Public Health Guidance

Excess winter deaths and illnesses - Consultation on Draft Scope
Stakeholder Comments Table

7th February – 7th March

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Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Bolton Council	3 b)	3	More information on mental health and well-being.	Thank you. Please note there is limited room in the scope to address issues in detail, however mental wellbeing has been added.
Bolton Council	3 c)	4	More information on behaviour outside of the home and the link to mortality risk.	Thank you. Please note there is limited room in the scope to address issues in detail, however a reference to this has been added.
Bolton Council	3 d)	4	Links made/acknowledgment of the contradiction with the sleep safe campaign and sudden infant death syndrome.	Thank you. The risk of overheating has been added as a possible unintended consequence in question 2 on page 9
Bolton Council	3 f)	5	Exploration of the links between excess winter deaths and homes of poor decency, using local authority private sector stock condition data and decent home standards.	Thank you. There is limited room in the scope to address issues in detail however we hope this may be clarified in the guidance.
Bolton Council	4.1	5	Greater clarification needed on extending age range to 25 as opposed to usual which is generally 16	Thank you. In response to comments from stakeholders the target population has been expanded to cover the

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				whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions
Bolton Council	4.1	6	Although it is recognised that those under 25 and those over 60 are at greater risk of the negative health effects of living in a cold damp home than the general population, to completely exclude those 26-59 (unless they live with someone in the target groups) may lead to overlooking the situation of some of the most vulnerable to the negative effects of living in these conditions. It may be worth considering having another group that covered those between these ages that are recognised a having a condition that is exacerbated by living in a cold damp home or that have a long term condition that increases the amount of time spent in their own home therefor increasing the amount of time they have to heat/ use energy in their home and subsequently the cost	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions
Bolton Council	4.2.1	6	"by using an area-based approach" – does this mean sub-district areas? If so what level – MSOA, LSOA, postcodes etc. Would area envisaged by scope be too large	These are examples of possible ways a strategy may be developed or delivered. Specific examples of the level will depend on what is identified in the evidence.
Bolton Council	4.2.1	6	Should "by targeting types of properties" be added? For example, old	'Type of property' would

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			terraces, solid wall properties etc.	be an example of a group that might be targeted if supporting evidence exists.
Bolton Council	4.2.1	6	Should tenure be a factor? It is widely documented that the private rented sector has the worst housing stock and can contain some of the most vulnerable.	Tenure might be an example of a group that might be targeted if supporting evidence exists.
Bolton Council	4.2.1	6	c) To include locally targeted and adaptable behavioural change work i.e workshops. And to pair this up with other relevant subject areas i.e food poverty work	This would be of interest if supporting evidence relating to these approaches were found.
Bolton Council	4.2.1	7	Should "Activities targeted at people with respiratory diseases" be added as this tends to be a high proportion of morbidity and hence a high proportion of EWM due to this condition and also its strong association with deprivation via smoking. It will also cover the negative impact on education of asthmatic children (poor attendance, sleep disturbance/deprivation, increased GP attendance and inhaler usage) and break the fuel poverty cycle at one of the earliest possible point for this group	People with respiratory diseases are likely to be at-risk groups identified in 4.2.1.
Bolton Council	4.2.1	7	d) To include winter preparedness work/publicity campaign especially with the 60+group i.e campaigns around simple preventative measures to combat cold weather and prevent trips out in the snow and icy conditions	We anticipate these would be included in 4.2.1 c)
Bolton Council	4.3	7	Should "Cost effectiveness/benefits be recorded as those attributed to Council and those attributed to NHS" be added?	Thank you. The economic analysis will include both NHS and wider perspectives based on best available

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				evidence.
Bolton Council	General		Regarding equality of opportunity there is a correct focus on people with low incomes living in private housing – as social housing tends to have better insulation etc. However, given the importance of financial management, budgeting etc. on wellbeing it is important social housing tenants do not then miss out on other interventions because their homes may be better insulated etc.	Thank you. Social housing tenants are included within the scope for this work.
Central Nottinghamshire Clinical Services	4.2.1		Health professionals should be vigilant when visiting vulnerable groups at home for evidence of fuel poverty and/or environmental deficits such as poor insulation, inadequate heating etc.	Thank you, this might be recommended if supporting evidence exists..
Central Nottinghamshire Clinical Services			Health professionals when visiting vulnerable groups at home should be opportunistic in identifying those who may not have had annual flu vaccination or long term condition review (especially respiratory conditions).	Thank you, this might be recommended if supporting evidence exists
Central Nottinghamshire Clinical Services	6		Reference to NICE Falls guidance (I am not sure what the evidence is but anecdotally, falls which lead to health consequences such as fracture neck of femur can have a huge impact for an individual eg hospital admission, complications leading to reduced independence – care home admission etc and for health services.)	Thank you. This guidance has been added to section 6 'related NICE guidance'
Chartered Institute of Environmental Health	2	1	Despite the breadth of the proposed gtitle, 'Excess Winter Deaths', the document itself is very 'cold' focussed and though it mentions infectious disease (influenza) there could also be a consideration of other seasonal variations in conditions relating to mental health/wellbeing.	Mental wellbeing is included in outcomes of interest.
Chartered Institute of Environmental Health	2 (a)	1	We think that the aim should be to reduce the number of excess winter deaths, rather than preventing (sic) excess winter deaths, which could be interpreted as being over ambitious.	Thank you. This is taken from the referral from the Department of Health to

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				NICE.
Chartered Institute of Environmental Health	2 (a)	1	The method of calculating the excess proportion needs to be explained. In particular it is unclear how comparisons are to be made of averages from three periods.	Thank you. This is the standard method for calculating excess winter deaths. It compares the winter months (between December and March) with the average for the summer period. This is taken to be the four months preceding the winter period and the four months following it. A reference to the relevant ONS publication has been added.
Chartered Institute of Environmental Health	2 (a)	1	Consideration could be given to factors to take into account in setting targets to assess progress.	Thank you. If there is appropriate supporting evidence the committee may want to consider this in its deliberations.
Chartered Institute of Environmental Health	3 (a)	3	The statistics in para 3(a) are unclear and seem to indicate that the rate since 1998/9 has plateaued and yet that quoted for 2012 is significantly lower than the 5-year average. Diagrammatic representation would assist understanding.	The figures for 2011/12 relate to England alone. The figures for the five year moving average refer to England and Wales together. We were unable to present

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				data for England alone as a five year moving average but it is included for England and Wales to provide further context.
Chartered Institute of Environmental Health	4.2.1	6	We would like to see consideration of the inclusion of other specific activities and measures including the importance of maintaining adequate nutrition and of strategies to avoid going out in cold weather (eg 'stocking-up'), balanced in that case by the potentially adverse effects of limiting exercise.	We would include this if supporting evidence exists
Chartered Institute of Environmental Health	4.2.1	6	There needs to be a comprehensive consideration of referral systems in order to identify those which are or could be effective, by which we mean schemes which are not just about pointing people (who probably are already suffering illness) in the right direction for care/resolution, but also about identifying the underlying causes of their referral in the first place e.g. their unsatisfactory housing conditions, low incomes etc.	Thank you. We hope to be able to consider evidence relating to this.
Chartered Institute of Environmental Health	4.2.1	6	The learning points should be harvested from effective projects which are up and running, notably in Kirklees and in Liverpool, where environmental health practitioners are helping to deliver the Healthy Homes Programme. http://www.liverpool.gov.uk/council/strategies-plans-and-policies/housing/healthy-homes-programme/	Thank you. We will be considering a call for evidence as part of the process of developing the guidance.
Chartered Institute of Environmental Health	4.3 Question 3	8	Some environmental health services in local authorities have implemented "triage" like systems - filter systems in effect - which have been set up mainly to manage resources and to identify the most serious cases requiring responses and interventions. There could be a consideration of how such	Thank you. We will be considering a call for evidence as part of the process of developing

