

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
AECB	General		<p><u>This response was drawn up by AECB, on behalf of AECB, Severn Wye Energy Agency and the Sustainable Traditional Buildings Alliance.</u></p> <p><u>Who we are:</u></p> <p>AECB, The Association for Environment Conscious Building, is a network of individuals and companies with a common aim of promoting sustainable building. It brings together builders, architects, designers, manufacturers, housing associations and local authorities, to develop, share and promote best practice in environmentally sustainable building.</p> <p>The AECB was established in 1989 to increase awareness within the construction industry of the need to respect the environment.</p> <p>The AECB is run by its members and is an independent, not for profit organisation. We promote excellence in design and construction, rather than gimmicks and green accounting tricks. The AECB's standards and advice are founded on a detailed and realistic understanding of the performance of buildings, constructed and refurbished in the real world, for real users.</p> <p>The sustainable building industry is growing year on year and the AECB is increasingly seen as the prime source of independent, robust advice in this field.</p> <p><u>AECB Charter</u></p>	Thank you

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>The objective and aims of the AECB is to facilitate environmentally responsible practices within building.</p> <p>Specifically the AECB aims to:-</p> <ul style="list-style-type: none"> ◦promote the use of products and materials which are safe, healthy and sustainable ◦encourage members projects that respect, protect and enhance the environment ◦make available comprehensive information and guidance about products, methods and projects ◦support the interests and endeavours of members in achieving these aims <p><u>Severn Wye Energy Agency</u></p> <p>http://www.severnwye.org.uk/</p> <p>Severn Wye was established in 1999 under the European Commission SAVE programme, and we're one of around 300 such European local and regional energy 'demand management' agencies.</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees Page 2

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>We are an independent charity and not-for-profit company which aims to promote sustainable energy and affordable warmth.</p> <p>Our charitable aims are:</p> <ul style="list-style-type: none"> - The advancement of education for the public benefit in relation to energy conservation, energy efficiency and the use of renewable sources of energy - The relief of fuel poverty and the preservation and protection of health by promoting the efficient use of energy and use of renewable sources of energy. <p>Severn Wye's mission:</p> <p>We use our practical expertise to help individuals, groups, businesses and other organisations become more energy efficient and sustainable, and to help people out of fuel poverty. We do this by working from the strategic level through to practical action on the ground, developing projects and solutions, offering impartial advice and technical support, and providing training and education for people of all ages and backgrounds.</p> <p><u>The SustainableTraditional Buildings Alliance</u> (STBA, www.stbauk.org)</p> <p>STBA is a membership organisation representing 40 heritage, sustainability</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>and professional bodies in the built environment sector in the UK, including RIBA, RICS, CIOB, CIAT, the Usable Buildings Trust, academic and heritage bodies, as well as the AECB.</p> <p>Its focus is pre-1919 buildings which constitute about 25% of the UK building stock. In its terms of reference and mission statement “the Health of Building Occupants” is the first priority, with the Energy Efficiency of Traditional Buildings being another major priority.</p> <p>STBA had produced research and guidance into the retrofit of traditional buildings, including a gap analysis (Responsible Retrofit of Buildings) the Retrofit Guidance Wheel and Knowledge Centre (which gives guidance for a holistic approach to retrofit www.responsible-retrofit.org/greenwheel), and the recent Moisture Risk Assessment and Guidance (which looks at health and energy efficiency measures), all for the Department of Energy and Climate Change.</p>	
AECB	General	1	<p><u>Cold is not the whole story</u> “The health problems associated with cold homes are experienced during ‘normal’ winter temperatures (when outdoor temperatures drop below 6°C), not just during extreme cold weather.”</p> <p>You are correct to place attention beyond just cold snaps. And though “cold” homes is a handy shorthand for a cluster of related miserable and unhealthy circumstances, it would be a mistake to assume that excess winter deaths are all directly mediated by low temperatures.</p> <p>All cold homes are unhealthy (pretty much), and many unhealthy homes will have cold as one of the contributing hazards, but focusing on temperature</p>	<p>While there are other health hazards associated with poor housing conditions the remit of this guideline was to consider excess winter deaths and cold homes.</p> <p>The committee recognise the importance of ensuring</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees Page 4

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>alone misses one of the main causes of housing-related ill-health, which is poor internal air quality (IAQ) and indoor toxins. Poor IAQ is much likelier in cold homes and generally gets worse in winter, so is clearly related, but the causes are a combination of temperature, water/damp penetration and badly-functioning ventilation.</p> <p>The draft guidance emphasises the danger of “cold homes” but says a lot less about moisture, indoor toxins, and IAQ. Yet these factors unquestionably play a role in excess winter deaths and illnesses (EWDI).</p> <p>Our experience suggests that:</p> <ul style="list-style-type: none"> • Excess winter deaths are linked to both cold and damp – insulation and heating on their own are not enough to guarantee a healthy home; good ventilation and fabric in good condition, are also necessary. • Sadly much current retrofit guidance overlooks this- this needs correcting in all official advice, but health guidance is an excellent place to start • It is unhelpful to see internal air quality and thermal performance as “trade-offs” – they work together to keep the occupants comfortable and safe. • Ventilation practice in this country is very poor and has been for a long time - it is changing, but not necessarily improving. (links to more information on this are available at http://www.katedeselincourt.co.uk/does-natural-ventilation-work-references-and-links/) 	<p>remedial action does not adversely affect indoor air quality and this is included in the recommendations.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Though damp, mould and poor IAQ are harmful all year round, in winter, especially in the homes of the fuel poor, damp & pollution hazards may increase, because:</p> <ul style="list-style-type: none"> • Windows and vents are more likely to be shut, leading to higher indoor humidity and other indoor pollutants • Condensation is likelier on colder indoor surfaces (eg low quality windows and uninsulated walls; • In some areas there may be more driving rain in winter; where fabric is poorly constructed, poorly upgraded, or in disrepair this can lead to cold, wet surfaces, and possible mould growth (including hidden within the walls). <p>While warmer homes and cheaper heat are always desirable and in many cases can help reduce these other indoor environmental hazards, this cannot be taken for granted. Simply making a home warmer is not guaranteed to make it healthier.</p> <p>*30- 40% of the excess winter deaths are from cardiovascular causes, almost as many are from respiratory problems. Many of these are related to winter flu epidemics, but mould, dust mite, CO, NO2 and VOCs are all pollutants that exacerbate respiratory conditions, and all tend to be found in higher concentrations in winter when people tend to reduce their ventilation.</p> <p>Excess winter illnesses are less well quantified, as NICE acknowledge, but dampness and indoor pollution (as above) are implicated in many chronic respiratory conditions such as asthma and COPD (chronic obstructive pulmonary disease) that tend to</p>	

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			worsen in winter. Some of these pollutants (notably CO and VOCs) are also thought to contribute to cardiovascular disease. See for example http://www.epa.gov/region1/healthyhomes/iaq.html	
AECB	1.1	4	<p><u>“Recommendation 1</u> Include the health consequences of living in a cold home in the joint strategic needs assessment process and develop a strategy to address this issue. The strategy should include:</p> <ul style="list-style-type: none"> • Identifying people whose health is at risk from cold homes. • Assessing how heating and insulation needs to be improved to raise properties to an acceptable standard assessment procedure (SAP) rating. As a minimum, properties should be raised to a band D (55), and ideally to a band B (81) rating. • A tailored programme to make any necessary changes, including preventive measures all year round – not just in the winter. • Provision for ‘normal’ winter temperatures – not just periods of severe cold. • Preventing ill health as well as deaths from cold homes. This includes mental health and wellbeing, as well as physical health.” <p><u>Advice and guidance on recommended measures to improve homes</u> WE would recommend replacing the phrase ‘Assessing how heating and insulation needs to be improved’ with ‘assessing how the building needs to be improved’. Heating and insulation are obviously key, but ventilation is also critical, and it should be appreciated that a building operates as a system.</p> <p>NICE should warn the readers of this guidance that (as the ongoing work by</p>	<p>Thank you. This wording has not been changed.</p> <p>The committee agree that ventilation is a key issue and this is highlighted elsewhere in the guideline. Recommendation 10 includes training in the identification of the adequacy of ventilation. We hope that the work in train that you identify to characterise these risks will help to feed in to this understanding.</p> <p>It is beyond the remit of this guideline to specify standards for the installation of measures. However, recommendation 12</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees Page 7

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>AECB , STBA and others sets out) in some situations, isolated measures carried out to make a home warmer, such as replacing windows or insulating walls, may unfortunately leave significant hazards untouched or occasionally even make them worse. These hazards however are overlooked by much of the mainstream guidance and advice on retrofitting homes, and they are not picked up by a SAP analysis (which can in fact be carried out without visiting the property). (see also comment on 4.15 p 24/5 'health economics II')</p> <p>Unless these dangers, and their interlinkages, are understood and acknowledged, there is a danger that this guidance may lead to the promotion of “cold homes” measures that either fail to help the occupiers (because they leave too many harmful factors in place) or at worst, even harm the intended beneficiaries. In a carbon and energy saving strategy this is reckless – but in a health strategy it is clearly absurd.</p> <p>Ongoing work by AECB , STBA and others is in train to investigate and characterise these risks. It is not possible to give a definitive list, however, to give a flavour here are examples reported anecdotally:</p> <ul style="list-style-type: none"> • Upgrading windows and doors to exclude draughts in a building with inadequate purpose-provided ventilation may reduce air changes to below safe levels and thereby increase indoor humidity and indoor pollution. • Installing cavity insulation or internal wall insulation without taking account of the conditions of the outside wall and where moisture will travel (from inside, outside or both) can lead to dampness and mould growth between the insulation and the outside wall. 	<p>addresses the need to ensure that changes to buildings are carried out to appropriate standards, in particular with respect to ventilation.</p>

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>(see also comments under “recommendations for research” section 5 below).</p> <p><u>Ventilation</u> It is important not to conflate “improving airtightness” with “reducing ventilation”. Improving airtightness is essential for comfort and warmth in leaky buildings – it is impossible to tackle fuel poverty if homes remain draughty. Ventilation is a separate issue.</p> <p>Purpose-provided ventilation should supply a reliable rate of air exchange, even in still weather, in a way that does not subject occupants to over-ventilation and draughts in cold/windy weather. Effective ventilation is as important to health as warm, dry, draught proof fabric; both should be considered as integral to improving the safety and healthiness of homes.</p> <p>We welcome the reference in recommendations 11 and 13 to the need for effective ventilation. However, by emphasising the concept of “cold” homes, using SAP ratings as the index of adequacy, and referring to the current home improvement funding streams, which seldom if ever offer finance for ventilation, there is a danger that in practice ventilation will continue to be relegated to something to be ‘kept an eye on’ while the ‘real’ improvement work of insulation et cetera is carried out – rather than placing air quality centre stage alongside healthy indoor temperatures.</p> <p>This is also an opportunity to alert the health services to measures that can improve homes that are warm but still unhealthy. While winter deaths probably have the most political “traction”, other unhealthy homes issues are also badly neglected. NICE should acknowledge the potential to improve people’s health</p>	

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>(and thereby cut prescribing bills) by making home improvements beyond warming cold homes.</p> <p>Note on SAP ratings (the suggested index for improving cold homes). These are a measure of the affordability of heat, which is an important aspect of healthy homes. However SAP is a less good indicator of fabric performance, and no measure at all of the state of the fabric integrity, or of the adequacy of ventilation.</p> <p>Even in relation to thermal comfort, SAP ratings are not a reliable indicator of adequate performance outcomes. We need more robust indicators for fabric improvements, plus quality assurance. This requires either improvements to SAP or the use of alternative analysis that really tells you what the comfort of the finished building will be. The AECB has found the PHPP (the Passivhaus Planning Package) valuable for this and is developing a training and advice package (the CarbonLite Retrofit Programme, CLR. Quality assurance for building interventions is also needed - CLR will be one way to offer this, Passivhaus certification is another.</p> <p>Any strategy to make homes healthier should also build in steps to reduce the overheating risk . Although this may sound contradictory, many of the measures that improve energy affordability and comfort in winter, such as efficient services, insulation and good ventilation, also contribute to cutting overheating risk.</p> <p>Additional points to watch would include ensuring that any replacement windows open widely enough to offer good cross-ventilation for cooling, and</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			any heating and hot water systems are properly insulated (lagged) to keep bills down and minimise unwanted heat gains in summer. Again, SAP is not a good guide here.	
AECB	3.3	18	SAP ratings – see comment above, p4	Thank you.
AECB	1.3	6	<p><u>Advice services:</u> “Provide services via a 1-stop local health and housing referral service for people living in cold homes Health and wellbeing boards and their partners (see Who should take action?) should ensure the referral service provides:</p> <ul style="list-style-type: none"> • Access to housing insulation and heating, more affordable fuel options (where available) and advice on how to avoid the health risks of cold homes.... • Access to insulation and heating improvement programmes and grants. (These should be led, or endorsed, by the local authority and include those available from energy suppliers.)... • Tailored solutions to address identified needs (rather than providing off-the-shelf solutions).” <p>We welcome the emphasis on the importance of local advice services. Locally delivered energy advice and retrofit programmes delivered by qualified and experienced advisers, closely linked in to local services and community groups, are crucial, to enable effective and supported follow through of referrals, as opposed to sending vulnerable householders into the ‘black hole’ of national listings of advisors and installers.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Local provision via qualified and experienced advisors also enables advice to be delivered at the appropriate level and in the appropriate form and medium, according to need – which may range from a technical assessment of a home to a personal home visit to help with bills, use of controls, ventilation and so on.</p> <p>A local expert service can also provide an effective back up to community volunteers of front line health and social care workers identifying households in fuel poverty – for technical support and regular top-up briefings as well as a local service to make referrals to. Where energy assessments of homes have been carried out, this can also provide the much needed ‘follow through to action’ support, which may be over an extended period of time and require multiple contacts, ideally with the same adviser/assessor or at least one working in close contact with them.</p>	
AECB	3.2	17	<p>To make the graphic (figure 1) more representative of the real world, there should be a link from ‘cold internal temperatures’ to ‘lack of ventilation’, and then a link to a new box ‘condensation, damp and mould growth’ and from there to ‘cold related ill health’.</p> <p>Experienced energy advisor confirm that this is a major, and perhaps the most common mechanism driving fuel poverty-related ill health. They regularly see households that are not able to afford heat, so do not ventilate, leading to condensation and mould, horrible internal conditions, and where there is any vulnerability, respiratory illness</p>	Thank you. The importance of ventilation is included in the considerations section.
AECB	4.25	27	<p>“The Committee noted the importance of using a trusted intermediary to help negotiate arrangements with a range of potential contractors to address problems caused by living in a cold home. Members noted that this is best</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			achieved face to face.”	
			See comments under ‘advice services’(section 1 p6), above	
AECB	1.11	11	<p><u>Ventilation – who can understand it, who can put it right?</u> “Recommendation 11 “<i>Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home</i> Employers who install and maintain heating systems, electricity and gas meters and building insulation should ensure employees who visit vulnerable people are: ...Able to identify if there is not enough ventilation – and <u>have the ability to take appropriate remedial action.</u></p> <p>We welcome the reference here and in recommendation 13 to the need for effective ventilation.</p> <p>Identifying that there is “not enough ventilation” is not simply a matter of checking what is installed, it is, crucially, a matter of checking what is being used (see for example Ventilation and Indoor Air Quality in Part F 2006 Homes BD 2702 DCLG 2010 http://www.scribd.com/doc/43637758/Ventilation-and-Indoor-Air-Quality-in-Part-F-2006-Homes, and http://www.goodhomes.org.uk/downloads/members/ian-mawditt-operation-and-behaviour.pdf) A ventilation installation can be regs compliant and theoretically capable of delivering a healthy rate of air exchange, but due either to the fact that it causes excessive discomfort (eg cold, draughts, noise) of the occupant’s circumstances (excessively cold home, fear of unaffordable electricity consumption by mechanical fans). This is a more subtle thing to detect.</p>	<p>Thank you. The committee note the significance of damp and ventilation.</p> <p>Issues relating to design of individual systems is beyond the remit of this guideline, as are new powers of enforcement.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>It is also the case that ventilation that has been signed off by building control will not necessarily meet the DCLG guidance – and indeed even if it does meet the guidance, it may not deliver adequate air quality (ref DCLG 2010 as above).</p> <p>It is not always going to be possible for an installer or engineer to be able to identify this – though it would certainly be very valuable to increase their awareness of the issue. Local advice officers also have a role to play here. However some of the systemic problems can only be addressed with a deeper change to guidance and practice relating to ventilation. The health community may have a useful role to play in driving this change (see also comments under section 5, recommendations for research).</p> <p>However, most heating engineers, meter installers and insulation contractors will have no ability whatsoever to take remedial action. Although social landlords to take heed of this issue, there is no provision in the mainstream energy improvement programmes, and no funding. If readers of this guidance agree that this is a priority – and they should! – new powers and new resources need to be summoned up. (see also section 1 p 12, recommendation 13 below)</p>	
AECB	1.13	12	<p>“Recommendation 13 Ensure buildings meet ventilation and other building and trading standards</p> <p>“Building control officers, environmental health officers and trading standards professionals should:</p> <ul style="list-style-type: none"> • Ensure changes to buildings are carried out at least to the standard 	Thank you. The committee felt it was important to include this to encourage remedial action where necessary.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>required by Building Regulations (see the government’s Planning Portal), in particular, with respect to ventilation.</p> <ul style="list-style-type: none"> • Use existing powers to identify housing (particularly in the private rented sector) that may expose vulnerable residents (see recommendation 5) to the cold. Existing powers fall under both the housing health and safety rating system and trading standards legislation (in relation to energy performance certificates). • Ensure any problems are addressed.” <p>This (last line) is not really helpful advice, unless there are clear steps for action, given the great difficulties in actually arranging for repairs and improvements to take place. (see recommendation 11 above)</p> <p>As we understand it environmental health officers are already fairly well-informed about the relationship between building fabric, building services, user circumstances and health – this for example was borne out in the evidence collected in the course of the Good Homes Alliance research into overheating. (Preventing Overheating , Good Homes Alliance, 2014’ However EHOs have limited powers, as they reported in that document.</p> <p>This is particularly an issue in the private rental sector, as the authors of a paper published by the Chartered Institute of Environmental Health warn. Not only are landlords frequently uninterested in improving their properties: “Some tenants do not want intervention, fearing eviction [‘revenge eviction’], rental increase or homelessness, and working in this sector can sometimes be a thankless task. However, it is at the bottom end of the private rented sector, including HMOs, where some of our most acute and stubborn health inequalities exist and perpetuate.”</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			http://www.cieh.org/WorkArea/showcontent.aspx?id=46516	
AECB	3.7	20	<p><u>National Policy</u> “People on a low income may need to use more fuel to keep warm in poorly insulated housing. So any increase in fuel prices, either as a result of funding for insulation schemes or to reduce fuel use, will push some people into (or deeper into) fuel poverty, unless this increase is in conjunction with other changes, such as improvements to the insulation of their homes.” (our emphasis)</p> <p>This is to some extent a red herring, in that the main driver for changes in energy bills at the moment are changes in wholesale prices of the various energy sources. However, were retrofit activity to be scaled up to a meaningful extent (as by implication NICE is suggesting) it is quite probably the case that this could not be accommodated by a levy on energy companies, as per the current DECC strategy (Green Deal and ECO). In fact we saw just before Christmas 2013 that even the current trivial level of spending is vulnerable to the politics of energy bills.</p> <p>This makes it all the more important that NICE and the health establishment gather evidence and press for policy changes that would allow more joined-up funding of building improvements, more reflective of the joined-up benefits. (see comments under Health Economics sections 4.13 & 4.15 below)</p>	Thank you. National policy and the funding of schemes is beyond the remit of this guideline.
AECB	4.13	24	<u>Health Economics I</u>	Thank you. This is an additional possible

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>“The Committee acknowledged that the economic analysis under-estimated the non-health benefits from a societal perspective by focusing on energy cost savings. Members noted that housing energy efficiency improvements could also lead to savings on carbon and on social care costs. It could also lead to productivity gains by reducing sickness absence from work. “</p> <p>NICE could add to this the dividend from the “infrastructure investment” aspect of tackling cold homes – as with any infrastructure investment, as well as the direct benefit from the work, there is benefit from increased trade and employment, increased tax and national insurance revenues, and decreased benefit payments to any lifted onto higher incomes through employment in the programme. It has been estimated in Germany that “For every €1 of public funds spent on the KfW Energy-efficient Construction and Refurbishment programme in Germany in 2010, over €15 were invested in construction and retrofit, and more than €4 went back to the public finances in taxes and reduced welfare spending.” http://www.ukgbc.org/resources/publication/housing-stock-fit-future-making-home-energy-efficiency-national-infrastructure</p> <p>“The Committee noted that, <u>under normal circumstances</u>, interventions to ensure homes are warm enough are not funded directly by health services but by the energy and distribution companies. The likely cost to the health sector is in identifying those who are most at risk of health problems from the cold and helping to ensure they receive the necessary support.”</p> <p>This begs the question of whether “normal circumstances” are acceptable, and whether resources in these programmes are adequate. It also ignores the fact that some clinical commissioning groups are in fact moving ahead of this, and</p>	<p>benefit. However, it was not included in the modelling and is beyond the remit of the guideline.</p> <p>Funding and resourcing of interventions is beyond the remit of the guideline.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>involving themselves directly in funding home retrofits for health benefit.</p> <p>Some health authorities* (for example, Oldham CCG) ** have taken a view as to the expected dividend to their budget, via avoided hospitalisations, of home improvements and are investing directly in a shared programme (ie leveraging work on their chosen recipients homes) by making a cash contribution that they judge will be cost-effective for them. Other similar schemes are under way.* These projects are being well studied, and will provide invaluable cost-benefit information that NICE should share.</p> <p>Our view is that there is a much bigger role for the health professions and the biomedical research community, not only in prioritising whose homes are tackled first, but also in shaping and influencing the decisions about <u>how</u> homes are improved. We also see a role for health bodies in directly supporting and commissioning interventions that put occupant health clearly centre stage. (see comments on additional research, section 5)</p> <p>Direct contributions to the funding of works would give health bodies the authority to require that interventions put occupant health at the centre of decisions about what measures were implemented – something that does not necessarily happen at the moment.</p> <p>**“Local initiatives are already combining health and fuel poverty improvements, such as Liverpool City council’s Healthy homes on prescription programme with 55 GP surgeries, and housing provider Gentoo Group’s Boiler on prescription pilot scheme in the North East. The consultation from the Department of Energy and Climate Change (DECC) says that more research is needed into the links between fuel poverty and excess winter deaths. It</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>wants to help remove barriers to joining up action on health and energy efficiency, and is working with the Royal College of General Physicians and National Association of Primary Care to raise awareness among health care professionals. It also plans to explore the potential for building health into eligibility criteria for fuel poverty interventions.” http://www.building4change.com/article.jsp?id=2457#.U9EYc0Db6Sp</p> <p>***In August 2012 Oldham Council, the Oldham Clinical Commissioning Group (CCG) and Oldham Housing Investment Partnership (OHIP) signed the country’s first ‘Joint Investment Agreement’ to help tackle fuel poverty in the Borough. The joint investment agreement aims to lift a thousand individuals out of fuel poverty over the course of a year by investing £200,000 up front in preventative measures. Oldham Council and OHIP will invest £77,500 each and the CCG will invest £45,000.”</p> <p>http://www.oldhamccg.nhs.uk/Portals/0/Docs/BoardPapers/July2013/AI%206.4%20Fuel%20Poverty%20Update%20April%202013.pdf</p> <p>“The cost of the new delivery model would be approximately £200,000 per annum – this is based on a target of lifting 1000 people out of fuel poverty in year one, as this is the number necessary in order to achieve the scale of impact necessary to achieve cashable savings within the health service....It is anticipated savings of £300,000 could be released by lifting 1000 people out of fuel poverty in 12 months (April 2013-14). It is proposed the savings are cashed on a payment by results basis for every person lifted out of fuel poverty</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>...Projected savings Projected savings have been modelled for the CCG and the Council of: - £250 per person savings to the CCG - £50 per person savings to the Council</p> <p>("These projected savings are based on the premise that demand for reactive health and social care. Support will reduce as people are supported out of fuel poverty and become healthier/avoid serious health problems and reduce their care support needs. The basis for these projections can be provided on request.") http://www.agma.gov.uk/cms_media/files/121031_h_sc7_oldham_fuel_poverty.pdf?static=1</p> <p>1</p>	
AECB	4.15	24/25	<p>Health Economics II "Overall, however, housing energy efficiency interventions (such as roof insulation, double-glazing or boiler replacement) are cost-effective compared with current practice. This is particularly true of interventions aimed at</p>	Thank you. The modelling approach was to identify the cost effectiveness of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>households with a low standard assessment procedure (SAP) rating or aimed at vulnerable people. In both cases, these target groups gained the greatest health benefits.”</p> <p>Beware the piecemeal approach – although the interventions above undoubtedly benefit most recipients, the nation will see better value if individual investors contribute to strategic whole-house, or even whole-neighbourhood interventions where possible. There is no reason to think the ‘payoff’ to each investor would be lower if resources are pooled in this way.</p> <p>(Some RSLs are currently exploring the benefits to themselves as landlords, to tier tenants, and to the wider community of “deep whole house retrofit” of low SAP rated dwellings – see for example http://www.encraft.co.uk/?attachment_id=2036, (see presentation by Steve Groves)</p> <p>Just as it would be a shame to improve the carbon emissions performance without addressing health issues, it would be a shame to focus narrowly on health when carbon emissions, energy security, job creation and other dividends could also be harnessed.</p>	<p>interventions. It does not exclude other approaches such as neighbourhood interventions. However, no evidence relating to this was identified.</p>
AECB				
AECB	3.3	18	<p><u>National Policy/Private Rental Sector</u></p> <p>“Average SAP scores vary for different tenures. Average SAPs in the social sector (local authority and registered social landlord housing) are generally higher (around 60). They are generally lower in the owner-occupied sector (around 50) and particularly the private rented sector (around 45). “</p>	<p>Thank you.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>We are pleased to see the committee recognises that there is particular problem in the private rented sector. WE would note that there has been criticism of the July 2014 “fuel poverty strategy” from DECC as this is considerably less ambitious in terms of fabric improvements than your own recommendations , and, furthermore, with regards to the private rental sector it only obliges landlords to take action if funding is available, without pledging to ensure that the funding is, indeed, available. (“Any energy efficiency improvements must be financeable without any compulsory upfront cost to the landlord.”)</p> <p>In fact the fuel poverty strategy as a whole has been subject to criticism, for example, the ambition to bring all fuel poor homes up to EPC Band C by 2030 has been described as “too far away and critics are concerned that “the Government are only committing themselves to these targets ‘as far as reasonably practicable” (see http://www.ukace.org/2014/07/governments-fuel-poverty-plans-are-too-little-too-late/ and http://www.energybillrevolution.org/media/government-strategy-to-plug-fuel-poor-homes-is-full-of-holes/</p>	
AECB	4.26	27	<p>“The Committee heard that, generally, health and wellbeing boards were not involved in planning all-year-round action to combat the more enduring ill effects of cold homes.”</p> <p>NICE correctly implies this is wholly inadequate. Measures that make a significant impact on the “healthiness” of homes clearly require months and years of planning.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
AECB	4.27	27	<p>“The Committee heard of examples where funding from clinical commissioning groups had been invaluable in coordinating and targeting services. (Many of the services used were funded via national or utility company programmes.)”</p> <p>See ‘Health Economics’ comments above. These examples are very welcome. However as touched on above (‘health economics’ section 13 p24), there is scope for CCGs to go a lot further, investing directly in works (probably led and co-funded by other agencies), and realising direct benefits. CCGs could offer very valuable, reliable match funding, making other investment possibly likelier and definitely more effective, effectively leveraging additional health benefit while remaining “in pocket”.</p>	<p>Thank you. Please note that the considerations section does not include recommendations. Funding and resourcing of services is beyond the remit of this guideline.</p>
AECB	5	29	<p>Recommendations for research</p> <p>We absolutely welcome and endorse the proposal for more occupant-centred research into buildings and building improvements.</p> <p>Only by combining forces between building science and biomedical science and basing action on a combination of sound science in both arenas will we make a real dent in the toll from the many diseases provoked by unhealthy indoor environments.</p> <p>“The Public Health Advisory Committee (PHAC) recommends that the following research questions should be addressed. It notes that ‘effectiveness’ in this context relates not only to the size of the effect, but also to cost effectiveness and duration of effect. It also takes into account any harmful or negative side effects.”</p>	<p>Thank you.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>It is for this very reason ('harmful or negative side effects' that we believe it is crucial that research and, subsequently, guidance, addresses issues of temperature, moisture and indoor pollution as an integrated whole, rather than focusing on thermal performance alone. While there is no question that improving thermal performance generally offers a great health and wellbeing dividend, it is also the case that under certain circumstances, that are not all currently well-characterised, interventions to improve the thermal performance may introduce or worsen health hazards.</p> <p>Research to gather empirical information from the national stock and investigating the consequences of interventions is urgently needed. AECB considers the following issues require investigation as a matter of priority, to ensure that 'harmful or negative' side effects are minimised:</p> <ul style="list-style-type: none"> • Internal wall insulation where voids are created between wall and insulation create significant risk of mould spore pollution. Existing installations may be the cause of significant indoor air pollution. • Basement and crawlspaces suffer significant indoor air quality problems which are very likely to be affecting air quality in the living space. Good quality retrofit measures will usually improve this but at risk of joist decay. • Adding woodstoves (for example, under the Renewable Heat Incentive from DECC) may increase the spore concentrations indoors by pulling air into room through these voids. • Ventilation needs to be consistent across the range of possible weather conditions, and this may be better delivered by mechanical ventilation. However the impact of the various ventilation strategies on indoor air quality and in particular on the long term impact on the 	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>health of occupants is underinvestigated and therefore very poorly understood.</p> <p>All these are areas where the interventions are the responsibility of the construction industry but the impacts would best be investigated by the construction industry and the health/science communities working closely together.</p> <p>On the biomedical side, more information on the relationship between indoor conditions and asthma, particularly in relation to the activity of house dust mites, would be helpful. While DCLG guidance (Part F of the building regulations) recommends you aim to keep internal humidity levels below 65% most of the time. AS we understand it this is based fairly crudely on the aim of eliminating the risk of surface condensation. Other sources recommend aiming for humidities below 60 or even 50% (though also warning of deleterious impacts when RH drops below 40%) Clearer guidance on these figures, and whether there is any clinically important difference between optimum humidities at different temperatures, would be valuable, in particular in relation to the drafting of national guidance.</p> <p>(see also Advice and guidance on recommended measures to improve homes, above).</p>	
AECB	5.1	29	<p>“What is the effect of cold homes on the rate of illness and death among different groups of vulnerable people? This includes the effect and interaction of multiple vulnerabilities (such as age and pre-existing disease). It also includes the effects of intervening factors like fuel poverty and poor housing. Analysis is needed of existing UK-based databases.” (our emphasis) The impact of temperature, air quality, and fabric condition should be studied</p>	Thank you. The impact of these factors should be considered when examining the effect of interventions to prevent cold related illness and

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			together.	death (research recommendation 3).
AECB	5.2	29	<p>“Among people vulnerable to cold-related illness and death, what do quantitative and qualitative research findings tell us about the barriers to, and facilitators for, action and coping strategies with respect to the cold? (This includes self-disconnection when using pre-payment meters.)”</p> <p>Alas it is very clear that one ‘coping strategy’ is to restrict ventilation. Ventilation behaviour should be included in any research.</p>	Thank you. Ventilation has been added to this research recommendation.
AECB	5.3	29	<p><u>How effective are different forms of intervention designed to address cold-related illness and death?</u> Studies should capture the full range of costs and benefits associated with implementation of changes (including fuel bill savings), as well as adverse effects (such as changes to indoor air pollution levels). They should be of a sufficient scale to be meaningful, use objective measurements and include ‘natural experiments’. (The latter might include the roll-out of smart meter technology.)</p> <p>Health professionals, academic departments, housing providers and others are currently involved in a great deal of research, including, critically, field research on the impact of home retrofit, including to benefit people with specific health problems such as COPD.</p> <p>As well as the work under way or published by AECB, STBA, Good Homes Alliance and many others, Portsmouth City Council is working with the Universities of Southampton and Portsmouth to track the social impacts of a deep retrofit to 107 of their dwellings; Sunderland Clinical Commissioning Group and the local director of public health are assessing the impact of energy efficiency improvements in the homes of sufferers with COPD; Sheffield Hallam University, BRE; -- and many others are involved in similar research. Most of these programmes are new and there are few results back in.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>See for example http://www.encraft.co.uk/?attachment_id=2036, (see presentation by Steve Groves), http://www.insidehousing.co.uk/healthy-progress/6528437.article,</p> <p>It is however important to investigate the impact of interventions on the indoor environment as a whole (cold, damp, indoor pollution), and to investigate correlations between the range of altered hazards, and observed health impacts (positive and negative) as mentioned above</p>	
AECB	General		<p><u>In conclusion</u>, rather than focusing narrowly on temperature and warmth, and taking the mainstream guidance on home improvement to be the best advice for reducing the health toll from unhealthy homes, we hope NICE will advise readers of this guidance to prioritise improving indoor conditions as a whole. This means that temperature, air quality, and fabric integrity must be tackled in an integrated way.</p>	While wider issues relating to unhealthy homes are significant the referral was specifically about excess winter deaths and the effect of cold. Ventilation, air quality and damp are addressed, for instance in the considerations.
Age UK North Tyneside	General		<p>We welcome the development of these guidelines. As an issue that disproportionately affects older people we believe it is very important that a comprehensive, evidence based approach is developed to tackling, what Age UK has called, the scourge of fuel poverty.</p>	Thank you.
Age UK North Tyneside	General		<p>Whilst we appreciate that it may be beyond the scope of the guidelines it is important to emphasise that what is ultimately needed to reduce the risk of death and illness associated with living in a cold home will require a significant national programme to improve the energy efficiency of existing homes and require all new homes to meet the highest possible standards.</p>	The referral for this guideline was specifically about local actions. National programmes of this sort are outside the scope of this work.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Age UK North Tyneside	1.1	4	We agree that health and wellbeing boards should be given the overall responsibility of tackling this issue. However this may involve them in involving partners and agencies who may not normally be members of such boards. This could include housing organisations, energy providers and organisations already delivering energy efficiency programmes. The guidelines should emphasise the importance of boards making sure such organisations are actively engaged in strategic planning on this issue.	Thank you. The committee felt that it would be more appropriate to aim the recommendation at the HWB who would be in a position to identify who locally would be appropriate organisations to involve.
Age UK North Tyneside	1.1	4	The guidelines should state that boards should 'ensure', not just consider, that issues and actions identified are reflected in relevant strategies and plans.	Thank you. The HWB may not be in a position to ensure that issues and actions are reflected in other strategies and plans.
Age UK North Tyneside	1.1	5	Whilst we agree a referral and co-ordination service should form a vital part of any local response we are not convinced that setting up a separate, stand alone service as suggested in the draft guidelines is the best way to deliver this. It may be more effective if the service is integrated with existing information and advice provision which can pick up on other needs that may be present, for example advice on overall housing options.	Thank you. Please note that recommendation 1 includes the identification of existing services locally.
Age UK North Tyneside	1.2	5	The draft guidelines do not specify who should commission the health and housing referral service. We propose that it should be commissioned jointly by adult and children's social care, local authority public health and strategic housing and the CCG. This reflects the multi-dimensional nature of this issue.	Thank you. The committee's view was that there were a variety of possible commissioning bodies and the most appropriate

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				would depend on local circumstances. This should be taken into account by the HWB who should 'ensure' that such a service is commissioned.
Age UK North Tyneside	1.5	7	The guidelines should emphasise that providing information and advice on heating needs is not just a one-off exercise but should form an ongoing element in professional interventions.	Thank you. This recommendation now includes assessment at least once a year.
Age UK North Tyneside	1.8	9	The guidelines on ensuring no one is discharged from hospital to a cold home are especially welcome. A clear responsibility should be placed on NHS trusts and local authorities, rather than just 'secondary healthcare professionals', to ensure this happens.	Thank you.
AGE UK	General		Age UK strongly supports all the draft recommendations in this report, even where we have not entered a specific comment.	Thank you.
AGE UK	1.1	4	Age UK did some cursory research in early 2013, and concluded that, in general, Health and Wellbeing Boards were giving little attention to fuel poverty and excess winter deaths. The two indicators (which DECC provides within the Public Health Outcomes Framework) are not particularly helpful, and do not link specifically with other indicators of vulnerability or risk. That being the case, not many JSNAs drill down especially deeply into the issue of cold conditions. Work by PHE in developing the Cold Weather Plans has moved the context forward, and points to a more practical approach. The guidelines propose no oversight mechanism for evaluating the JSNA process – facilitating comparisons, prompting suggestions, and driving up	Thank you. We hope that these recommendations will encourage further action on these issues. However, it is outside the remit of this guideline to evaluate the JSNA process. Please note that a NICE quality standard will be

