and addressed.
MRC Unit for Lifelong Health and Ageing at UCL	3e	3	I think the guidance has taken a good approach to defining mental wellbeing as emotional and psychological wellbeing and the ability to function socially. The capacity to build and maintain strong and positive	Thank you for your comments – such evidence will be identified using a systematic search strategy, supplemented

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			relationships and to work productively and creatively draws on appropriate theory. I suspect the evidence on the *capacity* to do these things (rather than actual engagement in work, or quantities and quality of social relationships) will be more difficult to come by. It may be helpful to note that productive work and social relationships are seen as being possible pathways to promoting mental wellbeing though are not evidence of mental wellbeing in themselves.	with a call for evidence (please see http://guidance.nice.org.uk/PHG/65 later in the guidance development process) and expertise from within the Public Health Advisory Committee and if needed individuals invited to present expert testimony to the committee.
MRC Unit for Lifelong Health and Ageing at UCL	4.2.1d	5	In addition to communities where older people live, places where older people work could also be of relevance.	Thank you for your comments. NICE recognise the workplace as an important setting which is to be considered in separate NICE guidance in development. Please see the Related NICE Guidance section of the final scope.
MRC Unit for Lifelong Health and Ageing at UCL	4.2.2	6	I found the list of activities that will not be covered confusing. Is it essentially one-to-one interactions that are to be excluded here? "Age-friendly city" initiatives are not likely to be one-to-one. I would envisage some of the activities in 4.2.1 would include at least some elements/approaches of CBT.	The guidance will not develop recommendations for healthcare professionals on psychological interventions. It will not consider the 'built environment'. The reasons for these exclusions are because other NICE programmes develop guidance for mental health practice and to manage delivery of this particular guidance. The activities listed as excluded are those where specific recommendations will not be developed. In some cases the guidance may still be applicable, in general terms, to or be in support of the area or activities excluded.
MRC Unit for Lifelong Health and Ageing at UCL	4.2	4-5	The activities to be covered appear to draw on interventions and practice. Some of the background questions to be addressed could additionally	Thank you for your comment. A variety of evidence from a range of research

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			draw on observational epidemiological evidence. Does this need to be reflected in 4.2?	methodologies and practice will be considered for the guidance. As NICE Public health guidance uses an inclusive approach to evidence considered in guidance development, it does not list exclusions. A set of evidence reviews will be commissioned to support development of recommendations. The review protocol for the evidence reviews will define the type of evidence considered. The reviews will be systematically conducted and reported. The reviews will be made available with the draft guidance. For further details please see Methods for development of NICE Public Health Guidance
MRC Unit for Lifelong Health and Ageing at UCL	4.3	7	Differential effectiveness by population subgroup is to be included. It could be helpful to explicitly note an interest in understanding the contribution to socioeconomic inequalities in mental wellbeing here.	Thank you – PHAC will consider equalities, tackling health inequalities, including those related to socioeconomic status.
MRC Unit for Lifelong Health and Ageing at UCL	4.3	7	Several of the terms listed here (mental wellbeing, mental health, capability, quality of life) do not have widely accepted definitions. I was unclear what was being asked of the guidance here. Is it to tackle concepts and terminology? The practical value of this particular question is not obvious to me.	Noted – NICE is aware that definitions vary. The scope aims to define key terms to be used for guidance development. These definitions have been developed noting terms used in extant NICE guidance and relevant policy and practice. The guidance will explore linkages between mental wellbeing and independence and other factors and means of indentifying older people at high risk of a decline in their mental wellbeing

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				and independence. It will not seek to further define terminology in this field as an objective of this guidance. Working definitions for this guidance will be described and used consistently in guidance documentation.
NHS Direct	General		NHS Direct welcome the guideline and have no comments as part of its consultations	Thank you for confirming NHS Direct has no further comments at this stage.
Public Health England	General		The scoping document is on mental wellbeing and independence. These are two variables (outcomes) which may be interacting e.g loss of independence due to sight loss may lead to poor mental wellbeing and poor mental wellbeing may exacerbate other risks to loss of independence. Moreover both of the variables can be on a continuum flowing in each direction due to conditions other than cognitive impairment. The scoping document may need to clarify if the scope will look at interventions for each variable separately recognising that there may be some interventions that promote both.	Thank you for your comments on the draft scope. NICE recognise that the contributors to an older person's mental wellbeing and independence may be interrelated as well as there being relationships between mental wellbeing and independence. The scope is necessarily brief, but the short definitions proposed include inaction of the mental wellbeing (resilience) and independence terms (section 3). For most activities listed in section 4.2.1, both terms are specified. The guidance will therefore consider interventions and their effect on mental wellbeing and/or independence. The guidance will also consider links between mental wellbeing and independence of older people and their mental and physical health, capability, quality of life, isolation and participation (question 4, in the final scope).