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			systems might be utilised and what needs to be done for the people managing and operating those systems to have a better understanding of solutions that might be available.	the guidance.
Consumer Focus	Section 3a	3	There are a number of studies that have attempted to assess the cost to the NHS of treating cold-related illness, in addition to those quoted. Age UK, for example, estimated an annual cost of £1.3 billion (Age UK, 'The cost of cold', 2012). However, studies have not made clear how costs of specific conditions are apportioned to cold causation. There are also other illnesses thought to be associated with cold homes but which have not been included in calculations of the health cost of cold homes due to lack of evidence.	Thank you. This updated figure has been included.
Consumer Focus	Section 3a	3	There is an urgent need for evidence on costs to local health service providers of cold – related illness, rather than the national costs quoted. There is also a need for evidence on the avoided local costs arising from housing interventions. Consumer Focus and NEA will publish research in the near future that will shed some light on this, although it is clear more in-depth research will be required. It is important local and national evidence addresses both the short term and long term health benefits of interventions.	Thank you. We will be considering a call for evidence and would be interested to hear more about this work.
Consumer Focus	Section 3a	3	There is an almost complete absence of evidence on the costs of cold-related illness to social care providers.	Noted.
Consumer Focus	Section 3b	3	This focuses on conditions linked to excess winter deaths. There are a broader range of illnesses linked to cold-related morbidity, e.g. mental health problems.	Thank you. We are constrained by space limits in the scope, however additional reference to mental wellbeing has been added.

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Consumer Focus	Section 3 a) to f)	3-5	This section does not address the impact of cold homes on a wide range of disability conditions, particularly with respect to exacerbating these conditions. Eaga CT is about to publish research which will shed light on these issues (George, Graham & Lennard 'The energy penalty - disabled people and fuel poverty', publication due April 2013).	Thank you. The impact on people with disabilities has been added. Please note that the population of interest has also been expanded to cover the whole population, including those with disabilities
Consumer Focus	Section 4.1.2	6	The guidance should include adults aged between 26 and 59. Many people in this group suffer from respiratory, circulatory and mental health illnesses due to living in cold and damp housing. It is particularly important that the guidance is expanded to include disabled people and those with a limiting long term illness.	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions
Consumer Focus	Section 4.2.1	6	Some interventions will encompass two or even three of the examples quoted, i.e. a) to c).	Thank you. We agree this is likely
Consumer Focus	Section 4.2.1 a)	6	Other examples include microgeneration, which potentially could play an important role in rural areas, and district heating.	If there is supporting evidence relating to this it will be considered.
Consumer Focus	Section 4.2.1 b)	6	Another example is referrals (for income maximisation and/or energy efficiency grants) from front line workers, particularly those visiting the home	If there is supporting evidence relating to this it will be considered.
Consumer Focus	Section 4.2.1 c)	6	Suggest adding a 4th bullet point: advice (this is different to providing	Thank you. This has

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			information)	been added.
Consumer Focus	Section 4.3 Q.1	7	Add to 'expected outcomes': improved quality of life for disabled people	Quality of life would be included as an outcome for all groups.
Consumer Focus	Section 4.3 Q.2	7	It is important that comparisons of the effectiveness of interventions are cross-sectoral. Also, that comparisons encompass indirect impacts, e.g. expenditure on housing interventions versus expenditure on treatment of respiratory and circulatory conditions, and the that time period for comparisons is sufficient to capture long term health benefits of interventions.	Where evidence allows we would consider a wide range of impacts. It may be possible to include these in modelling over a variety of time periods.
Consumer Focus	Section 4.3 Q.2	8	Add to 'expected outcomes': reduced health inequalities, increased disposable income to spend on other essential goods, e.g. food, and services; reduced debt, particularly fuel debt	If the evidence allows we would be interested in looking at these outcomes.
Consumer Focus	Section 4.3 Q. 3	8	Add to 'expected outcomes': optimal allocation of resources across sectors to address excess winter deaths and morbidity'	We anticipate that these may be issues that the committee will want to consider.
Consumer Focus	Appendix D	16	The logic model does not include 'low income', yet this is a key contributor to fuel poverty and likelihood of cold homes	Thank you. The box 'fuel costs' has been amended to include affordability.
Consumer Focus	General	n/a	The guidance should also address the health impact of dampness and mould growth which is closely linked to cold homes.	Thank you. We recognise that this is one of the mechanisms whereby cold homes may impact on health.

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Consumer Focus	General	n/a	The guidance should address the impact of cold homes (and inability to afford energy for other purposes) on a wide range of disability conditions. Many disabilities entail additional energy expenditure – for warmth and power – due to the nature of the disability. See forthcoming report for Eaga CT from George, Graham & Lennard.	Thank you. We have added further reference to people with disabilities. Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions.
Cornwall Council (Green Cornwall Team)	4.3	7 Q1	The scoping report covers the populations vulnerable to low temperatures and we agree with the groups to be covered (ie under 25 years old and over 60 years. One particular subpopulation that is poorly served are those living in Park Homes. The energy savings to be gained from insulating Park Homes are likely to be insufficient to make the Green Deal viable, and due to their small size and hence limited carbon savings, energy companies are likely to prioritise homes elsewhere for their ECO support where the carbon savings will be greater. Ofgem have also increased barriers to uptake due to the requirement of a full SAP (Standard Assessment Procedure) needed on the property. There are also issues regarding Cornish Unit Houses as they are particularly difficult to insulate. If circulatory and respiratory diseases are most strongly linked to EWD perhaps people with these conditions should form a sub group? They may not all be in the age groups described above. There is also a strong correlation between mental health and cold, damp housing. People with long term health	Thank you. Issues relating to specific types of property (such as Park homes or Cornish Unit Houses) are included in 4.2.1 where the example of house conditions is given. We have added additional examples. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people,