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			standards of leadership, quality and ambition. It was the unevenness of the first wave of strategic plans (vis a vis cold issues) which surprised us most.	developed to support this work.
AGE UK	1.2, 1.3	5, 6	<p>A single referral service, and a single agency to organise or co-ordinate practical interventions, are both very important pieces of machinery. To individual agencies mentioned in the guidelines, fuel poverty and the risk of cold may not be an obvious priority, but providing a tool which can be used by all of them will help to bring the problem (and its resolution) to the fore.</p> <p>Recommendation 3 is particularly strong on highlighting the range of interventions which can be brought into play.</p> <p>The referral service could flag groups of people at special risk – as proposed by the Cold Weather Plan.</p>	Thank you. Recommendation 2 now lists vulnerable groups.
AGE UK	1.4	7	<p>Collecting, sharing and using data is a challenge and opportunity which is receiving increasing attention. There is some useful discussion of this in DECC's recently published consultation on the framework for a fuel poverty strategy, 'Cutting the cost of keeping warm'.</p> <p>Age UK welcomes the emphasis which NICE is putting on health conditions as an indicator of risk and vulnerability, but DECC's contribution also shows that living in a cold home can also be correlated with being off the gas network, in an old (and possibly solid wall) house, and living in a large house as a single person (with a single pension). Somehow, we need to match all these data sources.</p>	Thank you. Recommendation 4 now recognises that data sharing issues will need to be addressed locally.
AGE UK	1.5	7	Making every contact count is part of several recommendations. The explicitly important point in addressing this recommendation to health and social care professionals is that the message that being cold is bad for your health is still not broadly understood and acted upon. For most people, being	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>cold means complaining about their heating system or grumbling about the cost of energy. The critical message that illness and even the risk of death will flow from being cold needs to be driven by health professionals to ensure its credibility and promote its understanding and acceptance.</p> <p>Some form of 'cold home check' needs to be systematically built in to every risk assessment conducted and recorded by public servants. To support that and make it real and meaningful, the referral service in Recommendation 2 needs to be in place too. And for that to function optimally, there needs to be consistency and reliability about the services outlined in Recommendation 3.</p>	
AGE UK	1.7	9	The communications technology to support smart meters is currently being developed in a silo. Whilst there are concerns about security of data, this is understandable. But sooner rather than later, this technology (or innovations in smart telephones and apps) must be brought to bear on helping people to manage their energy effectively whilst ensuring adequate warmth for their health.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
AGE UK	1.8	9	Not discharging a person to a cold home is self-evidently sensible. But surely the point to make an assessment of the thermal suitability of a person's home is not when discharge is being considered, but when they are admitted to hospital, and there is more time to arrange for any practicable home improvements and adaptations.	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked admission

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
AGE UK	1.10	10	All the committee's recommendations on training are valid. Age UK picks this one out particularly, because the voluntary and community sector often commands a badge of trustworthiness, credibility and integrity that other bodies may not enjoy. And bringing this sector in on the inside track of this issue has the potential benefit of delivering spin-off activity which will also work towards greater community resilience.	Thank you.
Beat the Cold	1.1, 4.4	4, 22	'Preventing ill health as well as deaths' is important as this will require commissioners to take into account the whole size of the issue and to work to statistics that are more significant for year-on-year comparison.	Thank you.
Beat the Cold	1.1	4	Identifying local interventions and providers will be complicated but useful as work to tackle fuel poverty is very 'cross-cutting'. Responsibility is shared across the different tiers of local government as well as between agencies.	Thank you. The complexity of issues across tiers of local government is emphasised in the considerations (4.27)
Beat the Cold	1.3, 4.14, 4.27	6, 24, 27	A good list for action. With changes to ECO and removal of grant schemes (at least in England), there may be few 'programmes and grants' for the referral service to access. Commissioners may have to consider funding some measures as well as the advice service.	Thank you. Please note the considerations section does not include recommendations for action.
Beat the Cold	1.6, 4.23	8	Good to encourage awareness and referrals from a wider range of visitors to the home. Links well to Recommendation 11 re sensitive contractors.	Thank you.
Beat the Cold	1.8	9	A practical recommendation that will make a difference. Need to strengthen the reference to timely intervention – it is difficult to arrange practical changes to a home at short notice on a Friday afternoon (or at a weekend as 7-day working increases).	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				place soon after admission or when planning a booked admission
Beat the Cold	1.11	11	These skills are essential, and the contractor needs to understand their place in the overall process so as not to undermine or negate the interventions of other partners. The accreditation is valuable, but must not be such that companies view it as yet another hurdle to negotiate in a tender process.	Thank you.
Beat the Cold	3.7	20	Good that the draft recognises that there may be conflicting indicators where increased carbon emissions go together with improvement to health and wellbeing. It may be difficult to persuade staff in different government departments to take this into account when designing schemes within their departments.	Thank you.
Bolton Council	General		<p>Bolton Council welcomes this guidance and the recognition by NICE that the lack of affordable warmth is a health issue. In particular we welcome the change from purely focusing on excess winter deaths to widening the remit to include morbidity as this is an area that we have found to have some of the greatest costs (whether that is emotionally, financially or socially).</p> <p>Bolton has always had a strong Affordable Warmth partnership and we would support the NICE recommendation that this becomes usual practice and recommend that visible public health involvement is essential in any Affordable Warmth initiative or programme.</p> <p>To truly tackle the issue of preventing illness and death due to a lack of affordable warmth, statutory and third sector partners from health and financial inclusion settings need be involved. This integrated approach will help ensure the most appropriate and holistic support is provided for the most vulnerable,</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			rather than a focus on solely energy efficiency and carbon reduction issues that can sometimes contradict the 'warm home' message. And we agree that year round planning is crucial and must be a priority in this area of work if any plans are to be successful.	
Bolton Council	1.1	4	TENURE: There is no mention of tenure in this section and this can have a huge impact on how a strategy would be implemented. To omit tenure at this point could lead to problems further down the line. A thorough strategic approach is needed to ensure that there is no increase in inequality of opportunity. An example of this is the private rented sector, this group are often the most vulnerable for many reasons and can also be the most difficult to engage, due to the added layer that landlords would bring to any schemes/suggested measures.	Thank you. While tenure is an important issue in addressing problems no evidence was found which directly addressed it. Solutions to individual issues will need to be developed to address the particular need identified. Where this is identified as a particular issue locally it should be addressed through the development of the local strategy. Please note that recommendation 12 refers to the use of current powers in properties with particular reference to private rented property.
Bolton Council	1.1	4	SAP: The quoted SAP band that it has been suggested properties should reach does not appear to be consistent with government policy.	Thank you. The committee was aware of the approach taken by

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				DECC and felt it appropriate that this guideline set a more aspirational goal than the time specific target used by DECC. A SAP rating of B would effectively guarantee affordable warmth for any occupant and so was considered the ideal (see consideration 4.9)
Bolton Council	1.1	4	WIDER STRATEGIES: It should be a priority for Affordable warmth/cold homes strategies to be noted in recommended strategies both nationally and locally. Recommended strategies may include Financial Inclusion, Food Poverty, Climate Change, Falls, Older Persons, Mental Health and Wellbeing, Safe Sleeping, Integrated Health and Social Care, Housing, amongst others	The guideline avoids naming local strategies as these may vary from place to place. National policy links are given in section 3 and include the Home Energy Conservation Act and the Care Act.
Bolton Council	1.2	5	REFERRAL MECHANISMS: We would recommend that where there are existing Home Improvement Agencies that are already working with local affordable warmth partnerships, that these partnerships were enhanced rather than the development and commissioning of a brand new service. We also agree that the most vulnerable may need a bespoke service; therefore the ability to tailor the service to the need of the resident is paramount. Feedback to professionals is essential to encourage the continued use of the service	Thank you. Awareness of existing services is crucial so that duplication of effort is avoided. This is addressed in bullet 3 in recommendation 1.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			through referrals.	
Bolton Council	1.3	6	ONE STOP METHOD: RSL's must be engaged to ensure this is successful. Currently in many areas agencies are required to use different referral routes depending on the tenure of the service user. Any referral mechanism must be simple to use as it is not always part of a professionals job to understand the complexities of housing tenure (ie nursing). It should be the job of the affordable warmth partnership to ensure that there is single point of referral.	Thank you. Please note that the recommendations now refer to a single point of contact to clarify this.
Bolton Council	1.4	7	DATA SHARING: There are often barriers when sharing data between organisations, this need to be addressed at national and local levels	Thank you. This is now included in recommendation 4. The committee felt that this needed to be addressed locally, and that examples of good practice exist locally.
Bolton Council	1.5	7	WORK LOADS: With increasing cuts and pressure to public sector services, health and social care providers will find it increasingly difficult to make these assessments; a top down recognition is needed that this must become a part of everyone's role for this recommendation to be implemented. Furthermore, these staff groups must be adequately trained to make these assessments and must have a place to refer patients to.	Thank you. We hope this guideline will support action to address the issue. Training is addressed in subsequent recommendations.
Bolton Council	1.6	8	TRAINING: Affordable warmth partnerships must provide adequate training for these organisations to ensure that advice is accurate and consistent with local and national messages	Thank you. Training is addressed in subsequent recommendations.
Bolton Council	1.8	9	ASSESSMENT: Should be conducted on admission, where possible and as soon as practical in other cases. The point of discharge in many cases may be too late.	Thank you. This recommendation (now recommendation 7) has been amended to say

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				assessment could take place soon after admission or when planning a booked admission
Bolton Council	1.9, 1.10, 1.11	10, 11	TRAINING: Training for frontline staff across statutory and third sector organisations has previously been offered from both Public Health and Strategic Housing departments in Bolton and have proved successful. Training can be developed and led by local affordable warmth partnerships to suit local needs for all types of professional.	Thank you.
Bolton Council	1.12	11	QUALITY AND CONSISTANCY OF INFORMATION: Information should be reviewed by appropriate professionals, i.e. Public Health professionals should be consulted on any health information that may be included in any training or literature developed and produced by partners involved in affordable warmth partnerships.	Thank you. It is important that appropriate professionals are involved in developing information.
Bolton Council	2.3	13	LOCAL AUTHORITES: It can be argued that Local Authorities should take action on each of these recommendations, as is already happening in areas such as Bolton, and other LA within Greater Manchester. It may also be useful to name specific areas/departments i.e. Public Health, Housing, Financial Inclusion enabling recognition that this is a problem that cannot be dealt with unless tackled from numerous angles. It should be the role of Local Authority to lead on this work and to ensure joint working across statutory and third sector agencies throughout boroughs.	Thank you. This section aims to identify key organisations who will be taking the lead in implementing the recommendations. It is likely that they will need to engage with wider professional networks. The committee felt that addressing recommendations to HWB specifically rather

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				than to local authorities more generally would be most likely to achieve action.
Bolton Council	General		ADDITIONAL POINT 1: Work carried out by NWPFO on excess winter mortality is valuable to a number of organisations. This data, where possible could be collected and analysed by Local PHIT teams and used annually to support the need for holistic working. Engaging the NHS can prove to be very difficult due to existing pressure, Local Authorities and partners should strive to provide as much evidence as possible, demonstrating that engaging in this area of work is of benefit.	Use of data to develop local approaches is addressed in the recommendations. We hope this guideline will encourage relevant organisations to work together.
Bolton Council	General		ADDITIONAL POINT 2: Prepayment customers can be extremely vulnerable especially in the winter months. NICE would be perfectly placed to recommend a list of customer groups (including any household members that live in that property) that should not be on prepayment meters due to the risks associated with fuel rationing and self-disconnection. This recommended list could be used by professionals when dealing with energy companies on behalf of a customer. Currently 'vulnerability' can differ between suppliers (and often within the companies too) this can lead to at risk customers having prepayment meters installed.	It is not possible to produce a simple list of people who should not be using pre-payment meters. The issue of helping customers to select the most appropriate tariff is addressed in recommendation 3. However, this would need to be done taking into account individual circumstances.
Bolton Council	General		ADDITIONAL POINT 3: A recommendation for data sharing across organisations/departments (NHS, housing, public health, DWP) would ensure	Data sharing is addressed in

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			better targeting of resources.	recommendation 4. Protocols to achieve this need to be developed locally.
Brighton & Hove City Council	General		<p>There is some lack of detail on 'how to' achieve some of the recommendations. We are not alone in B&H (and in wider Sussex) in struggling with the concept of sharing data to identify vulnerable people, even during an emergency. There are clear issues both locally and nationally in (by way of example) asking primary care to identify people and then update records held, and sharing that data. The LMC Chair has stated that GP's should not be undertaking this work unless it becomes covered in contracts. The CCG, via its 'frailty' commissioning work, and the Sussex Resilience Forum, via a data sharing protocol during emergencies, are both working on these issues; however progress will be slow.</p> <p>Many of the blockages in delivering these recommendations will boil down to the issues of time, resources and money. The document should provide some clear guidance on how each of the recommendations may be achieved.</p>	<p>We hope to publish implementation tools with the guideline. These could include examples of practice.</p> <p>We also hope to publish a costings tool at the same time.</p>
Brighton & Hove City Council	General		<p>The recommendations are sensible and if properly enacted could make a difference, however there is the obvious resources issue. Additional resources are required;</p> <ul style="list-style-type: none"> • To co-ordinate and embed a referral system • To allow relevant professionals (and heating engineers) the time to advise and support vulnerable householders • To provide practical solutions to improve the energy efficiency of the home (i.e. more capital funding for improvements to building fabric), 	<p>Thank you. Resourcing is clearly an important issue. We hope to publish a costings tool at the same time as the main guideline.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			existing funding and the associated processes are not fit for purpose. A one stop shop based on a referral system would be good, but this must be properly resourced over the short, medium and long term. The recommendations (although valid) seem to rely on being an add-on onto existing staff roles which, as we have witnessed through previous winter programmes, doesn't always generate the best results.	
Brighton & Hove City Council	0.2	3	List the recommendations in the contents to provide an overview and easier navigation of the document	The structure of the guideline is determined by the standard NICE template.
Brighton & Hove City Council	1.1	4	Please clarify what is meant by ' provision ' for normal winter temperatures	This bullet point is to emphasise the importance of addressing 'normal' winter temperatures rather than severe cold. This is discussed further in other sections, for instance 'what this guideline is about' and 'context'.
Brighton & Hove City Council	1.1	4	Add the words in bold (or words to that effect) "Ensure planning includes identifying and joining up local interventions and providers from all sectors (such as utilities, housing providers and organisations in the voluntary sector)."	Thank you. This edit has not been included.
Brighton & Hove City Council	1.1	4	Add: "Identify opportunities for collaborative working and pooling funding for shared outcomes between local stakeholders, across different organisations and sectors." Or words to this effect	Thank you. This edit has not been included.
Brighton & Hove City Council	1.2	5	Add "Provide extra support / outreach for groups who are harder to reach / protected under the equalities act, such as LGBT, BME, carers, isolated older people, deprived communities, communities with little or no English etc." Or	Thank you. The need to provide tailored solutions to address individual

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			words to this effect. It would be good if the document provided advice on how to reach these groups.	need is addressed in recommendation 3, as is the need to take account of language and reading ability, including sensory problems.
Brighton & Hove City Council	1.3	6	In the bullet point list after the words, "This includes:", add: "Practical advice on keeping warm, safe and well in the home." And "Interpreting provision for those who speak little or no English" Or words to this effect	Recommendation 3 now includes ensuring access to tailored solutions to address identified needs, rather than an off-the-shelf approach. Solutions should take into account the language and reading ability of recipients, including any vision or hearing problems
Brighton & Hove City Council	1.12	11	Add bullet points: "Provide funding to allow implementation of these recommendations" and "Run a campaign to change older people's perceptions that they should 'knuckle down' and 'not bother' services, that they should be embarrassed about asking for help and that they will be fine because they lived in cold houses when they were younger." Or words to this effect	Thank you. This is addressed in the bullet point relating to addressing misconceptions.
Building and Social Housing Foundation	General		There are a range of direct and indirect health effects related to cold homes which cause particular concern for vulnerable groups such as older people and those with certain medical conditions. Acknowledging the potential impact of prevention through improving housing conditions is an important action that BSHF is keen to endorse.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Building and Social Housing Foundation	General		BSHF would like to draw attention to the Housing for Health Guide available at http://www.housingforhealth.com/ . This resource is intended as a directory to support improvements in environment-related health issues. It provides detailed guidance on designing, building and maintaining the living environment to improve safety and health. The guide was developed from an Australian project working with the living environments and health of Indigenous Australians in urban, suburban, rural and remote areas. The project has been active for more than 20 years and the principles have been successfully applied in other locations. It is an interactive tool for professionals which will develop over time.	Thank you.
Building and Social Housing Foundation	2.2	13	The draft guidelines refer to the private rented sector as having the lowest SAP ratings. Given the rapid growth of the private rented sector (PRS) over the last 20 years and the increase in the proportion of PRS households living in poverty BSHF would suggest clarifying the responsibilities of landlords and consider whether PRS landlords specifically should be named as actors in the list of recommendations and accompanying actions.	We hope that landlords will be encouraged to take appropriate action by the guideline. However, specific recommendations are not aimed at them.
Building and Social Housing Foundation	4.26, 4.27	27	Recommendations two and three refer to local health and housing services to be developed by health and well-being boards as well as a range of statutory and voluntary partners. Sustainable funding is later identified as a key concern in the provision of such services with a note that there are examples of Clinical Commissioning Groups providing funding in certain circumstances. It may be useful to provide more detailed information about such models.	Thank you. We hope to produce implementation materials to support the guideline which may include case studies.
Building and Social Housing Foundation	4.29, 4.30, 4.31	28	In addition to the issue of sourcing funding for a referral service and 1-stop shop there is little reference to the costs involved in delivering the outputs needed to tackle cold housing. Such interventions might include insulation or the installation of heating systems, etc. Economic and financial barriers are identified as two of the main barriers in delivering 'nearly zero' homes in	Thank you. Funding and resourcing is beyond the remit of the guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Europe. 'Nearly zero energy buildings' (nZEB) represents the new low energy building standard which all new buildings (in EU member states) must adhere to by 2021. Member states must also establish and apply minimum energy performance requirements for new and existing buildings, ensure the certification of building energy performance and require the regular inspection of boilers and air conditioning systems in buildings.	
Building and Social Housing Foundation	4.29, 4.30, 4.31	28	These requirements will necessitate funding for retrofitting and new construction. For more on the barriers to delivering nZEB homes please refer to pages 20 to 29 of Fair Energy Transition Towards Nearly Zero Energy Buildings European Public, Cooperative and Social Housing Providers Working for a Fair Energy Transition, which can be found here: http://bshf.org/published-information/publication.cfm?lang=00&thePubID=D030BD51-15C5-F4C0-99B9B5A8CC19FBFE	Thank you. Funding and resourcing is beyond the remit of the guideline.
Building and Social Housing Foundation	3.5, 4.17, 4.18	19, 25	BSHF notes that, as stated earlier in the document, there are additional groups who are particularly vulnerable to the cold including older people, young children, people with mental health conditions and pregnant women. The equalities section might benefit from making this explicit.	Thank you. Additional research may clarify the impact on various groups.
Building and Social Housing Foundation	5	29	Research recommendations could include monitoring innovations in improving housing conditions from an affordable warmth perspective, which could highlight possible financial savings or scalable solutions in the case of interventions (action to be carried out by Local Authorities, training organisations or the voluntary sector). For example see the 'skin' intervention to improve energy performance and other entrants to the Solar Decathlon (http://www.solardecathlon2014.fr/en/competition).	Thank you. The research recommendations address the health impacts of interventions such as this as this is the remit of the guideline.
Care & Repair England	General		DH figures for excess winter deaths show that almost two thirds of those who die are aged over 75 years. This should be specifically indicated in the	Thank you. This is noted in section 3 (context).

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Guidance as it provides a clear indicator of the major at risk group.</p> <p>The majority of these people die as a result of circulatory or respiratory conditions. These chronic conditions are exacerbated by poor housing standards, hence the points that are made in our response primarily concern making the link between housing stock conditions, at risk groups and the availability of remedial measures.</p> <p>Linked to this point, the Guidance makes little reference to the role or inclusion of the local housing authority and their responsibilities under the Housing, Health and Safety Rating Scheme to address housing conditions. In two tier localities, the Health and Wellbeing Board operates at a second tier level (County) whereas housing is a District or Borough responsibility and there is usually limited connection or representation. A number of suggestions are made to address this potential absence in planning for and addressing cold homes.</p> <p>With regard to remedial measures, there is extensive reference in the Guidance to referral mechanisms, implying that there are solutions to address cold homes. This is increasingly not the case and hence comments are made concerning more pro-active approaches by Health and Wellbeing Boards as well as the need for higher level action to ensure that remedial measures are available.</p>	<p>However, around 24% of deaths were in people aged under 75, hence the inclusion of 65 and over in the vulnerable groups listed.</p>
Care & Repair England	1.1	4	<p>We welcome the Recommendation that Health and Wellbeing Boards should take the lead role in Strategic Planning with regard to addressing cold homes.</p>	<p>Thank you. Recommendation 4 includes use of existing data to identify cold or</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Under bullet point 1 -<i>The strategy should include...</i> we would propose the addition of the following clause:</p> <p>- Identifying homes which are more likely to be cold, for example through use of Local Housing Authorities Stock Condition Data and their Housing, Health and Safety Rating System information.</p> <p>We would suggest an amendment to sub-bullet point 3 (<i>A tailored programme to make any necessary changes, including preventative measures all year round - not just in the winter</i>) should be amended to</p> <p>- <i>A tailored programme to make any necessary changes, including <u>remedial and preventative measures all year round - not just in the winter</u></i></p> <p>Amend second main bullet point to read:</p> <ul style="list-style-type: none"> • <i>Ensure planning includes indentifying local housing authorities and providers from all sectors (such as Environmental Health, Housing Providers, Planners, Older People's organisations and others in the voluntary sector)</i> 	<p>hard to heat homes.</p> <p>Thank you. This edit has not been included as preventative measures are likely to include remedial action.</p> <p>Thank you. 'Relevant local authority departments' has been added.</p>
Care & Repair England	1.2	5	<p>We welcome the proposal that the Health and Wellbeing board should be responsible for the commissioning of a service to address cold homes, but would recommend that such a service goes beyond 'referral'.</p> <p>As noted above, a referral and co-ordination service implies that there are local services to refer people to and which can be co-ordinated. This is increasingly not the case.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Our suggestion is that Recommendation 2 should be amended to:</p> <p><i>Provide an integrated local health and housing service for people living in cold homes</i></p> <p>The bullet points should be accordingly amended to:</p> <ul style="list-style-type: none"> • Ensure an integrated health and housing service is commissioned to help vulnerable people who live in cold homes. This may include co-ordination of a range of existing services where these exists, and involve joint commissioning by housing, health and social care. • The integrated health and housing service would include a co-ordinated referral system that includes health, social care, housing and environmental health professionals, charities and voluntary organisations. • The integrated health and housing service would include home improvement agency services with the capacity to implement remedial housing measures to address cold homes, as well as complimenting the local integrated social care, housing and finance information and advice services (provision of which is required under the Care Act 2014) 	
Care & Repair England	1.3	6	We welcome the principle of the Health and wellbeing board and their partners ensuring that there is a one stop service to address cold homes, but we would suggest that this is a one stop 'health and housing service' and not limited to a referral service.	Thank you. Recommendation 2 includes actions of home improvement agencies.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>In line with our comments above, this presupposes the availability of adequate local provision to refer people to, whereas this is not necessarily the case. First Bullet point</p> <ul style="list-style-type: none"> The service should provide access to a range of measures to address cold homes including: <ul style="list-style-type: none"> - information and advice about housing insulation, heating, <i>other remedial measures to reduce cold conditions</i>, more affordable fuel options (where available) and advice about how to <i>reduce</i> the health risks of cold homes <p>Note that the rationale for the above proposed amendment is that homes may be cold for reasons other than poor insulation and heating. They may have defective doors, rotting windows, be damp and have broken heating systems. Advice about insulation becomes irrelevant if there is a hole in the roof and the window frames are rotten.</p>	<p>Please note that the scope for the guideline is to address cold homes, other housing issues that may have an impact on health may be outside the scope of this guideline.</p>
Care & Repair England	1.4	7	<p>We welcome the principle of a co-ordinated attempt to connect data and identify those at risk.</p> <p>However, it is important that this section includes housing as well as health and social care professionals.</p> <p>As noted above, older people over 75 are the most likely to die or experience cold related long term health conditions. However, only around 6% of older people have any connection with Social Services, but many more may be in touch with housing related services and the majority will use the health</p>	<p>Thank you. Relevant local authority departments have been added to this section.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>services, hence it is the latter who re the most likely to hold data which could identify those at risk.</p> <p>Similarly an added clause is needed in this section which utilises the data held by Housing Authorities about the housing which is more likely to be cold and which poses the greatest risk to the occupants.</p>	
Care & Repair England	1.5	7	<p>We welcome the principle of making every contact count, but would question the capacity or knowledge base of health and social care professionals to be able to assess the heating needs of vulnerable people.</p> <p>We would suggest amending the recommendation to:</p> <p><i>Health and social care professionals should make 'every contact count' and be required to identify vulnerable people who use their services who may be at risk of living in cold conditions and ensure that they are referred to the local 'health and housing' one stop service</i></p>	Thank you. It is anticipated that this will involve a referral to other professionals within the wider services identified in recommendations 1-3.
Care & Repair England	1.6	8	<p>Again, we welcome the principle of anyone visiting vulnerable people at home identifying those at risk of living in cold homes but do not believe it is viable to require them to 'assess their heating needs'.</p> <p>We would support an amended recommendation which again links to referral to the local 'one stop' health and housing service. Anything more complex would be unrealistic to expect from most other professions eg meter readers.</p>	Thank you. Please note that this recommendation links to the single point of contact service outlined in recommendations 2 and 3.
Care & Repair England	1.7	9	Making the connection to the growing use of new technology is welcome.	Thank you. Please note

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			As noted above, temperature alert systems will only be useful if there are suitable response mechanisms and remedial measures available eg. via the one stop shop. Alerting people may cause even more worry and mental anguish if there are no solutions to there heating difficulties.	that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Care & Repair England	1.8	9	<p>We welcome the principle of making the connection between hospital patients who are at risk of living in cold conditions and effective discharge, particularly given the connection between a range of common chronic conditions, risk factors for hospital admission (eg falls) and cold homes.</p> <p>With regard to the recommendation of the practicalities of arranging discharge, given the potential time lag between identifying the cold home risk and remedial action, the Guidance needs to make it clear that identifying the cold home risk needs to be made on <i>Admission</i>, and an immediate referral made to the 'health and housing one stop shop' - not when the person is ready to be discharged.</p> <p>Many current hospital discharge support services, often operated by voluntary organisations and delivered by volunteers, do on the whole include turning the heating on, alongside providing basic provisions but it would require additional training and knowledge to deal with broader cold home/ heating issues.</p>	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked admission
Care & Repair England	1.9	10	<p>We welcome the recommendation that health and social care professionals should be trained to identify the links between cold homes and health problems.</p> <p>Care & Repair England pioneered '<i>Healthy Homes Awareness Training</i>' for front line staff, including health professionals in the early 2000s and backed by</p>	Thank you. NICE does not have the remit to make actions mandatory.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>an innovation grant from Dept of Health, but it was unable to find support to take this beyond a successful pilot and embed this in the core training of staff. We would welcome a more systematic approach to this issue.</p> <p>However, we would note that as health and social care staff are measured by throughput/ outputs, additional responsibilities and extra training may not be met by the most positive response.</p> <p>If the presenting problem is something which is a duty requiring a statutory response, there is more likely to be action, but where it is seen as an optional additional check, it may well fall by the wayside.</p>	
Care & Repair England	1.10	10	<p>We welcome a more comprehensive training for all who come into contact with people at risk of living in cold homes. However, the success of any such training will largely be dependent upon making it very simple for staff across all related sectors to make a simple, easy referral to a trusted source of help. Hence the importance of the effective 'one stop' health and housing service.</p> <p>Our experience from running the 'Healthy Homes Awareness' training was that it was most effective where we could offer staff a simple, single phone number/ email/ referral system to a local service that would solve the housing difficulty - at that time this was a handyperson service and Care & Repair project which was independent/ not for profit and free or low cost for low income households.</p>	Thank you. We hope the recommendations (in particular 1, 2 and 3) will support these actions.
Care & Repair England	1.11	11	<p>General training for energy utility and distribution company staff would be welcomed. As noted above, effectiveness would be to a significant extent, dependent upon a simple referral system for remedial measures.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Similar training/ awareness raising would be useful to a wide range of people who go to the homes of vulnerable people eg supermarket delivery drivers, mobile library staff, hospital transport, social services transport, community equipment etc.</p> <p>Again the local one-stop service to refer people to is pivotal.</p>	
Care & Repair England	1.13	12	<p>This is already the legal responsibility of Building Control, Environmental Health and Planning.</p> <p>In the light of increasing localism with regard to the standards of buildings, particularly new build, as is proposed under the ongoing review of Building Regulations by the Department for Communities and Local Government, we would recommend a substantial change to this Recommendation as follows.</p> <p>NEW Wording: Recommendation 13: <i>Ensure that new homes, and refurbished/ upgraded homes, meet a high level of energy efficiency and ventilation standards, such as that which is equivalent to or above the levels required in the previous Code for Sustainable Homes, or (only where these are higher), complies with any new Building Regulations.</i></p> <p>Proposed changes to Building Regulations following the consultation in 2013 reduce the sustainability requirements and offer local authorities greater local control. Heating in new build properties may be even less efficient or affordable, with consequences for the health and wellbeing of future residents. Health and Wellbeing Boards could play a key role in setting higher thermal</p>	Thank you. The aim of this recommendation is to encourage the use of existing local powers.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			standards which will improve occupants health in the longer term.	
Care & Repair England	2	12	<p>At national level, the Department for Communities and Local Government is the lead department with regard to the condition of the housing stock and the quality of new housing (by setting Planning and Building Standards). They also are the providers of funding for local authorities, the main player in any delivery of remedial measures to tackle cold homes.</p> <p>However there is no mention of this Department in the list of who should take action.</p> <p>We would recommend specific mention of the key role of DCLG in any plan to address cold homes.</p>	Thank you. This section identifies key players in delivering each recommendation.
Chartered Institute of Environmental Health	General		The CIEH is indebted to David Shiner of Coventry City Council and to the Sustainable Housing Action Partnership (SHAP) for the principal drafting of these comments. The CIEH supports the submission of the SHAP.	Thank you
Chartered Institute of Environmental Health	General		The guideline is welcomed. We particularly feel that it provides clear and strong recommendations which would make a significant difference to the lives of the fuel poor and those experiencing the health effects of cold homes.	Thank you
Chartered Institute of Environmental Health	General		Environmental health officers working in local authorities on private rented sector housing use the Housing Health and Safety Rating System to risk-assess the potential health and safety hazards in the home and excess cold is the single most significant of these hazards to the health of tenants and residents. As such, we welcome the emphasis placed in the draft guideline on the health impacts of cold homes.	Thank you. The role of environmental health officers is emphasised in the considerations
Chartered Institute of	General		We believe the draft guideline could make a significant difference in raising the	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Environmental Health			profile of fuel poverty as an important 'wider determinant of health' amongst those working in the health and social care sectors and bring greater focus to the associated health problems.	
Chartered Institute of Environmental Health	General		Of course it is important that the recommendations in the draft guidelines are enacted. With this in mind we recommend that after the publication of the final version of the guideline in early 2015, NICE should commission a review of how those responsible for taking action in accordance with the recommendations have responded to them. The review should be in two stages; after the first 12 months of implementation and then again after 24 months. The CIEH would be interested in collaborated in any reviews.	Thank you. This is an interesting idea, however NICE is not resourced to review the uptake of all its guidelines.
Chartered Institute of Environmental Health	General		The guideline goes some way towards acknowledging that access to assistance for home insulation and heating can be difficult. It refers to the patchy nature of services to ensure people are warm enough in their home and says that a lack of local or national support is one of the barriers to addressing cold homes.	Noted.
Chartered Institute of Environmental Health	General		To this end it is important that the final document refers to: the need for links to be made between public health and home insulation and energy efficiency teams in local authorities; and that managers and professionals in the health and social care sectors fully understand the limitations particularly around the funding arrangements.	Thank you. We hope the guideline will help this linking between professional groups.
Chartered Institute of Environmental Health	General		Local authorities and the third sector work hard to try to assist low income and vulnerable households but the funding regime is a major constraint, because of their reliance largely upon ECO (Energy Company Obligation) funding. As a result, these organisations struggle to provide assistance to the increasing number of households that require their help. The expert paper submitted by National Energy Action to the Committee makes reference to the inadequacies of ECO, but it is regrettable the paper submitted by DECC does not.	Noted. National funding is outside the remit of this guideline.
Chartered Institute of	General		ECO funding is for the most part driven by carbon targets imposed by	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Environmental Health			Government upon the obligated energy companies. Some provision is made under the Home Heating Cost Reduction Obligation (also known as affordable warmth) element of ECO for households that are likely to be fuel poor because of their reliance on certain specified benefits. It should be recognized therefore, as stated in the NEA's paper, that only 34% of English fuel poor households are eligible for assistance under this element of ECO.	
Chartered Institute of Environmental Health	General		At present there is no incentive at all for energy companies to prioritise their funding based on ill-health associated with cold homes. We feel that the guideline should go further and specifically recommend that Clinical Commissioning Groups (CCG) and Public Health Departments look at providing meaningful levels of funding for home insulation and heating work, targeted at the fuel poor who struggle to get help at present and at households that are suffering from, or vulnerable to, the health impacts of cold homes.	Thank you. Resourcing and funding is beyond the remit of this guideline.
Chartered Institute of Environmental Health	1.1	4	The Health and Wellbeing Board strategies required by Recommendation 1 need to be more than just a summary of who is doing what with the existing (limited) funding that is available, and should actively seek to encourage additional funding to be committed to help to address the shortcomings referred to above.	Thank you. Local funding and resourcing is beyond the remit of NICE.
Chartered Institute of Environmental Health	General		Public Health Department and CCG funding will be important in underpinning Recommendations 2 and 3 regarding the provision of referral services – without meaningful funding, the referral services will be limited in what they can offer by way of insulation and heating assistance.	Thank you. NICE's remit does not extend to identifying funding streams such as this
Chartered Institute of Environmental Health	General		It is noted that the section of the draft guidance regarding the barriers to addressing cold homes has yet to be completed. We would welcome the opportunity to contribute to further work on these barriers.	Thank you. This note is standard text in draft guidance to indicate that the considerations section will be amended following consultation.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Chartered Institute of Environmental Health	General		The guideline generally needs to give greater recognition to the role of local authorities in helping those whose health may be impacted by a cold home environment. For instance, local authorities have a duty under Section 2 of the Home Energy Conservation Act 1995 to prepare reports on energy conservation measures for submission to the Secretary of State for Energy and Climate Change. The same reports have to also be made available to the public.	Thank you. Reference to HECA has been added. Please note that we hope to produce a Local Government briefing on this topic in the future. Recommendations are aimed at HWBs as an overarching local authority body.
Chartered Institute of Environmental Health	1.1	4	Amend to include the following: Ensure planning includes identifying local interventions and providers from all sectors (such as utilities, housing providers, <i>local authorities</i> and organisations in the voluntary sector).	Thank you. 'Relevant local authority departments' has been added.
Chartered Institute of Environmental Health	1.2		Amend to include the following: Ensure a referral and co-ordination service is commissioned to help vulnerable people who live in cold homes. Referrers could include: health and social care professionals, <i>local authority housing, environmental health and benefits staff</i> , charities and voluntary organisations.	Thank you. The list is not intended comprehensive. All those who come into contact with vulnerable groups should be able to make referrals.
Chartered Institute of Environmental Health	1.2		Amend to include the following: Provide access to services for those at risk. These are likely to be provided by health and social care providers, <i>local authority housing, environmental health and fuel poverty teams</i> , local housing providers, advice agencies, health and social care charities, voluntary organisations and home improvement agencies.	Thank you. The list is not intended comprehensive.
Chartered Institute of Environmental Health	General		There needs to be reference and regard to the requirements of the forthcoming Care and Support Regulations and Statutory Guidance that are to	Thank you. Reference to the Care Act has been

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			be issued under the Care Act 2014. The suitability of accommodation is identified as a factor that must be considered by local authorities under their general duty to promote wellbeing when carrying out their care and support functions.	added.
Chartered Institute of Environmental Health	General		There are also numerous references in the guidance to the necessity to integrate housing services with health and social care, and it suggests that local authorities may wish to consider the opportunities to prevent the escalation of health and care and support needs through the delivery or facilitation of affordable warmth measures to help achieve health and wellbeing outcomes.	Thank you. Reference to the Care Act has been added.
Chartered Institute of Environmental Health	General		A number of the NICE recommendations could be enhanced with the addition of references to the care and support requirements.	Thank you. Reference to the Care Act has been added.
Chartered Institute of Environmental Health	1.7		This recommendation suggests that assistive technology should be considered as a means of reducing the risks associated with cold homes. This is good advice but it needs to be made clear that this should not be seen as a substitute for improving the energy efficiency of the home. A 'fabric first' approach must be routinely adopted.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Chartered Institute of Environmental Health	ENDS			
Cheshire West and Chester Council	1.1	4	Health and Wellbeing Boards should make strategic links with the relevant Planning Authorities to ensure that residential developments are designed to high standards and that in off-gas areas planning conditions include connectivity to the gas network (off gas properties can cost up to 30% more to heat)	Thank you. We anticipate that if this is an issue for a local area it would be identified in the process of strategy development and included as appropriate.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Cheshire West and Chester Council	1.4	7	There is a need for robust data sharing agreements to be in place between partners to enable effective referrals mechanisms to be operational. Organisations need to be encouraged to use everyday opportunities to identify people at risk of ill health from cold homes so that additional support can be provided where appropriate.	Thank you. The committee felt that these agreements needed to be developed locally, and that examples of good practice exist.
Cheshire West and Chester Council	1.5	7	We recognise that there is a need to 'make every contact count' as often older people living in large residential properties experience home maintenance issues, which can make them vulnerable to their cold home. There is a tendency only to associate cold homes with fuel poverty and lower incomes sometimes this is not the case which could lead to vulnerable older people living in their own homes being missed.	Thank you.
Cheshire West and Chester Council	1.8	9	It is important that people experiencing a stay in hospital are not re-admitted once they are discharged home, addressing the issues related to a cold home would help to address this issue. Local hospitals work closely with social care colleagues to coordinate patient discharge this process would benefit if relationships within the local authority social care and housing services were strengthened	Thank you.
Cheshire West and Chester Council	3	15	Cold properties are not only associated with the ability to pay for heating. Public health advice in the 1950's included keeping your bedroom window open at night, some older people are concerned about the cost of fuel even when they could afford it, for people relying on solid fuel there is a risk of falling during icy conditions when the fuel is stored outside, some older people can struggle with their new heating systems in terms of operating it in the most efficient way.	Thank you. Common misconceptions such as these are addressed in recommendation 11.
Cheshire West and Chester Council	4.1	21	The use of bad weather alerts for making sure that volunteers know that they may be called on is useful and they ensure that partners are ready for action. The direct impact on health is clearly difficult to assess but there are indirect benefits in terms of people being ready to help others	Thank you. The focus of the guideline is on year round activity to address the issue rather than on

