

# Mental wellbeing and independence for older people

Quality standard

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This standard is based on NG32 and PH16.

This standard should be read in conjunction with QS132, QS123, QS86, QS50, QS184, QS185 and QS187.

## Quality statements

Statement 1 Older people who are at risk of a decline in their independence and mental wellbeing are identified by service providers.

Statement 2 Older people most at risk of a decline in their independence and mental wellbeing are offered tailored, community-based physical activity programmes.

Statement 3 Older people most at risk of a decline in their independence and mental wellbeing are offered a range of activities to build or maintain social participation.

# Quality statement 1: Identifying those at risk of a decline

## Quality statement

Older people who are at risk of a decline in their independence and mental wellbeing are identified by service providers.

## Rationale

The risk of older people experiencing a decline in their independence and mental wellbeing will be influenced by certain life events and circumstances. Staff from a range of services could be given the skills to identify when these events and circumstances occur and to intervene to reduce that risk. Data from local health and social care services and an identified 'local coordinator' can also be used to estimate the number of older people who are not in regular contact with services but who may be at risk.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements that ensure older people who are at risk of a decline in their independence and mental wellbeing are being identified by service providers.

**Data source:** Local data collection.

## Outcome

a) Number of older people identified as at risk of a decline in their independence and mental wellbeing.

**Data source:** Local data collection.

b) Incidence of mental health conditions among older people identified as being at risk of decline.

**Data source:** Local data collection.

c) Incidence of admission to supported care facilities among older people identified as being at risk of decline.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** (such as local authorities, local NHS providers, housing organisations, fire and rescue services, and voluntary organisations) ensure that their staff in contact with older people can identify those at risk of a decline in their independence and mental wellbeing. They could do this by using data from sources such as local health and social care services to estimate the number who may be at risk of a decline in their independence and mental wellbeing, and by using an identified 'local coordinator' (such as village or town agents or community navigators).

**Health, public health and social care practitioners** (such as GPs, community nurses and occupational therapists) are aware of factors that are likely to increase the risk of decline in an older person's independence and mental wellbeing.

**Commissioners** (such as local authorities) commission services that work in collaboration to identify older people who are at risk of a decline in their independence and mental wellbeing.

**Older people** benefit from being identified as at risk of a decline in their independence and mental wellbeing because they will be helped to prevent this decline.

## Source guidance

Older people: independence and mental wellbeing. NICE guideline NG32 (2015),

recommendation 1.5.3

## Definitions of terms used in this quality statement

### Older people

People aged 65 or older. [[NICE's guideline on older people: independence and mental wellbeing](#)]

### Older people who are at risk of a decline in their independence and mental wellbeing

Older people who have experienced any of the following:

- partner died in the past 2 years
- are a carer
- live alone and have little opportunity to socialise
- recently separated or divorced
- recently retired (particularly if involuntarily)
- unemployed in later life
- low income
- recently experienced or developed a health problem (whether or not it led to admission to hospital)
- had to give up driving
- age-related disability
- aged 80 or older.

[Adapted from [NICE's guideline on older people: independence and mental wellbeing](#), recommendation 1.5.3]

# Quality statement 2: Physical activity for older people

## Quality statement

Older people most at risk of a decline in their independence and mental wellbeing are offered tailored, community-based physical activity programmes.

## Rationale

Encouraging older people to be physically active, using tailored programmes such as walking schemes, can improve their independence and mental wellbeing as well as their physical health. It also means they are more likely to be able to leave their own home and take part in vocational and social activities. This reduces the risk of loneliness and social isolation.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure tailored, community-based physical activity programmes are in place for older people most at risk of a decline in their independence and mental wellbeing.

**Data source:** Local data collection.

## Process

Proportion of older people most at risk of a decline in their independence and mental wellbeing who take part in tailored, community-based physical activity programmes.

Numerator – the number in the denominator who take part in tailored, community-based physical activity programmes.

Denominator – the number of older people most at risk of a decline in their independence and mental wellbeing.

**Data source:** Local data collection.

## Outcome

a) Change in physical activity among older people.

**Data source:** Local data collection.

b) Incidence of mental health conditions among older people identified as being at risk of decline.

**Data source:** Local data collection.

c) Incidence of admission to supported care facilities among older people identified as being at risk of decline.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** (such as local authorities, local NHS providers and voluntary organisations) ensure that tailored, community-based physical activity programmes are in place for older people most at risk of a decline in their independence and mental wellbeing.

**Health, public health and social care practitioners** (such as GPs, community nurses and occupational therapists) are aware of, and offer, tailored community-based physical activity programmes for older people most at risk of a decline in their independence and mental wellbeing.

**Commissioners** (such as local authorities) commission community-based physical activity programmes tailored for older people most at risk of a decline in their independence and mental wellbeing.

**Older people most at risk of a decline in their independence and mental wellbeing** are offered community-based physical activity programmes that reflect their preferences to improve their physical and mental wellbeing.

## Source guidance

- [Older people: independence and mental wellbeing. NICE guideline NG32 \(2015\), recommendations 1.1.1, 1.2.1 and expert consensus](#)
- [Mental wellbeing in over 65s: occupational therapy and physical activity interventions. NICE guideline PH16 \(2008\), recommendation 2](#)

## Definitions of terms used in this quality statement

### Tailored community-based physical activity programmes

Physical activity programmes for older people that reflect their preferences and are delivered in a community setting and include:

- mixed exercises of moderate intensity (for example, dancing, walking, swimming)
- strength and resistance exercise, especially for older people living with frailty
- toning and stretching exercises.