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Public Health England	General and section 4		The description and activities are related to both public health and social care. It would be worth considering an integrated approach for public health using the PH guidance and social care guidance processes.	The Centre for Public Health (responsible for this guidance) is engaged with other guidance producing centres at NICE to ensure that there is identification of areas with crossover between different guidance products so that useful guidance is developed. Additionally, as NICE displays its guidance in NICE pathways, this allows all NICE recommendations on a given topic, regardless of which Centre produced the recommendations, to be displayed in one easily navigated portal. . NICE public health guidance generally has a focus on population level preventive programmes. This guidance will consider community level activities and support to local commissioners. It will not intend to make recommendations on the specific of care for people with health and social care needs as other NICE guidance (such as developed in the clinical or social care programmes) are more relevant for developing recommendations aimed at for health and social care professional practice. Please see the Related NICE Guidance section (6) of the final scope for an overview of other NICE Guidance which will be carefully considered when developing recommendations.
Public Health England	Section 4,	4	Criteria 2 relates to premature ageing at age 55. Would this relate to	Thank you for your comments. NICE

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	4.1.1		people with type 2 diabetes or heart disease at age 55? Some BME communities and in more deprived populations type 2 diabetes and heart disease is prevalent at younger age groups, so some consideration may be required.	recognise the challenge in defining 'older people'. The age of 65 years and over has been used, in common with other policy documentation, but it is noted that the age of 65 year is somewhat arbitrary. The scope therefore also includes people aged 55-64 years, who are at comparable risk to a person chronologically older. This margin could include people at risk due to inequalities from BME or lower socioeconomic groups. The Public Health Advisory Committee will careful consider how recommendations may be applied for different groups across chronological age, risk and other factors. Please see appendix B 'potential considerations' of the final scope.
Public Health England	Section 4, 4.1.2	4	The target population appears to be free-living older population. The second criteria on substantial health and social care needs should be clarified. Dementia and cognitive impairment are used as illustration for substantial health and care need. e.g are people with mild cognitive impairment who may be living independently and carrying out daily activities with personalised budgets and people with sensory and physical disabilities living independently needing substantial health and social care without significant cognitive impairment are included. It would be good to cross reference to the LTC scoping document that is out for consultation from NICE	This guidance will consider community level activities and support to older people living in their own home. Noting the general remit for NICE public health guidance and the existence of guidance in development by other NICE directorates, the Centre for Public Health has developed this scope to focus on prevention and community level activities. Recommendations will not be developed for the health and social care for people with substantial (or greater) social care needs, noting that social directorate will develop guidance for social care

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				professionals working with older people with long term conditions (as well as other topics). In the examples given, the public health guidance would not intend to develop recommendations on specifics of care for a person with mild cognitive impairment; sensory or physical disabilities or substantial care needs but the general recommendations may be applicable to the overall support on offer to people with these conditions. The NICE Centre for Public Health and NICE Social Care team are engaged with each other's guidance development processes.
Public Health England	Section 4, 4.2	4.-6	The purpose of the guidance is to recommend effective public health interventions that promote mental wellbeing and independence. This section includes activities to increase awareness of mental wellbeing and independence and awareness of existing services and activities. Although that is useful, locally commission/services should be commissioned and which are not effective. NICE Guidance PH16 (2008) on occupational therapy and physical exercises is referred here but within free living healthy population other forms of physical activity as social and enjoyable events needs to be included in scope, given what we now know from health economics research that enjoying and making friends is a key reason for joining physical activity.	NICE develop recommendations considering (with other factors) effectiveness and cost effectiveness. The activities recommended in the final guidance will have been judged by the Public Health Advisory Committee to be both effective and cost effective use of public funds. A set of evidence reviews will be commissioned to support the development of recommendations. This It is anticipated that PH16 will remain extant, though where relevant if may be cross referred to this guidance. The scope states the recommendations will not subject to

