

## Public Health Intervention Guidance

### Consultation on Review proposal to update –Mental wellbeing and older people 12<sup>th</sup> – 26<sup>th</sup> September 2011

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Stakeholder Organisation	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
College of Occupational Therapists	General	The College agrees with the points raised in the review consultation document and would support the suggestion of providing a link to the Chief Medical Officer's physical activity guidelines for older people.	Thank you for your comment. It has been agreed that the guidance will not be updated at this time. It will be reviewed again in three years.  A link to the Chief Medical Officer's physical activity guidelines (2011) for older people will be placed on the NICE webpage for this guidance.
College of Occupational Therapists	General	Should the guidance have a mention of falls in terms of reducing the positive benefits from increased physical activity or a reference to a document/research? Possible research to consider in regards to falls prevention include:  Logan, Coupland, Gladman , Sahota, Stoner- Hobbs, Robertson, Tomlinson, Ward, Sach & Avery, (2010) Community falls prevention for people who call an emergency ambulance after a fall: randomised controlled trial. <i>British Medical Journal</i> . Available at: <a href="http://www.bmj.com/content/340/bmj.c2102.full">http://www.bmj.com/content/340/bmj.c2102.full</a>  Monaco M, Vallero F, De Toma E, De Lauso L, Tappero R, Cavanna A (2008) A single home visit by an occupational therapist reduces the risk of falling after hip fracture in elderly women: a quasi-randomized controlled trial. <i>Journal of Rehabilitation Medicine</i> , 40(6), p446–450.	Thank you for providing these references. We agree that falls prevention is an important area of consideration in relation to the mental wellbeing of older people. Studies were only included in the evidence review, on which this guidance is based, if they contained mental wellbeing outcomes. These studies appear not to have mental wellbeing outcomes, however, the NICE clinical guideline on falls prevention in older people is currently being updated and we will forward these references to our colleagues.
College of Occupational	Section 3	Bullet point 1 states that ' <i>Recommended actions can also be delivered by professionals who have been trained to apply the principles and methods</i>	In formulating this guidance, the advisory committee (PHIAC) felt that it

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Therapists		<i>of occupational therapy</i> '. Who are these other professionals if they are not occupational therapists? This could lead to concerns around competencies and update of training.	would be unfeasible for occupational therapists to meet demand but that, for example, nurses or care home workers, working under the supervision of an occupational therapist could deliver this intervention.
College of Occupational Therapists	Recommendation 4	Should there be reference here to the Scottish document on training for those working with people living with dementia? Available at: <a href="http://www.scswis.com/index.php?option=com_docman&amp;task=doc_details&amp;gid=342&amp;Itemid=378">http://www.scswis.com/index.php?option=com_docman&amp;task=doc_details&amp;gid=342&amp;Itemid=378</a>	Thank you for providing this link, although training for those working with people living with dementia is beyond the scope for this guidance, we will forward to our colleagues in the responsible for developing NICE clinical guidelines to inform current and future work on dementia and supporting products.
College of Occupational Therapists	Recommendation 4	It is also worth noting here that care home staff have to work to the National Occupational Standards UK wide.	Thank you for this important point, given care home staff already have to work to the National Occupational Standards we feel there will be no additional benefit in referencing this requirement in the guidance.
Dudley Group NHS Foundation Trust	Page 8 – Recommendation 2	I feel NICE should also make recommendations around the level of physical activity in residential settings as well as the community.	Physical activity in residential settings was discussed by the advisory committee (PHIAC) who developed

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			<p>this guidance. While there was insufficient evidence to support drafting specific recommendations for older people in residential care homes, the advisory committee agreed that they should not be excluded as potential beneficiaries. In line with this, recommendation 2 may be applied to this group if those responsible for their care decide the guidance is appropriate and would benefit their clients.</p> <p>The guidance will, however, be amended to include a link to the Chief Medical Officer's physical activity guidelines for older people (2011), which apply to all older people regardless of their residential setting.</p>
Dudley Group NHS Foundation Trust		Integrate physical activity in the care plans like so many other daily activities are.	Thanks for this important point. As noted above, those responsible for the care of older people in residential settings should decide if the guidance is appropriate and would benefit their clients and how best to implement.
Dudley Group	Page 9 -	Walking schemes need to have increased support from councils (in the	This is an important point. Local councils are

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NHS Foundation Trust	Recommendation 3	who should take action section) due to the condition several pavements and park pathways are in.	<p>required to maintain and keep in good repair public highways (roads, pavements, paths which the public are entitled to use) and keep them free from defects which includes a tripping or slipping hazard to pedestrians, such as raised or cracked paving stones, snow and ice.</p> <p>The guidance currently lists local authorities under 'who to take action' for this recommendation, however, specific reference to their role in public highway maintenance is not listed. The guidance does refer, in section 7, to related NICE public health guidance on promoting and creating built or natural environments that encourage and support physical activity; this guidance recommends that managers of paths and rights of way should ensure they are maintained to a high standard.</p>
Dudley Group NHS Foundation Trust		Walk schemes also need a way of becoming all year round with alternatives during periods of inclement weather	When implementing a walking scheme there will of course be a need for contingency plans should the weather be unsuitable. The evidence on which this particular recommendation was based related only to walking programmes and their positive impact