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			conditions or disabilities are also a vulnerable group.	those over 60 and those with disabilities or long term conditions.
Cornwall Council (Green Cornwall Team)		7 Q2	If the guidance is intended to be used by public health commissioners, then reference should be made to the Public Services Social Value Act 2012. Under this Act a cost-effectiveness approach would consider economic, social and environmental wellbeing. We recommend that cost-effectiveness is assessed using a social return on investment (SROI) methodology, rather than or in addition to a cost benefit analysis, which won't take the wider quality of life and wellbeing benefits into account. Cost-effectiveness calculations should also take into account the higher costs of delivering services in rural areas with dispersed populations. A standard cost-effectiveness method that compares multiple projects and interventions would be very useful for benchmarking and identifying the most effective approaches. Currently there are many evaluation reports available for individual fuel poverty/ EWD projects, but they all use different methods and indicators. A standard cost-effectiveness formula could be provided for GP's and clinical commissioning groups to aid decision-making and could potentially encourage them to make 'prescriptions' or referrals for insulation or heating. We suggest qualitative data is collected from the beneficiaries of interventions (and possibly their GP's) via surveys/ structured interviews and case studies. Impacts on excess winter death figures may take 3 to 5 years to manifest (the data is published every 3 years) and may be affected by external factors such as variations in weather and flu epidemics.	Thank you. We would anticipate that the economic modelling will include assessment of wider impacts as you indicate based on best available evidence. The modelling will be carried out in line with the NICE CPHE methods manual. It is likely that there will be implementation tools published alongside the guidance which may include costing template to support the implementation of guidance. We are unable to carry out primary research as part of this guidance,

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			National policy regarding energy efficiency measures is in place, however the gap between the end of CERT and the introduction of the Energy Company Obligation is a concern due to the lack of delivery and the ability of the supply chain to remain in place. There are practical difficulties in making sure that cost effective solutions are provided and uptake is ensured locally For example the Warm Front scheme initially relied upon installers based hundred of miles from Cornwall, this put homeowners off using the approved installers, it meant costs were considerably higher than they needed to be due to travel implications, and opportunities to support the local economy were missed. Furthermore installers had to be able to provide a bond worth £25k which limited the number of installers. A localised solution to delivery is needed to ensure the local economy benefits from the measures but also to ensure that work is targeted at the most vulnerable through local delivery models/mechanisms. The grant system makes it very difficult to establish long term solutions to excess winter deaths, for example the Warm Homes Healthy People grant is announced in the autumn with limited time to develop a bid and the results are announced in mid November, also the results of the DECC LA Funds (to support Fuel poverty, green deal and energy switching) were announced on 21/12/2012, which gave very little notice to carry out the works (insulation and installation of central heating) in time to invoice as required by 11/3/2013. We feel strongly that more guarantees of funding would be more cost effective and support the preparation of longer term solutions. Our view is that in overall terms, measures to tackle excess winter deaths are	however it will include research recommendations Thank you. We will be considering a call for evidence as part of the development of the guidance and would be interested to hear about your experiences.

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			consistent with tackling carbon dioxide emissions because the insulation measures required in most cases outweighs the occasions when the only measure provided is a central heating system. There are occasions when there can be an increase in damp and mould as a result of insulation being provided, when behavioural change does not take place.	
Cornwall Council (Green Cornwall Team)		Q3	We would be happy to provide case study data for targeting strategies used in Cornwall. In Cornwall we have set up the Winter Wellness project involving Cornwall Council, the NHS, Community Energy Plus and over 15 other voluntary and community sector (VCS) organisations. The way this runs is that Community Energy Plus (CEP) have provided a freephone number, whereby any frontline worker or individual can call the number and have their needs diagnosed and be referred to any of the partners for support. This system works very effectively - around 50% of callers are helped by more than one organisation. To incentivise referrals, VCS partners are paid a £15 referral fee for each client they refer to the number. This ensures all clients receive the whole range of services required to cater for their needs. Our target is to help 1000 households by 31/3/2013 and we have currently helped around 800. CEP have been tasked with reporting both referrals to the freephone no and the outcomes generated, such as the number that have insulation installed, benefit uptake increased, referred for meals on wheels, etc. In addition to this we have set up an Emergency Fund to provide heaters, oil,	Thank you. We will be considering a call for evidence as part of the development of the guidance and would be interested to hear about your experiences.

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			coal etc, boiler repairs, debt repayment, etc for those in severe difficulty. It is conditional that those receiving emergency support agree to a home visit by CEP to help put in place longer term solutions. We also pay the Citizen's Advice Bureau (CAB) to carry out home visits. We feel that operating this system has been cost effective, we have gained access to a good number of clients – particularly those that might not otherwise receive support - and helped put in place longer term solutions rather than quick fixes. The above work highlights the need to speak to the right people – ie frontline workers. One example is that we have developed a "does your home need a healthcheck?" referral postcard that anyone can use and is sent to all those eligible for a flu vaccination. Continued below…	
Cornwall Council (Green Cornwall Team)			We feel that there is a need to integrate fuel poverty into performance indicators used by GP's, such as % of homes insulated and % improvement /year.	Thank you. This would be included if evidence relating to it is identified
Cornwall Council (Green Cornwall Team)	Appendix C	p.13	Evaluation reports for the DH's Warm Homes Healthy People Fund projects are available on the LGA Knowledge Hub.	Thank you.
Department of Energy and Climate Change	4.1.1	5	Can you include those with a disability or long term illnesses as a group to focus on given there is evidence of them being more susceptible to excess winter deaths	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a

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				particular focus on children and young people, those over 60 and those with disabilities or long term conditions.
Department of Energy and Climate Change	4.3	7	Question 2: it would also be useful to see the extent excess winter deaths are caused by exposure to cold outside of the home. This will allow one to consider the maximum potential of reducing excess winter deaths by increasing the temperatures experienced in the home	Thank you. This may come up in our evidence review or in our call for evidence.
Department of Energy and Climate Change	4.3	8	Question 3: Including international lessons learned would also be extremely useful to see here	Where international evidence is identified that is relevant to systems in place in this country it will be included.
Dorset County Council	4.2.1	6/7	Ideally social inclusion activities/measures would also be included, since (i) socially isolated people appear particularly vulnerable to EWD, and (ii) Older LGBT people are much more likely to live alone and much more likely to be childless. It may be impractical to measure the outcome of such root cause activities/measures in the short term.	If there is supporting evidence relating to this it will be considered.
Dorset County Council	General		The draft scope is welcomed.	Thank you.
East Devon District Council	3 (B)	3	• Physiological changes mean that older people are not as aware of feeling the cold • All the people are generally have poorer nutrition	Thank you
East Devon District Council			• Older people who have a limited income are fearful of spending their money on heat	Thank you. This has been clarified in the logic

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				model.
East Devon District Council	3 (F)	5	• Many houses do not have any form of heating, other than an open fire. This is often due to the landlords who refuse to acknowledge heating as a requirement. There is still general ignorance regarding the Housing Act 2004 and the requirements to install an affordable fix for heating that is capable of maintaining the temperature within the habitable rooms between 18°C and 22°C when it is -1°C outside	Thank you.
East Devon District Council			• Landlords frequently offer extremely cheap rents because they know that the condition of their properties is poor. People who are working and on low incomes, and people on benefits will be attracted to these properties because of the low rent. Housing benefit is still paid to the occupiers of poor quality housing such as this, and this could be a way of identifying properties with poor insulation and inadequate heating	Thank you
East Devon District Council	4.1.2	6	• The benefits identified in 3B (page 3) include less time off work, less mental health problems.	Thank you. Further reference to mental wellbeing has been added. In addition, mental wellbeing is included in outcomes of interest.
East Devon District Council			• 4.1.2 does not target the right age group for these perceived benefits. The age group to benefit from improved insulation measures would be those that are working, and these people will be between the ages of 26 and 59 years old. There is no point in having a policy that is selective in who it identifies as being at risk, simply because it it is perceived to be expensive. Regardless of their age, everybody is at risk from the health effects of excess cold and damp. In order to	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on