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				further evidence review and update, but activities not covered by PH16 (potentially, 'other forms of physical activity' referred to in the comment) are not excluded from this work. The Committee will carefully consider where recommendations from other NICE guidance may be applicable to this guidance and the value of making additional or new recommendations in that area.
Public Health England	Section 4 4.3	7	Not clear if there is a typo error in numbering Q – number 3 or a question is missed. NICE should consider adapting a social return on investment (SROI) type of evaluation in addition to cost-effectiveness with participatory research because wellbeing as defined in the scope is about feelings and perception of one life. This approach would help to understand the public health dividends from investments from some of the social care activities and vice versa	Thank you. There are 4 key questions posed. This error has been noted and corrected in the final scope (4.3). NICE will commission evidence reviews and economic evaluation in line with its published methods for public health guidance development. These methods allow for a range of approaches to be explored. We do consider it important to understand and document the range of outcomes that might arise from an intervention, even if we can't place a value on all of them. This type of 'evidence' may be gathered in a variety of ways including expert testimonies. Furthermore, such outcomes are often discussed at length in committee meetings and may go on to inform considerations so as not to lose their importance.

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Royal National Institute of the Blind	General	1	When preparing guidance for interventions with older people, it is important to consider the impact that sight loss can have on health and wellbeing.	Thank you commenting on the draft scope. The guidance will explore links between mental wellbeing and independence and mental and physical health and capability (among others). Please see question 4 of the final scope. The guidance will consider activities to support the independence and mental wellbeing of older people, in general. It may consider how programmes developed for people with specific conditions or differing sensory capabilities may be translated to older people in general – particularly in the case of an absence of evidence on older people in general. Conversely, the Public Health Advisory Committee will also consider how recommendations for older people in general may be apply or be adapted for people with specific conditions or disabilities. As part of implementing its Equality Scheme, NICE will carefully consider protected characteristics (including sensory disabilities) and how health inequalities may be reduced.
Royal National Institute of the Blind		1	Whilst sight loss affects people of all ages. As we get older we are increasingly likely to experience sight loss. In the UK, one in five people aged 75 and one in two people aged 90 and over are living with sight loss (Access Economics, 2009. Future Sight Loss UK 1: The economic impact	Noted. The guidance will consider the physical capabilities that are more common in older life.

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			of partial sight and blindness in the UK adult population RNIB).	
Royal National Institute of the Blind	General continued	2	People living with sight loss report having lower feelings of wellbeing. A third of people (34%) with sight loss reported that recently they had begun to feel unhappy or depressed more often. More than half of people (55%) with sight loss were dissatisfied with their health. A quarter of people (25%) with sight loss reported being dissatisfied with their life overall (McManus S and Lord C, 2012. Circumstances for people with sight loss: secondary analysis of Understanding Society and the Life Opportunities Survey. NatCen report for RNIB)	Thank you, we note the link between sensory impairment and mental wellbeing and independence.
Royal National Institute of the Blind		2	Older people with sight loss are almost three times more likely to experience depression than people with good vision (Evans, Fletcher and Wormald, 2007. Depression and anxiety in visually impaired older people. Ophthalmology. Volume 114 (2), 283–288)	Noted – thank you.
Royal National Institute of the Blind		2	There are a number of reasons which contribute to people feeling depressed and anxious, these include lack of information and support when diagnosed and adapting to sight loss, experiencing financial difficulties and feelings of isolation and loneliness and access to digital technology.	Thank you for your comment. Awareness raising, information, support and knowledge development; interventions that aim to reduce loneliness and isolation and ways to support access to services and enabling technologies are included in the scope
Royal National Institute of the Blind		2	For example nearly half of blind and partially sighted people feel 'moderately' or 'completely' cut off from people and things around them." (Pey, Nzegwu and Dooley, 2006. Functionality and the needs of blind and partially sighted adults in the UK: An interim report**.** Guide Dogs)	Noted – thank you.
Royal National Institute of the Blind		2	Accessing leisure and community activities can be difficult. For example 15 per cent of registered blind and partially sighted people say that they do not do any leisure activities outside of their home (Douglas et al, 2006.	Noted – thank you. The guidance will consider older people in general. This may include support for transportation and