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			on the mental health of older people. However, the guidance does also recommend other opportunities for physical activity interventions which may be suitable for when the weather is unsuitable for walking outdoors.
Dudley Group NHS Foundation Trust	General	Overall a useful and informative guidance document which has provided support for service development in promoting the physical activity of patients.	Thank you for your comment.
GOLD Members, Darlington	General	It has been difficult for members to comment because they felt they would need more information to make informed comments.	Thank you for taking the time to comment, we are sorry your members felt they did not have access to sufficient information to be able to make informed comments. We do our best to signpost to all relevant information; the email alerting stakeholders to our consultation did include a link to supporting information on the NICE website which includes the published guidance as well as the evidence on which the guidance is based.
GOLD Members, Darlington	General	We would like to know more about the 'urgent issues' which are related to public health guidance.	The 'urgent issues' to which the consultation document referred are the care needs of those with cognitive

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			impairment and dementia. These are beyond the remit of this particular piece of guidance.
Lancashire Care NHS Foundation Trust	General	We think the guideline <i>should</i> be updated, if there is new evidence on physical exercise or OT interventions that could prevent or delay dementia this should be fully explored and recommendations strengthened; particularly as the dementia guideline itself is a few years old now.	We agree that the guidance should be updated but no new evidence was identified that would justify an update at this time. The guidance will be reviewed again in 3 years.
NHS Direct	General	NHS Direct have considered the content and have no comment on the proposals.	Thank you.
NHS Stockport	general	Where there is new evidence that is not included in the original guidance, We propose that links to a summary of the new evidence should be provided; easily accessible on the guidance website pages. This would ensure that people are aware of what's additional when looking at the guidance for a particular area.	Thank you for this suggestion; we were advised by experts in this area that there was no new evidence that would justify an update of the guidance at this time. The guidance will be reviewed again in 3 years.
Royal College of General Practitioners	General	As there does not appear to be new evidence that changes current guidelines agree with NICE recommendations.	Thank you.
Royal College of Nursing	Recommendation 2	It would be helpful to know the opinion of Royal College of Physiotherapists on this recommendation, as there does appear to be a convergence of role and responsibilities here.	The Chartered Society of Physiotherapy and the Chartered Physiotherapists in Mental Health are registered as stakeholders for this guidance.

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		<p>In relation to the 'training' recommendations, was there not some consideration that professionals might already have access to these skills in the role of the Physiotherapy in Mental Wellbeing?</p>	<p>The advisory committee (PHIAC) that developed this guidance were aware that many practitioners would already have access to training; however, it was felt important to include a recommendation on training to ensure that all practitioners are trained and that there is consistency in levels of knowledge and skills.</p>
Royal College of Nursing	Recommendation 4	<p>This is a prime opportunity to consider the core Occupational Therapy training programme and not to have mental health skills as a bolt-on to basic training. Such an approach has potential of suggesting that such skills are of a 'specialist' nature, when in reality the skills should form the fundamental base of initial training programmes for all Allied Health Professionals.</p> <p>Taking this one stage further, there is some real scope in developing a single accredited module delivered jointly to both AHPs and nurses in training.</p>	<p>This may be something you wish to discuss with the College of Occupational Therapists (COT) who have developed a range of tools to support the implementation of this guidance.</p>
Royal College of Nursing	Recommendation 7	<p>We agree that the guidance should not be updated at this stage, particularly in view of the proposed changes to health and social care and the stretch on available resources.</p> <p>We however, consider that there is an element missed in the scope around identifying specific vulnerable groups (as noted at 4 above). While</p>	<p>Thank you for your comment.</p> <p>The guidance notes, in section 3, that there was a lack of UK-based evidence on how to</p>

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		<p>the group noted some needs for those persons suffering from dementia, it failed to press the need for a tie in with the Carers' Strategy, especially older carers isolated in Dementia (and highlighted as a real need – and risk – within the Dementia strategy).</p> <p>This would have been a good opportunity of streamlining health policy. It would good to add this to the list of things to be considered at a future date.</p>	<p>promote mental wellbeing among older people, in particular those considered to be isolated, vulnerable and disadvantaged. This includes older people who are carers.</p> <p>It is anticipated that NICE may receive referrals for new guidance on the health of older people which may allow these issues to be addressed in greater depth.</p>
Unite the Union/Mental Health Nursing Association	General	PH16 was welcomed and well received by OT working in mental health settings as it gave real focus and added value to their role. A review of the guidelines would 'refresh' and refocus this	Thank you. The expert group felt there was insufficient new evidence that would cause a change to the existing recommendation, as such it has been agreed that the guidance will not be updated at this time. It will be reviewed again in three years
Unite the Union/Mental Health Nursing Association	General	Guidance should be considered and reviewed against recommendations in Dementia Strategy particularly the role of OT in promoting early diagnosis and maintaining skills and a link to this document included	The expert group felt there was insufficient new evidence that would cause a change to the existing recommendation. We are, however, very grateful to the College of Occupational Therapists (COT) who have provided a range of tools and links to key documents to support the implementation of the guidance.

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Unite the Union/Mental Health Nursing Association	General	Guidance should be considered against No Health Without Mental Health and a link to this document included	We are very grateful to the College of Occupational Therapists (COT) who has provided a range of tools and links to key documents to support the implementation of the guidance.
Unite the Union/Mental Health Nursing Association	General	We agree with the recommendations and accept that new guidance is unlikely to significantly change current practice. We agree that updating the document is unnecessary at this present time and should be reviewed in line with usual processes.	Thank you for your comment.

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