Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Age Concern England		General		Age Concern welcomes this guidance. It is, however, disappointing that good evidence is limited to occupational therapy and physical activity interventions.	Thank you for your comment, we agree.
Age Concern England		Title	1	Using the phrase 'occupational therapy' in the title may result in non-occupational therapists erroneously believing it is not relevant to them and simply not reading any further. We suggest rephrasing the title to: 'Improving mental wellbeing of older people by health promotion.'	Thank you. The title reflects the evidence upon which the recommendations are based.
Age Concern England		Introduction. 'people aged 75 and over'	1	It is unclear why this age group has been selected, and it appears to be inconsistent with the description of the target audience for recommendations 1-3, namely people over 65.	Originally this was included as a group that had been identified as being particularly at risk in addition to others (See Age Concern publication –UK Inquiry into Mental Health and wellbeing in later life 2007). However, we have now removed this reference to avoid confusion.
Age Concern England		Target population	5,6, and 7	The description is unclear. Suggest rewording to read: 'Disadvantaged people aged 65 and over. This includes people living in residential care, in isolation or in rural areas….' We suggest adding older carers to the list in view of 3.12.	The wording has now been amended and reads: 'older people and their carers'. The introduction to the recommendation, page 4, outlines that 'if need exceeds the resources available, there should be a focus on the most disadvantaged older people, for example, those with physical or learning disabilities, those on very low incomes or living in social or rural isolation, including older people from minority ethnic groups. In this guidance 'older people' is defined as people aged 65 years and over.'
Age Concern England		What action should they take?	5	In view of the benefits of self-determination and involvement (p. 11), guidance should suggest involving participants in topic selection, session design and delivery, based on what they perceive to be their needs and priorities. Topics are likely to relate to physical, mental	Thank you, duly noted. This is encapsulated within a person centred approach and an emphasis on personalising interventions is made

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14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				and social health, and the interplay between these.	throughout the guidance.
Age Concern England		As above		It is unclear what 'the principles and methods' are . They could be listed in the text, in an appendix or referenced.	Thank you, duly noted. This information is available from the College of Occupational Therapists and further information is referenced.
Age Concern England		3.6.	13	In view of the paucity of robust evidence in this field, we believe it would be in the best interest of older people if findings from less robust, but reasonably sound, research were to be considered for inclusion in this guidance. These could be presented as 'promising practice' to distinguish them from the recommendations which are based on firm evidence. As opposed to medical interventions, public health interventions are unlikely to cause harm so there is less risk attached. The evaluation of Age Concern's Ageing Well Programme can be accessed via http://10.1.1.14/ace/Home/ACE/ROSD/ActivAgeUnit/AAU_AgeingWell.asp	Thank you for your comment. The difficulty lies in deciding what constitutes 'reasonably sound' research. The inclusion criteria outlined in the scope document already allowed for this approach during the review process and failed to identify work of such standard. With regard to promising practice, it would be costly and time consuming to determine what constituted 'promising practice', and how such practice would be identified and disseminated. Although public health interventions appear to carry less 'physical risk', there are examples of adverse effects.
Banes PCT		General		Health promotion and prevention to maintain physical and mental health is good if it prevents morbidity and illness but is going to put resources into the relatively 'well' older population, even quite young ie only 65 yrs and older. This shifts the current focus of most resources going to the very elderly over 85 years who have significant health problems both mental and physical. Will there be enough resources to maintain standards of current more reactive health care as well as fund proactive health promotion? Will short term boost in health resources pay off in the longer term with less resultant dependency and health problems? Not entirely sure why focus of recommendations is mostly on	Thank you for your comments. The draft and final guidance is based on robust evidence of interventions shown to be effective in promoting mental wellbeing among older people. As you are no doubt aware the evidence base is limited. Where evidence was identified, the majority was poorly conducted as you will have read in the review. Thus work is presented that has demonstrable effectiveness and cost

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				excersise and resistance work for the promotion of Mental Well Being and what the precise mechanism is, even if the studies have all shown an improvement. Does not describe balance work. Who will provide the excersise training, professionals such as physio or OT, volunteers? What will be ratio of trainers to participants? Will people have to pay to go and what about transport and hiring of halls and facilities? How will this be funded and not impact on current health and social care resources?	effectiveness in maintaining or improving mental wellbeing. The finer details of service delivery and training you highlight are indeed of concern and discussed in the final version of the guidance. Funding is an important issue and a costing report for PCTs will be produced to support the implementation of the guidance.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Joint response from the Association of British Dispensing Opticians, the Association of Optometrists, the College of Optometrists and the Federation of Ophthalmic & Dispensing Opticians		Rec 1	5	We welcome the inclusion of eye sight tests under 'ensuring basic health needs are met'. We would like to highlight that over 60s are entitled to a free NHS sight test. Those who are unable to leave home owing to a physical or mental impairment are entitled to a free NHS domiciliary sight test in their own home or their care home. Occupational therapists, health and social care and voluntary practitioners should be made aware of older people's entitlements to, and the local availability, of these NHS services.	NICE welcome comments from your organisations, thank you. We expect occupational therapists will be aware that older people are entitled to free sight tests and domiciliary sight tests but we will pass this information on the team responsible for developing implementation support tools.
Joint response from the Association of British Dispensing Opticians, the Association of Optometrists, the College of Optometrists and the Federation of Ophthalmic & Dispensing Opticians		Section 2 Public health need and practice	9-11	The draft guidance rightly points out that the increase in longevity among the UK population will lead to a greater proportion of older people being at risk of compromised health and wellbeing including sight loss. The incidence of eye disease such as glaucoma greatly increases as we get older, and glaucoma is asymptomatic in the early stages. Most glaucoma referrals to the hospital eye service originate from optometrists following a sight test, with the patient unaware that they have the condition. Preservation of sight is most likely if treatment is started before irreparable damage has been done to the person's sight and as the disease is asymptomatic, initially regular sight tests are a key part of this preservation strategy, particularly in patient groups most at risk of the disease (the elderly, those with a family history of the condition, and those from certain ethnic groups). We believe that in developing the guidance, consideration should be given to research which has examined the link between sight problems and depression, low self esteem and social isolation. A study by Evans JR et al British Journal of Ophthalmology Feb 2007, 'Depression and anxiety in visually impaired older people', found that visually impaired people had a higher prevalence of depression compared with people with good vision. Therefore early detection and	NICE welcome comments from your organisations, thank you. We would agree that early detection of sight problems is extremely important. In relation to this guidance, the focus was to identify interventions that were effective and cost effective in maintaining mental wellbeing and not on the identification of anxiety or depression. FYI NICE has produced guidance on Falls in the Elderly available at http://guidance.nice.org.uk/CG21

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				treatment is crucial to ensure sight is preserved as much as possible, to help people maintain their independence and to reduce the risk of mental health problems such as depression. It is also important to recognise that poor vision is not necessarily just part of getting old. Poor vision may be a barrier to taking part in physical activity so ensuring older people have the optimum vision and maintain good eye health by having regular sight tests will help them to be more active. Good eye health and good vision is also a factor in reducing the likelihood of accidents in the home such as falls. Falls can have a major impact on a person's confidence and ability to maintain their independence, as your guidance on 'the assessment and prevention of falls in older people', November 2004, addresses.	