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			Network 1000: Opinions and circumstances of blind and partially sighted people in Great Britain. Visual Impairment Centre for Teaching and Research, University of Birmingham).	mobility and access to more specialised services (The details of care provided within specialised services is outside remit of this guidance.).
Royal National Institute of the Blind	General Continued	3	Many blind and partially sighted also do not receive the support they need when they are registered with an eye condition. In the year after registration, less than a quarter (23%) of people who lost their sight said they were offered mobility training to help them get around independently. (Douglas et al, 2008. Network 1000: Access to information, services and support for people with visual impairment. Visual Impairment Centre for Teaching and Research, University of Birmingham)	Noted – thank you. The guidance will consider older people in general. This may include identifying vulnerable older people within a locality (such local authority area or general practice area).
Royal National Institute of the Blind		3	People living with sight loss are more likely to experience financial hardship. Households where someone was living with sight loss were less likely to be able to make ends meet. Two in five people (41%) with sight loss faced some or great difficulty in making ends meet. Half of people (49%) with sight loss live in a household with a total income of less than £300 a week. 14% of people with sight loss could not afford to keep their home adequately warm (McManus S and Lord C, 2012. Circumstances for people with sight loss: secondary analysis of Understanding Society and the Life Opportunities Survey. NatCen report for RNIB).	Noted – thank you. The guidance will seek to identify where recommendations may reduce health inequalities.
Royal National Institute of the Blind	Question 1: What are the most effective and cost effective ways	4	Any awareness raising campaigns should also target blind and partially sighted people. Including accessible formats and the use of local radio stations to promote messages. Whilst a proportion of blind and partially people do use the internet, there is still a large percentage that do not. It is therefore important that any awareness rising campaigns are not just	Thank you for your comment and links to supportive references. The guidance will seek to identify where recommendations can promote access for groups with protected characteristics covered by

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	that local authorities, other services and communities can raise awareness of the importance of older peoples' mental wellbeing and independence		web based. A recent RNIB survey found that the percentage of people who use a computer with a visual impairment declines within the higher age groups; 65% aged 50-64; 56% aged 65-74; and 32% aged 75 and over. Respondents who had been blind or partially sighted for a longer period of time were more likely to use a computer compared to those who had recently developed sight loss. Only 34% per cent of people who had been living with sight loss for less than two years used a computer, this compared to 61 per cent of those who had been living with sight loss for over 10 years and 78 per cent of those who had been blind or partially sighted since birth/childhood (Slade, J. 2013 Update on inclusive society 2013. RNIB April 2013) A further RNIB study, supported by BT, identified barriers and enablers to getting online for older people with sight loss. The report highlights barriers that are specific to older people with sight loss including the perception that sight loss itself prevents them from getting online, the high cost of access technology and the lack of accessible training. The recommendations are organised around the framework developed by the Communications Consumer Panel (2010). The report recommends that RNIB adopts the four stages of the Framework for Digital Participation (getting interested; acquiring the solutions; making it work; enjoying the benefits) as the basis of a new technology support strategy to reflect the scope of our vision and work. It also recommends that stakeholders in voluntary, public and private sectors work together to help older people with sight loss get and stay online. (Edwards, Angela, 2013.	equalities legislation, for example consideration would be given to the format of awareness raising activities.

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			Tackling digital exclusion; Older blind and partially sighted people and the internet. RNIB and BT)	
Royal National Institute of the Blind	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 decline in their mental wellbeing or independence ? - What are the key identifiable risk factors?	5	The time of diagnosis can be a very stressful and anxious time. As outlined previously in this consultation response sight loss is associated with a higher than normal risk of depression (Evans, J.R., A.E. Fletcher and R.P Wormald (2007), Depression and anxiety in visually impaired older people, Ophthalmology, Volume 114, Issue 2, International Centre for Eye Health, London, pp. 283-288.) Research also has found that 70% of blind and partially sighted people said they wanted someone to talk to about their fears and concerns after being told they were losing their sight. Only 19 per cent were offered this opportunity in the eye clinic (McBride, S. 2001, Patients talking 2: The eye clinic journey experienced by blind and partially sighted adults: a quantitative study, London, RNIB). A survey of registered individuals reveals that after diagnosis only 8 per cent of blind and partially sighted people were offered formal counselling by the eye clinic, either at the time or later (Douglas, G., S. Pavey and C. Corcoran 2008, Access to information, services and support for people with visual impairment, Visual Impairment Centre for Teaching and Research (VICTAR), University of Birmingham).	Noted – thank you.
Royal National Institute of the Blind	Question 2: What are the most effective and cost effective ways	6	A hospital based ECLO (Eye Care Liaison Officer), can provide support to people when they receive their diagnosis, providing support and information about registration, what services are available and information about the persons sight conditions. ECLO's can also refer onto other services.	Noted – thank you for your comment and references.