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			make significant savings to the NHS and reduce the impact of ill health on GP surgeries, this problem needs at least as much attention and advertising as the quit smoking, obesity and five a day campaigns.	children and young people, those over 60 and those with disabilities or long term conditions
East Devon District Council	4.2.1	7	There are no grants available	Thank you
East Devon District Council		a	• Mass media campaigns are needed in order to promote insulation and make people aware of the housing act 2004, as well as local authority powers to enforce home improvements to reduce category one hazards, especially those associated with excess cold • The majority of work at this local authority is as a result of excess cold in the home. Most homes that we visit have a category one hazard for excess cold. We have a duty to enforce improvement measures	Thank you.
East Devon District Council		d	• There should be a referral system for all health care professionals who have contact with people, especially those who do home visits. • GPs are best placed to assess the health of their patients and could ask simple questions to determine if there are hazards in the home that could be responsible for their condition, or contributing to it. • There would be a training need to enable professionals to understand the impact of poor housing on health and there would need to be better policies and procedures to satisfy to satisfy this duty of care	Thank you. This would be included if evidence relating to it is identified
East Devon District Council	4.3	7	Question one • Those on benefits, low waged, poorly informed and people who live in areas where there is poor transport and infrastructure. Properties where there is no heating in the home and properties where there is poor insulation. There are a large number of properties of the single	Thank you

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			skin construction that up until now have been too expensive to insulate. In addition to this, any properties that are listed may be very difficult to insulated adequately. • Properties that are not connected to the main gas supply will have to rely on electricity or LPG, unless there are grounds to enable occupiers to have ground or air source heat pumps	
East Devon District Council			Question 2 • at the local authority is only reacting to complaints and this is in part because there aren't enough officers to do more. This area of work needs to be proactive in order to make any improvements in housing stock and associated health. A referral system would be a good mechanism of ensuring success • in this area of the main obstacle to improving housing are landlords. This can be addressed by the introduction of accreditation and the requirement of all properties to achieve a certain standard of insulation and heating.	Thank you. This would be included if evidence relating to it is identified
East Devon District Council		8	Question three • Local Authority inspections to identify hazards and to enforce legislation as required • free insulation for all properties • advertising • GP and NHS referral, for example there could be a prescription for insulation as part of alternative treatments • barriers these tend to be economic for example fear of rent rises; poor landlord relations; excessive paperwork; lack of awareness and education	Thank you. This would be included if evidence relating to it is identified
Friends of the Earth	Section 2c		The Chief Medical Officer, Sally Davies, is producing a report on child health	Thank you. NICE has

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			and wider determinants which will be available later this year. The early/emerging findings of this work should be shared with the CMO's office so that relevant evidence can be included. Also, it will be useful to explore links to DH's work on a child health outcomes strategy/framework.	regular contact with officials from the Department of Health which will enable us to ensure that appropriate communication occurs. We will also be considering a call for evidence as part of the process of developing the guidance which will help ensure that relevant evidence gathered for the CMO report can be included in the guidance development process.
Friends of the Earth	Section 3	3	Recent analysis by Age UK puts the cost to the NHS at £1.36 billion (see The Cost of Cold, 2012)	Thank you. This updated figure has been added.
Friends of the Earth	Section 4.1.1	5	We welcome the inclusion of young adults (in addition to children and young people). This group has received little attention despite indications that for example, young adult carers and students are affected. Work by UCL with Islington Council found that this age group warranted further focus – see UCL Energy Institute website.	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60

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				and those with disabilities or long term conditions
Friends of the Earth	Section 4.1.2	6	We recommend a focus on people across the age range including vulnerable people in all age groups. Organisations providing frontline support to affected households report working with people in the 26-59 age range who they find suffering from respiratory problems and vulnerable to mental health impacts.	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions
Friends of the Earth	Section 4.3 (Qu. 2)	7-8	We would like to see consideration of the impact of certain energy efficiency improvements (e.g. internal solid wall insulation, double glazing) on heatwave vulnerability and indoor air quality. Improved indoor air quality, reduced social isolation and wider health benefits such as improved diet and nutrition should be included as expected outcomes.	Thank you. This would be included if evidence relating to it is identified
Friends of the Earth	Section 4.3 (Qu. 3)	8	We recommend that the guidance assesses the challenges associated with improving hard to treat buildings, specifically issues related to economics and securing planning consent.	Thank you. This would be included if evidence relating to it is identified
Friends of the Earth	Appendix D	16	The logic model should include income as this a significant factor in relation to fuel poverty and cold homes	Thank you. Affordability of fuel has been added to the logic model.
Friends of the Earth	General		We would like to see the problem of dampness and mould growth considered. The health impacts of mould-infested homes can be significant on groups	Damp and mould are among the issues that

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			such as young children. It is very important to include a focus on the impact of cold homes on disabled people including children and young people who are disabled. The 'Counting the costs' report (Contact a Family, 2012) identifies some of the issues for these families.	will be considered, if the evidence allows. We have added further discussion of disability.
Health Protection Agency and Department of Health	1:2 (b)	1	The correct reference for this is Department of Health (2012) Heatwave Plan for England: Making the Case – The Impact of Heat on Health – Now and in the Future. London. Department of Health	Thank you. This has been altered.
Health Protection Agency and Department of Health	1:1 2 (c)	2	The Cold Weather Plan for England should be given higher priority in the list of current policies as it is the main national document addressing the prevention of cold related morbidity and mortality.	Thank you. These are listed alphabetically in accordance with NICE house style.
Health Protection Agency and Department of Health	4.3	8	Adverse effects of insulation and reduced ventilation could also include the potential for overheating during heatwave events in summer.	The adverse effects listed are not intended to be a comprehensive list and inclusion of issues will depend on what is identified in the evidence.
Health Protection Agency and Department of Health	4.3	8	Question 3 – identification of vulnerable groups needs to take account the access to information and datasharing. How best to share data between organisations. Also, the point of having one single point of service to access winter warmth services is a topic of relevance here. Within primary and community care the referral process can be very patchy and work towards a simple, singular referral would be welcomed (as would its subsequent	Thank you. This would be included if evidence relating to it is identified

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			evaluation).	
Health Research Forum	General		I can find no mention of vitamin D in this document. Vitamin D levels are generally low, even in summer, in people living in the British Isles because of our cloudy climate. In winter levels plunge so that about half the population has levels associated with clear additional risk while at least three quarters of the population would benefit from an increase in levels. Vitamin D has been shown in clinical trials to reduce risk of infections including flu, TB and HIV. Presently there is no government recommendation that adults in the UK may need a vitamin D supplement. However scientific evidence suggests that taking a vitamin D supplement in winter would reduce risk of winter infections, as well as having numerous other benefits, including for cardio and pulmonary diseases. These benefits have now been demonstrated in both clinical trials and cohort studies. If the subject of vitamin D is not addressed in the document it will lack credibility. I am willing to help with a review and references to scientific literature if you wish.	Thank you. Please note that two additional pieces of guidance are underway: implementing vitamin D guidance and sun exposure: benefits and safety. These have been added to the related guidance section. The committee developing this guidance may want to cross refer to these other pieces of guidance.
Helen and Douglas House	4.1.1	5	Good age range – targeting most vulnerable	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions
Helen and Douglas House	4.2.1d	7	Other interventions such as physiotherapy available in the home can be both	Thank you. This would