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Birmingham and Solihull Mental Health Trust		Health promotion	5	I believe that the co morbidity issue needs to be incorporated into any programme delivered into Older adults what ever the setting. The principles are fine in this section, however, I do not believe OT are trained in recognising or developing specific programmes aimed at Older adults with co morbid issues to their physical health infirmities. There needs to be a screening process in place which would enable those who are appropriate and in need of more specific programmes to be seen by a physiotherapist initially to ensure that injuries or complications do not ensue. For example dislocated hips or exacerbated back pain in cases where there maybe a sponylolysthesis. OT's are not trained in recognising, diagnosing or treating musculoskeletal conditions, which are commonly associated in older adults.	Thank you for your comments. Agreed, issue of co-morbidity is important and would be a consideration for service providers (depending on the setting). There are separate recommendations for occupational therapy and physical activity in the final guidance. Physiotherapist are identified under 'who should take action' in the physical activity recommendation for the reasons you mention For a more vulnerable population, especially in the case of communal residences it would be expected that the usual referral pathways would be implemented as appropriate. This guidance is based on best available evidence of effective and cost effective interventions to promote mental wellbeing among older people.
Birmingham and Solihull Mental Health Trust		Training	8	I do not believe the physiology component of delivering exercise is core to OT training and therefore the training provision and screening should be either an exercise physiologist, a physiotherapist or an EXTEND delivery trainer.	Noted, thank you. Physiotherapists are included under 'who should take action' in recommendation 2 which is concerned with physical activity.
Chartered Physiotherapists in Mental Care		General		As chair of the special interest group of physiotherapists in mental health, CPMH, I am surprised and disheartened to see no mention of the role of physiotherapists as part of the provision of physical activity and fitness in older adults in mental health. Physiotherapists in community teams also be provide part if not all of individual well being groups in primary care. This varies dramatically across the country. It maybe that there is an intention to produce guidelines specific to	Thank you for taking the time to read and comment on the draft guidance document. We have read your concerns and have tried to address them in general below. The guidance is based on the best available evidence of effective

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				physiotherapy but this would be missing the chance to address all involved in mental well being of older adults May I suggest that in line with New Ways of Working the role of promotion of well being is held within a team and that may include O.T. , Physiotherapist, nurse or Doctor and all allied health Professionals and fitness trainers with specific knowledge of older adult needs. The CSP and AHP group may have important comments to make and should be consulted	interventions to promote mental wellbeing among older people. The evidence that informed this guidance is available for public consultation on the NICE website. As you are no doubt aware the evidence base for research with this age group is limited. Where evidence was identified, the majority was poorly conducted and unreliable. Thus the work that informed this guidance is for interventions that have demonstrable effectiveness and cost effectiveness and that included a mental wellbeing measure. Physiotherapists are included under 'who should take action' in recommendation 2 which is concerned with physical activity. The finer details of service delivery and training you highlight have been discussed during fieldwork and this process of stakeholder consultation has informed the further development of the guidance. Co-morbidity is indeed important and would be a consideration for service providers (depending on the setting) as in any exercise programme available in the public domain. For a more vulnerable population, especially in the case of communal residences it would be expected that the usual referral pathways and health considerations would be implemented as appropriate..

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

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Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Chartered Physiotherapists in Mental Care		General	All	The title and contents of this guidance consultation draft document refer / names Occupational Therapy as the main health professional involved in physical interventions to assist in mental well being for older people with mental health needs. Other Allied Health Professionals are also key professionals involved in physical interventions in primary care and in residential care to improve mental well being for older people. I recommend NICE considers including reference to AHPs Instead of only one professional group in the title and through out this document/ guidance – and to the physiotherapy profession. I recommend that the physiotherapy profession needs to be included in this guidance in a key integral way. I recommend NICE please contacts the Clinical Interest Group CPMH Chartered Physiotherapists in Mental Healthcare to contribute to the development of these guidelines. Via the Chartered Society of Physiotherapy enquiries@csp.org.uk 0207 306 6666	Please see previous response. The title of the guidance refers to evidence of interventions identified as effective and cost effective, and that included a measurable impact on mental wellbeing. The appropriate professionals and practitioners are recognised in the guidance as far as possible. As mentioned above, physiotherapists are included in the guidance We would also highlight that the focus of the document is not solely on people with mental health needs, but on a broader population. As public health guidance, the maintenance of mental wellbeing is an important consideration.
Chartered Physiotherapists in Mental Care		General	All	The physiotherapy profession has a key role in physical interventions to assist in mental and physical well being for older people with mental health needs in primary care and in residential care, and in training exercise professionals in providing physical activities/ exercise/ interventions for this client group	Noted thank you. See comments above
Chartered Physiotherapists in Mental Care		General	All	Please see CSP Public Health guidance documents for the 4 UK countries www.csp.org.uk or enquiries@csp.org.uk these include examples of good practice in physiotherapy services.	Noted thank you.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Chartered Physiotherapists in Mental Care		General	All	I recommend please that NICE contacts the Clinical Interest Group AGILE Chartered Physiotherapists working with older people to contribute to the development of these guidelines. Via the Chartered Society of Physiotherapy enquiries@csp.org.uk 0207 306 6666	Please see previous response
Chartered Physiotherapists in Mental Care		General	All	I recommend please that NICE considers including the physiotherapy profession as a named professional group in and throughout this guidance document and in the document title.	Please see previous response
Chartered Society of Physiotherapy		General		There is a lot of good evidence based physiotherapy practice which would be consistent with the guidance in the draft. A quick read of the draft would give the impression that the best way of delivering physical activity to older people by using trained fitness instructors, presumably supervised by OT as OT are being put forward as the best profession to deliver health promotion. This is on the basis of one American study of OT health promotion. It needs to be understood that physiotherapy in the US is very different to in the UK, and thus the merits of extrapolating international research to the UK health environment needs to be treated with caution, particularly if the evidence reviewers are not fully cognisant of the professional differences which naturally will have affected how the research was structured. The CSP objects to Occupational Therapy being viewed as the main profession to provide physical activity intervention. Physiotherapists are autonomous health professionals with expertise in exercise rehabilitation to promote health and wellbeing in all persons respecting any limitation in both physical and/or mental functioning that the client may have. To that end, both profesions should be	Please see previous comments It is the case that part of the work referred to was conducted in the US but the committee deemed to be sufficiently robust to inform the guidance. Pilot work in the UK which replicates the US programme is showing some success and is also referenced. The committee did examine the competencies for US OT practice with UK practice and were satisfied there was sufficient compatibility. Physiotherapists are the first professional group mentioned under 'who should take action' in recommendation 2 which is

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				equally viewed as having equal value in a guideline such as this. The CSP would consider one distinction between the professions as being OT is therapy using *purposeful* activity, some of which may be physical. Physiotherapists are movement specialists using physical activity and exercise as their main interventions. Much physio intervention is health promotion by nature in that intervention is aimed at preventing the onset of problems. The logical profession to manage the exercise instructors would be physiotherapy.	concerned with physical activity. The committee has taken into consideration the limitations of the evidence when making recommendations, especially in areas where the evidence base is weak. For further information on NICE methodology please see http://www.nice.org.uk/page.aspx?o=phmethods
Chartered Society of Physiotherapy		Rec 1		This needs to be reworded to reflect that there are a variety of professions involved in physical health interventions to promote mental well being of older people. It would be more appropriate to relate this document to all Allied Health Professionals. The list of initiatives clearly involves social workers, dieticians, opticians, hearing therapist, physiotherapist, paid care staff and voluntary organisations. The person best placed to coordinate this action may not even be a health professional it could be a health care manager or a health promotion adviser.	Please see previous responses.
Chartered Society of Physiotherapy		Rec 2		Whilst the CSP acknowledges that NICE prefers not to refer to specific professional groups, we are extremely disappointed that NICE – having recognised that OT plays an important part in mental health care – fails to recognise that physiotherapists are the key allied health profession with expertise in exercise therapy. Physiotherapists are more than just 'trained exercise instructors.' Physiotherapists are autonomous health professionals with expertise in exercise rehabilitation to promote health and wellbeing in all persons respecting any limitation in both physical and/or mental functioning that the client may have.	Please see previous responses.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				Even if this document is written as an 'OT document', the document needs to acknowledge that many older peoples services are generic in nature, and in cases where an OT is not present it may be that it is a physiotherapist who is the registered health professional present. We accept that other non-registered health professionals may be present as part of the team, but this recommendation would be better framed if it made reference to 'allied health professionals trained in exercise therapy and other exercise professionals.' It is vital to acknowledge the medical/physical problems and limitations likely to be present in this patient group. Osteoporosis, arthritic conditions and reduced cognition are just a few examples Any professional engaged in working with this group must have the knowledge to adapt training programmes to suit patient's complex needs, and to identify, diagnose and treat physical or medical problems should they arise during or after a session, Also, exercise instructors are not regulated in the same way as health professionals. The elderly and those with mental health problems are incredibly vulnerable patients groups and thus should be treated by professional groups who are themselves appropriately regulated, ideally statutorily so, in order to ensure the protection of this vulnerable client group. The issue of training and supervision of the exercise instructors needs to be addressed as this professional group is not well-established in this type of setting. Most are not trained to adapt programmes to people with disabilities. Moreover the CSP would question the need for such a profession given that a qualified physiotherapists has such skills, and there is no shortage of physiotherapy supply at the present time, and in some cases our un-registererd support staff can undertake a significant part of this work when undertaking delegated tasks from a registered physio or other health professional.	Please see previous comments where we have attempted to address your concerns.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