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	that local government, other services and communities can identify older people who are at high risk of decline in their mental wellbeing or independence ? What factors help to reduce the risk of a decline in mental wellbeing or independence ?		Evaluation of the service shows that, ECLO service increased clinical staff efficiency by reducing time spent with distressed patients. This is importance as ophthalmology has one of the highest rates of follow-up appointments. ECLOs also provide patients with the information needed to take control of their condition and make informed choices. ECLOs also provide emotional support and services outside the hospital. 90% of clinical staff working with ECLOs said that they significantly improve patient experience. 77% felt more comfortable when patients left if they patients had ECLO support (Johnson, S, Boyce, T. et al. Cost-effective and high quality care: The evidence for Eye Care Liaison Officers- 'ECLOs'. RNIB May 2012).	
The Royal College of Psychiatrists	4.3, Question 1 **Raising awareness**	6	Effective ways of raising awareness include: - Provision of outreach work to community facilities such as libraries, tenants associations and day centres from secondary care professionals such as psychiatrists, psychologists, occupational therapists and support workers. - Provision of written material in GP surgeries on well-being and independence covering areas such as identifying mental	Thank you for your comment; the evidence base will be explored to ascertain effective and cost-effective ways of raising awareness of older peoples' mental wellbeing and independence.

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			disorders such as early memory problems, low mood and anxiety - Encouraging older people to use the internet and communicate via email through drop-in sessions at libraries and day centres	
The Royal College of Psychiatrists	4.3, Question 2 **Risk factors**	7	Risk factors for a decline in mental well-being or independence include: lack of face to face or telephone contact, recent bereavement, recent retirement, poor mobility and risk of falls, chronic pain, depression, anxiety and alcohol misuse	Noted. Thank you for your comment.
The Royal College of Psychiatrists	4.3, Question 2 **Protective factors**	7	Protective factors include activities and services which promote both emotional and physical well-being, in particular: bereavement counselling, day care and volunteering, primary care psychology interventions, GP monitoring of blood pressure and stroke risk, hearing/eyesight checks, foot care, provision of mobility aids (including wheelchairs), 'telecare' and other assistive technologies.	Comment noted – thank you.
The Royal College of Psychiatrists	4.3, Question 4 **Improving and protecting mental well-being and independence – facilitators.**	7	The following approaches can help to facilitate the improvement and protection of mental well-being and independence: - Sharing of specialist knowledge and skills between services to improve integrated care. - Improving access to services to minimise social disadvantage/handicap, including uptake of routine health checks in primary care, provision of social support (including day care), benefits advice, assistance and supervision with personal care and domestic activities of daily living, improving medication compliance and encouraging increased family support.	Thank you for your comment; the evidence base will be explored to ascertain effective and cost-effective ways to improve and protect the independence and mental wellbeing of older people
The Royal College of Psychiatrists	4.3, Question 4 **Improving and protecting**	7	The barriers which need to be overcome in order to improve and protect well-being and independence are: stigma, fear of being 'put in a home' and self-perception that low mood and memory loss are 'part of growing old'.	Thank you for your comment. The development of the guidance will include a formal, independent evidence review of 'barriers and facilitators'. A separate protocol will define the detail of this

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	mental well-being and independence – <u>barriers.</u>			research. The Public Health Advisory Committee will consider implementation (barriers and facilitators) and applicability in developing recommendations.
SENSE	GENERAL		Sense would like to see sensory loss and in particular dual sensory loss, considered and acknowledged in both the scope and the final guidelines. Reasearch carried out by Bodsworth and Claire (2011), has shown that it is likely that 50% of older people with dual sensory loss (DSL) are likely to report feelings of psychological distress in comparison to 20% of the general older population. As such it is important to consider the needs of this group in any guidelines around the mental well-being of older people. Furthermore, it has been seen in a practical sense, that with the right support from Communicator Guides (specialist support workers for those with a dual sensory loss) older people with DSL can continue to live full and happy lives. This provision also needs to be acknowledged in this scope and final guidance.	The guidance will consider older people in general and then how evidence from specific groups of older people might apply in general and how recommendations, in general, might be applied to specific groups. These groups could include people with sensory loss. The guidance may also consider how vulnerable older people may be identified. As part of implementing its Equality Scheme, NICE will carefully consider protected characteristics (including sensory disabilities) and how health inequalities may be reduced. Thank you for referring to the Communicator Guides. This has been noted for the development of the reviews which support recommendation development.
SENSE	4.2.1 c)		We would like to see the inclusion of appropriate assessment's for older people with a dual sensory loss, according to the Social Care for Deafblind Children and Adults' LAC(DH) (2009), individuals who have a combined sensory loss that impacts upon their mobility, access to information and communication, should have a specialist assessment carried out by a specialist assessor. However, coverage and implementation of this remains patchy particularly in regards to older	The guidance will consider older people in general and then how evidence from specific groups of older might apply in general and how recommendations, in general, might be applied to specific groups. In order to reflect the remit of NICE Public