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				emergency action during bad weather.
Cheshire West and Chester Council	4.17	25	It is recognised that older people (over 75 years old) are more likely to be affected by cold homes.	Thank you.
Cheshire West and Chester Council	5	29	The 'Keeping Well in West Cheshire' service has worked with a number of home visiting providers including housing, NHS, local authority, faith sector, and third sector organisations to ensure that "every contact counts" through training front line staff and volunteers and providing training support materials. The aim is to ensure that all the home visiting providers are able to prevent ill health and excess winter deaths through key interventions e.g. keeping warm, preventing falls.	Thank you.
Cheshire West and Chester Council	General		<ol style="list-style-type: none"> Some older people have difficulty in acknowledging fact that house is warm enough. They need a means of assessing this – but how and by whom? Age UK (Concern) used to produce an information leaflet with integral thermometer. Advice about recognising hypothermia , how to avoid. This type of thing which includes the thermometer is very useful and suggest it should be recommended widely. 	Thank you. We hope that the recommendations will support professionals in engaging with people at risk. We hope to produce implementation tools which may include lists of available support of this sort.
London Region, Chartered Institute of Environmental Health	General		The CIEH/ ALEHM London Health and Housing Network is supporting its members in contributing environmental health support to the new public health duties of Local Authorities. We welcome this guidance as it will assist them to re-focus on priorities identified within Health & Wellbeing Strategies. We believe it sets new standards for NICE guidance in looking outside the clinical environment and that is consistent with government's ambition to improve support for the vulnerable in their homes to reduce hospital and care home	Thank you. NICE guidance is regularly updated.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			admissions. We hope that NICE will in time review other guidance, such as the advice on preventing falls, to include the more effective delivery of local authority support for other aspects of ill health set out in the public health outcomes framework.	
London Region, Chartered Institute of Environmental Health	1.1	4	<p>We welcome the recommendation that the health consequences of living in cold homes should be addressed in joint strategic needs assessments. We think the guidance should recommend that in translating JSNAs into priorities within health and wellbeing strategies, Health and Wellbeing Boards should consider what impact Councils can achieve as they do have considerable powers and capabilities to address the causes of cold homes.</p> <p>We are concerned that cold homes cannot always be identified through the use of SAP ratings as these cannot be applied to types of housing which do not have a continuous heat loss perimeter. We would therefore like the recommendation to also refer to the CIEH/ BRE Excess Cold calculator as an alternative way of measuring whether a home can be kept warm that supports regulatory action using the Housing Health & Safety Rating System.</p> <p>We would like the recommendation to recognise the limits of local excess winter deaths statistics and warn those with a clinical background that public health interventions cannot be expected to generate immediate reductions in those statistics.</p>	<p>Thank you. We hope the recommendations will encourage action to address these issues.</p> <p>The committee felt that, as the focus of the guideline was cold homes, that the SAP rating was an appropriate measure. This does not exclude the use of other approaches as well.</p> <p>The limits of excess winter deaths as a measure of the impact of cold homes is discussed in the other sections.</p>
London Region, Chartered Institute of Environmental Health	1.2	5	We welcome this recommendation as our past experience with national or regional services is that they are rarely accurate or kept up to date and do	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			not provide the local, face to face contact which makes a real difference to the most vulnerable clients.	
London Region, Chartered Institute of Environmental Health	1.3	6	We welcome this recommendation as we know from experience that the most vulnerable clients find it very difficult to work through the maze of bodies supposed to assist them in making their homes warm and protecting their health.	Thank you.
London Region, Chartered Institute of Environmental Health	1.4	7	We welcome this recommendation.	Thank you.
London Region, Chartered Institute of Environmental Health	1.5	7	We welcome the list of medical conditions affected by cold homes. Too often industry and government funded intervention uses definitions of vulnerability based on benefit status that may not pick up health issues.	Thank you.
London Region, Chartered Institute of Environmental Health	1.6	8	We welcome this recommendation and hope that by placing a duty of care on all those making home visits we will increase the rates of referral to services that address fuel poverty.	Thank you.
London Region, Chartered Institute of Environmental Health	1.7	9	We welcome this proposal if it increases pressure on Energy Suppliers to identify residents who have stopped using pre-payment meters as they cannot afford their heating bills.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
London Region, Chartered Institute of Environmental Health	1.8	9	We welcome this recommendation and believe it cannot be delivered without effective liaison with Local Authorities which should seek both to prevent admissions occurring for persons at risk and to address their discharge needs from the moment they do get admitted. The guidance needs to recognise that rdSAP ratings are a guide to whether a home is warm but will not identify all cold homes as the assessment	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			methodology does not take account of all deficiencies (e.g. heating controls that need repair). We would again commend the CIEH/ BRE Excess Cold Calculator as a more effective means of identifying those at risk from cold homes.	planning a booked admission. The recommendation includes examples such as advice on the use of controls.
London Region, Chartered Institute of Environmental Health	1.9	10	We welcome this recommendation. Poor heating and low income is frequently accompanied by condensation damp and mould growth yet current Domestic Energy Assessment and Green Deal Advisor training excludes advice in these areas. There is scope for a new qualification to enable staff to provide more comprehensive advice to reduce the risk of cold homes.	Thank you.
London Region, Chartered Institute of Environmental Health	1.10	10	We welcome this recommendation to which our comments on Recommendation 9 also apply.	Thank you.
London Region, Chartered Institute of Environmental Health	1.11	11	We welcome this recommendation. A duty to inform exists for heating engineers if they identify non compliance with regulations and this recommendation could be widened to create a duty to inform local support networks for those living in cold homes. Training needs to address issues of excessive ventilation where engineers insist that ventilation be kept open even when gas appliances are room sealed. Controllable ventilation coupled with training in how to use it to minimise both heat loss and condensation mould growth would help many vulnerable residents to heat their homes more effectively while avoiding mould growth.	Thank you.
London Region, Chartered Institute of Environmental Health	1.12	11	We welcome this recommendation. We believe that more publicity needs to be given to the health risks of moving between hot and cold rooms but recognise	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>that many vulnerable residents cannot afford to heat more than one room. In such circumstance vulnerable clients need to be helped develop strategies for addressing potential risks such as falling during the night in an unheated bedroom.</p> <p>Many in our profession have worked hard to increase the number of patients that are identified by GPs to be at risk from cold homes and then refer them to local support services. We believe that computer based referral schemes such as that developed in Liverpool have significant potential to increase referral rates and would like such schemes to be supported by the guidance. They are likely to be particularly effective if the conditions affected by cold homes as identified in recommendation 5 of this guidance automatically triggered a reminder to GPs to ask patients if their homes are warm.</p>	
London Region, Chartered Institute of Environmental Health	1.13	13	<p>We welcome this recommendation. It may be beyond the scope of this guidance but current limitations on the application of minimum standards should be addressed in the following areas;</p> <ul style="list-style-type: none"> • Building control requirements; Get out clauses that insist consequential energy efficiency improvements are only required if the works are reasonable, create far too many wasted opportunities where major refurbishments do not include significant improvements to energy efficiency which could be achieved at marginal additional cost. • Golden rule limitations; Current government recommendations to set minimum EPC rating standards for rented accommodation do not require landlords to do works if they cannot be fully funded from 	Thank you. Addressing the limitations of existing standards is beyond the remit of this guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>green deal loans and energy company obligations (ECO). Even if these systems of subsidy were working as intended, which they are not, it is our experience that making a legal duty conditional on the receipt of state subsidy makes enforcement extremely difficult.</p> <p>Taking action against landlords who do not issue energy performance certificates is a low priority for Trading Standards who have primary enforcement authority in this area. Local Authorities need to ensure that they create dual enforcement powers for the officers dealing with enforcement of minimum standards in cold homes so they are able to enforce all regulations intended to drive up energy efficiency</p>	
Citizens Advice	1.1	4	<p><u>Require all H&WBs to make action on affordable warmth a priority</u> Citizens Advice is concerned that some H&WBs may not choose affordable warmth as a local priority, particularly given the lack of priority many public health directors place on poor housing as a determinant of ill health. Yet every area in the country has poor, cold and damp housing and thus in every area there will be households suffering ill-health arising from cold homes. We therefore consider <u>all</u> H&WBs should be required to promote affordable warmth.</p>	We hope that these recommendations will encourage further action to address this issue. However, NICE is not able to make actions such as these requirements.
Citizens Advice	1.1	4	<p><u>Minimum energy efficiency standards:</u> We welcome the proposal to set minimum energy efficiency standards for home improvements and consider this will make a major contribution to reducing cold home-related ill health. We note the Government's recent proposal to improve the homes of fuel poor households to a minimum standard of EPC C by 2030. We consider the guidance should propose that H&WBs adopt a similar standard for all <u>low income</u> (not just 'fuel poor') households. The guidance should also set a specific date – we advocate</p>	Thank you. Please note that NICE cannot set standards of this sort. The guideline contains a recommendation that we hope HWBs will adopt and work towards.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			2025. We also propose that the homes of all households vulnerable to cold home related ill-health should be improved to the minimum standard we advocate.	
Citizens Advice	1.1	4	<u>Monitoring and evaluation:</u> We would like the guidance to highlight the importance of monitoring and evaluating affordable warmth strategies. This is important to make sure interventions are assessed and improved upon.	Thank you. Monitoring and evaluation of the strategy has been included in recommendation 1.
Citizens Advice	1.1	4	<u>Income maximisation:</u> Citizens Advice considers advice on income maximisation, such as claiming benefits and tax credits and debt counselling can also make an important contribution to people's ability to afford energy (in addition to energy efficiency improvements). We suggest the guidance should refer to this.	Thank you. Issues relating to income are indeed important and are included in the final guidance. Recommendation 2 includes referral to a range of services, including money advice services. Recommendation 3 includes help to ensure all due benefits are being claimed.
Citizens Advice	1.2	5	<u>Stimulating the market / existing provision of advice services</u> The guidance assumes that there is an existing market in place which will provide the support services outlined. The current funding environment across public and voluntary sector is tough, which will continue. The guidance needs to take account of the role of H&WBs in stimulating and continued support for	Thank you. Funding arrangements are beyond the remit on this guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			the market of providers. Funding arrangements to voluntary sector organisations from local authorities often comes from different departments. A co-ordinated approach to funding arrangements is required to ensure that support services continue to be funded to deliver their core service, such as CAB.	
Citizens Advice	1.2	5	<u>Face to face advice</u> There are additional and unavoidable costs of delivering face to face services. Whilst voluntary sector providers remain flexible and adaptable in a challenging funding landscape, costs of delivering enhanced face to face services can not necessarily be absorbed by existing funding streams. Face to face service remains the most effective channel to resolve complex problems or support more vulnerable clients. We'd ask that NICE carefully consider how funding can be provided by H&WBs to support service providers, like CAB, to ensure needs are met appropriately.	Thank you. Funding arrangements are beyond the remit on this guideline.
Citizens Advice	1.2	5	<u>Provision of 'non-advice' services</u> The guidance should specify the services that should be available (described in Recommendation 3) and the role of H&WBs in making sure those services are made available. This may require H&WBs to commission services, where local provision does not already exist.	Thank you. Recommendation 3 includes 'ensure the local single-point-of-contact health and housing referral service provides access to tailored solutions to address identified needs, rather than an off-the-shelf approach'.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Citizens Advice	1.2	5	<u>Mandated health referrals</u> We note that the government is proposing to develop a system of 'mandated health referrals' from GPs, nurses and other frontline health workers to energy efficiency support for those at risk of ill-health due to cold homes (DECC, 2014, <i>Cutting the cost of keeping warm</i>). We strongly support this proposal and consider H&WBs could play a key role in facilitating this process and for making sure local support is available.	Thank you.
Citizens Advice	1.2	5	<u>Free phone number</u> It is important that calls to the referral service are free from both landline and mobile phones to ensure all consumers, particularly those on low incomes, can access the service.	Thank you. Use of free phone numbers has been added to recommendation 2.
Citizens Advice	1.2	5	<u>Identifying information advice needs as part of the Care Pathway</u> The guidance should make explicit recommendations that the information and advice needs of the client are recorded as part of their care plan (on the proviso that client consent is given). We believe that understanding and solving the social and economic determinants of a client's health are integral to achieving better wellbeing.	Thank you. Recording of assessments and actions is included in recommendations 4 and 5.
Citizens Advice	1.3	6	<u>Setting up a new referral and co-ordination service</u> We have concerns about setting up a new referral and co-ordination service that does not take account of the existing mechanisms for identifying, assessing and signposting client needs at point of access. For example, Citizens Advice Bureau has a national triage needs assessment process called "gateway". Clients accessing CAB services at the first point of access, whether online, face to face or via telephone are gateway assessed to understand and triage their needs affectively. Clients are signposted to the	Thank you. Recommendations 1-3 include HWB ensuring that services are commissioned and take account of existing services. This is intended to ensure that

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			appropriate information, services and face to face appointments are booked as required.	unnecessary duplication of effort does not occur.
Citizens Advice	1.3	6	<p><u>Local coordination of advice services</u> A key feature of the government Advice Services Transition Fund (ASTF), which ends in March 2015, is its bringing together of key advice partners locally. Building effectively partnerships, referral mechanisms and crucially, triage assessments (with gateway at the heart of the design) has been a key feature of ASTF. Whilst we welcome this guidance, we'd recommend that H&WBs are required to review existing triage and referral mechanisms, and where possible, take existing local mechanisms into account, to ensure a lack of duplication in organising and delivering this new service.</p>	Thank you. The aim of the recommendations is for HWB to ensure that services are commissioned and take account of existing services. This is intended to ensure that unnecessary duplication of effort does not occur and does not inevitably imply that new services will need to be commissioned.
Citizens Advice	1.4	7	<p><u>Use of existing data</u> There are currently large variations in the availability and strategic use of local data. The guidance should encourage H&WBs to work together in developing best practice on data use.</p> <p>There should also be national guidelines to H&WBs on the sharing and use of datasets and national free provision of key datasets, such as local Energy Performance Certificate data (local authorities currently have to buy this at considerable expense).</p>	Thank you. Data handling is beyond the remit of this guideline. The committee noted that examples of good practice exist.
Citizens Advice	1.5	7	Provide guidance on visual clues	Thank you. Training is

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Professionals that carry out assessments in the home should receive training/guidance on visual clues that prompts them to identify and refer households at risk.	addressed in subsequent recommendations.
Citizens Advice	1.5	7	<u>'Vulnerable' people</u> The guidance should make clear that health and social care professionals should also identify people who are <u>potentially</u> vulnerable to cold-related ill health and take preventative action wherever possible. It is also important that professionals should recognise that vulnerability is a fluid condition – people move into and out of vulnerability.	Thank you.
Citizens Advice	1.5	7	<u>Emergency help</u> Some people may need emergency support and help, for example when boilers have broken down or when they have no money to keep prepayment meters in credit. The guidance should highlight the importance of making sure there is emergency and contingency provision.	Emergency support is addressed in recommendation 3.
Citizens Advice	1.5	7	<u>Case studies</u> We suggest the guidance includes case studies of poor housing conditions, their impact on occupants' health and how affordable warmth interventions have helped people with specific medical conditions. Examples of CAB advice initiatives are given below:	Thank you. We hope to produce implementation tools to support the guideline which may include case studies.
Citizens Advice	1.5	7	<u>Tendring Citizens Advice Bureau "ReachOut"</u> Tendring ReachOut project helps people receive advice and assistance in deprived areas. ReachOut provides advice and support by knocking on doors, meeting people in the street and at local community venues. It offers support on a range of issues, such as finance, employment, housing, training	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>opportunities and accessing services. The project seeks to address the wider determinants of health, such as low income, poor housing, low education, training or employment opportunities. ReachOut is a partnership with the local Citizens Advice Bureau, North East Essex NHS, Essex County Council, and the Inbiuteration Partnership.</p> <p><u>Tendring Citizens Advice Bureau "Winter Warmers" Pop Up Shop</u> The bureau has also worked in partnership with the local authority to host a seasonal "pop-up" shop which enables the community to donate clothes, blankets and other goods which are distributed to residents vulnerable to the cold weather.</p>	
Citizens Advice	1.5	7	<p>Walsall CAB – supporting older people service Walsall CAB provides a holistic generalist information and advice services to vulnerable clients over the age of 50 and their family and carers. This includes advice on welfare benefits and tax credits, debt, housing and employment, help with form filling, negotiation with third parties and assistance with reviews and appeals.</p> <p>Clients identified by social care, health and VCS professionals are invited to participate in a telephone appointment with the CAB. An initial gateway assessment of the client's needs is carried out to understand the client's background and personal circumstances (including income). Following this assessment, the bureau will action the client's case, for example; ordering correct forms to their home, making referrals to partner organisations or requesting further information ahead of an appointment to support a benefit application or preparing to accompany the client to a tribunal or court hearing. The bureau also provides an appointment based home-visiting service.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Citizens Advice	1.7	9	<p><u>Preventing self-disconnection by prepayment meter consumers</u> Citizens Advice is about to publish new research on self-disconnection from prepayment meters, with recommendations for improving policy. The guidance should make sure H&WBs, health and social care workers and other relevant local service providers are aware of a range of potential options to maintain fuel supply and improve services to prepayment meter consumers.</p> <p>New services are available that can help prevent self-disconnection from prepayment meters caused in error. These include:</p> <ul style="list-style-type: none"> • Friendly credit for gas and electricity to minimise inconvenience, e.g. a non-disconnect period for outside standard shop opening hours so, even if all the energy credit is used, the supply will continue until the start of normal working hours on the next day • Free low credit alerts e.g. texts to mobile phones, or an alarm on the smart energy display to warn the customer when they are low on credit 	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Citizens Advice	1.7	9	<p><u>Free access to real-time data for prepayment meter consumers</u></p> <ul style="list-style-type: none"> • Suppliers should provide free access to near real-time (for electricity) and historic information on their energy use to help them budget and become more energy efficient. • Real-time data should give consumers up to date account information in pounds and pence on their energy use, information on any standing charges and debt repayments. This includes consumers with disabilities and vulnerabilities. 	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Citizens Advice	1.7	9	<p><u>Using new technology to help those most in need</u></p> <ul style="list-style-type: none"> • Suppliers should innovate to help those most in need e.g. introducing a lifeline of energy supply as an alternative to self-disconnection and/or 	Thank you. Please note that the recommendation relating to new

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>provision of tailored energy efficiency advice.</p> <ul style="list-style-type: none"> Suppliers should use new technology to better identify and offer support to vulnerable customers and those that are regularly self-disconnecting because they cannot afford their bills. 	technologies has been moved to the research recommendations (section 5)
Citizens Advice	1.7	9	<p><u>Smart meter roll-out</u> The roll out of smart meters provides new opportunities to reduce the risk of ill-health from cold homes. It is important H&WBs, health and social care workers and other relevant local service providers are aware of these opportunities. Citizens Advice wants to see a range of protections put in place for consumers in vulnerable positions.</p> <p><u>Extra help scheme</u> Suppliers should deliver extra help alongside the installation of smart meters to ensure people have the means to take control of their heating, in response to the information provided by the smart meter. Citizens Advice is proposing a range of pilots to test how this help could be delivered, including proposals to install and/or set basic heating controls.</p>	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Citizens Advice	1.7	9	<p><u>Use of smart meter data</u> Data from smart meters may help relatives and carers monitor the activities of people in poor health, allowing people to remain in their own home and maintain their independence longer than previously possible. However, this level of monitoring is invasive. Such monitoring should only be undertaken with the residents' direct consent, interventions should follow an agreed process, the use of the data must be specified, and should not be stored for longer than necessary to assist the monitoring process, i.e. to enable comparison and patterns of behaviour.</p>	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Citizens Advice	1.7	9	<u>Heating controls</u> 70 per cent of households do not have a full set of heating controls, and many that do may not know how to use them effectively to maintain comfortable and healthy temperatures at an affordable price. Citizens Advice wants advice provided alongside the Green Deal and ECO, and the smart meter rollout, to help consumers take control of their heating to the benefit of their health and finances.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Citizens Advice	1.8	9	<u>Speedy processing of grants</u> It is important work to improve homes is carried out as quickly as possible to avoid delays in discharge. There may be potential to extend social housing providers 'emergency provisions' to private households in vulnerable circumstances. The government proposal to develop a system of 'mandated health referrals' from GPs, nurses and other frontline health workers to energy efficiency support for those at risk of ill-health due to cold homes could play an important role in this respect (DECC, 2014, <i>Cutting the cost of keeping warm</i>).	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked admission.
Citizens Advice	1.9, 1.10	10	<u>Affordable warmth training</u> This training should form a core part of all relevant professionals' training. It should also cover basic awareness of evidence indicating cold homes such as mould growth and inadequate heating systems, heating controls, insulation and ventilation.	Thank you. This recommendation (now number 8) has been amended to say 'training to support continuing professional development'.
Citizens Advice	1.10	10	<u>Training support for CABx and smaller charities</u>	Thank you. Please note

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Training support should be put in place for smaller charities, such as local CABx, since many will not have the resources to pay for and attend regular training.	that recommendation 1 includes 'identifying and meeting the training needs of local practitioners involved in providing the services'.
Citizens Advice	1.12	11, 12	<u>Set a benchmark for advice provision</u> The guidance makes reference to the need for national advice to take into account local and regional variations in the kind of support offered. To support the aspiration that broadly the same level of support is offered across England the guidance should develop a benchmark or standard for what type of advice should be freely available to all, or to at least recommend that such a standard is developed.	Thank you. This is beyond the remit of this guideline. Please note that NICE will develop a quality standard based on this guideline.
Community Energy Plus	1.3	6	Tailored solutions – These should also be appropriate in that they address any potential resulting problems e.g. using electric heaters to provide instant warmth in thermally inefficient houses which may be too expensive to run, so may not actually be used as required or result in financial stress of high electricity bills.	Thank you.
Community Energy Plus	1.4	7	Use existing data and professional contacts – The primary data which is held by organisations such as partners in Winter Wellbeing delivery could be used to provide more detailed regional analysis to inform strategy at regional as well as national level.	Thank you. The focus of this guideline is on local actions.
Community Energy Plus	1.7	9	Use of new electronic systems to reduce the risks associated with cold homes – Automatic data logging of home energy monitoring systems could be used to influence proposed home and heating improvements.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				recommendations (section 5)
Community Energy Plus	1.8	9	Planned discharge – As well as ensuring homes are warm enough efforts should be made to ensure person understands and is able to operate heating controls.	Thank you. The recommendation includes examples such as advice on the use of controls.
Community Energy Plus	3.3	18	Page 58 of <i>EWD review1 final for consultation</i> shows a table listing increasing risk factors for older homes ranging from pre 1850 to post 1980 and it would seem logical that this should be researched in more detail to assess the proportion of these older houses by area and population in rural regions such as Cornwall compared to other UK urban regions.	Thank you.
Community Energy Plus	3.5	19	People living on less than 60% national median income – Problems listed in this section are compounded for those living in rural locations due to the cost of transport and higher prices that may be incurred if limited to local suppliers and services only.	Thank you.
Community Energy Plus	3.5	19	Reluctance to invite friends or family to home – Where this applies to older people due to a cold home where isolation and vulnerability may be significantly increased.	Thank you.
Community Energy Plus	3.6	20	Fuel poverty – As above all issues listed can be compounded by rurality.	Thank you. Issues faced by rural groups are addressed in the considerations (4.14).
Community Energy Plus	3.7	20	National Policy – Needs to take into account regional variations and particularly the variances of urban and rural issues to propose appropriate types of intervention delivery required to address each.	Thank you. As indicated in the recommendations it will be important to take these variations into account when developing local solutions.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Community Energy Plus	4.10	23	Urban and Rural areas - The EWD review1 final for consultation summary states that there is little evidence to support rural populations as being more vulnerable than those that are urban or other non-rural and that there is only 'some' evidence of increased vulnerability for those living in energy inefficient and thus hard to heat homes. However, it should be considered that this is based on 135 reports of which only 1 was carried out in 2012 specifically to assess the association between rurality, area deprivation and excess winter mortality.	Thank you. As you indicate lack of evidence should not be confused with evidence of a lack of effect.
Community Energy Plus	5.4	29	5.4 Improved home energy efficiency - There is reference in the EWD review1 final for consultation made to the variance in temperature being a more critical factor than low temperature and this would include the room to room temperature drop experienced by homes without central heating and hard to heat homes, particularly those which are off gas, solid walled, susceptible to damp and condensation or any combination of these three. Research needs to be carried out into affordable whole house solutions that would minimise this variance and lessen the need for periods of high heat output and resulting heat losses.	Thank you. These are examples of interventions to prevent a range of cold-related illnesses and death as outlined in research recommendation 5.3.
Community Energy Plus	General		Rural areas, and Cornwall in particular, have a significantly higher than national average of solid wall properties which are off gas, often reliant on expensive forms of heating, such as oil, coal or LPG as well as suffering from high incidences of condensation, damp and mould. These are cold homes which along with homes with a presence of mould have also been shown to be linked Common Mental Disorder (CMD), the increased vulnerability factor of which should be considered for those in rurally isolated areas and older people who may have no immediate neighbours. The EWD review1 final for consultation states that it is reasonable to assume increased vulnerability through 'multiplicative' risks which would naturally include rurality and housing conditions as listed above. These issues appear	Thank you. The effect of multiple vulnerabilities is included in the research recommendations,

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			not be receiving due consideration owing to the lack of specific detailed research. Therefore, this needs to be carried out in these areas to assess the risk factors of individual and multiplicative issues listed and used to support the body of already existing anecdotal evidence and to involve local delivery agencies in this research to ensure the maximum of detail at local level.	
Department of Energy and Climate Change	0.1	1	For clarity, suggest rewording 4 th para along the lines of “Improving the temperature in homes by improving energy efficiency allows people to heat their homes adequately without increasing carbon emissions. In addition.....”	This paragraph has been amended to say ‘improvements to make homes warmer may also help reduce unnecessary fuel consumption (although where people are living in cold homes because of fuel poverty their fuel use may increase).’
Department of Energy and Climate Change	0.1	1	Suggest Replacing “resulting from illnesses...” with “caused or exacerbated by..” and for clarify adding “may improve young people’s educational attainment too – because they are more likely to have a warm, quiet place to study in their home”	Thank you. Although this link is plausible the evidence reviews did not find evidence to support it. This has not been included.
Department of Energy and Climate Change	1	4	The Government is in the process of establishing a new fuel poverty target based on improving standards (ultimately, to Band C for as many fuel poor homes as reasonably practicable by 2030). The approach of raising standards in the way suggested here is therefore welcome. However, we believe it is important to consider the implications of any given	Thank you. The intention of the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			band. For example, achieving Band B for <u>existing</u> housing implies major and very expensive retro-fitting in the vast majority of cases. Suggesting such a high standard could act as a barrier to improving standards given these high costs. It may be appropriate to consider whether an alternative approach, based on ensuring good basic minimum standards first, and then raising them incrementally, would be more appropriate and more likely to bring investment needed for delivery. This approach would also mean more households assisted (in the short term) given a certain amount of available funding. (continued below)	committee was to develop recommendations which would support the targeting of action to homes of people whose health would benefit from changes. An overall improvement in the housing stock would complement this approach.
Department of Energy and Climate Change	1	4	(continued from above) It is also worth thinking about how to make this approach more intuitive for health workers, by providing insight into the types of measure than can raise SAP standards rather than simply advising they aim for a given SAP band.	We anticipate that the measures required would be identified by someone other than the health worker via the single point of contact. The role of the health professional is to identify people whose health may be adversely affected by cold and to refer them to the service.
Department of Energy and Climate Change	1	4	Winter temperatures – does this refer only to winter, or can cold periods in autumn or spring be captured?	'Excess winter deaths' is a measure of the number of deaths in defined winter months. Clearly cold weather is not restricted to this time and can impact on health at

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				other periods. This is discussed in the considerations section, for instance 4.3.
Department of Energy and Climate Change	1.2	5	“Work with the person identifying...” - does this mean the professional advising and identifying?	The professional providing the service should work with the person who is considered to be at risk to identify problems.
Department of Energy and Climate Change	1.2	5	“Make the person and their carers aware of what actions are planned” – planned by whom?	Thank you. Actions planned or coordinated by the referral service to address the identified need.
Department of Energy and Climate Change	1.3	6	3 rd bullet point – only those organisations listed here? How about voluntary and 3 rd sector organisation?	Voluntary and charities are included in recommendation 2. The listed organisations are not intended to be comprehensive.
Department of Energy and Climate Change	1.3	6	Suggest changing “claiming all allowable benefits can often lead to additional help” to simply “claiming all allowable benefits can lead to additional help”	Thank you. This has been amended to clarify that claiming certain benefits may be important in obtaining additional help.
Department of Energy and	1.3	6	Priority services register – suggest including reference to current Ofgem	Thank you. This

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Climate Change			consultation on PSR - https://www.ofgem.gov.uk/publications-and-updates/review-priority-services-consultation	consultation is now closed.
Department of Energy and Climate Change	1.4, 1.5	7	For simplicity, could recommendations 4 and 5 be combined?	Thank you. These have been kept separate as reflect distinct activities.
Department of Energy and Climate Change	1.6	8	Helpful to understand a bit more of how this recommendation might be implemented in practice	Thank you.
Department of Energy and Climate Change	1.6	8	Suggest “install or read energy meters” instead of “install or read meters, including smart meters”	Thank you. These examples have been removed to avoid confusion.
Department of Energy and Climate Change	1.7	9	The Government technical specifications for smart metering equipment do not require them to be capable of measuring temperature. However, with appropriate consumer consent, the level of energy consumption could be monitored which may provide an alternative indication of comfort, especially when combined with regional weather data available over the internet. In addition, the smart meter could potentially be combined with an internet connected device (a Consumer Access Device (CAD)) could combine temperature data measured by the CAD with energy consumption data provided by the meter and return this via the internet to a relevant third party	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Department of Energy and Climate Change	1.9	10	Sources of support – where would you expect this information to come from?	Thank you. Those developing training courses will need to identify suitable sources of support.
Department of Energy and Climate Change	1.10	10	Housing professionals – this is potentially a very broad group of people and consideration would need to be given as to which organisations are likely to	Thank you. The significant groups are

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			have contact with vulnerable people.	likely to depend on local circumstances.
Department of Energy and Climate Change	1.11	11	How would this be monitored and by whom? What would the role be for NICE?	National monitoring is outside the remit of NICE. We hope that this will be taken up by appropriate national bodies.
Department of Energy and Climate Change	2.1	12	“Others responsible for providing and maintaining heating systems and insulation in the home” – could this be widened to include those working on energy efficiency more generally, not just insulation?	Thank you. The remit of the guideline is to address cold homes so wider issues are beyond the scope of the guideline.
Department of Energy and Climate Change	2.3	14	Minor typo - Department <u>OF</u> energy and climate change	Thank you. This has been amended.
Department of Energy and Climate Change	3.2	16	“Temperature needed to heat the home” – by this, do you mean the temperature required by the residents to feel comfortable?	Thank you. This has been amended to clarify that this is what is meant.
Department of Energy and Climate Change	3.3	18	<i>Suggest following version - Keeping homes warm: SAP ratings</i> Government’s Standard Assessment Procedure (SAP) is used to assess the energy performance of dwellings. It rates dwelling performance, based upon standardised assumptions for occupancy and behaviour, such that performance can be compared on a like for like basis. It uses three metrics to describe performance, energy consumption per unit floor area, emissions of carbon dioxide and energy costs, expressed via the SAP Rating, which is a 1 to 100 scale where the higher the rating the lower the fuel costs). The	Thank you. Unfortunately the guideline is limited in the amount of detail that can be given.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>performance of the housing stock across England varies considerably. In 2012 the average SAP Rating was 59. The proportion of energy-efficient housing (currently considered to be above 69) increased from 2% in 1996 to 18% in 2012. Around 2 million properties (9% of the housing stock) had a SAP Rating of less than 30.</p> <p>Many factors will influence the SAP Rating, such as, the type of construction, levels of insulation, type and efficiency of heating system, fuels used, etc., and these will determining how much it will cost to light, ventilate, provide hot water and keep your home at a given temperature. Housing with cavity walls, insulation to walls and roofs and central heating generally have higher Ratings. Properties reliant on traditional forms of electric heating (such as storage heaters) may generally have a lower SAP Rating. Older properties tend to have lower SAP Ratings, as they are more likely to be less well insulated. The lowest rating is for pre-1919 stock (mean score 41) and the highest is for post-1980 housing (mean score 63).</p> <p>Average SAP scores also vary by tenures. Average SAPs in the social sector (local authority and registered social landlord housing) are generally higher (around 60). They are generally lower in the owner-occupied sector.</p>	
Department of Energy and Climate Change	3.5	19	The opening paragraph describes more the former 10% definition of fuel poverty. Following the findings of the Hills Review and the adoption of the low income high cost definition, a more accurate description would be "fuel poverty results from a combination of low income and high heating costs"	Thank you. The discussion includes the Hills definition of fuel poverty and a link to the review.
Department of Energy and Climate Change	3.6	20	It would be more accurate to say "In England, the definition of fuel poverty was recently changed following the Hills Review (Department of Energy and Climate Change). It is now measured using the "Low Income High Cost"	Thank you. This has been amended.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			indicator, whereby a household is said to be fuel poor if they are found to be below the official poverty line and as higher than typical energy costs"	
Department of Energy and Climate Change	3.7	20	As drafted, this does not include all Government policies and programmes.	Thank you. This has been amended.
Department of Energy and Climate Change	4.14	24	Not only the organisation listed here, perhaps 3 rd sector, voluntary as well?	Thank you.
Department of Energy and Climate Change	4.15	24	Double-glazing is not considered an energy efficiency intervention	Thank you.
Department of Energy and Climate Change	7	32	Suggest using this wording; "Standard Assessment procedure (SAP) is used to assess the energy performance of dwellings. Many factors will influence the SAP rating, such as the type of construction, levels of insulation and type and efficiency of heating system. SAP ratings are divided into 7 bands (A to G), A being most efficient and G least efficient."	Thank you. This wording has not been amended.
Department of Health	General		Thank you for the opportunity to comment on the draft for the above Public Health guideline. The Department of Health has no comments to make on this consultation	Thank you.
E.ON	General		E.ON is one of the UK's leading power and gas companies - generating electricity, retailing power and gas, developing gas storage and undertaking gas and oil exploration and production. It is part of the E.ON group, one of the world's largest investor-owned power and gas companies. E.ON employs around 11,000 people in the UK and more than 62,000 worldwide.	Noted.
E.ON	General		In the UK, E.ON supplies power and gas to around five million domestic, small and medium-sized enterprise and industrial customers. E.ON also offers innovative energy services and technologies tailored to meet its customers' needs. We are helping our customers become energy efficient by	Noted.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			encouraging them to insulate their homes, moderate their energy usage and even generate their own power.	
E.ON	General		E.ON has been voted Britain's best energy supplier for the second year running in the uSwitch.com Customer Satisfaction Awards. The independent report and awards are published annually and are based on a YouGov poll of over 5,000 energy customers.	Noted.
E.ON	General		We are committed to helping people control their energy use and to deliver affordable energy in a sustainable way. We believe that improving the thermal efficiency of homes is the most cost effective way of doing this whilst, simultaneously, achieving other benefits such as reducing greenhouse gas emissions and improving energy security.	Noted.
E.ON	General		E.ON fully supports the principle that organisations from the health and energy sectors should work together in a more organised way to identify vulnerable people living in cold homes and deliver energy efficiency measures and energy saving advice to improve their lives. Effective collaboration will help achieve the best outcome in the most cost-effective way.	Noted.
E.ON	General		We support the concept of a referral service that would facilitate access to advice and help for vulnerable people so that they can heat their homes more effectively and affordably. This could make a real difference for those who are living in cold homes and increase the risk of falling into poor health. We also support the idea that, with appropriate training, employees such as heating installers and meter readers visiting peoples' homes can help to identify vulnerable people and facilitate effective provision of advice and support to them.	Thank you.
E.ON	General		We would welcome a service enabling medical practitioners, concerned about their patients' domestic facilities, to refer them to energy suppliers so that potential intervention methods can be investigated and facilitated.	Thank you.
E.ON	General		We would be willing to engage in discussions about how such a service could	Thank you. Development