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Chartered Society of Physiotherapy		Rec 3		Again, if the target audience is 'professional bodies' why is reference only made to OT's. With the move towards skills based approach to intervention, there needs to be a recognition that many physiotherapists choose to specialise in mental health. Again the recommendation would be better worded to include ' allied health professionals specialising in mental health'.	Thank you for your helpful suggestion, duly noted.
Chartered Society of Physiotherapy		Rec 4		The professionals listed as the target population for recommendation four are precisely the people who should be involved in the delivery of the suggested services. All of these professionals should be working in a multi-disciplinary team to address physical activity and mental well-being in this patient group. If these professionals are going to be trained to assist with these services, why is their input neglected throughout the rest of the document?	The recommendation on training has been revised and now includes health and social care professionals.
Chartered Society of Physiotherapy		Appendix A		PHIAC has no physiotherapist which is surprising given the amount of health promotion, intermediate care and rehabilitation and prevention of hospital admissions that Physiotherapists are involved in.	Thank you, duly noted. NICE committees and working groups are made up of health and other professionals, patients, carers and members of the public and technical experts. When vacancies arise they are listed on the NICE website: http://www.nice.org.uk/getinvolved/joinnwc/join_a_nice_committee_or_working_group.jsp
Chartered Society of Physiotherapy		Appendix C		Evidence statement 1: who trained and supervised the instructors?	Thank you for your question. This type of detailed information is given in the original paper reporting the study. Please see the review on the NICE website for this information.
Chartered Society of Physiotherapy		Cost effectiveness	page 36	Physiotherapists will delegate exercise programmes to assistants and exercise instructors where clinically appropriate.. The quality control of programmes is far better when there is access to supervision from	Duly noted, thank you. Please see earlier comments.

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				a qualified physio together with the possibility of access to prompt advice and treatment from a registered health professional if there are contraindications or adverse reactions.	
College of Occupational Therapists		General		The College of Occupational Therapists welcomes the development of this public health intervention guidance. The health and wellbeing of older people is an area of high priority and it is important to highlight the contribution occupational therapy can play in improving the mental wellbeing of this client group, given the increasing demographic changes in the number of older people over the next 20 years. Physical activity interventions can take place within a variety of settings that span primary care to care homes. As such, the target populations differ in terms of their abilities and needs and thus will require interventions provided at the appropriate level. Providers of these interventions will therefore come from a range of health and social care services within the statutory, private and voluntary sectors, and will span from trained volunteers to registered health professionals to ensure that appropriate interventions are provided by appropriately trained individuals in an integrated manner. In light of the comments above NICE might wish to consider developing separate guidance aimed specifically at older people in residential care, as the needs and organisational delivery will differ greatly from primary care. As shown in a recent trial by Mozley et al (2007) intensive occupational therapy (delivered by occupational therapists working to an agreed protocol) was not beneficial in reducing levels of depression. There were great benefits for a small number of individuals but this was not so for the population overall. Reference: Mozley CG, Schneider J, Cordingly L, Molineux M, Duggan S, Hart C, Stoker B, Williamson R, Lovegrove R, Cruickshank A (2007) The care home activity project: does introducing an occupational therapy	Thank you for your comments. All topics for the development of guidance are referred to NICE by the Department of Health. Further information on how to become involved in topic referrals is available at http://www.nice.org.uk/page.aspx?o=ts.homeThe focus on this particular public health guidance is mental wellbeing. Guidance on the management and treatment of depression would be considered by the NICE Centre for Clinical Practice for the development of a clinical guideline, although the topic

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				programme reduce depression in care homes? *Aging & Mental Health, 11(1), 99-107.*	referral process is the same.
College of Occupational Therapists		General		The term residential care needs to be defined. Does it include residential and nursing homes? If so, the term care homes should be used. It is suggested that residential and nursing homes are included as many have dual registration. However the term 'residential care' is used throughout these comments to maintain consistency with the draft guidance.	Thank you, duly noted. The referral from the Department of Health used the term residential care. The scope for the guidance makes clear that this guidance includes residential and nursing homes.
College of Occupational Therapists		General		The document is well researched and readable and addresses the gap in service provision in relation to mental wellbeing of older people in primary care and residential care. This is a client group that often require encouragement and support to identify these needs and to participate. However, there are some concerns about the inconsistent level of expertise in the document being in relation to the level of qualification, e.g. registered or voluntary, trained worker or volunteer. Some will be regulated and others will not. Might this be a concern?	Thank you, noted. Training issues were considered by the committee and consistency of practice is addressed by the training recommendation.
College of Occupational Therapists		General		There is inconsistency of the age range used. The Introduction on page 1 states 75 and over, the target populations defined on pages 5, 6 and 7 state 65 and over.	The guidance has been amended accordingly, although this group were originally identified as being particularly at risk among others (See Age Concern publication –UK Inquiry into Mental Health and wellbeing in later life 2007).
College of Occupational Therapists		General		The original scope explicitly excluded people with a clinical diagnosed mental illness or dementia, and we commented at length on this, however this is not made an explicit exclusion in this version, but the list of examples provided to define the target population refers to '*people with restricted physical abilities or learning disabilities*'.	Thank you. As explained previously, research work conducted with these populations would be excluded, but people themselves would not be excluded from benefiting from the guidance. It is up to professional judgement if the guidance is appropriate for a particular group. The phrasing here

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
					is intended to be inclusive.
College of Occupational Therapists		General		Appropriate skill mix and an integrated model is necessary. Occupational therapists would provide a holistic assessment, treatment plan and review.	Thank you, noted.
College of Occupational Therapists		General		There is no mention in the guidance of barriers of safety and feeling safe. Many older people will not walk along pathways in daylight hours – either from fear or actual experience of being mugged.	Thank you for your comment. Unfortunately no evidence was identified for this particular topic despite extensive searching.
College of Occupational Therapists		Section 1	4	We would suggest including a definition of *physical activity.*	Duly noted, thank you.
College of Occupational Therapists		Section 1	5	*Recommendation 1 – Who are the target population?* How is *'most disadvantaged'* defined? Why should those who are disadvantaged, but fall outside of this definition be excluded? We would suggest that this paragraph also includes specific reference to older people in poverty.	Noted, thank you this issue has been addressed in the final guidance
College of Occupational Therapists		Section 1	5	The guidance refers to *'registered* occupational therapists' on pages 5 & 8. Occupational therapists are regulated by the Health Professions Council and as such the term '*occupational therapist'* is a protected title - it is therefore not necessary to prefix it with the word 'registered'. We would suggest that under *Recommendation 1 - 'Who should take action?'* is reworded to include: '***occupational therapy practitioners, service managers and commissioners'***	Thank you the guidance has been amended.
College of Occupational Therapists		Section 1	5	Older people should have access to support to maintain their own wellbeing when the individual is also a carer.	Thank you noted.
College of Occupational		Section 1	5	*Recommendation 1 – What action should they take?* 1st bullet point: We would suggest that the first sentence incorporates	Thank you noted.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Therapists				***'including physical activity, leisure, self and home care'.*** We would also suggest including the importance of socialisation and psychosocial needs to improve wellbeing and making the most of mixing with other people to improve mood and motivation.	The importance of socialisation is discussed in the considerations section of the guidance.
College of Occupational Therapists		Section 1	5	*Recommendation 1 – What action should they take?* Older people in residential care would not have any influence over the information and advice on the suggestions listed in the bullet points, as these aspects would be all managed and delivered by the care home. Again this supports the need to either develop alternative guidance for care homes, or to subdivide this document to ensure that the appropriate interventions are being delivered by the appropriately trained people.	Thank you, the committee was made aware of your suggestions.
College of Occupational Therapists		Section 1	5	*Recommendation 1 – What action should they take?* '- access to services and benefits' – what '*services'* are being referred to here? We would suggest this is clarified in the guidance.	Thank you, noted. The type of services that people require information about will be determined according to the needs and wants of older people themselves and their carers
College of Occupational Therapists		Section 1	5	*Recommendation 1 – What action should they take?* At the end of the first bullet point add '…advice on ***and support to achieve***'.	Thank you, noted. 'Support to achieve' is central to the principles of service provision throughout the guidance.
College of Occupational Therapists		Section 1	5	*Recommendation 1 – What action should they take?* Last bullet point (end of sentence) – add 'levels of motivation ***and barriers to achievement'.***	Thank you. It is assumed that barriers to achievement will be best left to the judgement of the service providers.
College of Occupational Therapists		Section 1	6	*Recommendation 2 –'Who should take action?* We would suggest clarification is given on who are '*trained exercise instructors*'. What level? What courses are considered acceptable?	Thank you. We have clarified the guidance and further detail will be provided in the