[Adapted from [NICE's guideline on mental wellbeing in over 65s: occupational therapy and physical activity interventions](#), recommendation 2]

### Older people

People aged 65 or older. [[NICE's guideline on older people: independence and mental wellbeing](#)]

## Older people most at risk of a decline in their independence and mental wellbeing

Older people with at least 1 of the following risk factors:

- live alone and have little opportunity to socialise
- low income
- recently experienced or developed a health problem (whether or not it led to admission to hospital)
- aged 80 or older.

Or at least 2 of the following risk factors:

- partner has died in the past 2 years
- carer
- recently separated or divorced
- recently retired (particularly if involuntarily)
- unemployed in later life
- had to give up driving
- have an age-related disability.

[Adapted from [NICE's guideline on older people: independence and mental wellbeing](#), recommendation 1.5.3 and expert consensus]

## Equality and diversity considerations

Physical activity programmes need to take into account any mental health conditions and learning or physical disabilities that the person may have. Any written information provided should be accessible to people with additional needs, such as physical, sensory or learning disabilities.

# Quality statement 3: Social participation

## Quality statement

Older people most at risk of a decline in their independence and mental wellbeing are offered a range of activities to build or maintain social participation.

## Rationale

Participating in a range of activities, including one-to-one and group-based activities, can improve or maintain older people's mental health and wellbeing, by preventing loneliness and social isolation. Providing a range of activities increases the likelihood that the older person will find something that interests them and so will continue to participate.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to ensure a range of activities are in place to build or maintain social participation in older people most at risk of a decline in their independence and mental wellbeing.

**Data source:** Local data collection.

## Process

Proportion of older people most at risk of a decline in their independence and mental wellbeing who take part in activities to build or maintain social participation.

Numerator – the number in the denominator who take part in activities to build or maintain

social participation.

Denominator – the number of older people most at risk of a decline in their independence and mental wellbeing.

**Data source:** Local data collection.

## Outcome

a) Proportion of older people and their carers who use services and report that they have as much social contact as they would like.

**Data source:** Local data collection. Data can be collected nationally in the [Department of Health and Social Care's adult social care outcomes framework](#).

b) Incidence of mental health conditions among older people identified as being at risk of decline.

**Data source:** Local data collection.

c) Incidence of admission to supported care facilities among older people identified as being at risk of decline.

**Data source:** Local data collection.

## What the quality statement means for different audiences

**Service providers** (such as local authorities, local NHS providers and voluntary organisations) ensure that a range of activities are in place for older people most at risk of a decline in their independence and mental wellbeing to build or maintain their social participation.

**Health, public health and social care practitioners** (such as GPs, community nurses and occupational therapists) are aware of, and offer, a range of activities for older people most at risk of a decline in their independence and mental wellbeing to build or maintain their social participation.

**Commissioners** (such as local authorities and NHS England) commission a range of activities to enable older people to build or maintain their social participation.

**Older people most at risk of a decline in their independence and mental wellbeing** are offered a choice of activities to build or maintain their social participation to help prevent loneliness and social isolation.

## Source guidance

Older people: independence and mental wellbeing. NICE guideline NG32 (2015), recommendations 1.1.1, 1.2.1, 1.3.1 and expert consensus

## Definitions of terms used in this quality statement

### Activities to build or maintain social participation

Group or one-to-one activities for older people that aim to prevent loneliness and social isolation. Group activities could include:

- Singing programmes, in particular those involving a professionally-led community choir.
- Arts, crafts and other creative activities.
- Intergenerational activities. For example, helping with reading in schools or young people providing older people with support to use new technologies.
- Multicomponent activities. For example, lunch with the opportunity to socialise and learn a new craft or skill in a community venue.

One-to-one activities could include:

- Programmes to help people develop and maintain friendships. For example, peer volunteer home visiting programmes, programmes to learn about how to make and sustain friendships, or befriending programmes based in places of worship.
- Befriending opportunities that involve brief visits, telephone calls or the use of other media.

- Information on national or local services offering support and advice by telephone and other media.

Older people should also be made aware of the value and benefits of volunteering. It provides the opportunity to socialise, have an enjoyable experience and help others to benefit from their experience, knowledge and skills. [[NICE's guideline on older people: independence and mental wellbeing](#), recommendations 1.2.1, 1.3.1 and 1.4.1]

## Older people

People aged 65 or older. [[NICE's guideline on older people: independence and mental wellbeing](#)]

### Older people most at risk of a decline in their independence and mental wellbeing

Older people with at least 1 of the following risk factors:

- live alone and have little opportunity to socialise
- low income
- recently experienced or developed a health problem (whether or not it led to admission to hospital)
- aged 80 or older.

Or at least 2 of the following risk factors:

- partner has died in the past 2 years
- carer
- recently separated or divorced
- recently retired (particularly if involuntarily)
- unemployed in later life
- had to give up driving

- have an age-related disability.

[Adapted from [NICE's guideline on older people: independence and mental wellbeing](#), recommendation 1.5.3 and expert consensus]

## Equality and diversity considerations

Offers of one-to-one or group-based activities need to take into account any mental health conditions and learning or physical disabilities that the person may have. Any written information provided should be accessible to people with additional needs, such as physical, sensory or learning disabilities.

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standards advisory committees](#) for details about our standing committees. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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## Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

## Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Chartered Society of Physiotherapy](#)
- [Royal College of Nursing \(RCN\)](#)