

**National Institute for Health and Clinical Excellence**  
**Centre for Public Health Excellence**  
**Review consultation document**

**Review of Public Health guidance (PH16) –  
Occupational therapy interventions and physical  
activity interventions to promote the mental wellbeing  
of older people in primary care and residential care**

**1. Background information**

Guidance issue date: 2008

3 year review: 2011

**2. Process for updating guidance**

Public health guidance is reviewed 3 years after publication to determine whether all or part of it should be updated.

The process for updating NICE public health guidance is as follows:

- NICE convenes an expert group to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The expert group consists of topic experts, practitioner professional bodies and representatives of relevant government departments.
  
- NICE consults with stakeholders on its proposal for updating the guidance (this review consultation document).

- NICE may amend its proposal, in light of feedback from stakeholder consultation.
- NICE determines where any guidance update fits within its work programme, alongside other priorities.

### **3. Consideration of the evidence and practice**

The expert group discussed current and ongoing research of relevance to the current recommendations.

A range of evidence from policy and practice was identified that might add detail to the guidance. It was thought unlikely that the new evidence would invalidate the existing recommendations.

Much of the evidence discussed related to the implementation of the guidance, for example:

- recommended actions can also be delivered by professionals who have been trained to apply the principles and methods of occupational therapy
- skills development, training and approaches to delivery, particularly for those working with older people with cognitive impairment and dementia.

#### **Recommendation 1: Occupational therapy interventions**

The expert group considered this recommendation to be still relevant and useful. New evidence was identified that might add detail to the recommendations, for example occupational therapy interventions improving the mental wellbeing of older people diagnosed with dementia

#### **Recommendation 2: Physical activity**

The expert group considered this recommendation still to be relevant and useful. New evidence, for example on the role of physical activity in

preventing or delaying dementia might add detail to the recommendation but would be unlikely to change it.

It was suggested the guidance could be amended to include a link to the Chief Medical Officer's physical activity guidelines for older adults (2011) <http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-older-adults.aspx>

### **Recommendation 3: Walking Schemes**

There is new evidence of the cost effectiveness of walking for health schemes.

### **Recommendation 4: Training**

The expert group considered this recommendation still to be relevant and useful. They noted that occupational therapists are asked to help adapt physical activity for people with cognitive impairment and to provide training for care home staff. The group also noted new schemes for accredited training and skills development for those who work with people with cognitive impairment and/or dementia.

The group was aware of research in progress or soon to begin on focused intervention and training for care homes (FITS), workforce and training for the care of people with dementia.

## **4. Related guidance**

Dementia: Supporting people with dementia and their carers in health and social care

Published in 2006 amended March 2011

## **5. Equality and diversity considerations**

There has been no evidence to indicate that the guidance does not comply with anti-discrimination and equalities legislation.

## **6. Conclusion**

No additional areas were identified that were not covered in the original guidance scope or that would indicate a significant change in practice. There are no factors described above which would invalidate or change the direction of the current recommendations. The guidance should not be updated at this time.

However, the expert panel felt there were a number of urgent issues, beyond the scope of this guidance. It would be helpful for NICE to develop public health guidance focussing on the health and wellbeing of older people in the near future.

It is proposed that a link to the DH/CMO physical activity guidelines for older adults (2011) be added to the guidance or to the webpage for the guidance.

## **7. Recommendation**

The guidance should not be updated at this time.

The guidance will be reviewed again according to current processes.

## **8. Next steps**

Following consultation on this draft review proposal, the final recommendation will be made to NICE's Guidance Executive. Following that, the outcome will be made available on the website.

**Centre for Public Health Excellence (CPHE)**

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