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			work and the role that the energy companies could play. We fully recognise the benefits that such a service could bring and would like to contribute to developing a successful health and housing referral scheme.	of the services is the responsibility of local agencies.
E.ON	General		The potential cost savings that could be achieved as a result of reduced visits to GPs and hospital admissions make this an exciting opportunity and we look forward to the energy and health sectors collaborating effectively to improve the living conditions of vulnerable people. Indeed we believe there is a strong case for some health funding to be ring-fenced and diverted to improving the warmth of homes via investment in energy efficiency measures. This will provide an immediate pay back in terms of reducing demand on these essential health services and improving the lives of those who may be vulnerable to living in cold homes during the winter. We believe this could form part of a much greater level of ambition around the energy efficiency of homes by the government.	Thank you.
E.ON	General		We believe that health bodies and government organisations have a critical role to play in raising awareness about the health implications of living in cold homes and providing clear, simple and up-to-date guidance on the support available	Thank you.
E.ON	General		E.ON is committed to helping people control their energy use and to delivering affordable energy in a sustainable way. We are very supportive of any recommendations that propose greater collaboration between local authorities, healthcare professionals and utility companies to identify people that are vulnerable and living in colder homes and provide appropriate interventions to help them heat their homes affordably.	Thank you.
E.ON	General		E.ON is a lead performer in delivering the Energy Companies Obligation (ECO) and previous supplier obligation programmes. We are supportive of the objectives of ECO and fully committed to honouring our targets. We believe it is the right thing to do for our customers and strive to deliver energy	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			efficiency measures at least cost to the customer.	
E.ON	General		However, the cost of delivering ECO includes significant costs associated with finding eligible customers. Greater collaboration between stakeholders to identify and approach vulnerable customers in, or at risk of fuel poverty, would help keep these costs down and hence the costs passed through to energy customers on their bills.	Thank you. We hope that the actions resulting from this guideline will support this.
E.ON	General		Any intervention must be done sensitively and the role that stakeholders should play must be appropriate in the context of their primary relationship with the individual. Despite their circumstances, vulnerable people living in cold homes may be resistant to intervention. Thought needs to be given to who would be the most trusted organisation to have particular conversations in order to achieve the best outcome for that individual.	Thank you. The importance of trusted organisations is emphasised in the guideline.
E.ON	General		In order to be successful, a health and housing referral service would have to be independent from energy companies, local authority led but coordinated under a national model to ensure a consistent approach for everyone.	It is beyond the remit of NICE to develop a single national model.
E.ON	General		Below, we comment on the recommendations that identify energy companies as needing to take action.	Noted.
E.ON	1.3	6	We support the concept of a service that would facilitate access to services and advice to help vulnerable people heat their homes more effectively and affordably and provide advice on how to avoid the health risks of cold homes.	Thank you.
E.ON	1.3	6	Through our delivery of ECO, we already seek to deliver energy efficiency measures to more vulnerable households. We would welcome the opportunity to be part of a coordinated service that could achieve this even more efficiently.	Thank you.
E.ON	1.3	6	In addition, it could help us identify more vulnerable customers living in their own homes. We recognise that there are many eligible customers that are harder to identify and a one-stop, local health and housing referral service would help these people to be identified in a cost-effective way.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
E.ON	1.3	6	We believe there would be clear benefits from a referral and coordination service that could provide advice and facilitate access to support to ensure the best, holistic solution for the customer.	Thank you.
E.ON	1.3	6	We would be happy to engage in discussions about how such a service could work and what our role should be.	Thank you. This engagement would be most appropriate with those ensuring local services are commissioned (HWBs).
E.ON	1.6	8	We support the recommendation that every opportunity should be taken to identify where someone is living in a cold home and raise their awareness of what assistance can be provided.	Thank you.
E.ON	1.6	8	We recognise that one way to do this is by enabling people outside of the health and social care services who visit vulnerable people at home to do this, such as installers and meter readers. But it should be recognised that health professionals are typically in the best position to identify and refer vulnerable customers.	Thank you. Health professionals have an important role identified elsewhere in the guideline.
E.ON	1.6	8	However, it would be important for installers and meter readers to receive training on how to have those conversations in an appropriate and sensitive manner (this links in with recommendation 11, considered below).	Thank you. Training is considered elsewhere in the guideline.
E.ON	1.6	8	It would also be important to ensure that such a service was delivered consistently and with participation by as many utility companies as possible to reach as many vulnerable people as possible.	Thank you.
E.ON	1.7	9	We agree that, in principle, it is sensible to identify opportunities where new technology could help reduce the risks associated with living in cold homes. New technology should also seek to deliver ever more cost-effective and innovative solutions to the customer to help them live in an affordable warm home.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				recommendations (section 5)
E.ON	1.7	9	However, it must also be recognised that new, and unfamiliar, electronic solutions may not always be attractive to vulnerable customers, particularly older people. Alternatives must be considered in parallel to prevent such customers disengaging with the process.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
E.ON	1.11	11	We agree that all employees visiting a home to carry out services such as installing insulation or reading a meter should be trained to deal sensitively with the needs of vulnerable people.	Thank you.
E.ON	1.11	11	As stated above, we also agree that it makes sense for these people to be alert to the risks of cold homes and able to identify where a vulnerable person could benefit from help and advice.	Thank you.
E.ON	1.11	11	We support the need for training to enable employees outside of the health profession to carry out these additional responsibilities effectively and in an appropriate manner. However, it would need to be clear what these responsibilities are what action they can and should take themselves.	Thank you. Local action would depend on local services and systems.
E.ON	1.11	11	For example, an employee visiting a home to read a meter could be trained to identify where risk factors exist and have a sensitive conversation with the homeowner about their situation. They may also be able to give basic advice combined with offering a referral to the heating and housing referral service or healthcare professional. The needs of the individual could then be assessed holistically and addressed appropriately during a dedicated visit/appointment.	Thank you.
E.ON	1.11	11	Similarly, healthcare professionals should be trained to identify the signs of someone living in a cold home and what action they can take to help resolve the issues. This might include a simple referral process for energy efficiency	Thank you. This is addressed in recommendation 9

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			measures to be installed.	(please note that the numbering of the recommendations has changed in the final guideline).
E.ON	1.12	11	We agree that health bodies and government organisations have a critical role to play in raising awareness about the health implications of living in cold homes and providing clear, simple and up-to-date guidance on the support available.	Thank you.
E.ON	1.12	11	We also agree that national promotion and advice should provide clear guidance on how people can access assistance and should tie in to the services and support available locally.	Thank you.
E.ON	1.12	11	In raising awareness, health bodies and government organisations, such as DECC, should work closely with organisations that would play a role in the local delivery of the interventions. It is critical that the messages at national level translate faithfully into actual provision of support in communities. This relies on all stakeholders being clear on their responsibilities with regard to delivering the scheme, and a mechanism to ensure this is done consistently.	Thank you.
East Riding of Yorkshire Council	General		Overall, the draft guidance builds upon and mirrors the UK Health Forum's recent recommendations concerning fuel poverty, affordable warmth and improving both mental and physical health and wellbeing. The NICE guidance provides clarity in setting out the mechanisms and mechanics of the actions necessary to address the problems. The NICE guidance is very positive offering practical recommendations.	Thank you.
East Riding of Yorkshire Council	General		A suggestion is that in every recommendation the word 'should' is replaced with 'must' as it would provide clear leadership to all organisations and individuals. It would be especially pertinent to recommendations 1 and 2 to encourage some organisations to engage to provide more holistic packages of	NICE does not have the remit to mandate actions in this way.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			care including sustained use of referral systems.	
East Riding of Yorkshire Council	General		The supporting evidence, responsibilities for action and glossary completes the package of this draft NICE guidance.	Thank you.
East Riding of Yorkshire Council	1.1	4	The NICE guidance (draft recommendation 1) recognises the seminal strategic political importance of engaging the support of health and wellbeing boards and their role in steering the JSNA process to address and include fuel poverty, affordable warmth, excess winter deaths and cold homes. Draft recommendation 1's actions set out the holistic direction, process and elements needed. Within the East Riding of Yorkshire Council there is already a wealth of knowledge, experience and evidence within on these components.	Thank you.
East Riding of Yorkshire Council	1.2	5	NICE guidance draft recommendation 2 builds upon previous pilot programmes and initiatives successfully implemented elsewhere and urges Health and Wellbeing Boards to facilitate, support and encourage the establishment of a local health and housing referral service for people living in cold homes. Again, the approach is holistic, realistic and balanced.	Thank you.
East Riding of Yorkshire Council	1.3	6	The NICE guidance draft recommendation 3 urges a one stop economic, efficient and effective solution to the plethora of providers of advice and information streamlining the system of support for those affected by the issues and seeking advice, support and help. Within the East Riding of Yorkshire Council the components of Recommendation 3 are in place and it was interesting to note that PHE have included the Winter Warmth Toolkit on their website devised in the East Riding.	Thank you. Please note that the final guidance uses the term 'single point of contact'.
East Riding of Yorkshire Council	1.4	7	Draft recommendation 4 is crucial and urges the identification of those in need from current knowledge, previous research and intelligence and years of experience built up by professionals across the health, care and voluntary sectors.	Thank you.
East Riding of Yorkshire Council	1.5	7, 8	Building upon previous best practice and campaigns in other fields to Make Every Contact Count (MECC), draft recommendation 5 creatively applies the	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			proven MECC approach to affordable warmth, fuel poverty and cold homes.	
East Riding of Yorkshire Council	1.6	8	Although draft recommendation 6 will be challenging to implement, its holistic inclusion of reaching out to and including private sector installers, meter readers and others is creative, interesting and sensible. Some plumbers and insulation contractors have been involved in training within the East Riding of Yorkshire Council.	Thank you.
East Riding of Yorkshire Council	1.7	9	Draft recommendation 7, again applies the holistic solution to the practical problems of cold homes, excess winter deaths and fuel poverty. Mirroring developments in all other areas of life, new technology can support, sustain and perhaps solve the challenges of identifying need.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
East Riding of Yorkshire Council	1.4, 1.7	7, 8, 9	In recommendation 4/7 it is important to note and not to forget reference to health care systems such as System One to aid with referrals.	Thank you.
East Riding of Yorkshire Council	1.8	9	Draft recommendation 8, reflects best practice currently being implemented in areas such as Doncaster and is an upstream invest to save costs downstream approach which closes the revolving door syndrome of people being discharged to cold homes only to fall again due to the effects of cold. Recommendation 8 'must' not 'should' as some people have been discharged to homes without heating. Time scales need to be included.	We hope that these recommendations will encourage further action to address this issue. However, NICE is not able to make actions such as these requirements.
East Riding of Yorkshire Council	1.9	10	Draft recommendation 9 urges training for health and social care professional but this recommendation could be bolstered to include private sector installers, meter readers and others.	Training for other professionals is addressed in subsequent recommendations.
East Riding of Yorkshire Council	1.10	10	Draft recommendation 10 is key for meeting need as it is often housing and	Thank you. Please note

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			voluntary sector professionals who are in daily, weekly or regular contact with those unfortunate enough to suffer in the cold months of the year.	that the numbering of some recommendations has changed in the final guideline.
East Riding of Yorkshire Council	1.9, 1.10	10	Perhaps draft recommendations 9 and 10 could be aligned.	Thank you. These recommendations (now 8 and 9) have been kept separate as they are aimed at different professional groups and audiences.
East Riding of Yorkshire Council	1.11	11	Draft recommendation 11 offers a further creative, credible and holistic solution to include heating engineers, meter installers and those providing building insulation to individuals and families in their rented or owner occupied homes.	Thank you.
East Riding of Yorkshire Council	1.12	11, 12	Draft recommendation 12 emphasises the crucial importance of the need to continually disseminate the messages needed to raise awareness amongst the public and professionals throughout the year and from a variety of national, regional and local perspectives. A clear consistent message constantly repeated is required in Recommendation 12 which may be resolved via the toolkit but DECC need to reinforce this message.	Thank you.
East Riding of Yorkshire Council	1.13	12	Draft recommendation 13, is very welcome as it recognises the seminal role of building control, environmental health and trading standards in the struggle for warmth, for fuel plenty and a reduction in excess winter deaths. It is helpful these have been included but in respect of Environmental Health, DECC need to be consistent and provide greater clarification on the SAP rating required and it needs to link to recommendation 1.	Thank you. Please note that the SAP rating in recommendation 1 does not have requirement status.
Energy Saving Trust	1.1	4	We are supportive of your recommendation that existing properties should be	Thank you. Please note

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>refurbished to minimum SAP ratings of D (55) and ideally a B (81).</p> <p>In Wales, the Nest: Making Wales cosy Welsh Government funded fuel poverty scheme successfully delivered home energy improvements to over 4,900 households in 2012/13. Prior to works the SAP ratings of these properties were 47% - G and 53% - F. Post installation property SAP ratings were 31% - C, 49% - D, 13% - E and just 5% and 2% remained F and G ratings respectively.</p> <p>Reviewing the information in the 2012-13 Nest Annual Report suggests not all properties attain significant changes in SAP rating due to the nature of the property and the relative cost to improve. Therefore balance needs to be struck between delivering fewer properties requiring high cost home energy improvement measures, such as external wall insulation (EWI), against the benefit of improving a number of homes with low cost measures for the same investment. The cost of installing EWI, to meet SAP rating targets, in some homes would lead to expenditure significantly above £12,000. The price differentials for different measures can bias schemes towards easier to treat properties and so care must be taken to identify those most in need and ensure they are assisted regardless of the cost-effectiveness of carrying out measures on the property they live in.</p> <p>The EST Home Energy Check online tool, provides users with an indicative SAP for their property and recommendations to improve the rating. This vital self-help also needs to be part of the longer term solution, building engagement and understanding on, in some cases, the relatively simple options to address energy inefficiency.</p>	<p>that the final guideline includes a recommendation to raise properties to band C and ideally band B.</p> <p>We agree that local information and expertise will be important in supporting the HWBs in addressing the issues.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>These complexities need to be fully understood by the Health and wellbeing boards tasked with delivering the action. Representatives from the energy efficiency sector should be engaged and involved to provide information and understanding of the practicalities, funding mechanisms and limitations of the task to increase individual property SAP. This engagement would also provide necessary information on the delivery of area based programmes at scale following segmentation analysis of properties to identify relevant solutions.</p> <p>To inform the strategic planning, the scale of the problem for the scenarios presented to get to a SAP D or SAP B (and the carbon savings that will be achieved), needs to be understood at a local and national perspective. Home analytics is a new service from the Energy Saving Trust that provides essential data and analysis on the UK housing stock to help target retrofit activity. Using data, statistical modelling and GIS, we have developed the first address-level profile of all 26 million homes in the UK in terms of their potential for retrofit measures and key property attributes.</p>	
Energy Saving Trust	1.2, 1.5, 1,7, 1.12 - Our comments here also apply to recommendation 5, 7 and 12	5, 7, 9, 11	<p>Health and Well-being boards tasked with delivering this action, with the voluntary sector, will need to ensure relevant energy representatives are involved to allow referral into supplier schemes, maximising the levels of external investment and links to existing delivery. DECC would play an important role in this respect by providing robust coordination of the funding mechanisms and delivery approaches available.</p> <p>The London Fuel Poverty Hub is a website designed to give the information, contacts and knowledge required to allow the visitor to play their part in</p>	<p>Thank you. Recommendation 1 includes ensuring that local planning takes account of actions of utilities, among others.</p> <p>We hope that the implementation materials</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>helping tackle fuel poverty in London. This sort of resource could simplify the customer journey and help intermediaries in selecting the best referral route for those in need.</p> <p>In Cardiff and the Vale of Glamorgan, the 'Supportive Communities Around Wyn' project has been successful in ensuring a referral service for older people living in cold homes. Staff from domiciliary care providers and meal delivery companies have been trained sources of fuel poverty support. Information is passed to local authority contact centres who co-ordinate referrals to various schemes, providing access to services for those at risk through face-to-face contact.</p> <p>We recommend any referral mechanism considers diversity. For example our targeted campaigns for Nest in Wales have required literature to be published in over 10 languages, as well as materials for those who are visually or hearing impaired or have learning difficulties. Access to support from the 'big-6' is limited and frequently requires long, sometimes costly, telephone calls. Other's experiences of dealing with diversity (Citizens Advice, Local Authorities and other agencies like the Energy Saving Trust) will provide useful information of what works best in practice.</p> <p>The need for inclusive referral processes is supported by the fact that that 59% of Bangladeshi and Pakistani groups and 37% of the black population live on low incomes in the UK, compared to 19% of the white population.¹ Black and Minority Ethnic (BME) families are more likely to experience poor</p>	<p>produced to support this guideline will include examples of existing tools.</p> <p>Recommendation 3 now includes 'Solutions should take into account the language and reading ability of recipients, including any vision or hearing problems'</p>

¹ Friends Provident Foundation, Financial inclusion and ethnicity: An agenda for research and policy action, 2008.

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>quality housing; some estimates state that 40% of BME communities in the UK live in poor quality housing.²</p> <p>We also recommend referral mechanisms takes into account the needs of the hardest to reach people. Through our experience in programme delivery, we have found that certain people can be nervous and untrusting of people they don't know. They could also be fearful of corporate institutions or organisations. We believe the easiest way to find those who are hardest to reach is through others who are likely to have contact with them, such as charities, the third sector and voluntary organisations. Therefore we would suggest that health and wellbeing boards place significant importance on working with partner organisations who have face-to-face contact with the hardest to reach people. Consideration should also be given to communications and marketing materials, ensuring simple steps to engage with at-risk groups on a more direct basis:</p> <ul style="list-style-type: none"> • Easy read materials • Clear and large print materials • BT text relay, relay assist or skype communications • Audio and BSL films • Face-to-face contact with a trusted intermediary <p>When considering the types of interventions, referrals and co-ordination services required to increase the SAP of a property and how to support individuals to take action, the tenure of the property also needs to be considered. The private rented sector has the largest proportion of properties</p>	<p>Tenure of the property is an important issue. However, consideration of prioritisation in this</p>

² Natcen, People living in bad housing – numbers and health impacts, 2013. http://england.shelter.org.uk/_data/assets/pdf_file/0010/726166/People_living_in_bad_housing.pdf, viewed 5 June 2014

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			with the worst energy performance ratings: 13.5% of private rented sector properties are F or G rated on their energy performance certificate ³ . According to the Joseph Rowntree Foundation, private renters were also twice as likely as all households to be living in accommodation with no form of central heating ⁴ . There is also an over-representation of low income groups in the private rented sector, suggesting priority may need to focus on the private rented sector initially.	way could be carried out locally as part of the process of development of a strategy based on local needs.
Energy Saving Trust	1.3	6	<p>Ensuring that all due benefits are claimed can assist in managing fuel bills and limiting bill debt as well as ensuring an adequate level of heating. People in the worst levels of fuel poverty will limit their energy use, so energy efficiency is not enough, we also need to maximise their income – basically so that they can turn the heating on when required.</p> <p>As stated in the Nest Annual report 2012/13:</p> <ul style="list-style-type: none"> • In 2012/13 Nest, the Welsh government's fuel poverty scheme, supported 271 householders to identify new or additional benefits averaging over £1,900 per year, as a result a Benefit Entitlement Check (BECs). • In addition more than 2,500 householders were referred for the Warm Homes Discount (an energy supplier obligation) and the value to those who were eligible amounted to £22,620. The percentage of households eligible for a Warm Homes Discount is low due to Nest only receiving data back from two energy suppliers. <p>Another example of benefit entitlement support provided around the UK is the</p>	Thank you.

³ British Property Federation, Property Data Report, 2011.

⁴ Joseph Rowntree Foundation, Characteristics and functions of the private rented sector, 2006.

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Energy Best Deal Evaluation, but for some is not about reducing costs but actually about giving them access to enough income to meet the cost of heating a home to a comfortable level in the first place. Below is a summary of the programme taken from the Energy Best Deal Evaluation report⁵:</p> <p>“The Energy Best Deal programme seeks to inform domestic energy consumers about how they could reduce their energy costs: by changing tariff, payment method and / or supplier and taking up energy efficiency measures, and by providing debt advice. Run by Citizens Advice in England and Wales and Citizens Advice Scotland in Scotland, the programme offers domestic energy consumers and frontline workers (both paid workers and volunteers) the opportunity to attend an information session on getting a better deal on their energy bills.</p> <p>Between October 2012 and March 2013, 753 sessions were delivered by 170 delivery partners across the 14 regions of the Citizens Advice Financial Capability Forums in England and Wales, and 115 sessions were delivered by 13 Citizens Advice Bureaux in Scotland. In total during 2012/2013, the programme reached 5,602 consumers and 3,334 frontline workers. The programme will have an ongoing impact through the consumer advice work of the frontline workers.”</p> <p>Providing support providers with information about the organisations and intermediaries that can help is key to making sure householders get the right support at the right time. As demonstrated in the engagement sessions above there is a ready mechanism, but this needs to retain currency in its data and information and reach within diverse groups.</p>	

⁵ CSE, Energy Best Deal Evaluation Report, 2012/2013. www.citizensadvice.org.uk/ebd_evaluation.pdf

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Energy Saving Trust	1.4	7	<p>This action is attributed to Health and social care professionals, but energy suppliers and those operating the network (Distribution Network Operators – DNOs) should also have information on vulnerable customers with one of 22 vulnerabilities split over four criteria: critical medical dependencies; medical dependency; communication needs and other. via the Priority Services Register (PSR – for example www.westernpower.co.uk/About-us/Priority-Services.aspx). The PRS enables the DNOs ensure that those registered are, in the event of a power cut for example, provided with power as a matter of urgency, contacted to ensure they are safe. A review of the potential to share this data within relevant bodies should be investigated.</p> <p>We are encouraged by your recommendation to utilise available datasets to identify people who live in cold or hard to heat homes. The Energy Saving Trust's Home Analytics – housing data and analysis service could assist in developing an appropriate dataset. We use Home Analytics in both Wales and Scotland to inform our approach to communities and households most likely to be living in poor housing and experiencing fuel poverty.</p>	Thank you. A review of the sort mentioned is beyond the remit of this guideline.
Energy Saving Trust	1.5	7	<p>The energy suppliers and DNOs support the maintenance of their PSR datasets and these provide documentation on vulnerable customers. If sharing of data was possible before any “contact”, it will allow the health and social care professional to be prepared for the specific householder, armed with the right information to provide relevant and appropriate support and information during any engagement.</p> <p>But health and social care professionals will be a need to have some understanding of the solutions possible for the house and the occupant, or at</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>the very minimum a referral mechanism to get the relevant information and advice. This builds their credibility with the householder and better refines the solutions suggested.</p> <p>Our behaviour change activity in EST starts with understanding why and when people will act, and the barriers to action. (Also see Recommendations for Research submission). This understanding has is only gained through engagement with the target audience. Taking time at the outset to collect and collate qualitative and quantitative data builds a more robust behaviour change programme. The many programmes that have been delivered across the UK by different agencies mean that there is a great deal of learning already available and this should be collated. Those delivering the messages also need to be trained to the point where they feel confident in dealing with the issues and able to make decisions about where, and to whom, referrals should be made.</p>	
Energy Saving Trust	1.6	8	<p>SmartEnergyGB (www.smartenergygb.org), the body set up to promote the roll out of smart meters does not yet have a vulnerable household group, but this may materialise as it develops the detail from its overarching engagement strategy. This would be an appropriate time for proactive engagement with this body to shape its approach. The DECC Benefits Monitoring Realisation Group will also be an important contact for engagement in relation to the delivery of smart meters and the benefits they could bring.</p> <p>Others visiting vulnerable people should also be trained (as identified in Recommendation 5) to be able to identify issues of fuel poverty, health signs and more subjective observations about how the home is used.</p>	Thank you. Please note that there are additional references to smart meters in the research recommendations in section 5.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			There is a prime opportunity with the mass installation of energy meters (potentially to every property in Great Britain) to go beyond a simple installation visit, as this would be an ideal time to provide the householder with relevant information for their situation. Findings of the report " Understanding consumer vulnerability during the experience of smart meter installation ", need to be incorporated into guidelines developed by both SmartEnergyGB and NICE guidelines as your recommendations are finalised.	
Energy Saving Trust	1.7	9	<p>We agree that there are already products on the market to signal low temperatures in homes. We anticipate that this marketplace is likely to be further explored with the delivery of smart meters in every home. For example, a stated opportunity for smart meters is "alert systems" which sends an alarm to a tele-care service if the temperature in home falls below a certain level.</p> <p>There will be a need for suitable governance around such an installation to ensure consent and robust data management.</p>	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Energy Saving Trust	1.11	11	<p>We are supportive of your recommendation that those who install and maintain heating systems, electricity and gas meters, and building insulation should be aware of vulnerable customers and how to recognise them. Importantly there is a need to ensure they know where / who to pass the information to if they cannot effect a change directly.</p> <p>In Wales, the Energy Saving Trust manages the Generate Wales network and will discuss your recommendations with the Welsh Government to see how quickly they could be incorporated into our work with over 2,400 companies across Wales.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Western Power Distribution is activity supporting registration of householders to their Priority service register. EST is currently working with them on this activity across South Wales and SW England while Citizens Advice is providing a similar service in the Leicester / Coventry area. We are also working with installers through our Generate Wales Network to recognise signs of cold and damp homes in the areas they are working.	
Energy Saving Trust	1.12	11	<p>The Energy Saving Advice Service (ESAS – 0300 123 1234) is funded by DECC and provides support and advice to householders across England and Wales (Scotland and Northern Ireland have their own separate services). A small expansion of the remit to provide additional services for householders and their representatives seeking in depth advice and guidance would allow professionals and the public to access relevant and current information, for themselves or others.</p> <p>Advice needs to be tailored to the individual's specific circumstances. When dealing with vulnerable customers by telephone, our experience is that conversations can often last 15 minutes or longer. The customer's engagement is potentially the first time for them to have considered their energy use and they need time to fully engage with the information provided.</p> <p>Local and national engagement campaigns and programmes could break some of the popular myths in communities, reaching out to both the target groupings and those they interact with.</p>	Thank you. The remit of ESAS is outside the scope of this guideline.
Energy Saving Trust	1.13	12	We are supportive of your recommendation that building control officers, environmental health officers and trading standards professionals are aware of	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>ventilation requirements in housing, with particular relevance to properties that have undergone remodelling or renovation works. The BRE document – “Housing in the UK, National comparisons in typology, condition and cost of poor housing” states that and estimated two million (8%) dwellings in the UK had some sort of damp problem in 20???. (Figure 3.1; Prevalence of damp conditions within each nation).</p> <p>The private rented sector (PRS) makes up 32% (2008) of occupied properties. The sector also has the largest proportion of properties with the worst energy performance ratings; 13.5% of private rented sector properties are F or G rated on their energy performance certificate.⁶ The private rented sector is particularly difficult to reach and we support the idea of using any touch point between a professional and the property, tenant or landlord as a potential point of engagement.</p>	
Energy Saving Trust	3.7	20	<p>Welsh Government fuel poverty strategy is primarily delivered by the Nest scheme. http://wales.gov.uk/topics/environmentcountryside/energy/fuelpoverty/strategy/?lang=en Wales is currently engaged in a “National Conversation” on The Wales We Want. The outcome of this and this will influence the Future generations bill providing a framework for Ministers and government in Wales to follow for the future. http://wales.gov.uk/newsroom/sustainabledevelopment/2014/ground-breaking-bill/?lang=en</p>	Thank you. The primary focus for NICE guidelines is England.
Energy Saving Trust	4.9	22	Research by the Race Equality Foundation suggests that in 2010 some 4%	Thank you. This issue is

⁶ British Property Federation, Property Data Report, 2011.

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>(around 78,000) of minority ethnic households in England lived in a home with a Category 1 excess cold hazard⁷. The average cost to improve these dwellings to achieve a SAP rating of at least 50 is approximately £5,443. If SAP ratings were improved, research estimates that approximately £53million of treatment costs would be saved by the NHS.</p> <p>There is currently no research in Wales and Scotland which supports or enhances the work carried out by the Race Equality Foundation. We are also unaware of any research that seeks to analyse the comparative housing conditions for individual minority ethnic groups. However, given the older housing stock in Wales and Scotland, it seems likely that a greater incidence of Category 1 excess cold hazards would occur, and money invested for improving poor housing among minority ethnic households could have a significant impact on improving health and reducing the financial burden on the NHS.</p> <p>We agree with the association between some minority ethnic groups and deprivation may mean that some of these groups are more likely to live in cold homes. For instance, focusing on Wales - Butetown in Cardiff and Pillgwenlly in Newport are amongst the 20 most deprived wards in Wales⁸. It is estimated that between 10 – 31.5% of those living in Butetown and between 14.8 – 31.5% living in Pillgwenlly are estimated to be fuel poor⁹. Butetown and Pillgwenlly have BME populations of 32.4% and 24.9% respectively¹⁰.</p>	<p>noted in consideration 4.13.</p> <p>It will be important for local services to address the needs of their communities fully. This should be identified in the development of plans to implement the recommendations.</p>

⁷ Race Equality Foundation, The housing conditions of minority ethnic households in England, 2014.

⁸ Welsh Index of Multiple Deprivation, 2012

⁹ Welsh Government Fuel Poverty Mapping,

¹⁰ Census, 2011

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Evidence also suggests a disproportionately low number of BME households access advice services and BME communities are under-represented in terms of take up of grants and assistance. In BME communities, the conventional causes of fuel poverty – low income, poor energy efficiency and energy prices are exacerbated by other factors including:</p> <ul style="list-style-type: none"> • Communication difficulties including language barriers; • Cultural aspects that make the community more self-contained; • Low expectations of what might be available in the form of grant assistance; • A degree of exclusion from the network of assistance available; • Negative experiences by community members in dealing with public agencies and grant schemes; • Geographical concentrations in area and housing types, which are difficult to service. <p>We agree that recent immigrants may not be immediate equipped to manage in cold weather or be familiar with payment methods for gas and electricity. We believe that language barriers are a significant issue for minority ethnic populations. For older people and recent migrants especially, limited spoken English is a considerable barrier to full service access. In Wales, there are 32,781 individuals whose main language is not English or Welsh. The majority of information from energy suppliers is provided in written English or Welsh format; alienating those with low levels of English or Welsh literacy.</p>	
Energy Saving Trust	4.15	24	The BRE document – “Housing in the UK, National comparisons in typology, condition and cost of poor housing”, details in table 4.2 (page 31) the costs and benefits to the NHS of reducing Housing health and safety rating system	Thank you. The guideline includes research

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			(HHSRS) category 1 hazards to an acceptable level, with payback periods for the UK of 27.8 years. There is the need for further research to fully understand cost and benefits of interventions on a range of different property types. This would need to be commissioned and considerations should be wider than solely health but should include social aspects as well, e.g. work and school absence due to poor health linked to poor quality housing / heating.	recommendations for future study (section 5).
Energy Saving Trust	4.22	26	Scotland and Wales are committed to national delivery of support and advice services through Government funded programmes. England it appears is more focused on regional (e.g. Ready for Retrofit in SW England) or city approaches e.g. Birmingham, London and Newcastle refurbishment programmes. Variations in delivery will always remain the case if local delivery through councils / local authorities is not backed up by national requirements to report on housing efficiency levels at a UK level with progress monitored against targets.	Thank you. National programmes are beyond the remit of this guideline.
Energy Saving Trust	4.28	27	The roll out of smart meters is ultimately funded by customers through their energy bills. One of the outcomes will be that householders are more aware of their energy usage, but they will still need to have somewhere to turn to get impartial and trusted advice and support if they want to reduce their energy bills.	Thank you.
Energy Saving Trust	4.29	28	There is the need for provision of a widely accessible and definitive information hub for the benefit of the public and of communities where they can find the actions they can take to make their energy and water use sustainable.	Thank you. This is an interesting idea which might feed into future updates if evidence of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			A single hub or a number of geographically diverse hubs, such as the innovative London Fuel Poverty Hub, could provide support for larger scale engagement.	effect can be captured.
Energy Saving Trust	5	29	<p>The Energy Saving Trust carries out research to ensure that we understand our customers and are providing them with the best possible advice tailored to their needs. A specific telephone survey¹¹ of a sample of callers to the Energy Saving Trust's telephone advice service in England, three years ago found out the following:</p> <ul style="list-style-type: none"> • 28 per cent found it difficult to heat their home; • 62 per cent worried about bills: of these 32 per cent felt it was a real personal stress to them (that is, around 1 in 5 of all callers); • 40 per cent found their home too cold; • 30 per cent found their house too draughty; • 35 per cent found that the way their home is built and maintained has an effect on their health; <p>We also asked customers how much they spend on bills and found that:</p> <ul style="list-style-type: none"> • 21 per cent reported spending more than 10 per cent of their household income on fuel bills • 11 per cent spent more than 20 per cent of their household income on fuel bills. <p>This information should be undated with more recent contacts to organisations beyond Energy Saving Trust to get a current and more detailed.</p>	Thank you.

¹¹ In from the cold. Working in partnership to tackle fuel poverty (EST 2011)

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Energy UK Charles House 5-11 Regent Street London SW1Y 4LR	General		Energy UK is the trade association for the energy industry. We represent over 80 members made up of generators and gas and electricity suppliers of all kinds and sizes as well as other businesses operating in the energy industry. Together our members generate more than 90 per cent of the UK's total electricity output, supplying more than 26 million homes and investing in 2012 more than £11 billion in the British economy.	Noted.
Energy UK Charles House 5-11 Regent Street London SW1Y 4LR	General		<p>Energy UK is happy to respond to this consultation as we are supportive of mechanisms which allow stakeholders to work together for the benefit of consumers. In this context, we are committed to working with Government, regulators, consumer groups and our members to develop reforms which enhance consumer trust and effective engagement.</p> <p>Energy UK members operate a number of social and energy efficiency programmes and obligations designed to help and support customers, in particular those most in need. For some members this includes or has in the past included projects in collaboration with health professionals.</p> <p>Our response is, therefore, based on our members' experience of contact with vulnerable customers, delivering programmes and working with health professionals.</p> <p>This is a high-level industry view; Energy UK's members may hold different views on particular issues. We would be happy to discuss any of the points made in further detail with NICE or any other interested party if this is considered to be beneficial.</p>	Noted.
Energy UK	General		Energy UK members are committed to delivering services which will make a	Thank you. As noted in

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Charles House 5-11 Regent Street London SW1Y 4LR			<p>real difference to consumers. Energy suppliers do, however, have to strike a fine and sensitive balance when engaging with their customers, especially customers who may be in vulnerable situations, and make important but often difficult decisions on whether to take further steps. For example, whilst it may seem sensible to contact social services in some instances, this may seem like an invasion of privacy and an inappropriate use of data sharing. Yet, not doing so may not provide the holistic solutions a consumer needs.</p> <p>Additionally, the design and delivery of specific social and energy efficiency programmes (like Warm Homes Discount and the Energy Company Obligation) have to strike a balance between customer benefit and overall cost to consumers.</p> <p>Therefore, due to the nature of the relationship between health professionals and vulnerable people, it would be preferable to understand all offerings and requirements when designing any referral services.</p>	the guideline, issues surrounding data sharing are very important and need to be addressed locally to ensure that barriers to effective action are addressed.
Energy UK Charles House 5-11 Regent Street London SW1Y 4LR	1.2, 1.3	5, 6	<p>We believe that the idea of a referral service is positive and should be developed further. Suppliers are always in need of trusted referrals as they are keen to help those most in need.</p> <p>We agree with NICE that energy efficiency measures and other forms of support can help lower energy bills for customers and keep them warm in winter. Under the Energy Companies Obligation (ECO) nine energy suppliers have an obligation to install measures. For measures to be delivered effectively in the scale required takes collaboration. This is why we welcome NICE's approach for an expanded model which takes into account the needs and responsibilities of a wide number of stakeholders.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>However, it should be stressed that energy suppliers operate under quite stringent legislative and administrative rules when it comes to obligations and how those are delivered. This is why the design of any referral service needs to consider and take into account the limitations of obligations.</p> <p>It should also be noted that the delivery of obligations is a commercial matter for energy suppliers. Each supplier will have offers to customers that vary. In addition, eligibility does not necessarily equal receipt of measures.</p> <p>We would invite interested stakeholders to consider the cost of any referral services as well as their setup and coordination. Referral schemes will need to be based on both a generic level of information and programme/obligation specific requirements, as well as potentially being supplemented with more local input. Considering the number of Health & Wellbeing Boards, it would be preferable to coordinate early.</p> <p>Having said that, we do think that there are good examples of referrals services which understand each supplier's offer. The Energy Saving Advice Service (ESAS) is one of those. Their operation requires careful coordination with suppliers in order to understand each supplier's approach.</p> <p>There is also the Home Heat Helpline (HHH), funded by energy suppliers. HHH has specialist agents who can refer customers to suppliers for various forms of support, as well as give information for alternative support services.</p>	
Energy UK Charles House 5-11 Regent	1.2, 1.3	5, 6	Some of our members have worked – or are still working – with health professionals and some also have referrals lines. Based on that experience	Thank you. The committee hope that the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Street London SW1Y 4LR			<p>we think that there are a number of points to take into account when designing referral service and coordinating a variety of stakeholders:</p> <ul style="list-style-type: none"> • Health professionals are extremely busy and pressed for time, with a variety of health initiatives demanding their attention. Any solutions – for example any alerts and the way to refer a patient - need to be simple and quick. • How a health professional is alerted (and how many times) to refer a patient will be critical. Our members are reporting that too many alerts are disruptive and are eventually ignored by health professionals. The criteria need to be carefully considered in order to refer patients who are in need to avoid inundating the system. • In a number of schemes, a significant proportion of those health workers who were trained did not make any referrals. However, our members report that once a health worker did make a referral, they tended to make more referrals (indicating that once they could see the difference such a referral made, they then sought further support). • Health professionals have a vital relationship with their patients based on trust. This is why clarity and honesty about the process and what they should expect should be made available. • Evidence from some scheme suggested that feedback from any referrals back to the referring health worker was critical, to provide reassurance that both the referral was being actioned and that there is value in the service (see previous comment) • Some members report that one of the best route for referrals were the discharge teams in hospitals as they are aware that they releasing the patient back to a potentially harmful environment. • A variety of engagement actions, local workshops and very clear 	<p>service outlined will address many of these points and will support professionals in making referrals to achieve positive outcomes.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>marketing by trusted sources is required. This is to ensure that health professionals and the community are aware of services.</p> <ul style="list-style-type: none"> • Ring fencing funding is another consideration, to avoid a scheme being in operation for a short time. This is an example of a support mechanism which requires a lot of time to be established and its results to encourage more referrals. This means that sustained operation will be required. • The security of a patient's personal and sensitive data is extremely important. Any service will need clear and stringent rules with regards to data protection. • Finding a way to keep all stakeholders and visitors to homes up to date with local services is a significant challenge. Information delivery and coordination of knowledge can be time consuming, costly and complex. • Consideration should also be given to referrals that don't result in actions due to the programmes' eligibility criteria for examples. Managing the expectations of vulnerable customers and health professionals will be important, as well as planning for that eventuality. 	
Energy UK Charles House 5-11 Regent Street London SW1Y 4LR	1.6, 1.11	8, 11	Energy suppliers believe that health professionals are the best placed to recognise signs of vulnerability in patients who could benefit from support. We agree that any contact with a vulnerable person should be an opportunity to offer help or at the very least to raise the client's awareness of the support services available.	Thank you.
Energy UK Charles House 5-11 Regent Street London SW1Y 4LR	1.6, 1.11	8, 11	Suppliers offer a number of services to vulnerable consumers already, via their Priority Services Registers (PSR). PSRs are free to join and are available from all mains gas and electricity suppliers.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>The scheme is available to all household gas and electricity consumers who are any of the following:</p> <ul style="list-style-type: none"> • of pensionable age • have a disability • have a hearing and/or visual impairment • have long-term ill-health <p>Please note, suppliers can only accept referrals onto their Priority Services Registers from a third party with the customer's consent, hence obtaining and recording consent is critical.</p>	
Energy UK Charles House 5-11 Regent Street London SW1Y 4LR	1.6, 1.11	8, 11	We would urge NICE to consider the very specific skills of utility representatives visiting homes. Any broad identifiers or further work by NICE to share indicators and ways to recognise vulnerability would very helpful. Even though suppliers and their representatives want to help those in need, they are not all necessarily experienced in identifying building and property issues such as heating and ventilation problems.	Thank you. Training will be an important element, and this is reflected in the recommendations.
Energy UK Charles House 5-11 Regent Street London SW1Y 4LR	1.7	9	Energy suppliers are very keen to see innovation through new technology and some may be commercially active in this area. However, suppliers are currently obligated to supply smart meters – a potential enabler of new services – under very specific rules. We would welcome innovation in this space by the companies who are active in the market or the ones considering designing new solutions for data and energy use.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Foundations	General		Foundations welcomes this guidance, and urges NICE to adopt its recommendations in full.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>As the national body for Home Improvement Agencies (HIAs) we play an active role encouraging the development and commissioning of new HIA provision with Commissioners.</p> <p>We strongly endorse this positive document and the acknowledgement given to housing and housing support services on the health prevention agenda. In support of the importance of housing support services in reducing the number of excess winter deaths and illnesses, we would note that:</p> <ul style="list-style-type: none"> -There is a clear indication that people living in poorly heated homes are at significantly greater risk of ill health due to low temperatures; there are a number of direct and indirect health impacts suffered by those living in fuel poverty and cold housing, as noted by the Marmot Review Team. 	
Foundations	General		<p>-Over the past years, HIAs have developed and implemented a number of schemes aimed to assist older and vulnerable people at risk from cold weather and to prevent cold related harm and illness.</p> <p>For example, in the Winter of 2012/2013, our charitable arm Foundations Independent Living Trust (FILT) delivered the FILT Warm Homes Service. The service included home visits, energy usage assessments and interventions to tackle cold and damp homes and their effects on the health and wellbeing of older and vulnerable people.</p> <p>Benefits were reported by participants in terms of home temperatures, warmth and comfort, physical and mental health and wellbeing, as well as ability to self-manage long term conditions.</p> <p>An evaluation of the service indicates how an initiative such as the FILT WHS could provide a key component of the delivery mechanism for the Cold Weather Plan nationally and locally.</p>	Thank you.
Foundations	General		We encourage NICE to make specific references to tenure as the issues will	Thank you. It is