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			preventative and excellent treatment – Children and young people only have access to these via school, where they go when they are well. When ill with respiratory illnesses they do not go to school but chest physio becomes vital to prevent hospital admissions especially as they are tolerating antibiotics less well.	be included if evidence relating to it is identified Treatment of respiratory illnesses is outside the scope of this guidance. However those at particular risk of developing respiratory infections may be identified in discussion of systems to prevent illness and deaths, and in discussions around identifying those most at risk.
Helen and Douglas House	general		Regarding the vulnerable population of children and young people (but also more elderly patients) hospital is the last place to care for them. So home needs to be warm, and patients and their families need the care and support (practical and medical) to manage sick patients there. We see an increase in emergency admissions to the hospice because families do not have this support at home. Whilst this is a good option for patients and their families we are not government funded, and we have limited resources.	Thank you.
Knowsley Council	3a)	3	There could be some additional information added to this paragraph to make clear that excess winter deaths and illness are generally the result of cold housing (e.g. from damp, inadequate heating systems and thermal insulation), - at present this is assumed somewhat. For example, the Marmot Review Team and Friends of the Earth (May 2011, *The Health Impacts of Cold Homes*	Thank you. There is limited space in the scope for a full explanation however we have added a reference

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			and Fuel Poverty) found that EWDs are almost three times higher in the coldest quarter of housing than in the warmest quarter. Following on from that, this is why energy efficiency measures are required.	to this effect.
Knowsley Council	3b)	3	Although it is understood that only a small proportion of excess winter deaths are caused by accidents, it could be recognised here that cold homes can have an adverse effect on dexterity and can increase the risk of accidents and injuries in the home. In addition cold homes can exacerbate existing conditions such as arthritis and rheumatism (Marmot Review Team and Friends of the Earth, May 2011). A wider impact of reduced fuel bills would be reduced financial exclusion and levels of poverty in general; and conversely more disposable income for families to spend on food and other household bills.	Thank you. The effect on injuries will be included if there is supporting evidence relating to this. Thank you.
Knowsley Council	3d)	4	Although a separate issue to the NICE Guidance, there is some concern that the changes in the definition of fuel poverty will result in fewer numbers of people being defined as fuel poor, therefore providing vulnerable residents with less support than currently available. Some additional impacts of fuel poverty are reduced dietary opportunities and choice, and for children include reduced educational attainment, emotional well-being and resilience (Marmot Review Team and Friends of the Earth, May 2011) These could also be mentioned here.	Thank you. This is beyond the scope of the guidance.
Knowsley Council	3	3-5	More information could be added here about predicted changes in the future weather, in particular, more sustained periods of extremely cold weather in winter.	This has been added to appendix b which sets out issues that the

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				committee may consider.
Knowsley Council	4.1.1	5	It is agreed that the NICE guidance should focus on the population groups mentioned here, however, other groups which could be a focus include those with mental health conditions such as dementia and Alzheimer's disease as these groups are more likely to be vulnerable to respiratory diseases (as stated in paragraph 3b). In addition, those defined as 'fuel poor' could be considered as a separate group. This may be important in the long term as fuel prices (and the cost of living in general) continue to rise and more households have reduced ability to heat their homes adequately – also note above comment in relation to changes in the definition of fuel poverty.	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions. Groups such as those with dementia or Alzheimer's disease and the 'fuel poor' will therefore be included. Please note we have also added 'fuel affordability' to the logic model in appendix D.
Knowsley Council	4.2.1	6	It is agreed that interventions should be carried out during cold weather periods, however, planning of any interventions should be encouraged well in advance of cold weather so vulnerable groups are prepared appropriately. A 'target group' to be considered could be those just discharged from hospital and ensuring that their homes are suitable to prevent further illness.	We hope we are able to identify evidence relating to planning for cold weather. As part of the process for developing the guidance we will be considering a call for

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			In addition, 'area based approaches' which could be considered are areas of identified high fuel poverty or of particular house types e.g. Wimpey No-fines properties.	evidence and would be interested to hear if you are aware of any suitable material. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions. Finally, as for "area based approaches", this would be included if evidence relating to it is identified
Knowsley Council	4.2.1.b)	6	This point could be clearer by referring to activities to make sure residents are accessing the cheapest/most appropriate fuel tariffs for their individual circumstances. In addition, the benefits of collective switching schemes should be explored by the guidance.	Thank you, we will make this clarification. Please note that the examples given are not intended to be comprehensive

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Knowsley Council	4.2.1 c)	6	This section could also refer to cookery/food-based initiatives designed to deliver warmth and nutritional sustenance through food which is also cost effective.	This would be of interest if supporting evidence relating to these approaches were found.
Knowsley Council	4.2.1 d)	6	This section could also mention support for vulnerable residents in attending medical appointments and accessing shopping facilities when the weather is cold, for example, via community transport initiatives.	This would be of interest if supporting evidence relating to these approaches were found.
Knowsley Council	4.3	7	Question 2 and 3: It would be useful for the guidance to explore the impact of continuing rises in the price of fuel and changes to fuel tariffs. In particular, how vulnerable groups can be supported to ensure that they are getting value for money from fuel tariffs and how can these interventions stay relevant and effective over time.	Thank you. This would be included if evidence relating to it is identified.
Lincolnshire Community Foundation	**Question 1:** Who is vulnerable?		**Poverty:** Poor people living in poor houses, where efficiency is low, costs high and income low. **Rurality:** The problem becomes more acute in isolated rural areas, off-mains-gas, Types of Housing: Also private rented as opposed to local authority and social housing.	Thank you.
	Question 2: About (cost)effective interventions.		The most effective measures are **volunteer-led**, founded on **true cross-sector partnerships**, offering **practical interventions** and economies of scale (bulk buying of fuel and resources – from hot water bottles to new boilers). The key is to reach the target group by the most effective and persuasive means: **direct mailing** to local authority databases; shared mailing through	Thank you. This would be included if evidence relating to it is identified

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	Question 3: How to identify those at risk: Energy efficiency: An integrated approach: Increasing uptake:		NHS GP practices etc – timed o coincide with eg vaccination mailouts. Direct, practical intervention is more effective than devolved grant making. **Awareness raising** remains a crucial adjunct (and cost-effective) – encouraging self-help and making people aware of the support available. **Set the criteria:** age, savings, income, health conditions. Work collaboratively, **share databases and mailshots** with local authorities, GPs, “free school meals” officers. **Holistic, “green”, innovative:** Besides directly intervening to alleviate short-term, critical problems quickly and effectively – we need to take a long-term, holistic view by eg promoting “green” solutions, trialling new technology like air source heat pumps (depending on individual; circumstances). **Co-operation:** As ever, we have the skills and resources but local agencies compete for funding and do not partner effectively. **Trust:** Free interventions, delivered by a neutral facilitator (not Council owned or led) but endorsed by state agencies.	Thank you. This would be included if evidence relating to it is identified Thank you. This would be included if evidence relating to it is identified

