Mental wellbeing and independence for older people

Consultation on draft NICE quality standard (QS10008)

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The National Institute for Health and Care Excellence (NICE) is currently developing a quality standard on mental wellbeing (including social and emotional wellbeing) and independence for older people, which is due to be published in December 2016. As part of this, stakeholders have been invited to comment on the draft quality standard, including the key areas for improvement that have been shortlisted (available online here). Age UK welcomes this quality standard as a positive contribution to supporting older people's independence and wellbeing.

Key points and recommendations

Age UK's detailed comments can be seen in the NICE proforma below. Key points from our response include:

- Recognising the importance of promoting inclusive environments and infrastructure, including through age-friendly and dementia-friendly approaches;
- Removing the reference to "premature ageing" which can reinforce stigma around ageing and health;
- Acknowledging the impact of frailty on older people's mental wellbeing and ability to remain independent;
- Welcoming the emphasis on the role of local coordinators in supporting older people's independence and mental wellbeing.

Age UK's comments

Comment number	**Section**	**Statement number**	**Comments** Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
1	General		Age UK welcomes this quality standard as a step towards supporting continuous improvement in older people's independence and wellbeing, as well as clarifying expectations of service commissioners and providers around what needs to happen.
2	General		We support the focus provided by the three areas shortlisted for the quality statements. However, we are concerned that the importance of promoting inclusive environments and infrastructure has been overlooked. Older people's ability to build or maintain social participation will depend on the inclusiveness of their local community and environment. This includes whether these are age-friendly and dementia-friendly. While many older people continue to play an active part in their community, problems with mobility, vision and memory can make neighbourhoods difficult to navigate. A lack of public transport, or somewhere to sit down, or access to clean public toilets limits how far people are able to get around and poor quality pavements, poor street lighting or fear of crime can stop people feeling confident enough to go out at all. Our joint report with the Campaign to End Loneliness, *Promising approaches to reducing loneliness and isolation in later life*, showed that age-friendly environments are an important 'structural enabler' of solutions to support older people participating in the community. As such, NICE's quality standard should recognise the importance of fostering age-friendly communities, considering for example the addition of a new quality statement along the lines of: "*Local authorities take steps to become age-friendly to enable older people to build or maintain participation in their local community*".

3	Introduction		As we highlighted in reference to the use of "prematurely old" or "premature ageing" as part of the consultation on the NICE Guideline NG32, we believe this type of phrase risks of reinforcing current stigma towards older people and the ageing process, particularly around people's expectation of good health in later life. Entrenched stigma towards ageing has meant that older people have often faced inequalities in accessing treatment. Despite the passage of the Equality Act 2010, public and private services, including the NHS, have a long way to go in establishing age equal practices and part of this process should be to overturn deep-rooted cultural attitudes towards the 'value' of treating and supporting older people, and assumptions around what older people can or cannot do. In addition, we believe this could further impact negatively on older people's self-esteem or willingness to engage in activities that might help them due to negative perceptions around ageing. The phrase also begs the question of what "premature ageing" actually means, given that ageing is a life-long process. As such, we would suggest removing the mention of "premature ageing" and keeping the second half of the sentence, which is about health risks associated with older age.
4	Statement 1 (statement)	1	Age UK welcomes the recognition of the need for a specific coordinator/navigator role to identify and support older people in the local area to maintain their independence and mental wellbeing. We have supported the development of similar roles throughout our network for a number of years, including through pilot programmes. Evaluations have shown that they not only support older people's overall wellbeing and independence, they can also help achieve cost savings to the local health economy. For example, our local Wellbeing Coordinator schemes have shown that people who access the service have reported using fewer NHS services, including fewer admissions to hospital and fewer GP appointments. However, given that such roles are often provided by non-statutory organisations, including in the voluntary sector, we would recommend making explicit that local authorities' responsibility may not be to "have" coordinators, but to "support" other organisations that do so, and promote the availability of such coordinator/navigator roles in the local area. We therefore recommend amending the statement so that it reads as: *"Local authorities ensure the availability of coordinators in their area to help identify and support people who are most at risk of a decline in their independence and mental wellbeing".*
5	Statement 1 (definitions)	1	In response to the question on page 12 (i.e. whether we would need to be "specific about which service would be expected to carry out the action") we would argue that it would be unhelpful to be overly specific about the nature of the coordinator/navigator role. Our view is that that we should be less prescriptive about a specific model but clearer about the design principles associated with roles of this type and how these translate into better outcomes. For example, Age UK's Personalised Integrated Care Programme has shown how adopting truly person-centred design principles can improve wellbeing and resilience while also helping to build local community capacity. Through this programme, we support people to express what is most important to them and the challenges they may be having. These "guided conversations" result in a collaborative care planning process based on shared-decision making principles between the older person and our Age UK staff that is then fed back into the care team, to help better target subsequent interventions. This further allows individuals to better identify the services that are right for them, whether NHS services or the many voluntary sector services in their area. Our model also promotes a new way of working, shifting away from siloed medical interventions towards a model featuring non-medical support delivered by multi-disciplinary teams that include the voluntary sector, wrapping support around the person. Our model shows that simply being linked into services does