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			change according to this. There needs to be recognition that the vast majority of older, vulnerable people live in owner-occupied housing. According to the Housing Ageing Alliance Manifesto , 76% of older people (over 65) are owner occupiers, most owning outright. Also NICE need to be fully aware that the issue of Fuel Poverty should be separated from that of Fuel Debt. The HIA client-group will be unlikely to fall into fuel-debt as such people will do almost anything to avoid going into debt such as not eating, and not turning on the heating (self-disconnection).	important that specific solutions provide tailored solutions to address identified needs (see recommendation 3).
Foundations	1.1	4	We welcome this recommendation but would suggest that NICE also considers the issue of damp homes, as this is a major cause for respiratory illnesses - especially in children and the elderly.	Thank you. The remit of this guideline was to address cold homes, however the importance of damp and of ventilation is addressed in the context and considerations sections. Ventilation is addressed in recommendations 10 and 12.
Foundations	1.1	4	We recommend an increase in SAP rating of dwellings. Straight-forward in social housing, and in private-rented (if enforced by environmental health), but more problematic in owner-occupied. The HIA sector has the ability to undertake HHSRS assessments on behalf of local authorities/CCGs.	Thank you.
Foundations	1.1	4	We particularly welcome the recommendations for strategic planning on the issue by HWBBs and particularly the mainstreaming of preventative measures all year round.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Foundations	1.1	4	We welcome this recommendation, but would add that it's not just about 'Hard to Heat' properties; it's also about 'Hard to Treat' properties (solid wall, windward locations). There are also issues such as loft-clearances which prevent many loft cavities being filled, an area where HIAs and Handyperson Services could help if funded.	Thank you. There will be difficulties in making alterations in some properties. It is not within the remit of this guideline to identify specific technical solutions. The importance of services such as those provided by Home Improvement Agencies is included in recommendation 3.
Foundations	1.1	4	We suggest that HIAs be included here as that will ensure engagement of local authorities, Housing providers, voluntary sector and private sector. HIAs are key providers of services that help improve the health and wellbeing of vulnerable people whilst reducing fuel poverty and the risk of fuel debt.	Thank you. Home Improvement Agencies are not named in recommendation 1, however they would be included in the term 'housing organisations'.
Foundations	1.2	5	We particularly welcome the reference to HIAs. We would also note the following issues: -Disruption caused by works should be focussed on. Some cold-prevention interventions such as dry-lining are extremely disruptive. -The issue of hoarding may be encountered. Hoarding disorder is a recognised medical condition and hoarders frequently suffer from multiple	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			housing issues including poor heating. Typically houses are in poor condition and consequently expensive and difficult to heat. Working with hoarders invariably requires a multi-agency approach including mental health, social work, environmental health professionals and housing support professionals. HIAs offer a unique combination of practical and pastoral support enabling them to take on the role of key worker to draw together a complex plan to support this vulnerable group.	
Foundations	1.3	6	We endorse the notion of One-Stop-Shop, but this must be more than just a single point of contact – it must be a knowledgeable point of contact. As suggested by Dr Faisal Majeed , a GP based in Liverpool, social prescribing - such as home adaptations - can be streamlined if surgeries are turned in 'community hubs', where patients can access a range of information and advice.	Thank you. Please note that the final recommendations refer to a single point of contact.
Foundations	1.8	9	We strongly endorse this recommendation and would stress that HIAs have a central role in prevention of hospital admissions and readmissions. A large number of HIAs provide hospital discharge services offering practical housing related support, including help with heating. To name but a few: Manchester Care & Repair's Home from Hospital Scheme, Swan Care & Repair's Rapid Response, West of England Care & Repair and St Helen HIA's Hospital Discharge Schemes.	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked admission.
Foundations	1.10	10	We recommend this proposal is accepted, as a number of home improvement agencies already provide this type of training, achieving high satisfaction levels.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Foundations	General		We strongly support this guidance and wish to offer our full assistance should NICE require any additional evidence or references.	Thank you
GLEN DIMPLEX CREDA (GDC) Group	1.12	11	Raising awareness of how to keep warm should be a responsibility of not just those bodies cited but also Energy Action , National Energy Action and Energy Saving Trust who are very influential in this matter.	Thank you. We hope other bodies will be interested in supporting work related to this recommendation.
Gentoo	General		<p>Gentoo's response to the Nice's consultation on Excess Winter Deaths.</p> <p>All of the below comments were written before DECC released their Fuel Poverty Strategy. We suspect any aspiration this document has of working with Government to tackle excess winter deaths by targeting those in fuel poverty just got significantly more difficult.</p> <p>Gentoo would like it to be understood that looking at excess winter deaths, fuel poverty and environmental efficiency of homes should not be looked at in isolation or the responsibility of one government department. It would seem impossible in order to reduce winter deaths you somehow do not impact on the other two. Looking at any of the above in isolation is a missed opportunity</p> <p>The consultations gives the impression that the approach will be purely based on a random identification process. Once the patients either presents themselves at their GP or Hospital or if they are lucky enough that a health care or housing professional who has had the training identified in the consultation visits their property. The opportunity exists to design a more targeted approach so patients with long term medical conditions exacerbated by cold damp homes can be contacted to see if indeed their homes are</p>	<p>Thank you. The referral from DH focusses on local approaches to addressing the issues rather than responsibilities at national level.</p> <p>Recommendation 4 addresses the use of existing data to provide better intelligence about who is likely to be at risk and to address any</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>preventing affective management of their condition.</p> <p>How will success be demonstrated? At Gentoo we have a pilot which is allowing GP's to prescribe boilers and other home improvements to patients whose conditions are affected by cold and damp.</p> <p>The criteria we are using in partnership with our CCG looks to define success is though:</p> <ul style="list-style-type: none"> • Reduction in face to face appointments with the GP • Reduction in prescription costs • Reduction in elective admission • Reduction in non-elective re-admissions • Reduction in community nurse engagement <p>The ability to identify and then monitor improvements to the health of the patients is vital to demonstrating success. It is absolutely correct that patient data is kept secure and anonymous. However, if improvements are made to the home with the specific purpose of delivering health benefits to the resident, the CCG needs to be able to monitor that and know they can access the data with the specific permission of the patients involved. Currently the procedural demands to access the patient data to monitor improvements to health are almost prohibitive. If Housing Associations or Local Authorities are involved it must be understood and acknowledged that they are regulated to an incredible degree so can be trusted with absolute confidence to respect any information which the CCG is capable of sharing with them.</p> <p>Without that absolute evidence, which will take time to generate and is needed</p>	<p>issues. Recommendation 5 addresses the assessment of service users. This would include groups with long term medical conditions.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			to give the results statistical significance it will be very difficult to truly engage the CCG's or the Directors of Public Health who are the key stakeholders in this area.	
Gentoo	General		<p>Looking at any of the above in isolation is a missed opportunity</p> <p>The consultations gives the impression that the approach will be purely based on a random identification process. Once the patients either presents themselves at their GP or Hospital or if they are lucky enough that a health care or housing professional who has had the training identified in the consultation visits their property. The opportunity exists to design a more targeted approach so patients with long term medical conditions exacerbated by cold damp homes can be contacted to see if indeed their homes are preventing affective management of their condition.</p>	<p>Recommendation 4 addresses the use of existing data to provide better intelligence about who is likely to be at risk and to address any issues.</p> <p>Recommendation 5 addresses the assessment of service users. This would include groups with long term medical conditions.</p> <p>We hope that this guideline will support the development of systematic approaches to dealing with this issue</p>
Gentoo	General		<p>How will success be demonstrated? At Gentoo we have a pilot which is allowing GP's to prescribe boilers and other home improvements to patients whose conditions are affected by cold and damp.</p> <p>The criteria we are using in partnership with our CCG looks to define success</p>	<p>Thank you. NICE guidelines are routinely considered for update after publication and we hope the outcomes from</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>is though:</p> <ul style="list-style-type: none"> • Reduction in face to face appointments with the GP • Reduction in prescription costs • Reduction in elective admission • Reduction in non-elective re-admissions • Reduction in community nurse engagement 	<p>your work is published so that it can help inform future developments.</p>
Gentoo	General		<p>The ability to identify and then monitor improvements to the health of the patients is vital to demonstrating success. It is absolutely correct that patient data is kept secure and anonymous. However, if improvements are made to the home with the specific purpose of delivering health benefits to the resident, the CCG needs to be able to monitor that and know they can access the data with the specific permission of the patients involved. Currently the procedural demands to access the patient data to monitor improvements to health are almost prohibitive. If Housing Associations or Local Authorities are involved it must be understood and acknowledged that they are regulated to an incredible degree so can be trusted with absolute confidence to respect any information which the CCG is capable of sharing with them.</p> <p>Without that absolute evidence, which will take time to generate and is needed to give the results statistical significance it will be very difficult to truly engage the CCG's or the Directors of Public Health who are the key stakeholders in this area.</p>	<p>Thank you. Issues of access to data are important and this is addressed in recommendation 4. However, protocols and agreements about data sharing should be reached locally.</p>
Hambleton District Council	General		<p>Welcome this guideline as we as a local authority have developed and run a pilot project to address fuel poverty and health issues, and the local CCG would not provide any (even limited) funding to this claiming lack of evidence</p>	<p>Thank you.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and that they did not have the capacity to do so, it was not one of their priority areas. The existence of this guideline will be very helpful to us in making the case that this is what they should be doing anyway.	
Hambleton District Council	0.1	1	- Re-word the paragraph after the bullet points: addressing cold homes is likely to require an increase in fuel use.... I would add examples of other social benefits that may result e.g. improved attainment / achievement at work & school, better nutrition (more money left for food), and reductions in social isolation (more money left to go out, home warm enough to invite others in). In the last paragraph on this page I would emphasise that year-round preventative action is generally cheaper than emergency care & repairs to rectify such problems.	This paragraph has been amended to say 'improvements to make homes warmer may also help reduce unnecessary fuel consumption (although where people are living in cold homes because of fuel poverty their fuel use may increase).'
Hambleton District Council	1.1	4	- When assessing how homes should be improved, they must always meet the Decent Homes Standard, any Category 1 hazards from the Housing Health & Safety Rating System are addressed immediately, and measures are put in place to address any Category 2 hazards in the near future. Better enforcement rights may therefore be required by Environmental Health officers, and an emergency improvement funding pot put in place where one does not already exist. - Planning should also include Council services & their providers.	Thank you. Resourcing and funding are beyond the remit of NICE.
Hambleton District Council	1.2	5	- In referral & co-ordination services, Council services (both County and District level in 2-tier authorities) should be mentioned: they interact with residents re. a significant number of relevant services e.g. single person Council tax discounts, advice, housing etc.	Thank you. The complexity of local authority structures has been added to the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				considerations section. The committee felt that the most appropriate approach was to recommend the HWB ensure services are in place.
Hambleton District Council	1.2	5	<ul style="list-style-type: none"> - As well as providing access to services, there may be a need to cover costs of these if they do not already exist or require support. - Work with a person to identify problems of living in a cold home should also involve their carers – both formal and informal. - Both the resident and the carers should also be aware of action they should take to mitigate the risk of living in a cold home until the works required can happen, so the resident stays safe. 	Thank you. Local funding is beyond the remit of this guideline. Coordination and awareness of actions are addressed in recommendation 2.
Hambleton District Council	1.3	6	<ul style="list-style-type: none"> - Heating / insulation programmes including those which are available from energy suppliers implies that this should not be the only option available. As energy company funded options have dramatically reduced recently, this alone is unlikely to be sufficient, so funding may be required to supplement this. Similar for tailored solutions to meet specific needs, as off-the-shelf “easy to treat” options are all that funding is available for. - Claiming all due benefits does not necessarily lead to additional help – though work should be done to ensure such issues are mentioned by benefits agencies when people are newly approved for the benefit – but it often leads to eligibility for extra help. The problem is that many people remain unaware of this. 	Thank you. Local funding and resourcing is beyond the remit of this guideline. We have amended the reference to claiming benefits to clarify this point.
Hambleton District Council	1.4, 1.5	7	<ul style="list-style-type: none"> - Very welcome that it will be required to include patients’ risk of ill health from a cold home in their records. Taking action may / should require asking the patient’s permission to refer them – and pass on any necessary info regarding 	Thank you. Please note that the recommendations are

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>their condition - to the relevant agency / referral service.</p> <ul style="list-style-type: none"> - The list of people vulnerable to cold does not (and should) include those who are frail, or for any other reason are more vulnerable to trips and falls (as cold makes people stiff & less agile / dextrous). 	<p>not 'requirements'. The list of vulnerable groups is now in recommendation 2. It includes older people and those with disabilities.</p>
Hambleton District Council	1.6	8	<ul style="list-style-type: none"> - The responsibility for taking action to improve someone's health may need to also involve the local Home Improvement Agency, local authority, or a voluntary sector scheme. It should also co-ordinate with the local Home from Hospital type scheme. - Awareness should also be raised of the person at risk's carers – both professional and informal - of action, persuasion, explanation etc. they may need to undertake to ensure the vulnerable person gets / stays safe & healthy. - The first action for those visiting vulnerable people is that they need adequate awareness / training to be able to raise the client's awareness of cold homes issues. - Ensure carers, both formal and informal, are offered training/support from a local carers organisation trained in cold-related illness issues. 	<p>Thank you. This recommendation links to the single point of contact service outlined in recommendations 2 and 3, as does the recommendation relating to discharge (recommendation 7)</p>
Hambleton District Council	1.7	9	<ul style="list-style-type: none"> - Reference to new technologies must recognise that for people in rural areas with no/ poor mobile data signal and no wi-fi / broadband internet connection, this will not immediately be feasible (the reason roll-out of smart meters was delayed). Other interim lower tech solutions should be considered e.g. temperature monitors which send a text to a relative or carer if the temp drops below a critical level, and colour-change thermometers for the resident themselves to use. - Renewable technologies may also be the most suitable & cost-effective solution for those in fuel poverty/cold homes especially in areas off the mains 	<p>Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			gas network and in hard-to-treat homes.	
Hambleton District Council	1.8, 1.10, 1.6	9, 10, 8	- On the last point under Recommendation 8, unless the heating is not working resulting in zero heat – in which case the patient should not be discharged - it is unlikely that replacement heating or insulation could be fitted so quickly without delaying discharge from hospital, so it may be that some works will need to be carried out within a specific time period of the patient's discharge. Perhaps any long-term issues with the home should be investigated as soon as the person is admitted to hospital to give more time, or local contractors could be paid to be on call to do such jobs quickly.	Thank you. The recommendation now suggests assessment could take place soon after admission or when planning a booked admission.
Hambleton District Council	1.9, 1.10, 1.6	10, 8	- Professionals must not only be trained to raise the issues of living in a cold home, but also to recognise the signs of it in those who are trying to hide their situation through fear / pride / distaste for discussing financial issues, e.g. via unscheduled appointments. - For clarity, Recommendation 10 should appear just before recommendation 6. - At-risk groups should also include & mention those suffering a wide range of illnesses, particularly respiratory and circulatory.	Thank you. This is included in recommendation 5. The committee felt that the order of the recommendations was appropriate. Please note that they will also be made available on the NICE website via a 'pathway' and so the numbering will be of less importance. At risk groups also include those with cardiovascular and respiratory conditions (see rec 2).
Hambleton District Council	1.11, 1.12, 1.6	11, 8	- Recommendation 11 should, for clarity, also appear before recommendation	Thank you. The

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>6.</p> <ul style="list-style-type: none"> - It should be spelled out that the bullet points listed should be required as part of the contracting / procurement process for contractors who will be going into homes of vulnerable people. - The last point under rec. 11 should be expanded to ensure that those they identify are referred for help, by them or their company. - Up-to-date information should be available both online and in paper format at NHS locations, plus should also be given verbally directly from staff for those with cold-related / worsened illnesses. - Local support should be engaged and worked collaboratively with to ensure an effective and holistic referrals service is provided, with the requisite permission of the patient referred. 	<p>committee felt that the ordering of the recommendations was appropriate. Please note that the recommendations will also be available on the NICE website as a 'pathway' in which the numbering may be less significant.</p>
Hambleton District Council	1.13	12	<p>Regarding recommendation 13, if existing powers do not go far enough, it may be that enforcement ability and funding may need to be improved to enable Councils to undertake emergency work on a landlord's behalf (and at their expense) should they refuse to meet the required standard. Should a property remain defective / with a Category 1 hazard then the resident should be re-housed.</p>	<p>Thank you. We hope that the recommendation (now 12) will encourage greater enforcement action.</p>
Hambleton District Council	2.3	13	<ul style="list-style-type: none"> - Rec. 2 should involve working with local authorities – who should be doing this as part of their Home Energy Conservation Act (HECA) report requirements. - Rec. 3 should involve work with (local & national) advice organisations to ensure people are made aware of any help available and referred to it. Our local referral scheme also involves the CAB giving best tariff, benefits, budgeting & fuel debt advice. - Rec. 4 requires working with local authorities – they should already be doing targeting as part of their HECA report action – collaboration will cut cost & prevent duplication of effort. 	<p>Thank you. This section aims to identify key organisations who will be taking the lead in implementing the recommendations. It is likely that they will need to engage with wider professional networks. The committee felt that</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				addressing recommendations to HWB specifically rather than to local authorities more generally would be most likely to achieve action.
Hambleton District Council	2.3	14	<ul style="list-style-type: none"> - Rec. 7 should work with mobile phone and broadband network companies who are enabling such technology especially in rural areas where new physical installation is needed. - Rec.n 8 should include the voluntary sector, as this is who run the “Home from Hospital” service in our area. 	Thank you. Please note recommendation has been moved to the research recommendations. This section aims to identify key organisations who will be taking the lead in implementing the recommendations. It is likely that they will need to engage with wider professional networks.
Hambleton District Council	2.3	14	<ul style="list-style-type: none"> - Rec. 12 should also mention local authorities – who should be doing this sort of activity as part of their HECA requirements – and the voluntary sector who support so many areas of society with advice and support whether in their homes or outside. - Rec. 13 should involve letting & estate agents to ensure standards are met at point of rental / sale. Awareness raising is needed for ALL visitors to a property (particularly NHS staff and carers to report sub-standard living 	Thank you. This recommendation is about provision of advice from central bodies. The recommendation is aimed at those with a particular responsibility

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			conditions due to building / trading standards not met.	in the area. Other recommendations address the need of wider organisations to be aware of and to act on the issues.
Hambleton District Council	3.2	16	In the bullet points re. housing conditions, the third point should emphasise the cost of fuel available to the resident , as in areas off mains gas people may be restricted to more expensive fuels. There may also be specific purchase requirements e.g. paying upfront for a whole oil-tank fill to get a discount price via an oil-buying co-op - may not be practical for those on low income. A cheaper fuel type may technically be available but only as a result of costly works to switch e.g. those in areas with gas mains who are not connected, those without (full) central heating using solid fuel fire(s) / storage heaters.	Thank you.
Hambleton District Council	3.3	18	Wording issues, for clarity, on line 3 rather than talking about housing in general it would make more sense to talk about keeping a home at a given temperature. Also on 3rd line from bottom of page, it would make more sense to word the sentence "The study found that all households generally consume less fuel than it is calculated that they need, based on info from the English house condition survey.	Thank you.
Hambleton District Council	3.5	19	Verify the £6000 income per year figure: seems very low compared to other figures mentioned in fuel poverty work – c. £11k in Hills Review. For ECO eligibility via Home Heating / affordable warmth funding the cut-off is now £16,190, and £13,125 for the low income threshold.	Thank you. This section has been amended for clarity.
Hambleton District Council	3.6	20	In the Hills Review definition, people are said to be in fuel poverty if heating their home adequately costs more than average for their household type and paying the bill would leave them below the official poverty line. The part in bold should be added for clarity.	Thank you. The definition has been amended in line with the Hills definition..

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Hambleton District Council	4.9	23	When mentioning sickle cell anaemia it should be spelled out that this disease is more prevalent amongst some minority ethnic groups – otherwise it's not clear why this comment is relevant to point 4.9. In point 4.10, it is not mentioned that rural areas tend to have a higher proportion of older / heritage / hard-to-treat properties, of one-off designs so cannot easily form part of an area based improvement scheme (e.g. where whole terraces of town properties can be solid-wall insulated at once). There may be a higher % of homes where improvement works are restricted by village conservation areas of historic architectural character, and individual listed buildings.	Thank you. The reference to sickle cell anaemia has been removed. While there may be differences between urban and rural properties these are not universal. Many urban areas have properties which are hard to reach or in conservation areas. It will be necessary for local bodies to identify the issues that affect their area and populations.
Hambleton District Council	4.12	24	Dr Bernard Stafford, Visiting Research Fellow at the Centre for Health and Social Care Research, Sheffield Hallam University did a study into the social cost i.e. economic impact of cold related death & illness. This was based on statistics for Sheffield but could easily be scaled up to UK level. It may be worth you making contact with him for further information re point 4.12. Particularly, he found that time off work with stress / depression and other cold-related sickness in working age people was the major economic impact, hence any studies which specifically exclude such considerations may not be giving a correct indication.	Thank you.
Hambleton District Council	4.14	24	- Under 4.14, often those most at risk of health problems from cold so in need of energy company funded help are not eligible for it, or the specific works they need doing do not attract funding. Therefore further work will be required	Thank you. Eligibility criteria for funding is outside the remit of this

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			to get the eligibility criteria changed to ensure those most at risk are eligible, or alternative provision / funding must be set up to fill this identified gap.	guideline.
Hambleton District Council	4.16, 4.17	25	<ul style="list-style-type: none"> - Point 4.16 suggests that the winter fuel payment and Warm Homes Discount alone are not cost effective solutions to cold-related illness. This implies that policy work should be done with government to make such payments temporary until energy efficiency works can be carried out on a home to bring it above a specific SAP standard. - In point 4.17 those with homes that are hard to heat should mention / highlight those in rural communities who are not on mains gas: their fuel costs are necessarily higher, and there may be a higher incidence of older hard-to-treat property construction. - This point also mentions lack of access to information about aspects making people more likely to suffer adverse effects from cold. The main credit reference agencies (Equifax, Experian and Callcredit) may have info on specific households re. low incomes. For info on both Lower super-output area scale incomes and home energy efficiency data the Energy Saving Trust have a modelled information database which can be used for indicative targeting purposes. Landmark also hold actual home Energy Performance Certificate information (required when a property is sold or rented, so accurate) on a significant proportion of homes. This data is available but at a cost. Some local authorities may have purchased this data for their areas, or may wish to collaboratively purchase them with health authorities for a price reduction. This will help meet targeting needs both for health and energy efficiency for LA HECA report work. LA's may also benefit significantly from access to (anonymised) health stats for their targeting purposes of winter weather work 	Thank you. National policy issues are outside the remit of this guideline. Mains gas is identified in relation to hard to heat homes in the glossary. Access to the information you identify may be useful to develop local strategies as indicated in recommendation 1.
Hambleton District Council	4.18, 4.22, 4.24, 4.25, 4.26	26, 27	- 4.18, as a result of disabled people often needing more heat, ensure they are eligible for, and aware of, support / funding available. Policy changes may be	Thank you. National policy, including the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>required to this end.</p> <ul style="list-style-type: none"> - 4.22, lack of consistency is indeed a significant problem from a delivery of improvements point of view. If the health bodies can add their voice to urge government to make and stick to longer term plans and funding arrangements for fuel poverty alleviation and energy efficiency improvement schemes. - 4.24, health professionals & carers may therefore need training in how to spot this, e.g. unscheduled visits & other physical signs. - 4.25, in our area the trusted intermediary has been the local Home Improvement Agency. They carried out questionnaires identifying improvement needs, and organised and supervised contractors. Health boards could build this type of work into HIA contracts. - 4.26, it would help to spell out here examples of more enduring ill effects of cold homes. 	<p>provision of funding is beyond the remit of this guideline. Training is addressed in the recommendations.</p>
Hambleton District Council	4.28	28	<ul style="list-style-type: none"> - Again, practicalities of smart meters working in rural areas with no mobile data signal or wi-fi / broadband internet. Other technology should be investigated in the interim e.g. temperature sensors that send SMS messages to a carer when it gets too cold, simple temperature displays for the householder themselves to refer to. 	<p>Thank you. Please note that the research recommendations include issues relating to new technology.</p>
Hambleton District Council	4.30, 4.31	28	<ul style="list-style-type: none"> - 4.30, where new equipment is installed that householders must interact with to get most benefit, it must be explained to them simply and clearly on installation, and at regular intervals afterwards. This may require smart meter installers to have training, particularly those who will be visiting vulnerable & elderly householders. - 4.31, cost is a major barrier, particularly in areas without mains gas, or rural areas with stone / solid wall properties, especially as many of the improvements required do not attract energy company funding e.g. room-in-roof insulation, no central heating. Solid wall insulation attracts partial funding but a significant outlay is still required from the householder, which may not be 	<p>Thank you. The considerations section identifies key areas discussed by the committee. It does not include recommendations.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			possible, plus this and other types of work require major upheaval which may not be desired.	
Hambleton District Council	5.1, 5.2, 5.4	29	<p>- 5.1, Analysis of databases such as EPC and EST data on home energy efficiency, correlated with health data.</p> <p>- 5.2, this should also cover storage requirements in lofts. Loft clearance funding may be made available, but if the resident wants to continue to use their loft for storage, loft clearance, board lifting, joist raising, insulation, re-boarding and replacement of possessions into the loft may need funding. Fear of strangers in the home and of major disruptive building works should also be considered. Fear of fuel types that are new to them e.g. gas, LPG, renewable energy, and fear of new technology that they don't understand (and hence won't touch / use) could result in new heating / controls going unused and so not improving the situation / making it worse.</p> <p>- 5.4, from an energy efficiency point of view, it has been asked whether – if people can afford it – they will keep their home too hot and wear less? Of course for those who still cannot afford the basics, whether they will take the savings on energy bills and use them to buy food, clothes and other essentials instead.</p>	Thank you. We hope the research recommendations will encourage action to answer these and similar questions.
Hambleton District Council	7	31	Should the list of hard-to-heat homes include those that have no central heating / only one main fire? This certainly makes homes harder to treat. Conservation areas (areas of historic architectural character) in villages and older parts of towns can also limit external and window improvements, and also cause bureaucratic delays to improvement projects as planning permission must be applied for.	Thank you. Lack of connection to the gas grid and listed architectural features are included in the definition.
Hambleton District Council	8	35	It might be useful to consider projects elsewhere in the world if any similar health improvement work via insulation has been done e.g. Sweden, Germany – in this case it may be relevant to search publications in the language of the respective country, otherwise key evidence could be missed.	Thank you. International evidence was included, however in line with other NICE guidelines

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				evidence reviews were restricted to English language.
Hambleton District Council	9.3	40	The economic modelling states that in some cases, covering the full cost of the intervention could potentially be justified on the basis of health benefits. It would be very helpful from a delivery point of view if this type of situation could be clarified so the case can be made for vulnerable / at risk people, particularly those in hard-to-treat homes who need work doing that does not attract energy company funding.	Thank you. Full details of the economic modelling can be found the report which is available on the NICE website.
Hambleton District Council	10	41	Point 3, second sentence does not make sense to me. It implies heating the indoor temperature a lot may increase outdoor temp, which we may be attempting with climate change but I suspect this is not what was meant. If not, rewording is required.	Thank you. This has been amended.
Hampshire County Council	General		The County Council is very encouraged by the development of this draft guidance and is fully supportive of the approach and recommendations included within. We are pleased to note that the guidance appears to strongly corroborate our ongoing work that we are delivering through our 'Hitting the Cold Spots' project; along with the approach that we have taken. We would be very interested in sharing our learning with others and helping to develop this guidance further. Further information on the current scheme www.hants.gov.uk/cold-spots . The County Council is also currently drafting an Excess Winter Deaths (EWD) and Fuel Poverty Strategy which we would be happy to share once complete.	Thank you.
Hampshire County Council	1.2	5	The County Council would like to see not only feedback on the actions and outcomes to the referring professional agency, but request general, robust evaluation of the health and wellbeing benefits of maintaining warm homes to reflect the positive outcomes of providing practical solutions.	Thank you. Please see research recommendations (section 5) for additional material on evaluation.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Hampshire County Council	1.5	7	While the County Council supports the proposal to ensure that Health & Social Care Professionals should 'make every contact count'; there is no indication given as to how these professionals will be equipped to do this. Also the 'duty' should be placed on all groups (not just CCGs) - commissioners and all providers of health and social care. NICE should also outline the training required as well as the specific actions to be taken by these different groups. Examples of good practice/case studies would also be helpful. Our concern is that if no external financial resources are committed to this, there is a high likelihood of the outcome not delivering against the objective of this recommendation.	Thank you. This recommendation is linked to recommendations 2 and 3. Where there is a concern, action could be to refer to the single point of contact service. NICE recommendations are not requirements.
Hampshire County Council	1.5 final bullet	8	The County Council supports the suggestion to record actions in people's notes and the sharing of this information; however to date there have been ongoing concerns around the sharing of individual personal information, particularly between different organisations such as between the NHS and local authorities. It would be useful for the guidance to make reference here as to how this issue might be dealt with within the boundaries of the Data Protection Act and other relevant legislation.	Thank you. It is important that these issues are addressed locally, as indicated in recommendation 4. The committee noted that there are examples of where this has been achieved locally.
Hampshire County Council	1.7	9	In the suggestion that opportunities for new electronic systems be used; we would caution that this may inadvertently lead to higher electrical bills and therefore greater debt and fuel poverty issues for individual residents. In addition, how would the cost of installing such systems be paid for? Local Authorities, including those who have the public health function do not have the financial resources; we would suggest that provision would need to be made nationally to fully fund these measures and their install (if they are agreed) without placing additional financial burdens on local government and	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			local health providers.	
Hampshire County Council	1.8	9	The County Council fully supports ensuring that at-risk patients have warm homes to return to are included within hospital discharge plans, but are concerned as to how this will be resourced as the resource needs for implementation of this approach are likely to be high. Therefore, the referral procedures and funding will have to be considered and we would suggest expanded upon within the guidance.	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked admission. Local funding and resourcing are beyond the remit of this guideline.
Hampshire County Council	1.9	10	We would suggest that any training on this subject be included as part of an accredited CPD programme for health and social care professionals. Not only will it assist in the credibility of the work programme going forward, but it will also ensure a consistent and standardised approach for dealing with the issues across the country.	Thank you. This has been amended to say 'training to support continuing professional development'.
Hampshire County Council	General		In addition to our comment for Recommendation 7, we suggest that the resourcing of training and any awareness raising for relevant professionals (as identified throughout the draft guidance) around EWD and fuel poverty will need to be funded centrally from national government or via the CCGs as local authorities are unlikely to be in a position to bear additional financial costs.	Thank you. Identifying the source of funding is not within the remit of NICE.
Chair of HECA East	1.1	4	Endorse this recommendation	Thank you.
Chair of HECA East	1.2	5	Endorse this recommendation	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Chair of HECA East	1.3	6	<p>Endorse this recommendation "Health and wellbeing boards and their partners ... should ensure the referral service: Access to insulation and heating improvement programmes and grants. (These should be led, or endorsed, by the local authority and include those available from energy suppliers.) ..."</p> <p>This recommendation should make it clear whether this refers to the Local Housing Authority [typically district and Borough Councils] or the Public Health Authority [typically County Councils] because in most of the country these will be different an autonomous authorities: blurring lines of responsibility will be detrimental to the aims of the guidance. It should be noted that staff and financial resources are not available for local grant aid programmes in many Local Authority Housing areas and Health and well-being boards may need to address this if they wish to see the issues addressed consistently.</p>	Thank you. The committee felt that as structures vary across the country the most appropriate target for these recommendations is the HWB.
Chair of HECA East	1.3	6	The recommended "one stop shop" will require access to a broad range of specialist skills and it is likely that these will be identified among partner agencies and tapped as required rather than being brought under direct control of a new agency. Nonetheless coordination and continuity will be a significant task.	Thank you. Please note that the final recommendations refer to a single point of contact.
Chair of HECA East	1.4	7	<p>Endorse this recommendation Whether this bears fruit will depend on consistent effective responses to the issues referred. Current funding approaches tend by their nature to focus on numbers of measures delivered not individuals. Responses need to map hard-to-heat homes AND vulnerable, hard- to-reach residents. Achieving numbers of measures delivered can by its nature bypass these highest need groups</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			that are the hardest work and more incentive many be needed.	
Chair of HECA East	1.5	7	Endorse this recommendation Consistent effective outcomes must be ensured or busy health and social care professionals will not see the value in doing this. The completeness consistency and resilience of systems for effective intervention to deliver improvements may need to be bolstered to provide them with assurance on this	Thank you
Chair of HECA East	1.6	8	Endorse this recommendation Consistent effective outcomes must be ensured or other contacts will not see the value in doing this. The completeness consistency and resilience of systems for effective intervention to deliver improvements may need to be bolstered to provide them with assurance on this	Thank you.
Chair of HECA East	1.7	9	Endorse this recommendation	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Chair of HECA East	1.8	9	Endorse this recommendation The completeness consistency and resilience of systems for effective intervention to deliver improvements may need to be bolstered to enable this recommendation to be actioned	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				admission.
Chair of HECA East	1.9	10	Endorse this recommendation The completeness consistency and resilience of systems for effective intervention to deliver improvements may need to be bolstered to ensure that such training is can be consistent and that professionsals seeking to trigger improvements are encouraged to persist by getting effective outcomes delivered. Superimposed on current provision, outcomes may be patchy.	Thank you.
Chair of HECA East	1.10	10	Endorse this recommendation Training alone may be insufficient. Such individuals will need support to maintain an interest. Feedback of evidence of effective responses resulting from taking an interest may be one mechanism that will assist.	Thank you. Please note that recommendation 2 includes monitoring and evaluation of the impact of actions taken and gives feedback to the practitioner or agency that originally referred the person
Chair of HECA East	1.11	11	Endorse this recommendation Training alone may be insufficient. Such individuals will need support to maintain an interest. Feedback of evidence of effective responses resulting from taking an interest may be one mechanism that will assist.	Thank you. Feedback is addressed in recommendation 2.
Chair of HECA East	1.12	11	Endorse this recommendation	Thank you.
Chair of HECA East	1.13	12	Endorse this recommendation, however: The potential role of Environmental Health Professionals in engaging with the private rented sector which has been growing and which by its nature is	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			amongst the most difficult of housing sectors to access is understated. Minimum legal standards alone are unlikely to achieve the aims of the guidance for private sector tenants. Effective consistent discretionary processes require to be bolstered to deliver in this sector: this will take time and money.	
Housing Learning and Improvement Network	1.1	4	Add reference to the work of the Building Research Establishment on stock conditions and modelling around poor quality housing. For example, on how this impacts on support older people and people with disabilities live at home. More at: www.bre.co.uk/page.jsp?id=1908 In addition, it is worth noting that the Housing Minister, Kris Hopkins MP, has recently commissioned URS and Demos to get a better research and evidence base on the housing needs and future policy developments for an ageing society.	Thank you. Wider issues relating to housing and health are outside the remit of this guideline. Please note that we hope to produce support tools for this guideline which may include resources such as this.
Housing Learning and Improvement Network	1.2	5	Add reference to Chartered Institute of Environmental Health's Housing, Health & Safety Rating System www.gov.uk/government/collections/housing-health-and-safety-rating-system-hhsrs-guidance Also consideration needs to be taken into account of implementation of Care Act and integrating this agenda with strategic market shaping opportunities. The draft regulations and guidance are currently out for consultation.	Thank you. This has not been added here. Reference to the Care Act has been added to the section on national policy.
Housing Learning and Improvement Network	1.3	6	Pleased to see the role of home improvement agencies recognised but would also like to see reference to DCLG's funded FirstStop Advice at www.firststopcareadvice.org.uk/ .	Thank you.
Housing Learning and Improvement Network	1.4	7	Cold homes are known to have an impact on circulatory and respiratory	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Improvement Network			illnesses, as identified this healthy homes assessment tool. Available at: www.housinglin.org.uk/Topics/browse/Housing/HousingStrategy/?&msg=0&parent=3656&child=1638 In addition, another essential resource is the DH/DCLG Hospital2Home resource pack, available at: www.housinglin.org.uk/hospital2home_pack/	
Housing Learning and Improvement Network	1.5	8	Again, add reference to healthy homes assessment tool at: www.housinglin.org.uk/Topics/browse/Housing/HousingStrategy/?&msg=0&parent=3656&child=1638	Thank you.
Housing Learning and Improvement Network	1.6	8	Again, add reference to essential tool – the DH/DCLG Hospital2Home resource pack, available at: www.housinglin.org.uk/hospital2home_pack/	Thank you.
Housing Learning and Improvement Network	1.7	9	There is growing use of Assistive Technologies and Building Management Systems to reduce risks from cold homes and wider applications such as falls detection. The Housing LIN Technical Brief on designing, assessing and delivering sustainable homes is a useful resource. More at: www.housinglin.org.uk/Topics/browse/HousingExtraCare/Commissioning/Design/?&msg=0&parent=1009&child=7380	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Housing Learning and Improvement Network	1.8	9	Again, add reference to essential tool – the DH/DCLG Hospital2Home resource pack, available at: www.housinglin.org.uk/hospital2home_pack/	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				planning a booked admission.
Housing Learning and Improvement Network	1.9	10	Care and Repair England have developed training based on the influential report, 'Healthier Homes, Healthier Lives'. More at: http://www.careandrepair-england-hhhl.org.uk/	Thank you.
Housing Learning and Improvement Network	1.10	10	Again, Care and Repair England have developed training based on the influential report, 'Healthier Homes, Healthier Lives'. More at: http://www.careandrepair-england-hhhl.org.uk/	Thank you.
Housing Learning and Improvement Network	1.13	12	<p>Following the Housing Standards Review, it is disappointing to note that the government's propose to wind down the Code for Sustainable Development. Furthermore, the construction industries 'Building for Life' criteria make no mention of energy efficiency or environmental impact which, for example, could lead to excess winter deaths.</p> <p>However, more encouragingly, reference should be made to the work undertaken by the All Party Parliamentary Group on Housing and Care 2012 inquiry, 'Housing our Ageing Population: Plan for Implementation' which explored in detail the key characteristics in designing new housing for older people that also takes into account ventilation, natural light and other features that offer 'care ready' environments. More at: www.housinglin.org.uk/Topics/browse/Design_building/HAPPI2/?parent=8649&child=8650</p> <p>In addition, there is specific work being undertaken by the University of Manchester's School of Architecture. A summary report on 'Building comfort for old age: Designing and managing thermal comfort in low carbon housing for older people' is available at:</p>	Thank you. The content of the Code for Sustainable Development is beyond the scope of this guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			www.housinglin.org.uk/Topics/browse/Design_building/EcoDesign/?parent=8581&child=9214	
Knowsley Council	General		<p>In general it was considered that the document was well written and would be useful to a range of relevant organisations. The emphasis on wider determinants of health including issues relating to income, fuel poverty and debt were well received. It was felt that the document covered the issues raised by Knowsley Council in the previous consultation on the document scope.</p> <p>One concern was the resources that would be required to enable the recommendations to be implemented and the source of these. The document could potentially recommend that budgets between Registered Providers, Local Authorities, CCG and other sources be pooled to tackle some of these issues.</p> <p>In addition, it was noted that there were no recommendations for clinicians/GPs and the role that they could play in identifying and offering support for those living in cold homes e.g. those with re-occurring respiratory problems including children with asthma.</p> <p>Knowsley has set up an Extreme Weather Planning Group which is a multi-agency group including partners from the Council, local Registered Providers and relevant local community and voluntary groups. The group meets to discuss the impact of extremes of cold and hot weather on the local population and works together to disseminate key messages and co-ordinate interventions. The group is well attended and has co-operated on a number of campaigns and trials of information cascading following the Cold Weather</p>	<p>Thank you.</p> <p>Identifying the source of funding or allocation of budgets is not within the remit of NICE.</p> <p>Recommendations 4 and 5 are aimed at health professionals (including GPs) and recommendation 7 is aimed at those involved in arranging discharge from care.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees Page