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London Borough of Islington	Section 3a	3	Age UK have estimated a higher annual cost to the NHS of £1.3 billion (see The cost of cold, 2012).	Thank you. This updated figure has been added.
London Borough of Islington	Section 3a	3	There is an urgent need for evidence on costs to local health service providers of cold – related illness, rather than the national costs quoted. There is also a need for evidence on the avoided local costs arising from housing interventions. It is important local and national evidence addresses both the short- and long-term health and wellbeing benefits of interventions.	Thank you. We would hope to be able to produce a costings tool as one of the support tools produced to help the implementation of the guidance.
London Borough of Islington	Section 3b	3	This focuses on conditions linked to excess winter deaths. There is a broader range of illnesses linked to cold-related morbidity, including mental health problems.	Thank you. Additional reference to morbidity has been added. Please note there is limited room in the scope to address issues in detail.
London Borough of Islington	Section 3a-f	3-5	This section does not address the impact of cold homes on a wide range of disability conditions, and the exacerbatory effect of cold homes on a number of conditions.	Thank you. We have added reference to disability.
London Borough of Islington	Section 4.1.2	6	I would challenge the exclusion of all people aged between 26 and 59. In our work we come across many individuals within this age range that are suffering from respiratory problems in particular and find that these are often associated with cold and damp housing. We also work with services serving residents with sickle cell disease and thalassaemia whose service users report discomfort and pain in cold conditions. Many people within this age group will also be vulnerable to the mental health impacts of cold and damp homes. I would argue for the inclusion of vulnerable people in all age groups.	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with

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				disabilities or long term conditions
London Borough of Islington	Section 4.2.1a	6	Microgeneration could play an important role in rural areas. District heating and combined heat and power merit specific mention for their value in urban areas. We expect to protect vulnerable residents from the full extent of price rises by having our combined heat and power plants.	This would be of interest if supporting evidence relating to these approaches were found.
London Borough of Islington	Section 4.2.1c	6	We suggest adding a further bullet point for advice, as distinct from information. We deliver advice services for the boroughs of Islington, Camden and Hackney as well as for Hyde Housing tenants.	Thank you. We have added a further example.
London Borough of Islington	Section 4.3 (Qu.1)	7	Add to 'expected outcomes': improved quality of life for disabled people	Thank you –we will add quality of life as an outcome, but for all groups
London Borough of Islington	Section 4.3 (Qu. 2)	7-8	I would suggest a particular consideration of the impact of certain energy efficiency improvements (e.g. internal solid wall insulation, double glazing) on heatwave vulnerability and indoor air quality. Improved indoor air quality should also be included as an expected outcome. It is also important that comparisons of the effectiveness of interventions are cross-sectoral. Such comparisons should encompass indirect impacts, e.g. expenditure on housing interventions versus expenditure on treatment of respiratory and circulatory conditions, and the that time period for comparisons is sufficient to capture long term health benefits of interventions. Add to 'expected outcomes': reduced health inequalities, increased disposable income to spend on other essential goods, and reduced fuel debt.	Addressing heatwave vulnerability is outside the scope of this guidance. The unintended impact of interventions on other issues, such as heatwave vulnerability and indoor air pollution, are included in question 2.
London Borough of Islington	Section 4.3 (Qu. 3)	8	Particular consideration should be given to the challenges posed in improving hard to treat buildings, specifically those posed by the economics of doing so and the challenge of securing planning consent.	These have been added to appendix b.

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London Borough of Islington	Appendix A	11	In addition to rural areas, consideration should also be given to the specific challenges of delivering housing improvements in metropolitan areas such as Inner London (housing age, planning consent, access problems, cost)	These have been added to appendix b.
London Borough of Islington	Appendix D	16	Income is generally considered to be a significant factor in *at least some* excess winter deaths yet it is not included in the logic model.	Fuel affordability has been added to the logic model.
London Borough of Islington	General	n/a	Whilst not always experienced by the same households as those at risk of winter mortality, the problem of dampness and mould growth must be specifically considered. The health impacts on groups such as young children of living in mould-infested homes can be considerable.	Where this is related to cold housing this would be considered.
London Borough of Islington	General	n/a	The guidance should address the impact of cold homes (and inability to afford energy for other purposes) on a wide range of disability conditions. Many disabilities entail additional energy expenditure.	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions
National Heart Forum	General		We are happy with the scope of the consultation and have no comments to add.	Thank you.
NHS Barnsley	4.1.1	5	The scope could be changed to better promote equality of opportunity. Particularly relating to age and disability. Many local residents aged between 25 and 60 and those with disabilities often live in sub standard accommodation, much of it private rented or owner occupied with insufficient	Thank you. In response to comments from stakeholders the target population has been

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			insulation. If these sectors of the population are not included in the guidance this could adversely affect equality of opportunity.	expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions.
NHS Barnsley	4.3 Question1	7	Those sub populations with disabilities are often adversely affected.	Thank you. Please see response above.
NHS Barnsley	4.3 Question1	7	Those factors contributing to vulnerability have been highlighted by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) funded KWILT progamme . http://kwillt.org/ This programme examined the knowledge, beliefs and values of older people regarding keeping warm at home, Identified the barriers older people experience that prevents them from accessing help in keeping warm Finally the study findings are used to develop 'keeping warm' interventions, including education and training materials for health and social care staff, assessment and referral tools and social marketing recommendations.	Thank you. We will bring this information to the attention of the reviewers.

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NHS Barnsley	4.3 Question 2	7	Comparing national excess winter death data across the last two years, taking into account temperature variation in order to see if recent policy initiatives eg. Cold weather plan , WHHP, have made a national or localised difference	Thank you. We hope to be able to consider evidence of the effect of policy interventions.
NHS Barnsley	Appendix A	11	Reference is made to rural areas in the appendix 1. The guidance should consider this particular issue in more detail. This is of particular concern as many hard to heat properties, some of which are not on the national grid for gas supplies, will not accept conventional methods of insulation such as cavity wall insulation and are often located in rural areas. Furthermore many rural properties are located well above sea level and as a result residents are adversely effect by the cold.	Thank you. The issues of people living in rural areas will be included in developing the guidance.
NHS Norwich Clinical Commissioning Group	4.1.1	5	We would like to see the following vulnerable populations added to the groups covered:- • adults with a disability • homeless population • those in temporary accommodation • migrants	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions
NHS Norwich Clinical Commissioning Group	4.2.1	6	With regards undertaking activities for specific groups – we are concerned that some interventions being offered will not suit all or be accessible to all. By targeting, the commissioner/provider may exclude certain key at risk groups if the absolute right groups are not identified. Even within those groups you	Thank you. These are important issues. We anticipate that our literature reviews will

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			need to consider ability to access the service/intervention. Ability to access could be affected by literacy, social isolation, English not being a person's first language or any disability or BME Group.	take into account these concerns when looking for appropriate programmes
NHS Norwich Clinical Commissioning Group	General		It would be beneficial to include case studies of good practice.	Case studies may be included in the materials produced to support the implementation of the guidance when it is published.
Portsmouth City Council	4.The Guidance 4.2.1 Activities/Measures that will be covered.	5. 6.	It needs to be specified that this is not just a Public Health responsibility that other front line workers in local authorities in Adult and Children's social care, housing officers and those working in other healthcare settings eg GPs, health visitors etc must also actively identify and promote improvements for individuals and their environments.	The guidance will aim to identify those professionals who should take action to implement each recommendation.
Portsmouth City Council	4.1.1 Groups that will be covered	5.	This also needs to include vulnerable people in the excluded adult age band, 25 to 60 years old. This would include people with LD/AMH/ PD.	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions