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
					implementation support resources
College of Occupational Therapists		Section 1	6	*Recommendation 2 – What action should they take?* 3rd bullet point – For older people living in '*isolation or in rural areas*' attending sessions '*at least once or twice a week*' would be difficult. Transport continues to be a barrier to participation for older people.	Thank you. Service providers are encouraged to find ways of reaching those living in isolated or rural areas
College of Occupational Therapists		Section 1	6	*Recommendation 2 – What action should they take?* Last bullet point should include: '…*to gauge levels of motivation* ***and satisfaction'****.*	Thank you, noted. User satisfaction is central to service feedback.
College of Occupational Therapists		Section 1	6	*Recommendation 2 – What action should they take?* We would suggest that this recommendation also promotes: ▪ the importance of 'falls prevention' by carrying out regular exercise to improve balance, strength etc ▪ the positive mental effects of exercise ▪ the importance of ongoing exercise outside classes, through using 'learnt' exercises, in ADL, particularly by participation in care homes ▪ improve sedentary lifestyle by offering opportunities and range of activities, e.g. serving tea to others, hanging up laundry etc, if wanted to.	Thank you for your helpful suggestions. As mentioned during the evidence consultation period - please see NICE guidance on Falls in the Elderly available at http://guidance.nice.org.uk/CG21
College of Occupational Therapists		Section 1	7	*Recommendation 3 – Walking schemes* It is also important to acknowledge the other benefits of walking schemes, e.g. sponsored walks, reminiscence, points of interest etc. We would urge that some consideration is given to the grading of recommended activity to allow access and programmes that are realistic and achievable for a wider group of participants who would be more likely to meet the scope of this guidance. Further clarity is required relating to the recruitment and training of walk leaders, and how they are accredited given that they may have differing levels of ability.	Thank you for your comments and helpful suggestions. The recommendation has been amended and clarified.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
College of Occupational Therapists		Section 1	8	*Recommendation 4 – Who should take action?* We would suggest that the list also includes: ▪ Registrant bodies ▪ Locality training services/training departments ▪ Commissioning bodies.	Thank you, noted.
College of Occupational Therapists		Section 1	8	*Recommendation 4 – What action should they take?* Principles and methods of occupational therapy should be delivered by trained occupational therapists.	Thank you, noted.
College of Occupational Therapists		Section 1	8	*Recommendation 4 – What action should they take?* The references to '*method* of occupational therapy and health promotion' in pages 5 & 8 are rather clumsy. The preference is *'occupational therapy intervention* and health promotion'.	Thank you, the guidance has been amended.
College of Occupational Therapists		Section 1	9	*Recommendation 4 – What action should they take?* Again this falls prevention could be promoted here for building up confidence in all ADL.	Please see previous comments and reference to NICE Guidance.
College of Occupational Therapists		Section 2	10	*Public health need and practice – 1st paragraph* Benefits of regular exercise might include the reduced risk of falls. Better physical and mental health may also have a reduced impact on acute and primary care services.	Thank you for your comment.
College of Occupational Therapists		Section 2	10	***Public health need and practice – Paragraph 3*** Decline in physical activity might also result in reduced levels of confidence and also compromise general fitness level of the individual.	Noted, thank you.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
College of Occupational Therapists		Section 3	11 & 12	***Considerations*** 3.1 and 3.2 are important points that reflect the multifactorial causes of mental ill-being and highlight the need for integrated response to provide a range of interventions.	Noted, thank you.
College of Occupational Therapists		Section 3	12 & 14	***Considerations*** 3.4 and 3.11 are important points. Just because evidence does not exist, it does not mean that the intervention is not effective. It reflects the difficulty in researching what are complex interventions.	Agreed and noted, thank you.
College of Occupational Therapists		Section 3	14	***Considerations – 3.12*** In promoting this to carers, respite/support sitters are needed for the person they are caring for. There are mechanisms in policy to support this via a carer's assessment.	Thank you, noted.
College of Occupational Therapists		Section 4	15	***Implementation*** We would suggest that implementation of the guidance would also help: ▪ Older people themselves to have improved knowledge to support active ageing and wellbeing. ▪ Voluntary and statutory providers to further refine their focus and interventions.	Thank you we will forward this information to the team responsible for developing resources to support the implementation of the guidance.
College of Occupational Therapists		Section 7	16	***Related NICE guidance*** Should the NICE guidelines for Schizophrenia and for Bipolar Affective Disorder also be included in this section? Older people	Thank you for your comment. We note your suggestion but this guidance is aimed at a much wider population. People with responsibility for providing specialist mental health

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				continue to experience psychotic illness and have wellbeing issues too and would clearly fall within the scope of this guidance.	services will be aware of the relevant NICE clinical guidelines and able to refer to this and public health guidance appropriately
College of Occupational Therapists		References	17	Should the 5 year review of the NSF for Older People, '*An Ambition for Old Age'* (DH, 2006) also be included?	Noted, thank you. This document helpfully sets out the next steps in implementing the NSF for older people but more specific detail relevant to this guidance is provided in the documents referenced in the final guidance document.
College of Occupational Therapists		Appendix C	33	***The evidence*** *Recommendation 1: should evidence statement* '7' *read* '8'*?*	Thank you this has been addressed in the final guidance.
College of Occupational Therapists			36	We would suggest rewording the 3rd sentence in the 2nd paragraph, it does not make sense.	Thank you for your observation, the guidance has been amended.
Derbyshire County Primary Care Trust		Recommendations 1-3	5-8	Guidance identifies people living in isolation or in rural areas as a priority group. A local observation is that (due to local authority cutbacks) some facilities e.g. bus services are being closed down. This was a potential stumbling block and would affect people in isolated/rural areas. Suggest recommendation could include local authorities ensuring this need is met and prioritised.	Thank you for taking the time to read and comment on the draft guidance. All service providers are encouraged to find ways of reaching those living in isolated or rural areas.
Derbyshire County Primary Care Trust		Recommendation 1	5	Re: role of practitioners. The sessions specified for information and advice on a range of health promotion issues- need to ensure this links up with the current work of the local health promotion department e.g. there are often local schemes that it would benefit the practitioners to be aware of. Need to ensure these practitioners link up with local health promotion services.	Thank you for your suggestion. This recommendation has been amended and clarified in the final guidance.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Derbyshire County Primary Care Trust		Recommendation 4	8	Training- need to ensure this is also for existing practitioners as well as new entrants and to make clear what the difference is between this recommendation and their current practice.	Thank you for your helpful suggestion. Continuing Professional Development is incorporated as part of recommendation 4 on page 8 of the guidance.
Dorset PCT		Appendix B		I was surprised that your literature search did not include the Library at the College of Occupational Therapists as we are, after all, the main group of professionals for whom the guidelines are written. Some of us have not, for various reasons, been published in the journals you have searched, but have nonetheless completed studies deemed robust enough to be worthy of academic award. We have disseminated our findings through media such as the College of Occupational Therapists' Specialist Section – Older People as a means of encouraging good practice within the profession, and our studies have been available from the Library to any other Occupational Therapists researching in the field of occupational therapy activity to promote mental well-being in older people You note that many of the studies you found were too small to be significant; my colleagues and I have frequently debated this issue and have decided that, while few of us have had the time or resources to produce large-scale or long-term studies, as our clinical work has only brought us into contact with small numbers of suitable subjects at any point in time, it was still of value to carry out small studies using single systems methodology, producing both qualitative and quantitative data, in the hope that others would replicate them and achieve similar results strengthening strengthening our conclusions	Thank you for your comments on the draft guidance. The College of Occupational Therapists has commented at length and we have responded accordingly. A representative of the College has also been involved in the development of the guidance The guidance is based on the best available evidence of effective interventions to promote mental wellbeing among older people. As you are aware the evidence base for research with this a group of people is limited. Where evidence was identified, the majority was poorly conducted and unreliable. Thus the work that informed the guidance was for interventions that had demonstrable effectiveness and cost effectiveness and that included a measure or reference to mental wellbeing. Information from practitioners was collected during fieldwork and comments from this consultation informed the development of the final guidance. The evidence that informed the guidance is available on the NICE website. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11671