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and Heatwave Plans. Recommendation 1 could suggest that other areas develop similar groups.	
Knowsley Council	0.1	1	An additional goal (linked to number 4), could be to ensure residents 'achieve affordable warmth'.	Thank you. Achieving affordable warmth is closely linked to addressing fuel poverty and the suggested change has not been added. An additional bullet about improving energy efficiency of the home has been added.
Knowsley Council	0.1	1	The last line of paragraph 3 could note some other impacts associated with cold homes and young people, including potential for reduced educational attainment if, for example, only one room in the house is heated and homework is hard to complete.	Thank you. This is a brief summary only, further information is available in the evidence reviews and the hyperlinks included elsewhere in the guideline.
Knowsley Council	0.1	2	The guidelines should be for those working in housing, however, it could specific that they should be of interest to both public and private sector landlords aswell.	Thank you. Landlords would be included in those involved with housing.
Knowsley Council	1.1	4	The guidance could specify that any new strategy to be developed be aligned closely with existing Housing Strategies (which may cover some of the same information anyway). In addition, data from housing teams will be required to inform any strategy in relation types and areas of hard to heat properties,	Thank you. The recommendation includes consideration of other strategies. We

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			including caravan parks, to be targeted. This section could also mention identifying interventions from central government.	have avoided using named strategies as these may vary across the country.
Knowsley Council	1.3	6	As mentioned above, there is some concern about the resources which would be required to provide e.g. housing insulation and heating.	Thank you. Local funding and resourcing are beyond the remit of this guideline.
Knowsley Council	1.4	7	This recommendation could be strengthened by outlining how health and social care professionals access data in relation to cold homes – for example, partnership working with Registered Providers, local authority housing teams and energy officers.	Thank you.
Knowsley Council	1.5	7	Those with mental health conditions which put them particularly at risk from the cold could be mentioned, including those with dementia and Alzheimer's.	Thank you. Mental health conditions are included in the list of vulnerabilities. Please note these are now set out in recommendation 2.
Knowsley Council	1.5	8	The first point on pg8 could suggest the use of technology such as building fabric thermometers to ensure that the house is being heated well enough. The third point on pg8 could include a referral to Environmental Health for example if there is evidence of damp and mould in the property or to the local authority energy officer.	Thank you. The recommendation includes referral to the single point of contact service identified in recommendations 2 and 3.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Knowsley Council	1.6	8	Again, other referral pathways here could include to Environmental Health or the energy officer where appropriate.	Thank you.
Knowsley Council	1.9	10	All training should ensure that professionals are able to give clear and consistent advice, and dispel common 'myths' in relation to heating and energy efficiency.	Thank you.
Knowsley Council	1.10	10	Housing professionals to be trained should include Registered Providers and local authority officers. In addition, consideration should be given to training at private landlord forums or as part of landlord accreditation schemes.	Thank you.
Knowsley Council	1.11	11	It is particularly important to ensure that installers know to clearly explain to residents how to effectively use and maintain their heating systems or insulation after it has been installed. If someone has specific needs such as dementia, they may need ongoing help or a system in place to ensure that their heating is working in the long term. Installers should know where to refer people for this additional support if necessary e.g. community and voluntary sector organisations.	Thank you.
Knowsley Council	1.12	12	The last point on pg12 could include nutritional sustenance to facilitate keeping warm and healthy.	Thank you.
Lancashire Home Energy Officers Group	General		The Lancashire Home Energy Officers Group is a consortium of Local government officers from all the Lancashire authorities plus Lancashire County Council and Lancashire County Developments Ltd. The response to this consultation document is written on behalf of the group for the purposes of this exercise should be considered as 15 different responses for statistical counting purposes. It has been written in consultation with our colleagues in	Noted.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Public Health across Lancashire.</p> <p>In responding to this draft guidance we have drawn upon the experience of 14 local authorities as well as various voluntary agencies and Public Health. To place this response in context there are particularly severe problems within Lancashire of deprivation and fuel poverty with a high proportion of the 14 authorities in the top 50 of the worst areas in fuel poverty. The issue of delivering against this background particularly with a large number of small authorities has proven very challenging.</p> <p>National guidance might not always reflect local delivery issues.</p>	
Lancashire Home Energy Officers Group	General		<p>We welcome the introduction of this guidance as a starting point of bringing about recognition of the importance of the effect of cold homes on mental and physical wellbeing. Promoting discussion among health professionals, elected members, senior officers in local authorities and the Directors of Public Health should encourage a more coordinated and effective approach . We hope that by raising the profile of this issue that it will encourage a better and more equitable delivery of solutions to the problem.</p>	Thank you.
Lancashire Home Energy Officers Group	General		<p>Overall the document is ambitious in its aims and generally we are supportive of the direction it is seeking to drive delivery.</p> <p>However it is coming at a time when the main funding streams for the delivery of improvements has been severely impacted on by the ECO consultation to a point where funding is sparse and the ability for front line services to assist those most vulnerable has been decimated .The document contains many statements that assume that all parties involved with addressing cold homes have the same or similar aspirations. We have been trying to deliver against this agenda for many years and practically we have found that differing priorities in different sectors has meant that delivery has been sporadic. This is</p>	<p>Thank you.</p> <p>Funding and allocation of budgets is not within the remit of NICE.</p> <p>Local authorities are key elements in addressing</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>for a number of reasons including constant changes in government policy, inappropriate and inequitable delivery mechanisms and the profit motive taking priority over vulnerability in commercial organisations such as installers and energy companies.</p> <p>It concerns us that there is very little reference to local authority involvement within the “Who should take Action”. The local authorities and their departments have limited responsibilities as outlined in the draft guidance. In practice to date where these initiatives have been delivered successfully, the Local Authority has driven the agenda and has engaged in the broader issues of setting up referral networks, strategic planning and identifying people at risk etc.</p> <p>The issue of funding doesn’t appear to have been addressed perhaps intentionally, but not doing so misses the opportunity to highlight the need for a more coordinated approach to funding for this type of work. It is critical that the burden of installing measures falls in the most appropriate place and that delivery does not continue to depend on your postcode or the ability of Public Health to support the cost of installing measures, which is not consistently available either locally or nationally.</p> <p>In addition there needs to be recognition of the complications surrounding delivery in different local authority structures. Unitary and two tier authorities may need different approaches to make sure strategy and delivery work together.</p> <p>The guidance appears to break down the tasks into specific elements with</p>	<p>these issues, and departments or professionals in local authorities are identified as actors in several recommendations. In particular, recommendations are aimed at HWBs as overarching local authority bodies. These will need to involve a range of professionals in developing solutions.</p> <p>The complexity of action involving a range of partners is addressed in the considerations (see 4.27).</p> <p>Recommendation 1 tasks the HWB with developing the overall strategy to address the issue, including the incorporation in other relevant strategies and</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>particular agencies taking responsibility for their own roles. However we would suggest that consideration is given to who will take overall responsibility to ensure all the elements are delivered and how they can be consistently funded or this document will become purely a list of desirable outcomes rather than a practical solution to a growing problem.</p> <p>While Health and Wellbeing Boards are suggested as taking the Strategic Lead with this agenda is positive they cannot deliver in isolation without the strategic integration into a wider range of policy areas such as the local authority Housing Strategy and Registered Social Housing Providers at a group and local level.</p> <p>We would also consider it necessary to suggest within the guidance that certain roles and responsibilities around the referral network are made mandatory to ensure successful longer term engagement, services affected would need to be fully engaged in changes and cost implications considered.</p> <p>There are different types of tenures of housing and the guidance doesn't reflect the difference between those authorities that have retained their housing stock and those where an ALMO or registered provider have been established.</p> <p>Local Authorities are currently obligated to produce a HECA return every 2 years, with the next return due March 2015. The guidance needs to consider how to align the activity on that return with the Strategy developed using these guidelines. Within most Local Authorities the person for responsible for compiling the HECA report is likely to be the one who has a responsibility for Affordable Warmth and Energy Efficiency.</p>	plans.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			A local initiative called "Connect for Life" has been set up in Lancashire where GP advisors are embedded into 66 surgeries across the county to ensure patients are engaged with the issues around the wider determinants of health. This perhaps highlights the issue that there needs to be a separate recommendation around sharing good practice and structures that are making an impact on this agenda. This is carried out on a national basis for energy efficiency issues through the CAN network and CLASP on a regional basis.	
Lancashire Home Energy Officers Group	1.1	4	<ul style="list-style-type: none"> • It is important that the Health and Wellbeing Board works with practitioners from health and housing to inform and implement policy. • The quoted SAP band that properties should reach does not align with government policy and therefore there is a question over how this can be achieved particularly in the private sector without the ability to enforce. • The makeup of the Health and Wellbeing Boards presents an opportunity for consideration to be given to how resources can be best targeted to have the greatest impact for those that are most vulnerable. Also to ensure that the opportunity to support the cost of measures is considered to provide an equitable delivery that overcomes some of the issues brought about by the carbon funding methodology. • The 1st stage for strategic planning should be to identify what is already being delivered and by whom as well as areas of most risk. Please find attached of the Lancashire ECO/GD Study (**Appendix 1) that has been completed recently which has made an important step in achieving this. • Any strategy developed must take account of the market realities of delivery. It is suggested that the H and W Boards need to work 	<p>Thank you. It will be important for HWB to work with a range of partners. The committee were aware of the proposed standards from DECC and felt that a more aspirational goal was appropriate in this guideline.</p> <p>Recommendation 1 includes identification of local actions.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>closely with the staff within the local authorities who have a detailed understanding of delivery mechanism and where there are gaps.</p> <p>* It was noted post completion of the document that you do not accepted attachments. Should you wish these by separate email then please contact stuart.pye@blackburn.gov.uk</p> <p>** Please do not share this study it contains commercially sensitive information</p>	
Lancashire Home Energy Officers Group	1.2	5	<ul style="list-style-type: none"> Not all the services mentioned as being part of a potential referral network are available in all areas particularly the smaller local authorities. Before commissioning anything new it seems sensible to map what already exists to avoid duplication and find best practice. It is advisable that any referral mechanism has a built in mandatory obligation otherwise in times of cuts, as at the moment, discretionary services are the first to be impacted. Although clearly cost implications need to be considered and steps taken to ensure mandatory systems, do not turn into targets that lack a genuine focus on supporting individuals. It is also advisable to make the referral mechanism mandatory within an individual's job role and responsibilities. Otherwise the process will only be as effective as the willingness of the individual and as they have many conflicting priorities it could potentially be overlooked. A referral service will only be as effective as the funding that is available to install measures. The volatility and unreliability of all funding streams means the referrers lack confidence in the whole 	<p>Thank you.</p> <p>Recommendation 1 on planning includes identifying relevant local interventions and providers.</p> <p>NICE is not able to mandate actions.</p> <p>Local funding is beyond the remit of the guideline.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			process which in turn leads them to stop referring.	
Lancashire Home Energy Officers Group	1.3	6	<ul style="list-style-type: none"> Where would this sit particularly in 2 tier local authorities. The health element along with the health and Wellbeing boards sit and are managed by the upper tier authority whereas the housing and other associated functions sit within the lower tier. We recognise the intention that the guidance is phrased in such a way as to allow local interpretation but in this instance feel the guidance should be more prescriptive about what level the service is provided at. The recommendation refers to a local health and housing service however many local authorities no longer have a housing function with any element that is dedicated to Energy Efficiency or the problems of Affordable Warmth. It might be worth considering whether areas could join together across a wider geographical footprint. Currently there are no meaningful heating and insulation schemes available for the vulnerable for the reasons stated in "Summary of Comments Paragraph 1" Training must be of a minimum standard if proper advice is to be given. This can be costly and requires adequate and consistent funding. Inadequate advice can be worse than none! 	The intention is to recommend that HWB ensure that the service is in place. This is likely to mean engagement with others in local authorities, however this often the case in the work of HWB.
Lancashire Home Energy Officers Group	1.4	7	<ul style="list-style-type: none"> This assumes that the data exists and that it is joined up, that there are data sharing protocols in place and that there is the means to rationalise this data in a meaningful way. Moves towards such a system need to fully involve the relevant services. The Lancashire Study mentioned previously (recommendation 1 paragraph 4) was commissioned through the DsPH as this was the only means of carrying out the identification referred to in the recommendations. 	<p>Thank you. There will be practical issues of the sort mentioned that will need to be addressed.</p> <p>Although the committee noted the impact of cold on the homeless,</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<ul style="list-style-type: none"> Whilst we recognise the predominant work is around health problems within “homes” we consider important to include within the document recommendations relating to the major health impacts of cold on the homeless and they can be best addressed. 	addressing their needs is beyond the scope of this guideline.
Lancashire Home Energy Officers Group	1.5	7	<ul style="list-style-type: none"> There should be a mandatory element of the job role for front line staff, recognising that moves towards mandatory roles need to take into account cost implications for frontline services and they should be involved in any changes. The focus should be on helping people to get the support they need, and not on referral targets. The process needs to be simple and quick but managed effectively. A new multi agency referral form developed for use in Blackburn demonstrates the simplicity of the data capture and the broad range of access to the wider determinates of health. (Appendix 2) 	Thank you. NICE does not have a remit to mandate actions or recommendations.
Lancashire Home Energy Officers Group	1.6	8	<ul style="list-style-type: none"> We feel that elements of this point are extremely aspirational particularly in relation to expecting commercial private sector organisations to make referrals into services. It is our experience that even when working with companies whose main business is delivering in the ECO market there is no incentive; insufficient funding and lack of will to cross refer. Greater control could be brought to this element where there is the ability for the local authority to write it into the service specification. 	Thank you. The aim of the guideline is to encourage and support effective action. Inclusion in local authority specifications is one option that local services may want to consider.
Lancashire Home Energy Officers Group	1.7	9	<ul style="list-style-type: none"> This is a commendable ideal however given the market there is little opportunity to make it a reality for the vast majority of residents who are vulnerable and cold. 	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Lancashire Home Energy Officers Group	1.8	9	<ul style="list-style-type: none"> We are particularly supportive of work in this area as we recognise its importance. The guidance should consider the use of temporary solutions pending a long term resolution. It is not always practical to address the problem quickly. There also needs to be a means of making these referrals a priority in the system. A key element of hospital discharge is control by the NHS but they are not included within the “who should do what” section. This should be reconsidered. One barrier to delivery in this area is that hospital, local authority and Public Health boundaries don not always align and there is a subsequent reluctance for the NHS to deliver differing discharge protocols form different areas. We have evidence around this issue when trying to deliver the Warm Homes Healthy People Fund where there was reluctance for the NHS to distribute Warm packs on discharge. Discharge teams do not visit homes and therefore are invariably not aware of the conditions that the patient is being discharged into. Not always practical or even possible to make sure heating is working quickly or if other remedial works are required that these fit within the timescale required by the discharge team. Could set up the provision of emergency solutions but for the client group we are encountering their ability to pay for this provision is limited. DECC are proposing a consultation on Affordable Warmth and we suggest that NICE as an organisation respond particularly around 	<p>Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked admission.</p> <p>The recommendation is targeted at those arranging and helping with discharge. There are practical problems to be overcome, including the variety of boundaries that may be involved. However, discharge teams will be familiar with this issue and well placed to address it. The recommendation includes referral to the single point of contact service where extensive actions are needed.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			issues such as hospital discharge and minimum SAP standards.	
Lancashire Home Energy Officers Group	1.9	10	<ul style="list-style-type: none"> Training needs to be appropriate and effective and there should be a national minimum benchmark that it should be measured against. Misinformation can exacerbate an already bad situation for a vulnerable person. Anecdotal evidence suggests that electronic training around a prescribed set of questions is wholly inadequate. 	Thank you. This has been amended to say 'training to support continuing professional development'.
Lancashire Home Energy Officers Group	1.10	10	<ul style="list-style-type: none"> We would support the identified training but it needs to recognise the complexity of the market in which delivery takes place such as SAP calculations, lifetime savings, eligibility, tracking of legislative changes, funding models etc 	Thank you.
Lancashire Home Energy Officers Group	1.11	11	<ul style="list-style-type: none"> This is felt to be extremely aspirational and our experience of installers and providers is that often their training needs are better directed to their area of expertise rather than trying to identify vulnerability. 	Thank you. The recommendation aims to support people in developing appropriate levels of understanding of the risks and what steps may be taken to address concerns.
Lancashire Home Energy Officers Group	1.12	11	<ul style="list-style-type: none"> Not sure why DECC would be involved with this recommendation as their remit does not seem to include direct intervention at delivery level. DECC should be lobbied to ensure they drive appropriate delivery of this agenda effectively as possible 	Thank you. DECC have a role in providing relevant information.
Lancashire Home Energy Officers Group	1.13	12	<ul style="list-style-type: none"> Whilst there is a regulatory framework in place with local authorities having the power to take action, the cuts have been so severe that there are problems in taking enforcement action. 	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<ul style="list-style-type: none"> It is reported to us that most enforcement work is reactive rather than proactive Within the guidance we would suggest that it needs to recognise the role of housing standards teams delivering in the private rented sector and the potential improvements that can be achieved with initiatives such as selective licensing. It also needs to recognise that local authorities will rarely if ever use enforcement against owner occupiers. 	
Lancashire Home Energy Officers Group	2.2	13	<ul style="list-style-type: none"> The list is too prescriptive in that any organisation looking at it might interpret it as they don't need to take action because they aren't included in certain recommendations. Local Authorities and their departments have limited areas where they are identified for action, in reality those local authorities that are actively working on this agenda are arguably working across every one of the recommendations. Within the list there appears to be some notable omissions, for example CCGs, Registered Providers, HIAs, Emergency Services such as fire and police 	<p>Thank you.</p> <p>This section aims to identify key organisations who will be taking the lead in implementing the recommendations. It is likely that they will need to engage with wider professional networks.</p> <p>The committee felt that addressing recommendations to HWB specifically rather than to local authorities more generally would be most likely to achieve action.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Lancashire Home Energy Officers Group	4.8	22	<ul style="list-style-type: none"> There is limited evidence as to what is the most effective solutions and it is suggested that NICE needs to work with Public Health England or any other appropriate body to gather a more robust body of evidence 	Thank you. We hope the research recommendations will help to add to the evidence base when the guideline is considered for update.
Lincolnshire County Council Directorate of Public Health	General		It is pleasing that NICE has recognised the link between cold homes, illness and death and these guidelines will highlight the issue to Clinicians. It is, however, unclear who else the target audience of the guidance is. For instance Recommendation 11 is aimed at tradespeople and Recommendation 13 at Building Control and Environmental Health officers. Is it incumbent on Health and Wellbeing Boards to disseminate the individual messages to these groups of people as it is unlikely they will pick them up otherwise?	The guideline is aimed at a range of target audiences, as indicated in section 2.
Lincolnshire County Council Directorate of Public Health	General		We feel the focus of the document being on the risks associated with cold homes, missed an opportunity for a holistic document on reducing excess winter deaths with a wider range of causes, e.g. falls outside the home and road accidents.	Thank you. While these are important the focus of this guideline is about cold homes. Full consideration of other issues would require consideration of a different evidence base and would be better considered as a separate guideline.
Lincolnshire County Council Directorate of Public Health	General		Much of these guidelines overlap with those developed by other agencies on fuel poverty and health. E.g. the UK Health Forum developed a toolkit in partnership with Public Health England (PHE) and the Faculty of Public Health	Thank you. We hope that these documents are complimentary in

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			(FPH) as well as Age UK and NEA (National Energy Action). Unless it is clear which document(s) takes precedence, it might lead to confusion. It has been commented that the UK Health Forum toolkit is basic but it goes into more detail than these draft guidelines.	advocating for action on cold homes.
Lincolnshire County Council Directorate of Public Health	General		There is an opportunity to now reference a raft of policy announcements just made by Government in the guidelines, relating to UK Fuel Poverty Strategy, the Energy Company Obligation (ECO), energy issues in park homes and private rented energy efficiency regulations; which weren't available at the time of drafting.	Thank you. Additional policy documents have been included.
Lincolnshire County Council Directorate of Public Health	General		Practitioners' don't need to be just told to "write an action plan" or "establish a referral service" but need good practice examples demonstrating how barriers to implementation can be overcome. This is a recurring theme through several recommendations.	We hope to publish implementation support tools alongside the guideline which may include practical examples.
Lincolnshire County Council Directorate of Public Health	General		The guidance would benefit from examples of how poor housing conditions have impacted on medical conditions throughout and how interventions have helped improve such conditions.	The reviews include evidence linking cold homes and conditions and the impact of interventions to address these conditions. It is not possible to include this detail in the guideline itself.
Lincolnshire County Council Directorate of Public Health	1.1	4	Recommendation 1 is aimed at Health and Wellbeing Boards. Make up and decision making delegated to these Boards varies from authority to authority. In order for the strategies and initiatives to be embedded in practice they should be signed up to by individual partners, particularly in two-tier local	Thank you. Local situations are likely to vary so will need to take account of these issues.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			authority areas.	
Lincolnshire County Council Directorate of Public Health	1.1	4	The importance of the energy conservation authorities (district councils in two-tier authority areas), who are mandated to report on progress under the Home Energy Conservation Act (HECA) needs to be highlighted.	Thank you. Reference to HECA has been added to the context section.
Lincolnshire County Council Directorate of Public Health	1.2	5	Referral services using a 'Single Point of Contact' are important and should be commissioned by partners on the Health and Wellbeing Boards (e.g. Clinical Commissioning Groups) rather than left to disparate organisations to develop ad hoc and uncoordinated schemes.	Thank you.
Lincolnshire County Council Directorate of Public Health	1.2	5	For referral services to work it is important that effective feedback on individual cases is provided back to the referring professional or organisation, including the final tangible outcome.	Thank you. Feedback is included in recommendation 2.
Lincolnshire County Council Directorate of Public Health	1.3	6	Health and Wellbeing Boards have a huge remit and will need to identify an appropriate strategic sub group to take the lead on tackling cold homes.	Thank you. The mechanisms by which HWB address these recommendations is rightly up to the Boards themselves.
Lincolnshire County Council Directorate of Public Health	1.3	6	Emergency support seems quite restrictive from the example given. Perhaps reference to a crisis loan fund or emergency re-housing might be more appropriate in extreme cases.	Thank you. Access to short-term credit has been added as an additional example.
Lincolnshire County Council Directorate of Public Health	1.4	7	Clear guidance on the use of and sharing of data should be provided to agencies so that the ability to share when the health of occupants is at risk is not questioned.	Thank you. The committee noted that there are examples of where these issues have been addressed locally
Lincolnshire County Council Directorate of Public Health	1.4	7	Health and Wellbeing Boards should encourage the development of comprehensive household databases using existing and new data sets and	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			analysis of them. Public Health analyst teams are well placed to support this.	
Lincolnshire County Council Directorate of Public Health	1.4	7	There are other services less obvious than health and social care that are well placed to ask additional questions from those they do now and identify people at risk from cold homes. E.g. Referrals into services could be made on registration of births (meaning an infant will be resident) or deaths.	Thank you.
Lincolnshire County Council Directorate of Public Health	1.5	7	Recommendation 5 seems to assume contact is in the home. It is important to ensure that assessments in health centres, GP surgeries, hospitals and social care or voluntary sector settings also ask the right questions.	Thank you. There is no requirement for the initial contact to be in the home, however consideration of home circumstances will be necessary.
Lincolnshire County Council Directorate of Public Health	1.5	7	Paperwork used to 'assess' residents for services should include specific questions about the home environment to identify when homes are likely to be cold even if 'covered up' at the time.	Thank you. The recommendation includes awareness of actions to disguise a problem.
Lincolnshire County Council Directorate of Public Health	1.5	7	People who assess will need training to spot the signs that a home will be cold in the winter. They should ideally be able to support the client with things such as reading a meter or setting heating controls. If not, they should have a simple referral process to an organisation that can.	Thank you.
Lincolnshire County Council Directorate of Public Health	1.5	7	The wording of Recommendation 5 defining vulnerable groups in relation to pre-existing health problems misses the point that prevention is better than cure.	Thank you. The vulnerable groups are now listed in recommendation 2. It is important to identify groups who are more likely to suffer adverse

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				health outcomes from living in a cold home.
Lincolnshire County Council Directorate of Public Health	1.6	8	This is a laudable aim but difficult in practice. It is unclear in the guidance how those organisations and individuals mentioned in 'who takes action' can be facilitated and encouraged to do so.	Thank you.
Lincolnshire County Council Directorate of Public Health	1.7	9	Smart meters are some way off for all. In the meantime it is understood cold alarms can be activated in lifeline pendants linked to call centres.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Lincolnshire County Council Directorate of Public Health	1.7	9	The response to a 'cold alert' coming through to the response centre will need to be rapid and in some cases might not be a genuine emergency. Resources to address the call out <u>and</u> resolve the issue will need to be sufficient and robust.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Lincolnshire County Council Directorate of Public Health	1.8	9	It should be made clear in the guidance whose responsibility it is as part of the hospital discharge process to ensure the home is warm (e.g. Occupational Therapists). It is believed that social care does not take on responsibilities for a patient for some time after discharge.	Thank you. The recommendation is aimed at those arranging and helping with discharge.
Lincolnshire County Council Directorate of Public Health	1.8	9	Putting things in place in the home can take time to arrange. This could possibly be done within the patient's legitimate stay in hospital rather than delaying discharge. Potential to return to a cold home should, therefore, be identified on admission to hospital rather than prior to discharge. Guidelines	Thank you. This recommendation (now recommendation 7) has been amended to say

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			should state that patients are not to be discharged home until mitigation measures are in place.	assessment could take place soon after admission or when planning a booked admission. The committee discussed the importance of avoiding delays in discharge as this will have a significant cost in terms of bed availability and potential risk to a patient.
Lincolnshire County Council Directorate of Public Health	1.8	9	The home assessment should be extended to a wider range of hospital users (e.g. maternity services where a parent will be returning home with a new baby). This is not just about older people or those with medical conditions but children as well.	Thank you. The remit of this recommendation has been extended to cover discharge from health or social care settings.
Lincolnshire County Council Directorate of Public Health	1.8	9	For private sector households on low incomes there are limited schemes available with restrictive eligibility criteria and lengthy timelines to action. If this would unnecessarily lengthen a stay in hospital the guidelines could state that the local health and social care commissioners should consider putting funds in place to action the required measures fast.	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked admission.
Lincolnshire County Council Directorate of Public Health	1.9	10	The health effects of living in cold homes and what can be done to tackle the issue should be integral to health (GPs, nurses, etc.) and social care	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			professionals' basic training.	
Lincolnshire County Council Directorate of Public Health	1.9	10	Guidelines could include suggestions so that concerns over time commitment or costs associated with training (e.g. CPD accreditation) are addressed.	Thank you. This has been amended to say 'training to support continuing professional development'.
Lincolnshire County Council Directorate of Public Health	1.10	10	Training for voluntary sector staff and volunteers should be at no cost to them.	Thank you. This is not within the remit of this guideline.
Lincolnshire County Council Directorate of Public Health	1.10	10	Housing organisations should be encouraged in the guidelines to employ an affordable warmth specialist to support tenants.	Thank you.
Lincolnshire County Council Directorate of Public Health	1.10	10	Training will need to be provided on a rolling basis to cover turnover of staff and mechanisms for cascading of knowledge put in place. In order to trigger refresh training, local cold weather plans could include an alert mechanism in advance of the winter.	Thank you.
Lincolnshire County Council Directorate of Public Health	1.10	10	Development of online training modules could be developed to reduce costs and the need to attend from remote locations.	Thank you.
Lincolnshire County Council Directorate of Public Health	1.11	11	This recommendation covers trade people covered by their own bodies' regulations. Guidelines directed at these bodies might be appropriate.	Thank you.
Lincolnshire County Council Directorate of Public Health	1.11	11	Reference to detection of problems (i.e. installing smoke and carbon monoxide detectors) and mitigation against the need for increased ventilation could do with being addressed.	Thank you. Ventilation is included in this recommendation.
Lincolnshire County Council Directorate of Public Health	1.12	11	Should this recommendation be a case of scaling up existing advice campaigns such as DECC's Big Energy Saving Network or DOH's Keep Warm, Keep Well campaign?	Thank you. Specific implementation mechanisms are beyond

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				the remit of this guideline.
Lincolnshire County Council Directorate of Public Health	1.12	11	Linking in to existing Public Health campaigns such as annual flu vaccinations could be promoted.	Thank you.
Lincolnshire County Council Directorate of Public Health	1.12	12	The role of the Energy Saving Trust (EST) in cascading national advice down to local level should be clarified. Much of what is aspired to here was in place when there was a network of local Energy Efficiency Advice Centres contracted by EST which no longer exists.	Thank you.
Lincolnshire County Council Directorate of Public Health	1.12	12	There are concerns that too many organisations offer local advice to the public already with little control over how effective that advice is. Guidelines should reinforce the need for an appropriate qualification to be held (City and Guilds in Energy Awareness).	Thank you. We hope that coordination locally will improve with the development of services as in recommendations 1 – 3.
Lincolnshire County Council Directorate of Public Health	1.13	12	It isn't helpful for guidelines to simply tell Building Control to enforce at least the minimum standards required by Building Regulations when that is its role.	Thank you.
Lincolnshire County Council Directorate of Public Health	1.13	12	Guidance exists on using the Housing, Health and Safety Rating System (HHSRS) to tackle cold homes. The MOJ who run Residential Property Tribunals to hear appeals against HHSRS notices could be encouraged to do more to support measures required to deliver affordable warmth.	Thank you. Residential property tribunals are beyond the scope of this guideline.
Lincolnshire County Council Directorate of Public Health	1.13	12	Trading Standards do not often have the resources available to prioritise enforcement of Energy Performance Certificates alongside other 'rogue trader' initiatives. DECC and DCLG should consider whether this enforcement duty sits in the right place or whether it should be amalgamated with HHSRS. This must be got right before new minimum standards are introduced in 2018.	Thank you. This is beyond the scope of this guideline.
Lincolnshire County Council	3.7	20	The Cold Weather Plan is important but it and PHE being the driving force is	Thank you. A link to this

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Directorate of Public Health			questioned. Will the UK Fuel Poverty Strategy being developed by DECC not be the main national policy linked to cold homes?	has been added.
Lincolnshire County Council Directorate of Public Health	4.3	21	Redefining excess winter deaths is quite a fundamental point to just be background in the considerations section of the guidelines. This merits further consideration.	Thank you. Making recommendations on this is beyond the remit of the guideline. However it is an issue that must be kept in mind when considering data published on excess winter deaths.
Lincolnshire County Council Directorate of Public Health	4.4	22	There is much merit in monitoring cold weather related deaths and illnesses (in periods after a cold weather snap whenever it occurs) but the methodology and whether this could be applied retrospectively to monitor trends would need to be looked at.	Thank you.
Lincolnshire County Council Directorate of Public Health	4.9	22	It could be recommended that more is done by PHE to record and monitor trends within particular groups and release that to Health and Wellbeing Boards to target interventions.	Thank you. It will be important that local services are responsive to the particular needs of their communities, identified for instance in the JSNA process indicated in recommendation 1.
Lincolnshire County Council Directorate of Public Health	4.10	23	Referencing properties being "off grid" and "difficult to access" as the main difference between urban and rural areas but not exclusive to rural areas does little to highlight the significant extra challenges faced in rural areas. There are more such as a prevalence of larger, detached homes including bungalows,	Thank you. There are significant challenges in many areas as you indicate. Issues relating