			not guarantee a good outcome and is therefore only a minor part of the process.
6	Statement 1 (Quality measures - Outcome)	1	In addition to measuring the number of older people who are identified as being at risk of a decline in their independence and wellbeing, and among these, the number who access local services, local areas should also measure and report progress in improving older people's wellbeing and independence. The measures chosen for this quality statement so far seem to focus on process, rather than actual person-centred outcomes. We would argue that in supporting the availability of local coordinators/navigators, local authorities should promote and sustain consistent and robust evaluation mechanisms to capture outcomes in terms of older people's wellbeing and quality of life. This could involve using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) to record any improvements in the mental wellbeing of service users. We would therefore recommend adding the following outcome measure: *"c) Proportion of older people and their carers who use services who reported improvements in their wellbeing. Data source: local data collection."*
7	Statement 3 (Quality measures - Structure)	3	In line with the overarching quality statement, we would recommend including a measure of whether local authorities have arrangements in place to *promote* a range of activities to build or maintain social participation. Older people as well as health and care professionals often report they cannot find accessible and reliable information on the range of non-medical and support services available in their area. As such, we would recommend amending the quality measure as follows: *"Evidence of local arrangements that ensure a range of activities are in place* and promoted *for older people to build or maintain social participation."*
8	Statement 2 and 3	2,3	In response to question 6 on page 9 (and the same question on pages 15 and 18) around the potential groups/issues to prioritise to target services, we would argue that the impact of frailty should be explicitly recognised. Although we anticipate that many of the subgroups identified within Statement 1 may include older people living with, or at risk of, developing frailty, we believe it would be helpful to explicitly target people living with the condition. Frailty can affect people of all ages but is most prevalent in people over 85 and the total numbers are likely to grow substantially in the coming years. Work carried out by Age UK has identified frailty as an important risk factor for low mood and depression and feelings of "losing control". Older people included in our research often talked about "turning points" in their ability to do every-day tasks and the impact this had on both their feelings of self-reliance and their mental wellbeing. There was often no response from local services when these turning points occurred and important chances to remain active and independent were missed, which increased risks of rapid deterioration in people's wellbeing following such moments. Recognising frailty using many available, validated, tools and proactively planning care would make a huge difference to a person's long-term outcomes and overall mental wellbeing. For people with mild or "pre" frailty, often simple support such as providing information to people can help to delay onset into later life and help to engage people with local services and community support. See for example Age UK/NHS booklet, *A practical Guide to Healthy Ageing* (updated October 2015). We would therefore like to suggest adding a point to the definitions on page 12 to include people: *"who are living with frailty, i.e. who struggle to do everyday tasks themselves and are becoming increasingly vulnerable to physical and emotional setbacks".*