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			people with aquired sensory loss. As well as the use of early identification screening tools, for functional assessment and identification of hearing and sight problems. Sense's Sensory Impairment Screening Tool is a good example of this.	health guidance and the role of other NICE directorates, this guidance will not focus on the specifics of health or social care. Thank you for referring to your Sensory Impairment Screening Tool.
SENSE	4.2.1 d)		Under the sub-section "Those working with Older People", we would like to see an additional point, stating; improved knowledge of the needs of older people with dual sensory loss, and the importance of appropriate support and its potential affect on emotional and mental well-being	Noted, however, guidance will consider older people in general and then consider how recommendations may be adapted for specific groups of older people. It will consider how vulnerable older people may be identified.
SENSE	4.2.1 d)		Under the sub-section "Older People" we would like to see; specialist support for those with dual sensory loss, such as Communicator Guides. As with the right support individuals can continue to lead independent and fulfilled lives.	This level of detail would not normally be included in the scope document and, to an extent, pre-empts the evidence base and consideration of the evidence.
University of Edinburgh Centre for Cognitive Ageing and Cognitive Epidemiology	General		Following on from the UK Government's 2008 Foresight Report on Mental Capital--to which our Centre contributed evidence on cognitive ageing--we recommend that a life-course perspective be adopted with respect to cognitive ageing. There are contributions to people's experience of cognitive ageing from all periods of life, from conception onwards. The whole range of age-related cognitive change should be considered. Attention should be given to those cognitive and other qualities that do not decline with age, as well as those which tend to. Attention should be given to those whose cognitive functions age especially well as well as those who experience more decline. There are many misconceptions about cognitive ageing. Where possible, systematic reviews of good studies should form the basis of the evidence	This guidance focuses on the mental wellbeing and independence of older people. We acknowledge the cumulative impact of the life course on an older persons' capabilities, resources and resilience as well as mental and social capital. but cannot cover the whole life course in one piece of guidance. NICE have developed a scope that is considered achievable in the time and resources available. The Foresight report is referred to in the scope background section.

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			considered.	The guidance intends to identify effective and cost effective interventions that improve or protect mental wellbeing and independence of older people. Please see question 3 of the final scope. In line with our process and methods a set of evidence reviews complemented with other methods will be used to develop the guidance.
University of Edinburgh Centre for Cognitive Ageing and Cognitive Epidemiology	Sections 3f and 4	P3-7	It is important that 'independence' is seen as a desired outcome and neither seen as a capacity nor defined too narrowly, e.g. as a surrogate term for 'cognitive decline'. Independence is a broad outcome that has cognitive, physical, personality, social etc. aspects. In short, independence at times might be too woolly a term, and terminology such as cognitive decline/loss of cognitive function etc. is preferred where appropriate, as a contributor to independence.	Thank you – NICE recognise that 'independence' is a broad term and has aspects spanning those considered in mental wellbeing. Independence is the term used in the referral from the Department of Health, relevant policy documentation and functionally it is an important outcome for different circumstances (please see section 3, paragraph fin the final scope).
University of Edinburgh Centre for Cognitive Ageing and Cognitive Epidemiology	Section 4.3 Question 5.	P7	Perhaps onset of frailty should also be a specific outcome here, as we and others have shown that lower wellbeing increases risk of frailty and of the pre-frail state.	Noted – NICE consider that 'frailty' is also a difficult term to define, with multiple components – we have tried to capture some of those components in the indicative list of outcomes.
The Positive Ageing Company	General		There does not seem to be any mention of employment and its capacity to support the wellbeing of older people. Along with the obvious financial benefits, part time or full time	NICE is developing public health guidance titled 'Workplace policy and practice on promoting the health of older workers: adaptations to extend working lives and