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			sparse populations, poor infrastructure, distance from healthcare and other services, low wage economies and seasonal employment, park homes, car dependence and higher food costs increasing household costs. National schemes to improve insulation fail to work in 'real' rural areas when the definition of rural is a settlement of less than 10,000 people as it is not cost effective for the industry.	to local conditions would need to be taken into account when developing local services.
Lincolnshire County Council Directorate of Public Health	4.11	23	Cold weather alerts are considered to remain important so that reactive services can get help to those who need during a cold weather snap but all year round planning is needed.	Thank you.
Lincolnshire County Council Directorate of Public Health	4.12, 4.13, 4.14, 4.15, 4.16	24, 25	It is surprising that none of the health economics (e.g. health services funding improvement schemes or fuel subsidies) are recommendations.	Thank you. The health economics is used to support the recommendations.
Lincolnshire County Council Directorate of Public Health	4.17	25	The statement about hard to treat homes does little to highlight the difficulties experienced by people living in homes that are listed buildings or in conservation areas. Technical solutions, if possible at all, are costly and achieve less improvement than on a traditional property.	Thank you. Details of technical solutions are beyond the scope of this guideline.
Lincolnshire County Council Directorate of Public Health	4.18	26	Conversely, people with disabilities often live in social housing which does generally have better energy efficiency standards.	Thank you. Although this may be the case many people with disabilities do not live in social housing.
Lincolnshire County Council Directorate of Public Health	General, 4.25, 4.27, 4.28		Many good points are made but lost in Section 4 such as face-to-face support (4.25) the need for sustainable funding (4.27) and the benefits of smart meters (4.28).	Thank you. Face to face support is included in recommendation 2. Smart meters are included in research recommendations.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				Funding and resourcing issues are beyond the remit of the guideline.
Lincolnshire County Council Directorate of Public Health	5	29	Recommendations for research are supported.	Thank you.
London Borough of Islington – Energy Advice Team	1	4	<p>It is estimated that approximately 1.1-1.2m homes are in conservation areas.</p> <p>The assessment considerations are:</p> <ul style="list-style-type: none"> • Archaeological and historical significance of the area • Origins and development of a settlement • Influence of prevailing and former uses within the area upon building type and street layout • Character and relationship of spaces between buildings • Buildings, features and factors that make a positive contribution • Contribution of trees and open space • Landscape or townscape setting and views to and from it • Contribution of local details and design characteristics; including materials • Nature and impact of traffic and movement patterns • Pressures upon the area for change • Buildings, features or factors that have a negative impact <p>None of the criteria deal with the liveability of the home and in particular they do not deal with the internal temperature and whether living in such a home could be detrimental to someone's health.</p>	Thank you. Planning policy on conservation areas is laid down in the National Planning Policy Framework and is outside the remit of this guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Therefore a new recommendation to have properties with an adverse internal temp or HHSRS Cat 1 hazard not be included into a new conservation area. Also LA's should be required to review all current conservation areas and asses if the designation is compatible with their obligations under public and residential health regulations.	
London Borough of Islington – Energy Advice Team	1, 3.3	4, 18	The Guidance says that PRS properties have an average SAP of ~45 and calls on LA's to use HHSRS powers to deal with poor properties. This is basically asking Residential Environmental Health teams to do their job without addressing the reasons why this may not be happening already. Setting up a landlords register so REH teams know where rented properties are and recommend that EPC data is released to local authorities so that they can easily and swiftly examine where G & F rated properties are, and therefore those who are most likely to fail a Cat 1 HHSRS assessment, would go some way to giving REH teams greater tools.	Thank you. Developing local approaches to addressing this issue will need to be identified in the relevant local strategy.
London Borough of Islington – Energy Advice Team	3.5, Correction	19	You state "A 2010 survey by the Centre for Sustainable Energy (You just have to get by) looked at people living on less than 60% of the national median income (less than £6000 a year)." 60% of the medium income (£26,500) is ~£16,000. There seems to be confusion between paragraphs 1 and 2 on page 3 of the CSE report. Paragraph 1 talks of the 60% figure and para two talks of those on the lowest of incomes i.e. those on under £6,000.	Thank you. This section has been amended for clarity.
London Borough of Islington – Energy Advice Team	3.6	20	There seems to be an element missing from your list that Prof Hills mentions in his report.	Thank you. The importance time spent at home for some groups

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>“Different household characteristics – for example, pensioners and disabled people may spend more time at home and therefore require more energy.”</p> <p>This would also include those who require higher temperatures than those for a healthy adult due to age (either young or old) or health condition that requires a higher temp, as laid out by the WHO.</p> <p>It would also include those who do not just over occupy their home by being in more than the average but those who under occupy their home due to having many extra rooms that they cannot afford to heat where if they were in a similar but smaller property they could cope.</p>	has been added.
London Borough of Islington – Energy Advice Team	3.7, 1	20, 4	Given the issues highlighted in the guidance on funding for insulation schemes would not a recommendation to remove these from bills and into general taxation be appropriate? Recently some items have been taken off bills but some remain. The whole area is confused and makes it difficult to know where funding such as FIT, RO, ECO, WHD etc comes from and if they are adding to peoples energy bills or not.. Given that some elements have recently been moved from bills to general taxation it should be possible to move insulation funding measures from bills to general taxation.	Thank you. Funding for these interventions is beyond the remit of this guideline.
London Borough of Islington – Energy Advice Team	4.3, 1	21, 4	Given the issues with the current definition of excess winter deaths the move to use a ‘cold period’ rather than months works well particularly given the potentially changing nature of seasons with climate change. However it seems odd that the guidance is not to start the ‘cold period’ 2/3 weeks after the cold weather starts and end it 2/3 weeks after the cold weather ends. Especially as this correlation is highlighted in 4.1.	Thank you. Please note that the considerations section does not include recommendations. These are issues discussed by the committee in considering the evidence.
London Borough of Islington –	4.14	24	The funding of energy efficiency improvements although on the face of it	Thank you. This is

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Energy Advice Team			<p>comes from the energy companies it in fact is a surcharge on the bills of those who buy their energy from the large energy suppliers.</p> <p>Those who use the smaller energy companies do not pay for these improvements. This means those tied to the larger companies due to WHD, debt, pre-payment meter tariff options, or just unable or apprehensive of switching (Consumer Focus and OFGEM research suggests these are older and poorer customers) subsidise those able to switch or have capital available to make use of ECO grants FiTs etc.</p> <p>Moving these costs into general taxation would level the playing field and lower energy bills.</p>	outside the remit of this guideline.
London Borough of Islington – Energy Advice Team	General		<p>There seems to be a feeling whilst reading the guidance that a cold home is a cold home. That any home below temp X is universally cold.</p> <p>Whereas the WHO guidance on these matters suggests the recommended indoor temp varies between very young, healthy adult, elderly and those with specific health conditions requiring extra heating.</p> <p>We think that the definition of a cold home needs to take into account the occupants age and health etc. before defining a home as cold.</p> <p>It is completely plausible that for two people in the same room one it is a healthy temp and for the other it is detrimental to their health due to age or health condition etc.</p>	Thank you. We have added text to expand on the vulnerabilities of specific groups.
London Borough of Islington – Energy Advice Team	4.26	27	One issue with Health and Wellbeing boards not planning for cold weather is that there are very few actions on Level 0 for them to do as part of the cold weather plan.	Thank you. We hope the recommendations in the guideline will encourage

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			In fact most of the Level 0 actions are getting alert systems in place for cold weather when it comes as opposed to improving properties/heating systems etc. and tackling fuel poverty to make sure that you do not have to help the same people next year.	further action.
London Borough of Islington – Energy Advice Team	General, 1	3	<p>You mention that lots of people dying in the summer reduces the number of excess winter deaths and that a change in definition of winter may help improve accuracy.</p> <p>However without looking at both summer deaths due to overheating in conjunction with winter deaths you may be making the problem of summer deaths worse.</p> <p>If a home is internally insulated in order to help with people dying/getting ill in the winter the other side of the coin is that in the summer the temp in the property in the middle of the day is several degrees higher than it would have been. This can cause significant difficulties for those who are likely to be home in the middle of a summer day such as the elderly, young babies and those with disabilities or poor health.</p> <p>We recommend that you ask for a balance between death/illness caused by high and low temp in your recommendations. In fact HHSRS assessments already asses for this and it would be an easy recommendation to put in.</p>	Thank you. Recommendations include the importance of ventilation, which will be important in reducing summer heating. Please note that the remit of the guideline did not include interventions that might help reduce the risk of overheating. NICE may consider summer deaths in a future guideline.
London Borough of Islington – Energy Advice Team	4.19, 4.20, 4.21, 1	26, 4	One of issues is that there will be potentially two visits to each home one for the gas meter and one for the electric. Which would be a great point to give information to residents about energy efficiency and fuel poverty etc. however if this roll out is being done by the supplier of the fuel rather than the DNS this means that a company may only do a few properties in a street before moving	Thank you. Please note that there is a research recommendation relating to smart meters and other technologies.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>onto another area. If there was a street by street roll out by DNS or the energy suppliers were obliged to work together in a systematic way there would be greater scope to work with health providers and LA's in an area to coordinate advice and assistance.</p> <p>As it is a fragmented approach to the roll out of smart meters etc. will lead to a fragmented integration with local services.</p> <p>We think a recommendation on this would be most useful.</p>	
London Borough of Islington – Energy Advice Team	5	29	Possible further research based on overheating due to insulation in summer months.	Thank you. This should be included in research to examine the effectiveness of interventions to address cold homes
London Borough of Islington – Energy Advice Team	7 – Hard to heat homes	31	<p>Just because a property does not have a loft space does not mean it is hard to heat – it does mean it is hard to treat. Properties without roof/ceiling insulation are hard to heat.</p> <p>Likewise with high rise blocks.</p> <p>In fact apart from properties in a state of disrepair, relating to their external fabric or heating system, none of the other items listed as hard-to-heat can realistically be called hard to heat on their own although potentially if multiple items were on the same building the property could be considered hard to heat. For instance just because a property is off the gas grid and uses storage heaters does not mean it is hard to heat. In fact communal or district heating can often be considerably cheaper than gas heating.</p>	Thank you. A discussion of hard to heat/hard to treat has been added.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>We would reword this section as: Uninsulated solid walls Uninsulated roof/ceiling Those in a state of disrepair Require delivery for fuel (Oil, LPG, Coal-based solid fuels, Biomass)</p>	
London Borough of Islington – Energy Advice Team	1.2, 1.3	5, 6	<p>Recommendation 2 says to provide a single point referral system Recommendation 3 says to make sure services are available through a single point referral system.</p> <p>Separating these two recommendations is perplexing. They both rely heavily on each other; they are not mutually exclusive.</p> <p>Therefore these recommendations should be merged.</p> <p>Alternatively having one recommendation to have services relating to health and housing for people living in cold homes available and another recommendation on how to coordinate those services into a single point referral system could also work.</p>	<p>Thank you. The recommendations have been amended to aid clarity. However, it is important to keep recommendations to a reasonable length to aid implementation.</p>
London Borough of Islington – Energy Advice Team	1.7	9	<p>There is already a lot of technology available such as telecare services, cold alarms, cold weather alerts etc. to help vulnerable people in a cold home.</p> <p>However as far as integrating them with smart meters this is relatively untested.</p> <p>It is not clear what added value having a system linked to a smart meter would give. It would be good to know of studies where smart meter data has been</p>	<p>Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>shared with health or social care providers as currently we are unaware of such trials.</p> <p>Attention should currently be focused on present and proven forms of assistance in this respect. Such as the use of cold weather alerts and alarms as two effective, efficient, and popular current methods of alerting residents or carers.</p> <p>There are simple ways in which barrier to correspondence with vulnerable groups can be removed. Many vulnerable residents have mobiles rather than landlines these days so contact numbers should be geographic or 0300 to avoid premium rate calls to 0800 / 0845 numbers</p>	
London Borough of Islington – Energy Advice Team	2.2	13	<p>Many of the groups who should take action are statutory services of Local Authorities e.g. Environmental Health and Trading Standards but they are listed separately from Local Authorities. This makes it confusing as to whom should be taking actions. Equally many of the other recommendations not listed under local authorities such as Recommendation 2 the Local authority would be best placed to have either a leading role in coordination or at least implementation.</p> <p>Whilst we respect that Local Authority departments have been mentioned throughout the document, it implies a disparate organisation which is the opposite of what is required in recommendation 3 or to feed into and help to deliver recommendations 1, 2, 3, 4, 5, 6, 7, 10, 12, and 13.</p> <p>This is highlighted by the frequent mention of the contributions that various local authority departments can make in order to help reduce fuel poverty.</p>	<p>Thank you.</p> <p>This section aims to identify key organisations who will be taking the lead in implementing the recommendations. It is likely that they will need to engage with wider professional networks.</p> <p>The committee felt that addressing recommendations to HWB specifically rather</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees Page

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Also Recommendation 13 has tasks for Building Control officers but they do not appear in the 'Who should do what table'.	than to local authorities more generally would be most likely to achieve action.
London Borough of Islington – Energy Advice Team	3.4	18	<p>The guidance states “On average, households use only around two-thirds of the energy they actually need to stay warm enough at home. People on low incomes are more likely than average to use less heating.”</p> <p>This seems to have been lifted by selectively quoting from the exec summary of the 2010 study by the Centre for Sustainable Energy 'Understanding fuel expenditure: fuel poverty and spending on fuel'.</p> <p>However the Guidance does not fully reflect the conclusions of the study. Which include:</p> <ul style="list-style-type: none"> • Income poverty has no effect on under heating a home • Both the Lowest and highest income groups are most likely to under heat • Fuel poverty is the most likely indicator to under heating a home <p>This is shown in Figure 17: Household counts for under-consumers (<40% need), income poverty and fuel poverty on page 25 of the CSE study.</p> <p>There is a significant correlation between ‘need’ and ‘consumption’; however there is a tendency to downplay the link between consumption, and behaviour.</p>	Thank you. This passage is referenced to the study you mention. Limitations on space unfortunately mean that full discussion is not possible. A hyper link is provided for those wishing to read further.
London Borough of Islington – Energy Advice Team	1.8	9	This scope is rather narrow and excludes other vulnerable groups such as those coming out of mental care or maternity units.	Thank you. The remit of this recommendation has been extended to cover discharge from health or

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				social care settings.
London Borough of Islington – Energy Advice Team	1.5	7	Wording should be changed to focus not solely on the vulnerable but also 'potentially vulnerable' people. By including the word 'potentially' it encourages GPs and other health professionals to stop and think 'Is this person vulnerable' rather than just checking the list to see if they fit any pre-defined categories which are not exhaustive.	Thank you.
London Borough of Islington – Energy Advice Team	General		At several points throughout the document lists of vulnerable people are given. Sometimes these refer to those listed in Recommendation 5 and sometimes they do not. This makes reading the document difficult and implies that those reading the document are all familiar with who are vulnerable to the cold. Defining the term 'vulnerable' or 'potentially vulnerable' in the glossary would save space and be clearer as to who should be helped.	Thank you. This has been clarified in the final version.
London Borough of Islington – Energy Advice Team	1.3	6	On point 7 there is no close the parentheses.	Thank you.
London Borough Of Islington Residential Environmental Health	General		The NICE guidelines represent a welcome shift towards integrated preventative holistic care and are fully supported by the Islington Council's Residential Environmental Health Team. (REH) could potentially play a key role in most of the 13 recommendations. Referrals by GPs and NHS professionals of their patients at risk of winter deaths or suffering ill health exacerbated by cold homes to the Islington SHINE hub or in some cases direct to Residential Environmental Health could achieve the Public health goals of Reducing preventable excess winter deaths Improving well-being and health among vulnerable groups	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Reducing demand on health and social care services Reducing fuel poverty and fuel debt	
London Borough Of Islington Residential Environmental Health	General		The recommendations reinforce the role Environmental Health Officers (EHOs) can contribute in reducing excess winter deaths. Potentially additional EHO posts created by Health and Wellbeing board or CCG funding would allow extra EHOs to either carry out or facilitate some of these recommendations. Excess cold is just one of 29 hazards in the home that EHOs can mitigate through their intervention. Others include damp and mould, falls, fire, gas, electrical safety and overcrowding. Residential Environmental Health would welcome further NICE guidance that continues to embrace integrated preventative health care that can achieve the broad public health goals set out above.	Thank you.
London Borough Of Islington Residential Environmental Health	General		Referrals from GPs and other NHS professionals to the Islington SHINE hub or in some cases direct to Residential Environmental Health for some patients can achieve broader public health goals set out below. Reducing A&E admissions from accidents caused in the home Reducing the NHS medication budget Reducing local health inequalities Particularly referrals of patients at risk from ill health caused by other hazards in the home or presenting themselves as in ill health due to harm caused by hazards in the home.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
London Borough Of Islington Residential Environmental Health	1.1	4	EHOs can carry out the heating and insulation assessment to identify how the property needs to be improved to acceptable standard, require improvements and in some cases carry out the improvement works in default.	Thank you.
London Borough Of Islington Residential Environmental Health	1.2	5	EHOs could potentially play an integral role in providing and contributing to part of the process of referral and co-ordination to help vulnerable people who live in cold homes	Thank you.
London Borough Of Islington Residential Environmental Health	1.3	6	The proactive work carried out by the SHINE team complemented by close working with EHOs currently does provide advice on more affordable fuel heating options and advice on how to avoid health risks of cold homes.	Thank you.
London Borough Of Islington Residential Environmental Health	1.4	7	GP data, Public Health data and adult and social care data if shared can all be used to inform and target assessments by Environmental Health Officers. EHOs can use vulnerability and affordability data to justify requiring increased thermal insulation or heating in rented dwellings both by private landlord's and housing associations.	Thank you.
London Borough Of Islington Residential Environmental Health	1.5	7	Environmental Health can assist by providing training to these professionals or carry out assessments themselves following a direct referral.	Thank you.
London Borough Of Islington Residential Environmental Health	1.6	8	Environmental Health can assist by providing training to these professionals or carry out assessments themselves following a direct referral	Thank you.
London Borough Of Islington Residential Environmental Health	1.7	9	Residential Environmental Health use a software package that calculates the heat loss and heat requirements of a particular building using the Building Research Establishment excess cold calculator. It can identify and quantify the risks of cold homes. Residential Environmental Health can train professionals to use this software or provide this as a service. Alternatively the assessment can be carried out by REH following a referral from NHS colleagues and an EHO could then require improvement in privately rented or housing	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			association properties.	
London Borough Of Islington Residential Environmental Health	1.8	9	Environmental Health Officers have legal rights of access to deliver this recommendation and are best placed to do so. They could assist in delivering this recommendation as they are they could assess the heating provision if not adequate, require an improvement to the heating system if its unsatisfactory and in some cases, get the heating system replaced or repaired promptly by carrying out the works in default	Thank you. The recommendation is aimed at those responsible for discharge. They will need to work with a range of others to achieve the hoped for results.
London Borough Of Islington Residential Environmental Health	1.9	10	Environmental Health can assist by providing training to these professionals	Thank you.
London Borough Of Islington Residential Environmental Health	1.10	10	Environmental Health can assist by providing training to these professionals.	Thank you.
London Borough Of Islington Residential Environmental Health	1.11	11	Environmental Health can assist by providing training to these professionals	Thank you.
London Borough Of Islington Residential Environmental Health	1.12	11	EHOs can continue to promote the available availability of DECC funding for landlords and tenants to install energy efficiency measures under the green deal	Thank you.
London Borough Of Islington Residential Environmental Health	1.13	12	EHOs continue to use HHSRS to improve housing conditions particularly in cold homes occupied by vulnerable people. An element of this work is carried out by proactive street surveys to identify cold homes particularly those occupied by vulnerable people. Identifying vulnerable people living in cold homes at risk of winter deaths could be greatly enhance by proactive referrals from GPs and NHS colleagues of patients and sharing of relevant public	Thank you. We hope proactive referrals will be supported by the guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			health data	
London Borough Of Islington Residential Environmental Health	General		Currently Environmental Health Officers cannot require improvements in Islington Council housing stock or property that the Council is legally contracted to manage.	Thank you.
London HECA Forum	1.1	4	<u>Action on affordable warmth a universal requirement:</u> Where H&WBs carry out a thorough assessment, as set out in the guidance, the risk remains that affordable warmth will still not be chosen as a local priority, particularly as wider determinants such as housing have not always been given priority. It would be prudent to assert that action on affordable warmth should be considered a universal requirement.	We hope this guideline will encourage further action in this area. However, it is not within NICE's remit to mandate areas of action for local HWBs
London HECA Forum	1.1	4	<u>Emphasize the importance of Recommendation 1 and the role of H&WBs in delivering it:</u> We propose that the importance of Recommendation 1 and the role of H&WBs in delivering it is emphasised in the preamble of the report.	Thank you. The role of the preamble is to set the scene rather than to re iterate the recommendations.
London HECA Forum	1.1	4	<u>Emphasize the knowledge and importance of Local Authorities:</u> We are in agreement that H&WBs are best placed to fulfil the lead role on strategic planning, but strongly advocate that the guidance should emphasize the central importance of local authorities in furthering this agenda, due to their knowledge, powers and ability to reach all sections of the community.	Thank you. HWBs are committees of upper tier local authorities. Recommendation 1 includes identifying actions of relevant local authority departments, and these may include departments in other tiers of government in some areas.
London HECA Forum	1.1	4	<u>Proposed text amendment to reflect the importance of Local Authority strategies:</u>	Thank you. This has not

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			We propose that the third bullet under Recommendation 1, on page 4, is amended to read "...other relevant local strategies and plans <i>such as...</i> " and examples of relevant strategies and plans inserted. This would provide a steer and further emphasize the key role of local authorities.	been added as strategies may have different titles in different locations.
London HECA Forum	1.1	4	<u>Tackling cold homes in conservation areas</u> The prevalence of conservation areas in many parts of the country poses a challenge to addressing cold homes as many homes in conservation areas are old and poorly insulated. We would like to see dangerously cold homes exempt from the strictures of such designations and for existing and new conservation areas to be reviewed with this in mind.	Thank you. This is outside the remit of this guideline.
London HECA Forum	1.2	5	<u>Amend the wording of recommendations 2 & 3:</u> The wording of Recommendations 2 and 3 is extremely similar. We suggest that the wording is amended to make it clear that Recommendation 2 is about providing a methodology or hub and Recommendation 3 is about the services that this "hub" will provide.	Thank you. The wording of these recommendations has been amended to aid clarity.
London HECA Forum	1.2	5	<u>Provision within the guidance on good practice delivery models:</u> We welcome the inclusion of signposting to existing examples of good practice. There may also be a case for signposting and/or recommending - without being too prescriptive - best practice delivery models for the recommended referral and co-ordination service.	Thank you.
London HECA Forum	1.2	5	<u>Monitoring and evaluation:</u> We would welcome the inclusion of a recommendation around monitoring, evaluation and learning in the guidance. Assessments of initiatives and schemes are often the poor relation and under-resourced. Well resourced evaluations would help provide the evidence that is needed to showcase the impact of affordable warmth interventions.	Thank you. Monitoring is included in recommendation 2, and further recommendations on developing the evidence base are in the research

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				recommendations (section 5).
London HECA Forum	1.2	5	<u>Feedback on referrals and outcomes:</u> Agencies and/or professionals are more likely to refer clients to services if they receive feedback on the outcome(s). We therefore suggest that the NICE guidance recommends an accounting trail of outcomes.	Thank you. Feedback is included in recommendation 2.
London HECA Forum	1.2	5	<u>Equity for mobile phone users:</u> A decreasing number of households rely on landline telephones. When designing and setting up services, provisions should be taken to cater for mobile phone users to enable them to affordably access services and advice (0800 numbers are not generally free from mobiles and this could prevent householders from freely accessing services such as Telecare).	Thank you. Use of free phone numbers has been added to recommendation 2.
London HECA Forum	1.2	5	<u>Providing access to services:</u> Recommendation 2 states that the referral services should provide access to services for those at risk. We would like this to go further by recommending which services should be available and/or firming up the wording to ensure that it is clear that it is the responsibility of the H&WBs to commission these services.	Thank you. The wording of recommendations 2 and 3 have been amended to improve clarity.
London HECA Forum	1.3	6	<u>Replace One Stop Shop with Single Point of Contact:</u> Currently the guideline does not offer a specific model for delivery, but the phrase one-stop-shop is suggestive of an approach. We propose the use of the phrase 'Single Point of Contact (SPoC)'. This phrase is also widely used within the health sector.	Thank you. The final guideline uses the term single point of contact.
London HECA Forum	1.3	6	<u>Challenges of overlapping boundaries for service provision:</u> NHS/health services do not necessarily adhere to local authority boundaries and this should be taken into account when producing marketing materials, commissioning or delivering training etc.	Thank you. This is an additional complication and is included in the considerations (4.27).

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
London HECA Forum	1.4	7	<u>Include questions about affordable warmth in the Single Assessment Process:</u> We propose that questions about affordable warmth/health effects from living in a cold home, are uniformly included in the Single Assessment Process, new patient questionnaires etc.	Thank you.
London HECA Forum	1.4	7	<u>Reviewing, analysing and commissioning data:</u> There are currently varying gaps in data and we would suggest the inclusion of a recommendation that encourages H&WBs to share/join up and/or gather new data sets. As a separate piece of work the production of a national guide on existing data sets, who can access these and where, would be most helpful.	Thank you. Recommendation 1 includes addressing the health consequences of living in a cold home in the JSNA. This could involve using data sources such as you identify.
London HECA Forum	1.4	7	<u>Data sharing costs</u> When working with GPs to send information on affordable warmth services some local authorities have found the costs required by GPs to be prohibitive. Such mailings should ideally be carried out at cost price only, particularly given the potential benefits to GPs themselves.	Thank you.
London HECA Forum	1.5	7	<u>Data protection:</u> Careful consideration should be given to the protocol of service providers sharing information above and beyond direct referrals.	The recommendation includes the need to respect confidentiality.
London HECA Forum	1.5	7	<u>Provide guidance on visual clues:</u> Professionals that carry out assessments in the home should receive training/guidance on visual clues that prompts them to identify and refer households at risk.	Thank you. Training is covered in subsequent recommendations.
London HECA Forum	1.5	7	<u>Replace the word vulnerable with potentially vulnerable to communicate to professional and individuals that prevention is as important as cure:</u>	Thank you. Inclusion of potentially vulnerable

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			With the aim of encouraging professionals to identify and refer at risk clients, as well as clients in direct need, we propose that the word “vulnerable” is replaced with “potentially vulnerable”. In addition to this awareness-raising is needed amongst professionals to encourage them to think about wider groups, i.e. households that they might not automatically consider to be vulnerable but who are in fact at risk of being vulnerable to cold. Some vulnerable groups, for example pregnant women, may not always consider themselves vulnerable to cold. Wider public awareness-raising may also be needed.	would reduce the impact of the guideline as this would include the whole population.
London HECA Forum	1.5	7	<u>The guidance should address existing high level need:</u> Some households are living in extreme conditions: beds in sheds, overcrowding, without recourse to public funds, using expensive plug in electric heating, with broken boilers, unable to move to more suitable accommodation etc. More flexible and instantaneous solutions are required for this group, for example case work and emergency grants. There is an opportunity to address this more directly within the guidance.	Thank you. Solutions will need to be tailored to the individual circumstance and local resources, as indicated in recommendations 1-3.
London HECA Forum	1.5	7	<u>Inclusion of case studies in the guidance:</u> The guidance would benefit from examples of real life housing conditions and their impact on medical conditions and how affordable warmth interventions have helped people with specific medical conditions.	Thank you. We hope to be able to produce implementation tools to support the guideline which may include case studies.
London HECA Forum	1.5	7	<u>Expand on Recommendation 1 to include guidance on the point at which intervention is necessary:</u> The aim is prevention not just intervention. Anecdotally it would appear that professionals are generally referring people who are already struggling and in danger, whereas referrals should be made before housing situations becomes urgent.	Thank you. This will depend on local resources.
London HECA Forum	1.5	7	<u>Specific indicators around early hospital discharge and prevention of readmission:</u>	Thank you. Discharge is

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Two key indicators which could be included are early discharge into a warm home and prevention of readmission for the same condition exacerbated by cold. These are outcomes that GPs are looking at very closely so they could be woven in as specifics.	addressed in recommendation 7.
London HECA Forum	1.7	9	<u>Information alerts to include informal care givers:</u> We propose that alerts to health and social care professionals should where practical be expanded to include informal care givers.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
London HECA Forum	1.7	9	<u>Monitoring of cold temperatures should be paired with adequate resources to address identified need(s):</u> Some thought should be given to the expected response by local authorities if/when homes are monitored and cold temperatures are detected, this will require additional resources. For example a boiler breakdown is generally considered an emergency but a household that 'self-disconnects' by not topping up their prepayment meter would not be considered an emergency despite the health risks being the same.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
London HECA Forum	1.7	9	<u>Location of meter important:</u> When measuring temperatures remotely the location of the temperature sensor is important to ensure that the temperature being measured is representative of the main living area.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
London HECA Forum	1.7	9	<u>Clarification on what the guidance cover:</u> There may be value in clarifying in the guidance what is and what is not covered i.e.	Thank you. You are correct in suggesting that

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			that technical solutions and/or technical guidance is assumed to be covered elsewhere.	technical guidance is covered elsewhere.
London HECA Forum	1.8	9	<u>Which professions should act on Recommendation 8:</u> It would be of value if the guidance could be more specific on which professionals should act on Recommendation 8, for example occupational therapists for discharge work etc.	Thank you. The recommendation is aimed at those responsible for arranging and supporting the discharge.
London HECA Forum	1.8	9	<u>Ensure that referrals are triggered at point of hospital admission:</u> Hospital discharge assessments and subsequent triggers for referrals (relating to poor accommodation) should be done <u>immediately</u> upon admission. This is not always the case at present. For example, if a person is admitted to hospital for an anticipated ten-day stay, a boiler replacement or repair may be feasible within that time frame.	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked admission.
London HECA Forum	1.8	9	<u>Ability to process grants applications quickly:</u> Funders as well as installers must be able to flexibly approve and deliver work within short timeframes. Many housing association or local authority contractors have an emergency capability but there is significant scope to extend this type of emergency installations to private sector households.	Thank you.
London HECA Forum	1.8	9	<u>Assessment(s) and intervention(s) at key points:</u> At various points in time and key stages, individuals will find themselves at risk from cold, for example parents with new babies. We recommend that assessment and provision of assistance is built into such key trigger points.	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				place soon after admission or when planning a booked admission.
London HECA Forum	1.8	9	<u>Wider definition of vulnerability:</u> We propose that the scope of vulnerability is widened to include those coming out of mental health or maternity care.	Thank you. The remit of this recommendation has been extended to cover discharge from health or social care settings.
London HECA Forum	1.9	10	<u>Affordable warmth training should be a standard training requirement amongst health professionals:</u> It is difficult to get health and care professionals to commit to training and piecemeal training is often delivered as part of staff meetings. We would like to see the guidance recommend that affordable warmth training should form part of standard training requirements amongst health and social care professionals.	Thank you. This has been amended to say 'training to support continuing professional development'.
London HECA Forum	1.9	10	<u>Offer accredited training:</u> Anecdotal evidence suggest that uptake of training is higher if there is accreditation attached. We suggest that a recommendation is made that fuel poverty training and health education providers collaborate to develop accredited training.	Thank you. This has been amended to say 'training to support continuing professional development'.
London HECA Forum	1.9	10	<u>Adequate temperature(s):</u> We understand that there is an ongoing discussion within PHE about adequate temperature but hope that it is something will be addressed within the final guidance.	Thank you. Reference to the WHO statement on temperature has been added, with appropriate caveats. The research recommendations include 'what effect does the temperature in the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				home have on the rate of illness, death and quality of life of different groups of vulnerable people?'
London HECA Forum	1.10	10	<u>Make available training support for smaller charities:</u> Some form of training support should be put in place for smaller charities as they are likely to lack the resources to pay for/attend regular training.	Please note that recommendation 1 includes 'identifying and meeting the training needs of local practitioners involved in providing the services'. Systems to achieve this locally will be in the remit of local organisations.
London HECA Forum	1.10	10	<u>Recognize and address the skills gap amongst housing professionals:</u> Environmental Health Officers generally have good understanding of the issues and the support available, whereas many housing officers in social landlords do not currently receive this type of training and may not have the same type of capacity. There is an opportunity for social landlords that are actively promoting affordable warmth to share best practice, for example, Viridian Housing Association train all their frontline staff (including fitters) on all sorts of vulnerability such as cold. They also have a winter calls scheme where they phone older people to check that they are able to keep warm.	Thank you. Environmental health officers will be vital in addressing this issue locally.
London HECA Forum	1.10	10	<u>Improve knowledge and skills sharing:</u> Staff turnover is particularly high within certain key professions and we propose that measures are put in place to improve knowledge and skills sharing with colleagues, in order to retain key knowledge.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
London HECA Forum	1.10	10	<u>Trigger point for roll out of training:</u> The Cold Weather Plan could provide a trigger for affordable warmth training, through for example annual September mail-shots to offer training and refresher training sessions. Would be worth considering adding in something about wider organisational capacity / training programmes and ongoing CPD.	Thank you.
London HECA Forum	1.10	10	<u>Development of online training:</u> The development of online training could be a tool to help reduce delivery costs.	Thank you.
London HECA Forum	1.11	11	<u>Training for Domestic Energy Assessors and Green Deal Assessors:</u> Affordable warmth training should be made available to Domestic Energy Assessors and Green Deal Assessors.	Thank you.
London HECA Forum	1.11	11	<u>Training of industry/professional bodies:</u> We understand that it is envisaged that training would be provided through industry bodies and would welcome the inclusion of specific organisations (eg, Gas Safe, NICEIC, Green Deal training providers, accredited GDIs).	Thank you. Where these organisations provide training we hope that they will consider adopting the recommendation. This may be addressed further in the development of implementation tools to support the guideline.
London HECA Forum	1.11	11	<u>Evaluation of gas engineers responsibility:</u> It is worth pointing out that gas engineers have a duty to tell a householder if there is something that is unsafe (but not a duty to help them keep warm). Some heating engineers will allow for extra ventilation, to the point of the property being cold. In light of this a review of the professional conduct / responsibilities of gas engineers	Thank you. Reviews of the duties of professionals in this area are outside the remit of this guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			may be required.	
London HECA Forum	1.11	11	<u>Amend wording to controllable ventilation:</u> In the sentence “Able to identify if there is not enough ventilation – and have the ability to take appropriate remedial action”, we propose that “not enough ventilation” should be replaced with “insufficient controllable ventilation”.	Thank you. This has been amended to ‘identify if ventilation is adequate’.
London HECA Forum	1.12	11	<u>National Seasonal Money Advice Campaign:</u> The Department of Health should consider investing in high level “Money Advice” type advertising at certain times of the year. Advertising should focus on encouraging people to look out for each other.	Thank you. This is beyond the scope of this guideline.
London HECA Forum	1.12	11	<u>Good Neighbour schemes:</u> There is an opportunity for Good Neighbour schemes and similar to play an important part in disseminating information.	Thank you.
London HECA Forum	1.12	11	<u>Set a benchmark for advice provision:</u> The guidance makes reference to the need for national advice to take into account local and regional variations in the kind of support offered. To support the aspiration that broadly the same level of support should be offered in every locality we would like the guidance to provide a general benchmark or standard for what type of advice should be freely available to all, or to at least recommend that such a standard is developed.	This is beyond the remit of this guideline. Please note that NICE will develop a quality standard based on this guideline.
London HECA Forum	1.12	11	<u>Linking in with existing campaigns:</u> Under Recommendation 12, page 11, the first bullet we propose the following inclusion: “link in to seasonal health campaigns” for example annual flu jab campaigns.	Thank you.
London HECA Forum	1.13	12	<u>Meaningful project evaluation:</u> The impact of building improvements should be evaluated to ensure high quality of the work(s) <u>and</u> measure the impact on the occupier(s) health following the	Thank you. Evaluation of impacts (including cost effectiveness) is

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			intervention(s). Appropriate and robust monitoring will provide an evidence base to justify future NHS investment in energy efficiency works and interventions. Careful consideration should be given to what is being measured i.e. BRE's heating cost calculator may be more meaningful for measuring fuel poverty whilst EPC/SAP data may be more meaningful in measuring the overall energy efficiency improvement to a building.	addressed in the research recommendations (section 5)
London HECA Forum	1.13	12	<u>Introducing best practice guidance regarding ventilation:</u> Best practice (a separate review may be required) regarding ventilation should be a key component to recommendation 13. Best practice should cover appropriate types of ventilation, use of ventilation and how to address condensation.	Thank you. Specific advice on best practice is beyond the remit of this guideline.
London HECA Forum	1.13	12	<u>It is not a lifestyle but a building issue:</u> There is a need to directly challenge the perception amongst housing providers that condensation is almost always a lifestyle problem.	Thank you.
London HECA Forum	1.13	12	<u>HHSRS</u> The Housing Health and Safety Rating System is a key method of improving building standards in the private rented sector particularly and we suggest that this is highlighted.	Thank you. The committee felt the use of SAP was appropriate given the focus on cold. However, this does not preclude the use of other methodologies.
London HECA Forum	General		<u>Be more explicit in target audience of the guidance:</u> We acknowledge the importance of striking a balance between creating relevant guidance without being too prescriptive and avoid over-targeting, but feel that the guidance could be more explicit in terms of who should read the report and in some instances also more explicit on who should deliver the actions in it. For example, some local authorities may need more steer as to who should take ownership.	Thank you. Where possible groups who should take action are identified. As the guideline needs to be relevant to areas with