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Portsmouth City Council	General		You need to consider visiting lessons learnt from home improvement programmes such as Warm Front and winter warmth programmes such as Warm Homes Healthy People to inform the guidance	Thank you. We will be putting out a call for evidence as part of the process of developing the guidance and would be interested to hear of examples such as those you suggest.
Rotherham Metropolitan Borough Council	General		The short title of 'EWD' does not reflect the all the populations of which the guidance is targeted at, which may deter some people with little knowledge or interest in this subject from engaging in the document. EWD's are not commonly associated with young people and children under 25 and this target population should be acknowledged in both the guidance and short titles. Maybe fuel poverty would be a better short title. Throughout the document the evidence and interventions are primarily focussed on the elderly population, this should be more balanced given the two populations the guidance is aimed at.	Please note that the population covered by the guidance has been expanded to cover the whole population. The referral is to produce guidance on excess winter deaths so fuel poverty would not be an appropriate short title. We will endeavour to make clear the impact on children and young people.
Rotherham Metropolitan Borough Council	3d	4	Links to educational attainment and increased likelihood of poor health caused by risk taking behaviours could be added. These links may engage wider stakeholders from education and local authority departments in this agenda who may not previously be aware of the links between fuel poverty / cold and health.	The link to time off school is included in 3 b.
Rotherham Metropolitan	4.1.2	6	Not including adults aged between 26 and 59 may exclude a number of very	Thank you. In response

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Borough Council			vulnerable populations i.e. people with mental ill health, those with long term conditions such as CVD / COPD	to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions
Rotherham Metropolitan Borough Council	4.1.2	6	At an individual level (for instance, by encouraging someone to take up a grant) – there are no longer any grants available or where they are available they are very limited in number. This could say 'by encouraging someone to have a benefit check / access a energy efficiency improvement scheme.	Thank you. We would be interested in evidence that looked at the impact of uptake of grants.
Rotherham Metropolitan Borough Council	4.2.1. d	7	All of the bullets relate to the elderly population and gives little examples of how activities and interventions should and could target children and young people aged 25 and under.	Thank you. This list is not comprehensive. However some, such as vaccination programmes, would be applicable to young and older ages.
Rotherham Metropolitan Borough Council	4.3	7	Outcome 1, expected outcomes – again elderly focussed. To include children and young people links could be made here to school attendance and attainment and impact on learning.	The link to time off school is included in 3 b.
Rotherham Metropolitan Borough Council	4.3	8	Question 2, Impact on wider determinants for example carbon dioxide emissions – this could include wider focuses of local authorities for example area regeneration achieved through improving houses either through the look of the area following external wall cladding which also may increases house	Changes in the look of houses is outside the scope of this guidance. It may be possible to

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			prices. Reduced ventilation is associated with radon – will readers of this document associate with this or is there a more appropriate example that could be used.	include changes to house prices in the economic assessment to be developed as part of the guidance. The example relating to reduced ventilation has been amended to make it clearer.
Rotherham Metropolitan Borough Council	4.3	8	Question 2, expected outcomes. Could also add changes to individual behaviour – research suggests even where properties are energy efficient it is the values, knowledge and beliefs of the householders with regards to the need for warm homes and their heating systems that influences behaviours in the home around the use of heating.	Thank you. This would be of interest if supporting evidence relating to these approaches were found.
Rotherham Metropolitan Borough Council	4.3	8	Question 3, first bullet could include to reduce fuel poverty along with excess winter deaths and negative health consequences of cold weather. Some local authorities have a primary focus of reducing levels of fuel poverty and see excess winter deaths as a bi-product of this.	Thank you. This would be included if evidence relating to it is identified
Royal College of General Practitioners	General	General	Little mention on looking more deeply at the reasons for excess winter deaths, and comparing that with other countries who don't have the same pattern. Classic examples from the N East: COPD related, hips falling on ice, MI clearing the snow from the drive. There's an assumption that more insulation and more clothes will do the trick (though they have good reasons for implementation anyway)	Thank you. We hope to look at a variety of interventions and consider their effectiveness.

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Royal College of Nursing	General	General	The Royal College of Nursing welcomes proposals to develop this guideline. The draft scope seems comprehensive.	Thank you.
Royal College of Nursing	3	3	"Deaths from dementia and Alzheimer's disease are also more frequent in the winter, possibly partly because people with these conditions are vulnerable to respiratory diseases" Is this a fact or an assumption? If not it may need further research into why older people with dementia die in winter. Is it related to other factors to do with health and well-being and cognition? Lack of insight, memory etc?	The increase in numbers of deaths from Alzheimer's disease is taken from the Office of National Statistics report referenced in the same paragraph. It is likely that there are many factors associated with this finding, including difficulties with memory and activities required to keep warm.
Royal College of Nursing	4.2.1	6	'at an individual level (for instance, by encouraging someone to take up a grant)'- what about encouraging people to keep 'active' and avoid sedentary lifestyle (in their own home)?	The example given is not a comprehensive list.
Royal College of Nursing	General	General	Can there be some reference to malnutrition as a risk factor and the need for hot meals and drinks etc.	We will endeavour to identify factors that make particular groups at higher risk.
Royal College of Paediatrics and Child Health	General		Paediatric rheumatology patients are sometimes immunosuppressed and need prompt access to secondary medical assessment from primary care, if there are concerns of a serious infection. Infections are most common in the winter months (especially respiratory infections) and can causes morbidity or mortality. This is sometimes difficult to access when services are busy over the winter period.	Thank you. Issues relating to health care services are included in 4.2.1 d.

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Royal College of Paediatrics and Child Health	General		A significant problem area is private rented accommodation where landlords may not cooperate with aims to improve insulation etc. Families with disabled children and other vulnerable groups will face particular problems in this sector. What levers are there for this sector?	This would be of interest if evidence relating to these approaches were found. Please note that the target population has been expanded (see following comment)
Royal College of Paediatrics and Child Health	Section 4.3, Question 1	Page 7	One subpopulation at risk is children with neurodisabilities, or other chronic medical conditions, where temperature regulation may be disordered (and so they are even more susceptible to cold environments). Another at risk subpopulation is adults with learning disabilities or mental health needs who may struggle to access what is needed to improve heat and reduce fuel poverty. Since this group also struggles in other areas, such as finding employment and in sustaining relationships, they may be very isolated which places them even more at risk.	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions
Sheffield Hallam University	4.1.2	6	Adults under 60 will not be included. Whilst we acknowledge that the majority of EWD occur in older age groups, and this guidance is a start, it is necessary to acknowledge that other groups may be at risk of cold related morbidity. People with certain specific health conditions or co-morbidities may be vulnerable. In addition those who have faced a lifetime of adversity, lack resilience and are vulnerable to premature aging. We suggest that vulnerable adults under 60 should be included in a future guidance following on from the one proposed here. There is a need to more clearly identify which groups under 60 years of age are at increased risk and	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60