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			employment can provide significant physical and mental benefits for older people. Especially considering we now have key drivers such as the removal of the Default Retirement Age, the introduction and evolution of age discrimination legislation, the economic imperative for businesses to retain older workers (e.g. to make up for the forecast 5m skilled employee shortfall - CIPD 2012), plus our changing culture with respect to 'retirement' and older people's attitudes and desire to continue working well past 65 years of age. In fact over 50% of people now aged 55 have no intention of retiring at age 65 (CIPD 2012) Or are older people in part time or full time employment out of scope?	prepare for retirement'. Please see http://guidance.nice.org.uk/PHG/59 To avoid duplication the guidance considered in the scope consulted upon does not intend to focus on interventions in the workplace, although recommendations (such as those operating in the community) may be applicable to older people who are still working.
The Trading Standards Institute	General		Trading standards enforce the Consumer Protection from Unfair Trading Regulations. These regulations define vulnerable consumers on the basis of age, infirmity, or credulity. Other protective legislation that is relevant is the Consumer Credit Act.	Thank you for commenting on the draft scope.
The Trading Standards Institute	General		A basic psychological requirement (Maslow's hierarchy of needs) is a feeling of safety / security	Noted – the definition of mental wellbeing to be used in this guidance is intentionally broad and includes emotional wellbeing and resilience.
The Trading Standards Institute	General		Ex-West Yorkshire Police chief superintendent Brian Steele's mid-1980s Home Office report on bogus callers / doorstep crime and a 2013 trading standards study on unwanted telephone calls in three Scottish authorities both showed older / more vulnerable adults to be disproportionately targeted by unwanted cold callers, both ruthless salesmen and organised criminal groups.	The guidance will consider how vulnerable older people, how may benefit from support, may be identified. Support could (subject to evidence base) include home maintenance or improvements to support an older

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				person's physical and perceived security.
The Trading Standards Institute	General		Three main types of crime affecting the elderly are mail, telephone, and doorstep scams – a fourth, e-crime, will increase. Victims are often repeatedly targeted and are on a 'suckers list'. The scale and predation is illustrated by the fact that the National Scam Hub identified 100,000 victims from one single source (a suckers list).	Comment noted- thank you
The Trading Standards Institute	General		The National Fraud Authority assessment puts losses at billions of pounds sterling. The consequences are to undermine financial and psychological ability to maintain independence. It can induce poverty, depression, and suicide.	The guidance will consider how vulnerable older people may be identified. This could, potentially, include factors that would also suggest a person is vulnerable to fraud or has been a victim of fraud.
The Trading Standards Institute	General		Trading standards work and research has shown the early admission to residential care of victims of doorstep crime.	Noted – thank you for this point.
The Trading Standards Institute	General		Such crime can wipe out a lifetime's saving at one extreme or cause a constant unnecessary drain on limited incomes on a regular basis, especially if long term relationships are established with scammers. For more information on this phenomenon see the website of the Think Jessica charity - http://www.thinkjessica.com/	Thank you for referring to the 'Think Jessica' resource.
The Trading Standards Institute	General		If an individual cannot maintain themselves, the state must step in when it would otherwise have been unnecessary.	NICE recommendations are implemented within existing professional practice. NICE recognise that implementation of effective activities and interventions in this area may avoid reduction in independence and avoidable early access to care.
The Trading Standards Institute	General		The impact on the feelings of a scam victim cannot be overestimated. It must also be recognised that there is delusion and artificial fraudulent relationships established to further the ends of scammers.	Noted – the guidance will consider how vulnerable older people may be identified. It may also consider how mental wellbeing

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			Being a victim can induce a feeling of isolation because of intrafamily strife (again, see the Think Jessica website). It is a fundamental human right to live from the fear of crime and to feel safe and secure. Yet we doubt that there is a trading standards service or police authority in the UK who would not give examples of the ruined lives of the victims of such scams. This devastation could be financial and/or psychological.	and independence are related to other factors such as mental and physical health.
The Trading Standards Institute	General		<u>Remedies</u> (1) Raising awareness of financial harm with: Individuals Family / Carers Professionals (2) People must know the nature of scam crimes and to whom to report such crimes (many, through shame, never report) – the outcome of this would be empowered, knowledgeable and supported consumers and supporters / professionals. (3) Support the establishment of No Cold Calling Areas to deter unwanted cold callers. (4) The establishment of reputable trader schemes such as Buy With Confidence and the use of Caring With Confidence to give a trustworthy source of services. (5) Use technology such as: Bogus caller alarms for those with community alarms / telecare support. Use of call-blocking technology to protect the vulnerable from unwanted calls, allowing vetting or diversion of unknown telephone callers. (6) The introduction of multi-agency financial abuse specialist teams is being discussed by the Scottish Government Financial Harm working group – the workstream is being led by the Scottish	The guidance will consider effective and cost effective ways of how awareness of older peoples' mental wellbeing and independence can be raised and intergenerational respect fostered within communities. It will also consider how vulnerable older people may be identified. For example, see section 4.2.1 b and c of the final scope. The guidance will consider how those working with older people can support access to relevant services. For example, see section 4.2.1 b, c and d of the final scope.