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
					For further information on NICE methodology please see http://www.nice.org.uk/page.aspx?o=phmethods
Dudley PCT		General		A cultural or attitudinal change is required in residential homes where there is no recognition that each resident has individual needs. Bolting on OT here will not be helpful unless it is understood that residents should have a say in their care.	Thank you for your comment, duly noted.
Dudley PCT		General		Community intervention is problematic due to lack of appropriate venues and transportation which can exclude those most at need.	Thank you, noted.
Dudley PCT		General		The combination of physical and social well being cannot be over estimated; we have been involved in providing a mixture of individual and group formats with a falls pathway and the social benefit of attending a group is evident.	Thank you, the impact of socialisation and physical activity is discussed in the considerations section of the guidance.
Dudley PCT		General		Where research into Occupational Therapy has been funded interventions prove to be effective but there are too few studies that this highlights the lack of quality research and evidence.	Thank you, we agree.
Grampian Mental Health Physiotherapy		General		The document does not take dementia/cognitive problems into account directly.	Thank you for taking the time to read and comment on the document. We have read your concerns and have tried to address them in general below. No group is excluded from benefitting from the recommendations, but as with other areas of service provision, it would be up to practitioners or those with responsibility for care to modify activities

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
					to the needs of particular individuals or client groups. The guidance is based on the best available evidence of effective and cost effective interventions to promote mental wellbeing among older people. As you are no doubt aware the evidence base for research with this age group is limited. Where evidence was identified, the majority was poorly conducted and unreliable. Thus the work that informed the guidance is for interventions that have demonstrable effectiveness and that included a measure of mental wellbeing. Co-morbidity would be a consideration for service providers (depending on the setting) as in any physical activity exercise or health promotion programme available in the public domain. Further useful information may be found at: Topic relevant documentation at: http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11671 Information on NICE methodology please see http://www.nice.org.uk/page.aspx?o=phmethods
Grampian Mental Health Physiotherapy		General		Lack of falls evidence base within recommendations considering that 34% of elderly over 65 and 56% over 90 will fall. Physical exercise and activities should focus on this as a main point.	See previous response. NICE guidance on Falls in the Elderly available at

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
					http://guidance.nice.org.uk/CG21
Grampian Mental Health Physiotherapy		Rec 2	6	It only mentions trained exercise instructors. Would it not also be a responsibility within physiotherapy. The exercise instructors should also be trained in elderly exercise and falls exercise.	See previous response. The guidance has been amended.
Grampian Mental Health Physiotherapy		Rec 2	6	Progressive balance exercises are not mentioned within the tailored exercise programme section.	See previous responses
Grampian Mental Health Physiotherapy		Rec 2	6	There is also an evidence base for Tai Chi and Qui Gong in the elderly.	See previous responses
Grampian Mental Health Physiotherapy		Rec 3	7	The recommendations of one hours walk is very high for the frail elderly. Multiple pathologies within the elderly should be taken into consideration here.	See previous responses
Grampian Mental Health Physiotherapy		Rec 4	8&9	Occupational Therapists and voluntary workers cannot provide expert advice and training on exercise in the elderly. This should definitely involve physiotherapists and exercise consultants with an elderly/falls background.	Thank you for your comments, noted. Physiotherapists are identified under 'who should take action' in recommendation 2
Hampshire County Council Adult Services Department		General		It is good to see recognition of the valuable role Occupational Therapists can make to the health & wellbeing of older people in primary & residential care. On an individual basis Social Care & Community Health OTs include this in their day to day work with service users in their own homes.	Thank you for your comments.
Hampshire County Council Adult Services Department		General		Rehabilitation teams in the community have the multi-professional input, with Nurses and Physiotherapists & in some cases Social Workers as well as OTs to be ideally placed to work with the voluntary sector in developing group sessions as described for urban & isolated communities	Thank you, your comment has been noted and the guidance clarified.
Hampshire County Council Adult Services Department		General		Although wellbeing services are high on the statutory services agenda, most of the resources are directed to users with complex needs. Additional resources need to be identified to further this initiative.	Thank you, duly noted.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		General		How does this guidance intend 'the most disadvantaged' to be targeted? If the barriers to social inclusion for the most frail, or BME Elders, or socially isolated individuals are not acknowledged, then any group activities might not be successful.	Thank you for your comments. If resources are limited they should be focused on the most disadvantaged
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		General		Is this intended to involve private care homes? How can we ensure that the provision is equitable?	Thank you, this public health guidance is intended for the public and private sector. .
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		General		Which type of 'residential' care homes are to be targeted? General residential, EMI, Nursing?	Thank you for your comment. All residential care homes are included.
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		General		Why is the focus on OT – where there are many staff groups and volunteers who can increase physical activity of older people in residential care and primary care? E.g. exercise on prescription to local sports centres, walking the way to health, extend classes in residential care etc. Occupational therapy – implies treatment rather than normalised occupations for individuals.	Thank you. The guidance is based on the best available evidence of effective and cost effective interventions to promote mental wellbeing among older people. Occupational therapy in this guidance refers to its use in the community.
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		General		No clear ways of engagement/re-engagement of people with their chosen occupations/physical activities.	The guidance refers to the development of individually tailored interventions and activities with feedback mechanisms included.
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		General		How does this link with mental health needs? e.g. people with slight memory, anxiety and depression difficulties.	Please see previous comment. The ability of the individual to participate is best assessed by those who know them best or professionals responsible for their care.
Leeds PCT, Leeds		General			

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Partnership Foundation Trust, Leeds Older Peoples Forum				Very descriptive action plans that appear 'out of context' with the target participants and not identifying a range of different levels of physical activities. E.g. chair based exercisers to intense walking.	It would be expected that professionals delivering the service would make the necessary adjustments to individual abilities or needs.
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		General		Role of vocational and meaningful roles/ occupations maybe to include housekeeping tasks, gardening etc	Thank you, the guidance has been amended.
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		1	5	The sessions are too narrow, including information and advice on these topics is a start but should be backed up by developing partnerships to ensure older people can access these services and opportunities. E.g. instead of having a talk on exercise why not do an exercise class or go for a walk. Or instead of access to services and benefits, why not ask the Pensions Service or benefits Service to come and do benefits checks? The title "Health Promotion and Occupational Therapy" is odd and does not seem to fit the broad range of people who could be involved in delivering on this area.	Thank you, the guidance has been amended and includes recommendations on physical activity and walking
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		2/3	6-7	The social inclusion benefits of walking groups and group physical activities can be high and add value. However, these do not suit all people and there are significant barriers to attending group activities for some individuals.	Noted, thank you.
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		3	7	Although this is best practice guidance, the practical elements of getting isolated older people, particularly those who live in rural areas to group activities/walks, must be considered. There may be transport (and subsequently funding) implications for organisations, particularly voluntary sector.	Noted, thank you. This guidance is based on evidence of effectiveness and cost effectiveness. The practical elements are also important and the guidance document encourages all service providers to consider rural isolation.
Leeds PCT, Leeds		3	7	It is very important to ensure that when setting up new walking	Thank you, the guidance has been