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			understand why. We suggest that population of concern include those with co and multi-morbidity, those with clinical conditions such as sickle cell, the immunosuppressed and people with impaired thermoregulation.	and those with disabilities or long term conditions
Sheffield Hallam University	4.3	8	Question 3. This is a an excellent question but the way it is asked focuses on what systems should be in place but doesn't specify who is involved in delivering them. This needs to be explicit in the questions. The notions of partnerships, collaborative working, integrated referral systems and clarity regarding roles and responsibilities are important here.	Thank you. We would anticipate that this would be expanded on in the protocol for the review to examine this.
Sheffield Hallam University	General		The scope is welcomed and we feel the guidance will make a valuable contribution to steering work to address cold related deaths and illness. Although the guidance title does state excess winter deaths *and morbidity* the focus of the document is on EWDs. This is a concern. The greatest cost to the NHS - and largest evidence gap - is in the latter. This is an opportunity for the guidance to highlight this, identify what evidence does exist and should inform action - but also signpost the health services research community to where the evidence gaps exist.	Thank you. The guidance will include research recommendations and will identify gaps in the evidence.
Social & Public Health Sciences Unit	General		Will this guidance and related reviews relate to UK data or Europe or wider than that?	The guidance is for England only. Reviews will not be restricted to UK data.
Social & Public Health Sciences Unit	General/4.3		Would it be useful to include a question on what is known about the determinants and mechanisms for EWD as well as the social patterning of it.	This is an interesting question, however we have limited resources which need to be focused on identifying what works
Social & Public Health Sciences	4.3		Question 1: does this mean sub-populations within the stated age bands	This relates to

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Unit			covered by the guidance? Are there key sub-populations of interest?	subpopulations within the broad age bands covered by the guidance.
Social & Public Health Sciences Unit	4.3		Question 1: Outcomes- this might include falls, housing/fuel costs & disposable income, and social contact	Thank you. This is not intended to be a comprehensive list.
Social & Public Health Sciences Unit	4.3		Question 2: There isn't a question here about the health impacts of interventions. I doubt that there will be much/any evidence available to address the questions about comparative effectiveness or variations by sub-group, or differential impacts by socio-economic group. The examples of the wider determinants of health should include socio-economic determinants of health at an individual level, e.g. housing costs/disposable income.	The first bullet has been amended to clarify that this question is about the impacts of interventions. This is not intended to be a comprehensive list.
Social & Public Health Sciences Unit	4.3		Question 2: why is mental wellbeing included, but no other health measures? What about general health, and respiratory health?	Other health measures are included in deaths, hospital admissions, primary care visits and changes in medication.
Social & Public Health Sciences Unit	Appendix D		It would be useful to explain briefly what was used to construct and inform this model.	Appendix D is a draft logic model that was developed during a preliminary mapping exercise. It does not constitute the final economic model and although not a formal scope question we anticipate the committee

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				will be discussing determinants and mechanisms as part of their deliberations.
Social & Public Health Sciences Unit	General		An updated version of the housing improvement review is due out on 28th Feb 2013 and may be useful to this work- happy to provide more details on specifics about evidence related to the health and socio-economic impacts of domestic warmth and energy efficiency improvements. Thomson H, Thomas S, Sellstrom E, Petticrew M. Housing improvements for health and associated socio-economic outcomes. *Cochrane Database of Systematic Reviews* 2013(Issue 2):Art. No.: CD008657. DOI: 10.1002/14651858.CD008657.pub2.	Thank you. This will be useful in developing the evidence base.
St Edmundsbury Borough Council	Question 1	7	The elderly living just on state pension, especially over 70, are the most vulnerable. Single elderly households are especially vulnerable.	Thank you.
St Edmundsbury Borough Council	Question 2	7	Insulating properties with loft and cavity wall insulation are most cost effective. Double glazing and efficient heating system really increase comfort levels but are expensive.	Thank you.
St Edmundsbury Borough Council	Question 3	8	We have used the DECC lower super output area fuel poverty data in promoting our initiatives and mains gas maps as those off gas experience higher heating costs. We also use our council tax and housing benefit data. We are currently running a Department of Health funded 'Warmer Homes Healthy People' project and the biggest frustration has not being able to have access to DWP Pension Credit recipient data. The majority of houses we visit who receive Pension Credit are in great need of support and if these houses could be targeted directly all schemes would be reaching those most in need. How are the energy companies able to obtain this data in order to pay the	Thank you. We anticipate that we will be putting out a call for evidence during the development of this guidance and would be interested to hear about your experiences.

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			Warm Homes discount directly in to customer accounts?	
Stockport council	2C	2	You may wish to include the Home Energy Conservation Act revised during 2012/3 all Local Authorities will be required to add the HECA plan onto their website by March 2013. See http://www.local.gov.uk/c/document_library/get_file?uuid=9d693913-a6a6-46c7-8436-63b358cfc467&groupId=10171	Thank you. This has been added.
Stockport council	4.1.2	6	Should those between the ages of 26 and 59 not be included if they have a long term health condition or disability and/or who are living below the poverty line/on benefits etc who may be struggling with heating costs. Often those who are less mobile are unable to keep up with home improvements and/or do not access the services available to them.	Thank you. In response to comments from stakeholders the target population has been expanded to cover the whole population, with a particular focus on children and young people, those over 60 and those with disabilities or long term conditions
Stockport council	4.3 Q3	8	Looking a more coordinated approach to evidence sharing between local authorities and local health (PCT/NHS Trusts) would be a useful recommendation, a recommended list of data sets – for example how many people were admitted as a result of COPD from health v how many homes reported having issues of damp/mould from LA. It is apparent that each authority does not know or understand the levels of data collected from their counterparts.	Thank you. We anticipate that we will be putting out a call for evidence during the development of this guidance and would be interested to hear about your experiences.
Stockport council	General		The reduction of hospital admissions/length of stay etc I think is key for a lot of vulnerable patients who enter the hospital system as for many it will have	Thank you.

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			been their only opportunity to have the offer of assessment and support in an environment where they feel safe.	
Stockport council	General		The scope should consider support for marginalised groups (preferably all ages) - **not in reach of current health and social care schemes**. For example; homeless, chaotic residency, those experiencing changes in residency status due to recent circumstances, those in contact/registered with charitable organisations for emergency support	Thank you. These groups are included in the guidance. There may be a dearth of evidence relating to them. We anticipate that we will be putting out a call for evidence during the development of this guidance and would be interested to hear about your experiences.
Stockport council	General		Technological, financial and social support **following an episode of hospital care** and discharged back to usual place of residency (outside of health and social care system).	Thank you.
Stockport council	General		Strategies for **reducing food poverty** for those in private dwellings	While this issue is related to excess winter deaths it is beyond the scope to consider in detail. However, where interventions reduce household costs this may have an impact on the affordability of food.
Stockport council	General		**Resilient communities** that avoid people with chronic conditions becoming	Thank you. We

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			marginalised and/or isolated	anticipate that we will be putting out a call for evidence during the development of this guidance and would be interested to hear about your experiences.