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			business Resilience Centre. It involves police, trading standards, social work, health, and financial institutions and the voluntary sector. (7) The breaking down of silos between agencies to help make people feel safer in a complex and confusing world is vital, as is the encouragement of the Department of Health concept of no secrets between agencies.	
The Trading Standards Institute	General		Evaluations in Scotland of doorstep crime in 2009 and using call-blocking technology show that there can be a positive impact on feelings of being supported, together with reduced apprehension and stress when such technology is used. (The pilot group was all older / vulnerable adults in three local authorities.)	Noted – thank you.
The Trading Standards Institute	General		There are early ongoing discussions between Hull University, Brunel University, trueCall Ltd, and trading standards in Scotland about the potential additional benefits of using the remote monitoring functions of call-blocking technology to help identify changing behavioural traits expressed through the telephone use of vulnerable adults with dementia, bipolar condition, or other variable or degenerative conditions. This has potential to offer additional peace of mind to consumers (and also their family) in respect of victimisation by cold phone calling.	Noted – thank you.
University of Southampton	**Question 5:** What links are there between the mental wellbeing and independence of older people and their: mental and physical	7	Our cross-sectional and longitudinal survey research on national and ethnically diverse –population samples of about 2,000 people aged 65+, living at home in Britain found: • Far more of the ethnically diverse, survey respondents had poor QoL than other respondents, despite being more likely than other survey member to be aged 65<75 than 75+. • Survey respondents emphasised the importance of living in a neighbourly and safe area, and having good local facilities to promote friendly and helpful relationship with other people, including neighbours.	Noted – thank you for the references. The guidance will consider how vulnerable older people may be identified. This could be at an individual or local level. The definition of mental wellbeing to be used for this guidance includes social wellbeing and participation. The guidance will consider support for older people to develop and maintain social networks and access to leisure, education and

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	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.		• Respondents mentioned the importance of having someone for *'companionship', 'to take me out', 'to make life bearable'*. Meaningful contact, face to face or by telephone, with sons and daughters was important to most respondents for enjoyment, help and security. Many referred to the importance of having social or voluntary activities in the context of the importance of 'keeping busy' - to stop them worrying, feeling alone, or dwelling on the past. All people could be encouraged to involve themselves in social activities, and build up their support networks from young age onwards - so that they have a stock of such social resources in later life. And communities need good facilities, access to transport, with opportunities for social participation and networking, and environments which are perceived to be safe. These factors, including adequate pensions, can lead to the experience of enhanced QoL in older age. Please note that most measures of quality of life including in older age have been based on 'expert' opinion. If the expert-led measures of quality of life don't measure the right things, policy makers may end up making the wrong policy interventions. You may find our bottom-up approach to measurement of use, culminating in the long and short forms of the OPQOL: Long: Bowling A, Stenner P. (2011). Which measure of quality of life performs best in older age? A comparison of the OPQOL, CASP-19 and WHOQOL-OLD. **Journal of Epidemiology and Community Health**, 2011; 65:273-280. **Open access.** doi:10.1136/jech. 2009.087668 Short: Bowling A, Hankins M, Windle G, Bilotta C, Grant R. (2013). A **short** measure of quality of life in older age: The performance of the **brief Older People's Quality of Life** questionnaire (**OPQOL-brief**). Archives of Geriatrics and Gerontology, 56, 1: 181-187. http://dx.doi.org/10.1016/j.archger.2012.08.012	community activities. In line with our published process and methods, a range of approaches will be considered for accessing the impact of activities and interventions to improve or protect the mental wellbeing of older people. The Public Health Advisory Committee will carefully consider the applicability of available evidence in developing recommendations.

Public Health Guidance

Independence and mental wellbeing (including social and emotional wellbeing) for older people - Consultation on Draft Scope Stakeholder Comments Table

27 September 2013 – 25 October 2013