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Partnership Foundation Trust, Leeds Older Peoples Forum				schemes/physical activity groups, that the current local provision is explored, and joint-working initiatives, particularly with the voluntary and statutory sectors is considered.	clarified.
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		3	12	Agree	Thank you.
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		3	13	This is an important point to make . There is also a more general point to be made about the limitations of randomised control trials which are crucial in evaluating the effectiveness of medication – they are not suitable for evaluating mental health promotion interventions. The problem is summed up in the phrase 'giving the measurable importance rather than making the important measurable', (radical mentalities 1 Making It Effective- a guide to evidence based mental health promotion 2003 Lynne Friedli) Other effect of positive well-being e.g. social contact sense of achievement, participation in chosen occupations not mentioned - limiting	Thank you. These points are included in the Considerations section of the guidance.
Leeds PCT, Leeds Partnership Foundation Trust, Leeds Older Peoples Forum		3	14	As above	
MIND		General		We welcome the guidance, in particular the emphasis on responsiveness to scheme participants' views and wishes, the range of health promotion topics, the inclusion of physical activity, and recognition of the importance of self-determination.	Thank you for your comments.
MIND		General			

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				We are aware, and the document refers to, the impact of age discrimination. While tailoring of interventions to specific target populations is important, we should not want to see a presumption that services have to be defined by age. It may be more helpful in some cases to support (or simply allow through flexible eligibility criteria) people to maintain their existing activities and affiliations beyond age 65.	Thank you, the guidance has been amended. This point is supported in the Considerations section.
MIND		General		There is a strong evidence base for 'ecotherapy' – harnessing the therapeutic benefits of the natural environment. Access to green space / nature, even without physical exercise can improve health and wellbeing. Combining it with physical activity enhances the benefits in both rural and urban environments. (Jules Pretty et al – full reference below.) Regular gardening by older people may offer some protection against the development of dementia (C Fabrigoule et al – full reference below). Subsequent studies have shown that the exercise provided by gardening activities may be significant in delaying the onset of both dementia and Alzheimer's Disease (E Larson et al – full reference below). Mind's own work on ecotherapy and on ward environments underlines this (campaign reports Building Solutions and Ecotherapy). **We therefore welcome the recommendation on walking schemes but should like to see attention given to older people's access to the natural environment, and in particular, how this can be achieved for those who cannot take part in walking schemes.**	Thank you for your comment and these references. We very much appreciate your contribution, but unfortunately they did not meet the inclusion criteria to be considered for this current guidance. Thank you the guidance has been amended
MIND		General		**References for previous comment**	

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				Jules Pretty, Jo Peacock, Martin Sellens and Murray Griffin (2005) The mental and physical health outcomes of green exercise, *International Journal of Environmental Health Research*, 15(5): 319-337. Fabrigoule C, Letenneur L, Dartigues J et al (1995) Social and leisure activities and risk of dementia: a prospective longitudinal study, *Journal of American Geriatrics Society*, 43:485-90). Larson E, Wang L, Bowen J, et al (2006) Exercise is associated with reduced risk for incident dementia among persons 65 years or older, *Annals of Internal Medicine*, 144: 73-81. Rovio S, Kareholt I, Helkala E-L (2005) Leisure time physical activity at mid-life and the risk of dementia and Alzheimer's Disease, *The Lancet Neurology*, 4: 705-11).	Thank you for providing references for your previous comments. However these studies did not meet the inclusion criteria for the evidence reviews developed to inform this guidance.
MIND		Section 1, recommendation 4	9	The recommendations for interventions with older people rightly include seeking feedback from participants. Service users, including older service users, should always be involved in decisions about their own care and treatment and about the development of services. Self-determination should be supported by those working with older people, beyond decisions over daily routines. Therefore we suggest that the training content in this recommendation include training in involving older service users, eliciting and using feedback, and enabling self-determination. (The inclusion of person-centred working is good but does not quite cover the same ground.)	Thank you for these helpful comments. The guidance has been amended.
NHS Tayside		general		I would have liked to have seen more emphasis on activity for people with dementia in care homes as evidence suggest this is of great benefit	Thank you. The main focus of this guidance is the promotion of mental wellbeing among older people in primary and residential care. Research evidence

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
					of specific activities for people with dementia would not generalise to all older people. However, people with dementia may benefit from this guidance but this would have to be left to the professional judgement of those providing care.
Nottinghamshire Healthcare NHS Trust (MHSOP)		general		The paper excludes elderly people who have cognitive impairments. We feel that this group should be included as they are a disadvantaged section of the community	Thank you. This group is not excluded, information from specific research conducted with these populations is excluded as it would not generalise to all older people. This public health guidance is aimed at all older people. With regard to people with dementia or any form of cognitive impairment it is up to professionals with direct responsibility for care to judge if this guidance is appropriate or useful in full or in part. The phrasing is intended to be inclusive.
Nottinghamshire Healthcare NHS Trust (MHSOP)		Rec 1	5	No mention of people with either cognitive impairment and functional mental health difficulties within the target population. The "action taken" section could apply to people from the above groups, minor changes to meet their specific needs may required.	Please see previous comment.
Nottinghamshire Healthcare NHS Trust (MHSOP)		Rec 2	6	As above re: target group	As above.
Nottinghamshire Healthcare NHS Trust (MHSOP)		Rec 2	6	The "who should take action" section should include reference to the need to liaise with relevant medical staff e.g. G.P.'s , physiotherapists or District Nurses. The aging population are at risk of injury if the exercise instructors are unaware of underlying medical conditions	Thank you the guidance has been amended.
Nottinghamshire Healthcare NHS		Public health need and	10	Reference is made to exercise being associated with a reduced risk	Thank you.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Trust (MHSOP)		practice		of depression…..therefore it would relevant to have included those with depression as a target group	Clinical guidelines for the management and treatment of depression have been developed by the Centre for Clinical Practice at NICE. See www.nice.org.uk/Guidance/CG23
Older Peoples' Community Mental Health Team West		1	4	I don't know which definition the COT used, but I (and I think most OT's) would add that we aim to enable people to achieve all these things through the use of graded, meaningful activity	Agreed, thank you the guidance has been amended
Older Peoples' Community Mental Health Team West		1	5	I think these things happen in mental health settings, but rarely or never in general hospital settings. Also misses out people who are not in hospital or day hospital settings – primary care should be a major focus for this if isolated older people are the target population & the aim is social inclusion.	Thank you, noted.
Older Peoples' Community Mental Health Team West		1	6	Who would be the trained exercise instructors and what form of training would this involve? Are we talking physiotherapists or anyone who has taken part in a brief training course specifically targeted at this client group?	Thank you for your comment. The guidance has been amended
Older Peoples' Community Mental Health Team West		1	6	Would be worth defining "moderate intensity" and "strength and resistance exercise, especially for frail older people" as this may have implications in terms of the resources we have/could provide and risk management	Thank you, the guidance has been amended.
Older Peoples' Community Mental Health Team West		1	7	Would there be scope for the "walk leaders" to be older volunteers i.e. could we refer interested clients to become walk leaders?	Thank you, the guidance has been amended to reflect this.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Older Peoples' Community Mental Health Team West		1	7	Going back to the first point, a walking group may not be meaningful to everyone or may not interest all members of the community. Dance groups and swimming groups could be of interest to those people, with the added advantage that swimming may be more inclusive (and equally if not more beneficial health wise) for those who have permanent and substantial mobility problems. Also older people may be put off the idea of using gyms which are targeted so much at youth and a particular idea of how people should look – could local gyms not be encouraged to offer times just for older people to use the facilities or exercise groups targeted at older people?	Thank you, the guidance has been amended.
Older Peoples' Community Mental Health Team West		1	7	Some older people may need increased supervision especially if there is a falls risk – who would carry out risk assessments to determine those at most risk of falls?	Thank you for your comment. These assessments would be carried out by those who are appropriately trained through primary care services. NICE has produced guidance on Falls in the Elderly available at http://guidance.nice.org.uk/CG21
Older Peoples' Community Mental Health Team West		1	8-9	Where would the resources come from to provide OT's to "enable practitioners to help older people to identify and construct daily routines that help to maintain or improve their wellbeing…etc"?	Funding provision is outside the remit of the institute, although NICE does provide costing information and implementation tools which will be available on the NICE website alongside the guidance.
Older Peoples' Community Mental Health Team West		2	10	I think it's worth noting that besides the benefits of physical activity listed here, regular exercise helps to maintain mobility and balance and therefore reduce falls, which in turn helps to reduce hospital admissions and admissions to 24-hour care, which has a major cost implication. Also clients who have had falls and are afraid of falling tend to restrict their levels of activity which increases the likelihood of future falls and increases their isolation and adversely affects their mental health.	Thank you for your helpful suggestion.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Older Peoples' Community Mental Health Team West		2	10	This may not be such an issue in Ealing but in a neighbouring borough which I was recently working in, there was an appalling lack of culturally appropriate services for older people – e.g. the only day centre for Asian elders had a 3-year waiting list and out of the three social services provided day centres, there was only one multilingual worker. This led to major isolation problems for Asian elders in the area (of which there was a large proportion).	Thank you, your comment is noted, we will pass this helpful information along to the team responsible for developing resources to support implementation.
Older Peoples' Community Mental Health Team West		3.5	13	Carers are extremely isolated (as is noted in this document) but carers of clients with dementia are often more isolated than most as they are often afraid to leave the person they care for for long periods and have little in the way of regular brief respite or services which can give them a break.	Thank you, your concern is noted.
Older Peoples' Community Mental Health Team West		Appendix B	29	No explanation given for the decision to exclude studies which included "older people undergoing treatment for clinically diagnosed physical illness (for example, cancer) or mental illness (for example, dementia)". Are people who are undergoing treatment for these illnesses not isolated and disadvantaged & in need of physical activity?	Thank you. This is public health guidance. Clinical guidelines for the care and treatment of people with a clinical diagnosis of a physical or mental illness is produced by the Centre for Clinical Practice in NICE.
Parkinson's Disease Society		General		Under "Who is the target population" in each section add to the list of disadvantaged people: People with dementia and mental illness People on low income (for example those receiving Pension Credit, Attendance Allowance)	Thank you for your comment. This is public health guidance. Clinical guidelines for the care and treatment of people with a clinical diagnosis of a physical or mental illness is produced by the Centre for Clinical Practice in NICE. As public health guidance no one is excluded from the guidance but evidence of effectiveness and cost effectiveness has to generalise to the general population of older people. The decision to apply this guidance is left to the professional judgement of those with direct responsibility for care.
Parkinson's		General		Your draft does not appear to include the needs of people with	Please see previous response.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Disease Society				dementia. There are currently 683,597 people with dementia living in the UK and a predicted 38% increase in these numbers expected over the next 15 years. Up to 48 - 80% of people with Parkinson's may develop dementia to some degree at some point (NICE: Clinical Guidelines for the management and treatment of Parkinson's Disease, 2006). As the majority of people with dementia are over the age of 65 it would appear prudent to have the specific needs of these people recognised within your guidance document. (Dementia UK report, 2007) We are aware that NICE and SCIE have published a guidance document which relates to "Supporting People with dementia and their carers in health and social care". It is noted however that only a small section has been dedicated to promoting independence (1.5, 1.5.1.1., p24). Whilst it is recommended that people with dementia take regular exercise and participate in activities that they enjoy, there is no detail around what services should be offered or how these services should be delivered. Your current consultation presents an opportunity to remedy this omission.	
Parkinson's Disease Society		Rec 1	P5	Under the section "What action should be taken": Transportation is essential to ensure that people have equal access to services. This is particularly important for people with mobility difficulties and conditions that can impact on a person's ability to drive.	Thank you, noted.
Parkinson's Disease Society		Rec 2	P6	Under the section "What action should be taken": Healthcare professionals, such as physiotherapists, should be involved in the design and delivery of exercise programmes for people with restricted physical abilities. An understanding of conditions affecting people's mobility is important to ensure that the exercise is appropriate to the individual's needs.	Thank you, noted. The guidance has been amended.
Parkinson's Disease Society		Rec 3	P8	Under the section "What action should be taken":	Thank you, noted.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				Developing robust partnerships with voluntary, private and statutory bodies is key to achieving referrals from the community as a whole. This needs to be reflected within action taken.	
The Ramblers' Association		Rec 1	5	To list of advice on: [Add] Including daily walking trips into their everyday activities	Thank you, we have amended the document appropriately.
The Ramblers' Association		Rec 2	6	Encourage participants to regularly walk as a part of everyday trips	Agreed, the guidance has been amended.
The Ramblers' Association		Rec 3	7	Promote the message that regular independent walking is invaluable in achieving 5 sessions of exercise per week	Noted, thank you.
The Ramblers' Association		2	10	Change 5 key factors to 6 key factors affect the mental health…[add] mobility (including the ability to independently access friends, family and services) [A key factor here is the ability to walk short journeys or walk as a part of a public transport trip. The inability to manage independent transport-and rely on others, is a key loss of independence]	Thank you for your comment. This is a reference from another document and as such cannot be altered.
Royal College of Nursing		General		The main issue that is missing from the guidance is the very fact that this approach is everybody's business.	Noted, thank you.
Royal College of Nursing		General		By providing specific programmes, and programme leaders, are we not risking the 'specialization' of a fundamental core skill?	Thank you for your comment. Walking as part of everyday activity is referred to in recommendation 1, recommendation 3 refers to specific walking schemes.
Royal College of Nursing		General		The point which has been wholly missed is that the NVQ standards for all carers include a number of units given over to this subject (Encouraging Independence Level 2/3), and yet so very few carers follow this path, preferring instead to pursue the physical aspects of direct care.	Thank you. This is a very helpful piece of information; we will pass this on to the NICE team responsible for preparing resources to support implementation.
Royal College of Nursing		General		Consideration should be given to making some of these principles a mandatory part of basic training, and to work alongside CSCI (to merge with the Healthcare Commission 2008) in adapting their care home audit systems to reflect same.	Thank you, your point is duly noted and will be shared with the NICE team responsible for preparing resources to support implementation of the guidance.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Faculty of Old Age Psychiatry, Royal College of Psychiatrists		General		The faculty very much welcomes this draft guidance as an important step towards improving the quality of life of disadvantaged older people particularly those in residential care. However we remain concerned about the overwhelming lack of evidence of non clinical public health interventions that promote mental well being in older people. The exceptions being the evidence cited in appendix C. Reasons could include: • Lack of research interest in this area, • Lack of definition and validity in the concept of mental wellbeing, • Decision to exclude people with mental illness automatically eliminates the population that lack mental wellbeing, • Mental wellbeing can not be measured using interval scale analyses	Thank you for your comments we share your concerns about the weak evidence base.
Faculty of Old Age Psychiatry, Royal College of Psychiatrists		Introduction	1	Should not the focus mentioned in para 1 also include people with mental disability?	Noted, thank you. The phrase used in the document is intended to be inclusive of 'those with physical or learning disabilities'.
Faculty of Old Age Psychiatry, Royal College of Psychiatrists			5	Should not paragraph 1 sentence 2 also include '…restricted physical or mental abilities…'?	Please see above response.
Faculty of Old Age Psychiatry, Royal College of Psychiatrists			5	Should not paragraph 2 explicitly mention residential and nursing home staff who are most likely to have contact with a very large and severely disadvantaged group and most likely to be able to implement recommendation 1 to this group?	Thank you, this group is included under 'who should take action' in the recommendations.1 & 4
Faculty of Old Age Psychiatry, Royal College of Psychiatrists		Provision and promotion of exercise activities	6	Here again should not paragraph 1 sentence 2 also include '…restricted physical or mental abilities…'?	As above.
Faculty of Old Age Psychiatry, Royal College of		Provision and promotion of	6	It would be useful to have a clearer definition or description of 'trained exercise instructor' specialising in the older person.	Thank you noted. The description has been amended in the final guidance

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Psychiatrists		exercise activities			
Faculty of Old Age Psychiatry, Royal College of Psychiatrists		Walking schemes	7	This recommendation looks promising for the older population with a range of mental disability and for a proportion of people living in care homes.	Thank you.
Faculty of Old Age Psychiatry, Royal College of Psychiatrists		Walking schemes	7	In the second paragraph could residential homes, daycentres and lunch clubs be specifically mentioned?	Noted, thank you. Lists are seldom exhaustive but provide general terms with some specific examples.
Faculty of Old Age Psychiatry, Royal College of Psychiatrists		Training	8	This recommendation is very welcome.	Thank you.
Faculty of Old Age Psychiatry, Royal College of Psychiatrists		Public health need and practice	9	Mental disability should be added to the list of variables in the first paragraph.	Please see previous responses.
Faculty of Old Age Psychiatry, Royal College of Psychiatrists		3.5	12 -13	Should not people in residential care be added to this list?	Thank you, the guidance has been amended.
Faculty of Old Age Psychiatry, Royal College of Psychiatrists		3.7	13	This very much relates to our first point. If people lack wellbeing they may well be categorised as anxious or depressed. Perhaps it is not possible for people who already have well being to have more!	Thank you, noted. It is possible for mental wellbeing to deteriorate, or be sustained and improved.
South West Yorkshire Mental Health NHS Trust		General		The feeling from reading the document is that the term 'Occupational Therapy', ie a therapeutic intervention using occupation as a medium towards a planned clinical goal, resulting from an individual assessment of needs by an Occupational Therapist, is used inappropriately. The concept of occupational activity might be more appropriate, ie a activity without a specific clinical goal as its aim.	Thank you, the term is meant to indicate OT used in community settings. The guidance has been clarified.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
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South West Yorkshire Mental Health NHS Trust		General		The quoted evidence relates largely to overseas studies and look at interventions in those societies. The job roles that undertook the activities may have no current direct comparator within the UK	It is the case that part of the work referred to was conducted in the US but the committee deemed to be sufficiently robust to inform the guidance. Pilot work in the UK is showing some success and is also referenced. The committee did examine the competencies for US OT practice with UK practice and were satisfied there was sufficient compatibility.
South West Yorkshire Mental Health NHS Trust		General		Many of the suggestions are captured within the current public health advice to the general population. There is very little within this advice that is specific to older people. Segregating older people into their own age group can be seen as going against the movement towards integration without good reason.	Thank you for your comment, noted. The evidence that supports these recommendations is based on best available evidence of effectiveness and cost effectiveness, as such it may provide a strong lever to support existing local practice or encourage implementation of new practices. It is a good reflection of the evidence identified if this work is already in practice, but this may not be the case everywhere. The aim of this particular NICE guidance is to recommend effective and cost effective interventions to promote mental well-being for this particular population group.
South West Yorkshire Mental Health NHS Trust		General		The evidence shows that health promotion interventions and advice have short term effects which fall off rapidly, especially once the interventions are withdrawn. This effect is not unique to the older population. There is nothing in the guidance about strategically	Thank you, noted. We would agree and hope that more research will have been conducted into long term effects which will be available

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				managing this effect.	when this guidance is reviewed in two years time.
South West Yorkshire Mental Health NHS Trust		General		Occupational Therapy is different from occupation or activity. It seems that much of what has been described in the guidance is occupational, rather than Occupational Therapy. This differentiation is important and needs to be clear.	Thank you, noted. The guidance has been clarified.
South West Yorkshire Mental Health NHS Trust		General		The guidance has recognised within the evidence that a major factor in promoting mental wellbeing is social connections and interactions. There is little emphasis on the possible social options or the social elements in the health options (such as the walking groups)	Noted, thank you.
South West Yorkshire Mental Health NHS Trust		General		Studies were excluded from the review if they involved clients who were undergoing treatment for existing physical or mental illness. This would have led to a vast amount of information, which may have been useful to the guidance, to be disregarded. Studies were also excluded if they included specific therapeutic interventions (the example given was reminiscence therapy). Again, this would have led to a vast amount of information being ignored	Thank you for your comments. Yes, clinical work was excluded as findings would not be generalisable to the general population. NICE clinical guidelines focus on the management, care and treatment of specific clinical conditions.
South West Yorkshire Mental Health NHS Trust		1	4	Why is the focus specifically on OT when there are similar goals within other NHS and social care professions (physiotherapy, Arts Therapies, nursing, SLT)	Thank you, noted. Unfortunately, there was no evidence of effectiveness or cost effectiveness for other NHS and social care professions.
South West Yorkshire Mental Health NHS Trust		1	5	**Target population** -Why are people in hospital excluded, especially those who are in hospital for longer periods of time or who are detained.	Thank you, noted. No group is excluded from benefitting from this guidance if the professionals caring for them feel it would be useful in whole or in part. Evidence from such specific groups however, would be excluded, see above.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
South West Yorkshire Mental Health NHS Trust		1	5	**Who should take action?** – this should be all health and social care staff rather than just OT's.	Noted, thank you. The guidance has been amended to Occupational therapists or other professionals who provide support and care services for older people in community or residential settings and who have been trained to apply the principles and methods of occupational therapy. The evidence supports the use of these principles.
South West Yorkshire Mental Health NHS Trust		1	5	**What action should they take?** – this section may lead to confusion as to who has lead responsibility for different areas of care, either in specific specialist areas (eg nutrition or exercise prescription), or in overall health care (similar to the health facilitation role in Valuing People).	Noted, thank you.
South West Yorkshire Mental Health NHS Trust		1	6	There needs to be some indication as to the appropriate level of training for "trained exercise instructors", both in running exercise groups for the older population and in health screening to assess suitability.	Noted, the document has been clarified, see recommendation 4 Training.
South West Yorkshire Mental Health NHS Trust		1	6	How does this fit with local authority initiatives and the what is the position relating to charging for these sessions (health care is free at the point of delivery).	Thank you for your comment. The guidance is not intended to override successful local initiatives (as noted in the document). It may be used as a lever to support or implement new and effective practice.
South West Yorkshire Mental Health NHS Trust		1	6	Is this an area in which physiotherapists can deliver the service, especially as there is such a large surplus at the moment, providing an ideally skilled workforce that can also provide other benefits?	Thank you, the guidance has been clarified to include groups of professionals.
South West Yorkshire Mental Health NHS Trust		1	6	There needs to be some form of nutritional screening to ensure that the increased activity levels are appropriately compensated within the nutritional intake.	Thank you, noted. It is presumed that specific healthcare needs will be addressed through the usual care

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care –Consultation on Draft Guidance– Stakeholder Response Table
14th February – 13th March 2008

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
					pathways.
South West Yorkshire Mental Health NHS Trust		1	8	**What action should they take?** – This element should include a range of appropriate health specialists covering communication, exercise physiology, memory impairment, learning disabilities, nutrition, mobility problems, depression, effects of medication and side effects, sensory loss (vision & hearing) and adaptive behaviours to these 'challenges'. They are not OT specific.	Noted, thank you, the document will be clarified appropriately.
South West Yorkshire Mental Health NHS Trust		7	16	**Related NICE Guidance** – should include CG43 (Obesity) and Eating Disorders	Though most NICE guidance may have a bearing on this particular set of recommendations, the related NICE guidance listed in this section is confined to those most closely related to the topic.
Tameside & Glossop PCT		Rec 1	5	Re: who should take action and what action - no mention of how people will/should/could access these actions and if there should be criteria	Thank you for your comment. The guidance has been amended appropriately.
Tameside & Glossop PCT		Rec 2 and 3	6 and 7	Trained exercise instructors – would these be new roles or 'trained up' gym instructors already in place? Re: tailored exercise programmes – who would pay? How accessed? What about follow-up? I can see where this would work really well for GP 'social prescribing' model and Individual Budgets – but again this would be applicable only for people who meet the criteria for receiving services – not the population this guidance, presumably, is targeted at.	Noted, thank you the guidance has been clarified. The guidance document would suggest that older people should meet the criteria for service provision and if resources are limited, they should be focused on the most disadvantaged.
Tameside & Glossop PCT		Training	8	Again, OK but this staff group works with people who are already in receipt of services – does not 'hit' the prevention, self-care agenda?	Thank you. The staff groups who are included under 'who should take action' are many and varied. They may be working in the NHS, social care, the community and voluntary and private sectors.
Wandsworth teaching Primary Care Trust		general	10	Feel guidance is slanted towards physical activity, presumably as there is more evidence for this, although the ' participation in meaningful activity , relationships' is referred to as key factor for	Thank you for your comments. Yes, it is indeed the case that this is where there was best available evidence

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				mental health and wellbeing off older people. This is a key element of occupational therapy, often provided in group form, in primary and residential care. Believe social and relationship aspects of meaningful activities are of enormous importance to all ages, including older people. e.g. In Wandsworth the 'Shop-mobility scheme' appears to be very beneficial to enable older people with mobility difficulties to do their own shopping with appropriate support, as do the wide variety of social and leisure activities provided in formal and voluntary agencies.	of effectiveness. We hope more robust and broader evidence will be available when this guidance is reviewed in two years time. OT in this instance refers to its use in a community setting.