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				different structures, functions and responsibilities the committee felt it would not be helpful to be more proscriptive.
London HECA Forum	General		<u>Environmental Health a key delivery partner:</u> We would like to see further referencing, throughout the document, regarding the role of Environmental Health Professionals and HHSRS.	Thank you. Additional references to Environmental health professionals have been added.
London HECA Forum	General		<u>Insert a definition of vulnerability into the glossary:</u> To ensure that professionals, regardless of background, have a shared understanding of vulnerability, the guidance would benefit from inserting a definition of vulnerability, vulnerability to cold and potential vulnerability in the glossary,	Thank you. This definition has been included in the introduction.
London HECA Forum	General		<u>Develop best practice guide for London:</u> The London HECA Forum welcomes this excellent piece of work which we believe should be made as solid as possible. London has for some time lost out on funding for energy efficiency measures despite a winter mortality rate rarely different from the national average. The next step, to support the guidance into practical delivery, could be a write up of best practice in London to inform work with Public Health England to produce separate guidance on how to best deliver the NICE approach.	Thank you. We hope to produce implementation tools at the same time as the guideline which may include examples of practice.
London HECA Forum	General		<u>Develop best practice guide for rural areas</u> An important additional step, to support the guidance into practical delivery, could a write up of best practice in rural areas to inform work with Public Health England to produce separate guidance on how to best deliver the NICE approach.	Thank you. We hope to produce implementation tools at the same time as the guideline which may include examples of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				practice.
London HECA Forum	General		<u>Research</u> We would find it helpful for a specific recommendation to be made in the main section that cost/benefit analysis is carried out on affordable warmth interventions as our experience suggests that GPs are interested in these.	The recommendations for research (section 5) include the effectiveness and cost effectiveness of various interventions.
London HECA Forum	General		<u>Environmental Health Officers</u> Environmental Health Officers within local authorities can play a central role in delivering many of these recommendations, particularly in the challenging private rented sector, and we suggest that this role is highlighted. They are able to provide certain elements of the training needs highlighted in these recommendations.	Thank you.
Money Advice Trust	General		About the Money Advice Trust The Money Advice Trust is a charity founded in 1991 to help people across the UK tackle their debts and manage their money wisely. The Trust's main activities are giving advice, supporting advisers and improving the UK's money and debt environment. We give advice to around 140,000 people every year through National Debtline and around 30,000 businesses through Business Debtline. We support advisers by providing training through Wiseradviser, innovation and infrastructure grants. We use the intelligence and insight gained from these activities to improve the UK's money and debt environment by contributing to policy developments and public debate around these issues.	Noted.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Money Advice Trust	General		<p>We welcome the encouragement given in these guidelines to greater coordination between organisations likely to come into contact with people living in cold homes. We are pleased to note that money advice services are specifically mentioned under this heading. However, we would urge NICE to go further in several areas including:</p> <ol style="list-style-type: none"> 1) Highlighting debt and financial difficulty as factors contributing to the risk of living in cold homes; 2) Encouraging stakeholders to engage with money / debt advice providers and strategies at the national level as well as local; <i>and</i> 3) Placing greater emphasis on the role of energy suppliers. 	Thank you. These issues are addressed in recommendations 2 and 3.
Money Advice Trust	1.2	5	<p><i>Recommendation 2 Provide a local health and housing referral service for people living in cold homes</i></p> <p>We are pleased to note that money advice is mentioned in this recommendation but would welcome more explicit recognition of the role played by agencies that operate at a national rather than local level. National Debtline provides a telephone and online service across England, Wales and Scotland. This service plays a vital part in increasing access to free, impartial debt advice and easing pressure on face-to-face resources.</p> <p>Clients accessing our services include many in vulnerable situations, including those with health and mobility problems, for example. Many people prefer to access advice by telephone, email, online or webchat, for reasons of convenience, immediacy, privacy and accessibility. We would suggest explicit recognition of national advice providers in the recommendation to highlight this</p>	Thank you. Recommendation 2 includes ensuring the service links with national and local services. These include money advice agencies.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and counter any presumption in favour of local services. This could be achieved by citing national providers by name or by encouraging the use of the Money Advice Service's debt advice locator or by using an equivalent to the arrears information sheets prescribed by the Financial Conduct Authority.	
Money Advice Trust	1.3	6	<p><i>Recommendation 3 Provide services via a 1-stop local health and housing referral service for people living in cold homes</i></p> <p>Debt and financial difficulty contribute significantly to the risk of people living in cold homes. In the first half of 2014, approximately 18% of clients contacting National Debtline had energy arrears. The proportion of clients with energy debt has increased markedly in recent years. In 2003, the proportion of clients with energy arrears was below 3%. This is part of a broader trend of increasing household-related debt which we have highlighted in our recent report 'Changing Household Budgets.'</p> <p>Energy debt is typically associated with broader financial difficulty, and also with under-heating. This is particularly the case where prepayment meters (PPMs) are set to recover debt. Suppliers are obliged by the terms of the standard licence to take into account affordability when assessing the level of debt repayments. Although suppliers in general have made improvements in this regard, some smaller suppliers still have progress to make and it is important that all suppliers work with the advice sector to ensure that those with multiple debts receive independent, holistic advice.</p> <p>Recent research from Stratford CAB highlights the difficulties many PPM users have in understanding features such as standing charges, deduction rates and emergency credit. This significantly impacts on budgeting and debt</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>repayment. For these reasons we suggest specifically including money advice signposting within this recommendation, alongside related areas such as energy-saving advice and identifying benefits entitlement.</p> <p>Referral services should be strongly encouraged to make use of existing advice and support services as much as possible and to avoid duplication. Along with referral to National Debtline and other national advice providers, local partnerships should be encouraged to make use of established national energy advice services, for example the Energy Saving Trust and the Home Heat Helpline.</p>	
Money Advice Trust	1.6		<p><i>Recommendation 6 Others visiting vulnerable people should assess their heating needs</i></p> <p>We suggest this recommendation could be broadened to include those coming into contact with vulnerable people through methods other than physical visits. We have in mind particularly energy companies, who, through the data they hold on customers and information on customers' energy usage, can identify potential vulnerability and make referrals to relevant services. Suppliers and distribution networks are obliged to maintain a 'Priority Services Register' of vulnerable customers and provide various non-financial services to them. A current review of the priority services register explores opportunities for data-sharing between energy and water companies. There are also broader opportunities for suppliers to make referrals to appropriate health support and advice services.</p>	Thank you. Action to include those at risk on PSRs is included in recommendation 3.
Money Advice Trust	1.7		<p><i>Recommendation 7 Use new technology to help reduce the risks from cold homes</i></p>	Thank you. Please note that the recommendation

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Whilst recognising that the introduction of new technology will open up many new opportunities, our view is that more could be done with existing technology and data sources. Energy suppliers, in particular, are in a position to more proactively identify vulnerability and intervene to address it, particularly around prepayment meters (PPMs).</p> <p>Consumer Futures has promoted safeguards for prepayment meter customers and identified examples of progress made by suppliers. Examples of positive measures taken by suppliers include improving mechanisms to identify customers who are struggling to pay, improving communication and information about PPMs, taking steps to ensure debt repayment rates are affordable, making it easier for PPM customers to top up and extending 'friendly credit' periods to safeguard against self-disconnection. Some suppliers have also explored proactively contacting customers who go for long periods without topping up, to check whether they are self-disconnecting or rationing. This type of proactive early intervention has significant potential to reduce harm in both the short term and long term. Research on pre-arrears intervention in the financial services industry provides a relevant example of early intervention from which some lessons could be learned.</p>	relating to new technologies has been moved to the research recommendations (section 5)
National Energy Action	General		<p><u>A framework for action</u> NEA welcomes the draft guideline issued by NICE and its recognition that action is urgently required to tackle cold homes and the poor health outcomes associated with fuel poverty and inability to achieve affordable warmth. This follows a sustained campaign by NEA (and other partners) for many years to establish cold homes as a legitimate public health issue.</p> <p>NEA would like the final guidelines to provide an easily accessible and</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			practical framework for action. Such a framework would help to bolster joined-up and strategic action across key agencies and sectors, including Health and Wellbeing Boards (HWBs) and align inter-related agendas and identify specific actions.	
National Energy Action	General		<u>Fuel poverty and cold-homes related policies</u> 'Cold homes' should be defined within the guidelines as a temperature falling below 21 degrees for the main living area, and 18 degrees for other occupied rooms. The factors that drive the ability to maintain these adequate temperatures are principally driven by a combination of the cost of fuel, the level of household income, the physical quality and characteristics of the dwelling and the degree of vulnerability of the occupants of that dwelling. However, specific fuel poverty policies that seek to address these discrete elements and enhance the potential achievement of affordable warmth as a result, receive little attention in the guidance. For example, the Government's Energy Company Obligation (ECO) scheme, Warm Homes Discount Scheme (WHDS), devolved fuel poverty and energy efficiency schemes and local initiatives. While it is understood that these programmes may not be as durable as the guidelines, highlighting these key intervention programmes would better allow users of the guideline to develop plans of how to support actions that can help deliver these policies and programmes and align local health frameworks to these national programmes.	Thank you. Further reference to national policy has been added to the context section.
National Energy Action	General		<u>Income maximisation services</u> NEA welcomes this aspect being included within the guideline. These types of services not only provide a much needed boost to many households' income, but also act to passport households into many existing schemes. In addition, given the renewed and increased focus on the importance of income in the	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			new Low Income High Costs definition of fuel poverty (fuel-poor households must have both low incomes and high energy costs) greater reference to and inclusion of income-based interventions would be welcomed, particularly income maximisation services and benefits entitlement checks which have been severely reduced in recent years.	
National Energy Action	General		<p><u>Increased profile for gas and distribution network operators</u> Distribution and Gas Network Operators (DNOs and GNOs) have been recognised by Ofgem as key actors in the alleviation of fuel poverty and tackling energy vulnerability. This has been demonstrated by their specific reference in Ofgem's 2013 Vulnerability Strategy and their new obligated status for delivery of fuel poverty and vulnerable consumer outcomes (known as social obligations). Activities include priority services for vulnerable consumers, energy saving and efficiency advice and in the case of GNOs, gas extensions. Given their key role NEA feels DNOs and GNOs should receive greater recognition in the guideline, alongside energy suppliers, heating engineers and insulation installers as key actors. In particular, DNOs will, in future, be required to:</p> <ul style="list-style-type: none"> • Explain how they will improve the quality of information they (or other parties) have access to about vulnerable consumers and provide sufficient detail on how this information will be used so that consumers get the support and services they require. • Illustrate how they will continue to engage with a wide range of stakeholders such as local authorities, devolved administrations, health providers, obligated energy suppliers, other energy distributors (both gas and electricity), other utility providers and community 	Thank you. The role of distribution companies is included in the recommendations, as is registration on Priority Service Registers.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>groups throughout the next distribution period. This engagement will consider how best to continue to refine and update the information they collectively hold on consumers in vulnerable situations and clearly illustrate how they will exploit the linkages between respective parties' obligations and responsibilities in relation to vulnerable consumers. These activities should include detailed plans on the delivery of additional assistance to customers that are on their Priority Service Register (PSR), not just within outages but also on a range of social activities.</p> <ul style="list-style-type: none"> • Clearly explain the on-going steps they will take to publicise the benefits that are offered through the PSR, ensuring that their PSR captures all of those that should be included. • DNOs are also stating where they will refer vulnerable customers to assistance provided by other parties, and their business plans must clearly state how DNOs will take steps to assist in the referral (i.e. by making sure these sources of help are directly relevant to the circumstances of that household, the support being recommended is able to accept new applications at the time the referral is made and the recommended programmes are specific to the geographical location of that household (e.g. ECO in England, HEEPS and Nest schemes in Scotland and Wales and any services identified at a local authority level). <p>Ofgem have also made it clear to all DNOs that their role to provide assistance to vulnerable and fuel-poor households is not restricted to the development, maintenance and delivery of enhanced services under the PSR, and that they</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			have a role to play in providing measures enabling more efficient use of energy for fuel-poor households (through alternate heating technologies or in-home energy efficiency measures).	
National Energy Action	General		<p>Specialist coordination NICE may wish to consider giving more emphasis to encouraging action among key actors to increase expertise in housing, energy and advice sectors both locally and nationally, and to recommend shared decision making via special Task and Finishing Groups as part of HWBs to reflect those expertise. Or as has been established by Greater Manchester HWB, a Fuel Poverty Strategy Group to provide leadership on the issue of cold homes and health as a strategic priority.</p> <p>In addition, NEA believes there is a need for the guideline to clearly illustrate (and for Public Health England to promote) the role of different 'actors' who can support interventions to fuel-poor households (especially local authorities with current duties in relation to housing standards, and Environmental Health Officers (EHOs)) who have a clear and existing roles to enforce housing standards and in particular, to assess private rented properties for excess cold. NEA would note EHOs are therefore a critical part of joining up the actions and activities suggested within the guidelines and this should be made explicit within the final guidelines.</p>	Thank you. The committee felt that the appropriate target for the recommendations around developing the service was the HWB. They will need to take an approach that takes into account local conditions and structures. It is likely that a range of professionals will need to contribute to this, not least EHOs.
National Energy Action	General		<p><u>Cold home and domestic energy requirements for health and wellbeing</u> Throughout the guideline a lot of reference is been made to space heating. This focus is understandable given the increased chances of carbon monoxide poisoning (acute and chronic) if a heating system is old or inefficient, the increased probability (and related cost) of a fall or accident if the householder</p>	Thank you. These are important issues, however the focus is on cold homes as this reflects the referral from

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>is not kept warm and incidence of illnesses or conditions related with exposure to cold indoor temperature (e.g. respiratory, cardio-vascular disease and circulatory conditions). There is however a need to reflect the need for other essential energy demands, in particular, a household's need in relation to domestic hot water. Without adequate hot water there are implications of poor personal and domestic care, hygiene and food poisoning etc. In addition, if a household does not have access to electricity or gas for cooking, this could have implications for diet (poor nutrition/obesity) and a lack of refrigeration.</p> <p>This omission is perhaps a result of the guidance being principally focused on 'cold homes' and not necessarily an inability to meet all 'energy needs', however the stress associated with this inability to afford the energy to meet all the household's needs, not just space heating, is associated with worry, stress and anxiety, which may exacerbate conditions, or increase the risk of energy debt. NICE could perhaps consider including a note in preamble about this.</p>	DH.
National Energy Action	General		<p>Clarification/correction Should references to the Cold Weather Plan (CWP) be for 2014 rather than 2013?</p>	Thank you. This has been amended.
National Energy Action	0.1	1	<p>Cold homes and the wider determinants of health and wellbeing The initial introduction could better reflect the content of the guidelines, including specific details and references to the complexity of cold-related deaths and morbidity, excess winter deaths (EWD), cold homes and specific related health consequences. Content could be expanded to include more on the social and financial consequences of cold homes and fuel poverty that impact on health and wellbeing and the wider benefits of acting to address the</p>	The introduction, which follows a standard template for NICE public health guidelines, is not intended to be a detailed discussion of cold related deaths and

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			problem, e.g. greater social and financial inclusion, known to be associated with improved happiness and wellbeing. An additional bullet following the first could also be added that reads: “ <i>Reducing cold-related morbidity rates</i> ” to make clear that the focus of the guideline is not principally a reduction of EWDs.	morbidity. The ‘context’ section expands somewhat on this, but also directs the reader to other resources which go into more depth. The introductory sentence indicates that morbidity is not the sole focus of the guideline, and this is added to in the considerations section.
National Energy Action	0.1	1	Key actors While the guideline mentions later (Section 2) who should take action, NEA believes this could be more explicit and specified in the preamble. This is the first section most users will read and it is at this point that attention will be captured. By not including a more specific list of who the guideline is intended for risks it going unheeded by many of those it is targeted to. This could be achieved with a simple table listing the key sectors in one column with a second column providing a list of agencies from within that sector, or examples of. As noted above, this should also be explicit about local authorities’ current duties in relation to housing standards and particularly Environmental Health Officers (EHOs) who have a clear and existing role within local authorities to enforce housing standards and to assess private rented properties for excess cold.	Thank you. The structure of the guideline follows a standard template.
National Energy Action	0.1	1	Heating season Health problems that are associated with cold homes do not occur exclusively	Thank you. This issue has been expanded

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			during the winter period – as defined by the Met Office for the purposes of defining the season, or by the ONS for the purpose of calculating EWD. It is important to recognise that cold homes can be a problem and associated health impacts throughout the heating season which may extend beyond the defined winter period. This is in recognition that cold temperatures (not extreme cold) do occur outside the defined winter season and actors both inside and outside the health sector should be aware and alert to the risks. It may be more useful to talk about the importance of 'heating season' rather than 'official' definitions of winter which do not always match up with temperatures experienced.	upon in the considerations section (see 4.3)
National Energy Action	1.1	4	<p><u>Health and Wellbeing Boards providing strategic leadership</u></p> <p>HWBs are in a unique position to champion and/or oversee local action to address the negative health and wellbeing impacts of living in cold homes, even where these are not key health outcome priorities within Joint Health and Wellbeing Strategies. HWB might establish task or sub-groups to develop and take forward action and/or lend support to existing local partnerships of agencies committed to addressing these impacts locally.</p> <p>It is NEA's view that HWBs will be instrumental in achieving localised action on cold homes across the country and welcome the high profile afforded to them within NICE's guidelines. NEA recognises HWBs as the main strategic vehicle for action; however, actual delivery will require the involvement of other key actors, not least local authorities and housing professionals.</p> <p>HWBs should:</p> <ul style="list-style-type: none"> • Ensure housing is represented on Health and Wellbeing Boards • Actively promote integrated working between health, social care, 	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>housing, advice services and energy professionals (including those in the local authority, private sector and voluntary and community sectors) to develop a coordinated approach to address the health and wellbeing impacts of cold homes and fuel poverty locally</p> <ul style="list-style-type: none"> Analyse the scale, distribution and impact of fuel poverty and cold homes within their local community Analyse the range and availability of services, referral pathways and signposting activity to alleviate fuel poverty and the health impacts of cold homes as well as opportunities to develop new and/or support existing provision. <p>The final guidance must be explicit on these points.</p>	
National Energy Action	1.1	4	<p>Local authorities as key strategic actors</p> <p>As noted above, NEA believes local authorities have a key and unique role to play in the development of the recommended strategies to ensure health-related consequences of living in cold homes are incorporated into JSNA processes and to develop strategies to address the issue. Local authorities are unique in that they are one of the few agencies that have the ability to identify and reach into most sections of their communities (including the most vulnerable and hard to reach) and have statutory duties and responsibilities for many of the issues linked to cold-related health risks (e.g. housing, environmental health, social care and more recently public health). The criticality of HWBs as the main strategic vehicle and the local authority as the main delivery or coordinating vehicle should have greater prominence in the draft guideline, including in the initial introduction, but specifically within this recommendation. The NICE guidance must be explicit about local authorities' current duties in relation to housing standards and particularly Environmental</p>	<p>Thank you. The role of local authorities is key. The committee felt that it was appropriate to aim many of the recommendations at HWB. It is anticipated that these will involve others, including environmental health, who may be located in other areas of local government.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Health Officers (EHOs).	
National Energy Action	1.1	4	<p>Using data and evidence to prioritise action on cold homes HWBs are expected to reflect local concerns and priorities. By placing an over emphasis on EWDs and cold-related mortality, HWBs may in fact lower the priority assigned to cold homes because local data (e.g. annual EWDs or deaths) may not suggest there is problem, while cold-related morbidity and wider social and wellbeing impacts of cold homes may not be given priority because data is not easily obtainable/available. This could risk focus being inadvertently redirected towards excess winter mortality as the preferred metric because data and evidence is more easily obtained for localities.</p> <p>NICE's guidelines should also therefore highlight the value in developing an evidence base for the direct financial costs of morbidity that could be triggered by cold homes on the wider or local population. Public Health England should lead on pooling and providing this evidence and presenting it in accessible formats. It would then be possible to make the case at a local level to spell out actions that can reduce the probability of these costs in order to make a more compelling business case for resources.</p> <p>While acknowledging the importance and value of clinical and data from the health sector, NEA would also encourage HWBs to take a broader approach to measuring and monitoring cold-related risk factors and health outcomes. To look outside of the health sector, and beyond clinical data and narrow definitions of risk to include more practice-based evidence and multiple data on cold homes/fuel poverty risk indicators.</p>	We hope the guideline will support a wider view of the impact of cold than one purely based on the number of deaths. The research recommendations (section 5) includes the effectiveness and cost effectiveness of interventions to prevent cold related illnesses and death.
National Energy Action	1.1	4	Aligning the guideline with related strategies and action	The recommendation

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>This recommendation is about the need to develop a strategy to address the health impacts of cold homes. It could be strengthened by including specific references to related strategies with which it shares common goals and with which it could be aligned. An obvious example includes the Cold Weather Plan, which while it is referenced throughout the guideline; it is not in this recommendation. While we are currently awaiting the publication of the Governments' new fuel poverty strategy, this is another example of an aligned strategy that could be included in this recommendation.</p> <p>NICE should also refer to the recently published <i>fuel poverty target for England</i>. The Fuel Poverty (England) Regulations 2014 intend to create a legally binding fuel poverty target that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency standard of Band C, by 2030. The Government is proposing this statutory target will be supported by two interim milestones to be set out in a new fuel poverty strategy for England, which the Government has released for consultation. The proposed interim milestones are:</p> <ul style="list-style-type: none"> • that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency standard of Band E, by 2020 • that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency standard of Band D, by 2025. <p>It is also expected that the new Fuel Poverty Strategy will set out a specific framework for action on fuel poverty, including key roles for the health sector and other key actors from outside health, including those this guideline is targeted to (e.g. GPs, nurses and other frontline health workers and energy, advice and other statutory sectors). For example, the consultation refers to the</p>	<p>includes ensuring actions take account of local and national strategies, and the Cold Weather Plan is listed elsewhere in the guideline. Specific local strategies are not named as these may vary.</p> <p>The guideline includes a link to 'Cutting the cost of keeping warm'.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			introduction of mandated referrals from health professionals into energy efficiency schemes of assistance (this is discussed in a later section).	
National Energy Action	1.1	4	<p>Minimum Energy Efficiency Standards NEA welcomes the inclusion of an assessment of the heating and insulation needs of households. As noted above, on 22nd July 2014 the Government announced its intention to introduce legislation that would require in law a fuel poverty target that would ensure that as many fuel-poor homes as is reasonably practical achieve a minimum energy efficiency rating of Band C by 2030. Interim milestones include: as many fuel-poor homes as is reasonably practical achieve a minimum energy efficiency rating of Band E by 2020; and Band D by 2025. Despite, a concern that the interim milestones and targets are insufficiently ambitious and timescales too slow, the guidelines should specify the Government's targets and highlight that, where practical, interventions or investment from the health sector resulting in energy efficiency measures should seek to reach these standards to support the national targets.</p> <p>Packages of low-cost measures can achieve considerable carbon and cost savings. These measures include:</p> <ul style="list-style-type: none"> Radiator reflector panels External door stops draught proofing External door threshold draught proofing Letter box lagging Pipe lagging Hot water insulation jacket Energy efficient light bulbs GLS - CFL 	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Standby-off plug Carbon monoxide alarm (basic) Setting heating controls (not providing new ones) Check Economy 7 meter times	
National Energy Action	1.2	5	<u>Establishing a referral service</u> This recommendation sets out what type of service should be commissioned by HWBs for addressing cold-homes related ill health and deaths. While NEA welcomes this focus on service provision, no guidance is provided to users on how cold homes, health impacts and risks could, or should be built into JS&A processes in order to affect such a referral service. In addition, and as discussed above, the localised nature of HWBs could result in several different models for the delivery of a Health and Housing Referral Service (HHRS), risking the introduction of a post code lottery in terms of the level of service received. To address this a standardised model could be introduced including guidance on the delivery of a minimum service (the model of delivery) and nationally applicable content (the resources and services), but allowing for models to be locally adaptable and flexible to include additional services or content that reflects local needs and services.	Thank you. The committee felt unable to set a standardised model as there will be differences in existing provision and local services, capacity and problems. These issues need to be addressed locally when developing services.
National Energy Action	1.2	5	Non-clinical outcomes, measures and engagement Recent experience suggests that JS&A tend to include outcomes and measures that are clinically-led, leading to the prioritisation of public health issues for which there is a substantial body of clinical evidence, e.g. obesity, smoking, diabetes etc. NEA is concerned that this reliance on clinical measures and outcomes is resulting in the exclusion of non-clinical outcomes and measures resulting in issues such as fuel poverty and cold homes not receiving priority status locally. This could undermine the development of a	Recommendation 1 addresses covers including the health consequences of living in a cold home in the JSNA. Elsewhere in the guideline emphasis is put on the range of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			strategy by HWBs to address the health impacts of cold homes where this would need to be underpinned by the JS&A. This could also risk non-engagement with strategies by non-clinicians, some of the very people required to engage and deliver a service such as the HHRS described within this guideline.	health outcomes which are important.
National Energy Action	1.2	5	<u>Role of local authorities and housing associations</u> As with recommendation 1 NEA feels that there is not enough emphasis on the key role and involvement of local authorities and housing professionals – two of the biggest group of actors most likely to come into contact with vulnerable and low-income households and already engaged or delivering services related to cold homes and ancillary services, such as welfare rights.	Thank you. Health and wellbeing boards are located within local authorities. Their structure will be determined locally.
National Energy Action	1.3	6	<u>Introducing an integrated approach to service provision</u> This recommendation alludes to what services a HHRS would provide and that HWBs would, with partners, be responsible for ensuring it is delivered. It is NEA's view that this recommendation would be strengthened by the inclusion of services that relate to specific outcomes (e.g. improving housing conditions, improving incomes, improving health and wellbeing etc.) and suggestions for the types of agencies that could be involved in their provision. For example, in a recent briefing to HWBs NEA advocated the inclusion of specific services as part of an integrated approach to improving the physical health, mental health and wellbeing of low income and vulnerable households at risk of cold-related morbidity or mortality. These were: Services to improve housing and living conditions:	Thank you. The recommendations follow the standard NICE template.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<ol style="list-style-type: none"> 1. Energy advice incl. insulation and heating solutions (i.e. energy efficient solutions), tariff and switching advice, advice on controlling and paying for energy; energy behavioural advice as well as utility services for those with special needs 2. Energy efficiency and ventilation interventions incl. signposting heating draught-proofing, insulation and appropriate ventilation¹² provision 3. Home fire safety advice and home security checks 4. Promotion of heating/hot water appliance safety checks (re appliances - gas and electricity, oil and LPG) 5. Promotion of gas emergency information (re. gas leaks) 6. Home Improvement Agency support (for eligible households) incl. handy person services for small repairs or adaptations, loft clearance, home hospital support, assessment and assistance with home improvements 7. Healthy home advice – incl. advice on alleviating damp and mould growth avoiding excess cold/ heat and carbon monoxide from faulty fuel burning appliances, falls prevention, and avoiding electric shock, burns/scalds, fire. Access to home assessments for private sector tenants and owner occupied properties <p>Services to improve incomes and financial management:</p> <ol style="list-style-type: none"> 8. Income maximisation – incl. regular benefit and entitlement reviews, assistance to access energy supplier trust funds, charitable provision and welfare assistance etc. 9. Money advice incl. assistance to develop/manage budgeting plans and support; access to banking facilities or other forms of low-cost finance in 	

¹² Note: appropriate ventilation must be a consideration when installing energy efficiency and heating measures but may result in heat loss. Mechanical heat recovery ventilation may help to recover heat that would otherwise be lost to the external environment and could be a consideration for housing improvement programmes but is not currently part of national ECO provision.

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Credit Unions</p> <p>10. Fuel debt advice to deal with electricity, gas, fuel oil and water debts. A to utility trust funds and charitable assistance and local welfare assistance deal with fuel debt etc.</p> <p>Services to improve health and wellbeing:</p> <p>11. Seasonal planning and preparation advice – re health promotion and prevention advice on avoiding cold (and heat) risks and planning for cold (hot) weather</p> <p>12. Flu and pneumococcal vaccinations for eligible individuals</p> <p>13. Medication and medicine use reviews for relevant individuals</p> <p>14. Implementation of brief health interventions plans for relevant individuals re alcohol, smoking, obesity etc. to include consideration of the impact of housing, low income and poor living conditions on presenting problems appropriate interventions as part of the solution</p> <p>15. NHS Health Checks for those aged 40-74 (re: stroke, dementia, heart disease, diabetes & kidney disease) to include consideration of the impact of poor housing, low income and poor living conditions as potential contributors to health impacts and appropriate interventions as part of the solution</p> <p>16. Personal contingency plan – incl. a plan of action to protect vulnerable households in cold (and hot) weather which may include a range of activities incl. agreeing emergency contacts, schedule of social contact and assistance with key tasks (e.g. shopping, fuel payment/purchase) etc.</p> <p>17. Social care and social inclusion support incl. befriending, education opportunities, access to other specialist advice and social support services good citizenship support, enablement services (incl. home from hospital assistance, meals on wheels and laundry services, physiotherapy, occupational therapy, Telecare etc.</p> <p>18. Nutritional and hydration advice incl. healthy eating for low</p>	<p>it Unions specialis supplier</p> <p>S; Social nd comm munity/</p> <p>s actice; LA</p> <p>actice; NH y volunta r provider actice planning y/commur providers viders; So and viders; g provide h; Social communit</p> <p>actice; scharge</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>income/vulnerable households</p> <p>19. Locally commissioned/ local enhanced services incl. interventions to reduce unplanned admission/re-admission to hospital for particularly vulnerable households due to cold risk.</p> <p>Services for those with special needs:</p> <p>20. Home Improvement Agency services – see housing section above</p> <p>21. Access to energy supplier/distribution company Priority Services Register e.g. large print, audio or Braille bills; nominated bills; password schemes; appliance checks etc.</p> <p>22. Advocacy for those with specific support needs incl. support for those with mental health issues, learning difficulties or face barriers to provision due to language, cultural or religious reasons</p> <p>23. Access to a 'support/crisis' fund – to provide emergency or 'top-up' assistance (e.g. for emergency heating/heating repairs to avoid unplanned admissions/delayed discharge from care etc.)</p> <p>24. Disability support or enablement services – re. managing and controlling energy use</p> <p>25. Assessment for assistive technologies incl. Telecare services (call and sensors etc.), adaptations (incl. heating and hot water controls) etc.</p>	
National Energy Action	1.3	6	<p>Leadership and governance This recommendation includes no clear explanation of the governance</p>	Thank you. Governance, accountability and

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			systems to be employed nor lines of accountability and responsibility for oversight and local coordination. Rather this is a description of the service content and thus risks creating a situation whereby services are inconsistent in their mode of delivery, but also content. By not assigning an overall coordinator, or suggesting the allocation of one, there is a risk that the HHRs duplicates existing provision rather than complements.	coordination will need to be addressed by the commissioning organisation and will need to be addressed locally. The recommendations include identification of existing services locally.
National Energy Action	1.3	6	<p><u>National and local variations in energy efficiency and fuel poverty scheme provision</u></p> <p>While NEA recognises the need for and value of a one-stop referral service, this recommendation does not acknowledge nor give examples of current energy efficiency and fuel poverty programmes and how these differ across the UK. Fuel poverty is a devolved issue and as such there exists a separate and different national scheme in each country of the UK to deliver energy efficiency interventions. In England there is, unlike in the other countries of the UK, no national government-funded fuel poverty programme for energy efficiency improvements. Instead, current provision is through the Home Heating Cost Reduction Obligation element of the Energy Company Obligation (ECO). NICE's guideline and any HHRs should account for these national variations in provision, as well as local provision.</p> <p>One of the main reasons for this is to ensure households referred into programmes in England (principally HHCRO eligible households) are not asked for any capital contributions that are variable and not subject to any effective monitoring or scrutiny (by either the Government or the scheme administrator). This issue is particularly acute in the Private Rented Sector</p>	Thank you. Please note that the final recommendations refer to a single point of contact. They acknowledge the existence of local and national action and the need to incorporate this into services locally.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>where tenants currently (and increasingly in the future) may be asked to contribute towards the cost of energy efficiency measures instead of the landlord. Whilst in the short term, halting this practice overall may mean some HHCRO eligible households may miss out on assistance all together, this level of prescription is necessary until the Government has taken steps to ensure the contributions that are being sought are proportionate and not simply increasing the margin that a local contractor or supplier is able to net from the delivery of measures. NEA believes this issue is best addressed by ensuring suppliers demonstrate they are taking every possible step to identify and leverage these new (or existing) sources of revenue (from local authorities, social housing providers, landlords, public health bodies and/or Distribution Network Operators) before asking ECO-HHCRO (or Carbon Saving Communities Obligation (CSCO)) eligible households for any capital contributions.</p> <p>In addition, as noted above, the Fuel Poverty Strategy consultation discusses mandated referrals to fuel poverty and energy efficiency programmes, NEA is calling on the Government to urgently introduce this to address a lack of guaranteed assistance for certain specified HHCRO eligible households. Whilst there are many proposed suggestions made in this response, this a key objective and is possible by activating existing powers which enable the Secretary of State to focus the delivery of energy efficiency programmes on specified types of people or specified geographical areas through secondary legislation. These powers would require the energy companies to follow up 'mandated' referrals' with <u>guaranteed</u> assistance being provided to the specified householders. This in turn would give far greater confidence to health practitioners, local authorities and community-based organisations to refer households for assistance.</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
National Energy Action	1.3	6	<p><u>Protecting all vulnerable households</u> Many of the current energy efficiency and fuel poverty programmes of assistance apply eligibility criteria which are based on the receipt of means-tested benefits, and the demographic profile of household types. However, households that are vulnerable to the health-related impacts of cold homes may fall outside of current eligibility criteria. For example, those not in receipt of a qualifying benefit, or with an income marginally above the qualifying threshold. As such, this recommendation could be strengthened by including a statement on how the HHRS could ensure such vulnerable households will be supported via local and third party offers that do not apply criteria (where they exist) and/or funds that those HWBs or the HHRS may be able to access; the Health through Warmth scheme or a locally commissioned scheme for example.</p>	Thank you. The recommendations include assessment of benefits received to ensure that appropriate benefits that may allow additional support is claimed. However local funding and resourcing is beyond the remit of this guideline.
National Energy Action	1.3	6	<p><u>Emergency and crisis heating</u> While NEA recognises and supports the need for emergency heating provision in times of crisis, NICE could consider including acknowledgement of and suggestions to mitigate any hardship or risk that may inadvertently be induced. For example, electric heaters can be very expensive to run and households could incur additional expense that cannot be afforded, gas heaters can bring their own health risks.</p> <p>NEA would recommend careful consideration of the types of emergency heating included and action to mitigate this risk. For example, providing emergency financial assistance to cover the cost of secondary or emergency heating units, especially for those in crisis situations, near death or at immediate risk. In these situations action to remedy crisis situations may also</p>	Thank you. Access to short term credit is included as an example of short term emergency support at times of crisis (recommendation 3).

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			need to be rapid and any service implemented would need to account for this and make adequate provision.	
National Energy Action	1.3	6	<u>Income-related and fuel bill assistance</u> In recognition of the role played by income maximisation services in the prevention and reduction of fuel poverty, as well as ensuring that all due benefits are being claimed (a service not required in current national schemes in England (i.e. ECO)) the inclusion of services such as benefit entitlement checks, should be extended to include referrals to and raising awareness of instruments such as the Warm Homes Discount, Winter Fuel Payment and Cold Weather Payment. The latter two policies are consistently in the frame for reform, however, in recognition of their role in tackling fuel poverty NEA would like to see them retained, and if reformed, the quantum of resources 'saved' and reserved to increase support for all groups at risk of fuel poverty.	Thank you. The recommendations make reference to the importance of addressing financial issues. National policy is beyond the remit of this guideline.
National Energy Action	1.3	6	<u>Clarification/correction</u> Bullet point 7 should refer to payment methods rather than billing systems. The payment method is that which is used by the consumer whereas the billing system implies systems used by the supplier.	Thank you. Payment is included in the reference to tariff.
National Energy Action	1.3	6	<u>Suggestion merge recommendations</u> Recommendation three is about the content HWBs and their partners should ensure a HHRs includes, including advice and support. This is very similar to what is recommended in recommendation six but with reference to 'others' visiting vulnerable people and how they could assess their heating needs. To avoid duplication and simplify the guideline recommendations three and six could be merged and include an indication of what tasks would be expected of HWBs, health professionals and 'others'. It would also be useful or include a	Thank you. Recommendations 2 and 3 have been amended for clarity. Recommendation 6 aims to encourage professionals to refer people at risk to the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			definition of which agencies are included in these categories of actors – perhaps including a by sector list of agencies (see above) and with particular reference to the valuable role of Environmental Health Officers (EHOs)).	service.
National Energy Action	1.4	7	<p><u>Cold homes risk assessments</u></p> <p>As noted above, NEA is supportive of Environmental Health Officers (EHOs) performing this valuable role. However, while it would be essential for a HHRS to identify people at risk from living in a cold home this recommendation implies that the knowledge of how to do this is already known. It is NEA's experience that this is not necessarily the case. For example, it would be very difficult for health and social care professionals with no previous experience or training, or no prior engagement in issues relating to cold homes and fuel poverty to understand what constitutes risk and vulnerability, and therefore to be able to make an assessment or viable referral.</p> <p>NEA would welcome the inclusion here of recommendations to develop help and guidance on the development of risk assessment questions or criteria, for example, those which could be combined into existing tools, such as the Single Assessment Process (SAP) and Common Assessment Framework (CAF). Common questions could be included, but they would need to be reinforced by training for professionals in contact with vulnerable households. In addition, assessment criteria and question sets should be reviewed periodically, as should individual households, to account for spatial, temporal and service level changes.</p> <p>In developing a local protocol/checklist, training should be considered for the user (assessor) to ask questions which may identify an underlying cold home risk (for example, due to lack of home insulation; effective heating or hot water</p>	Thank you. Training needs of different groups are addressed in subsequent recommendations.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>systems or controls; housing disrepair; behavioural issues; and financial hardship affecting energy affordability etc.).</p> <p>NEA has previously advocated key questions for inclusion into the SAP and CAF and as part of 'Make Energy Contact Count'. Example questions include:</p> <ol style="list-style-type: none"> 1. Have you been able to keep your whole house warm enough to be comfortable during winter or cold weather in the past 12 months? 2. Have you used your heating less than you would have liked, disconnected your fuel supply and/or had difficulty paying your fuel bills in the past 12 months? 3. Have you experienced mould, condensation or damp in your house in the past 12 months? 4. Are you able to use/control your heating and hot water systems? 	
National Energy Action	1.4	7	<p><u>Establishing a healthy home / healthy life check list</u></p> <p>NEA supports the development and use of common assessment protocols/checklists by health, mental health, social care and other practitioners to better identify potential cold risks to health and wellbeing, and to facilitate appropriate interventions. They should ensure that 'healthy home/ healthy life' questions (including those to identify fuel poverty and cold risks) are integrated into assessment protocols/checklists (for example, housing allocation and hospital admissions and discharge planning arrangements to counter the 'revolving-door' situation whereby vulnerable people might be discharged to cold homes only to be re-admitted for a cold-related condition).</p>	Thank you.
National Energy Action	1.4	7	<p><u>Key referral points – hospital admission and discharge</u></p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			NEA would advocate the introduction of processes that would trigger referrals to cold-homes related services at both the admissions and discharge stages. By doing so, remedial action can be taken while patients are in hospital receiving treatment and help to avoid delayed discharge because of a cold home. Such a procedure could be built into existing assessments where patients have been admitted with a cold-related illness, or if they are considered to be 'vulnerable'.	Recommendation 7 (previously 8) includes assessment in advance of discharge, for instance when booking a planned admission.
National Energy Action	1.5	7	<u>At risk groups</u> The phrasing of this recommendation could be made more explicit in regard to the groups listed being those that require increased attention and assessment owing to them having the greatest risk. There does however seem to be a number of gaps, specifically the acknowledgement of the different cold-related risks associated with different age groups; infants and adolescents for example. Evidence of how risk is different for these groups and how cold homes are associated more with poor physical health outcomes for young children, while it is poor mental health outcomes that are associated more with cold homes among adolescents is provided in research by Prof. Christine Liddell and research by NatCen into poor housing conditions that found cold and mouldy homes to be predictors of poor physical and mental health.	Thank you. The vulnerable groups are now listed in recommendation 2.
National Energy Action	1.5	7	<u>Sensory impairment</u> The reference to those with disabilities could be extended to include those with sensory impairment, or for this group to be listed separately.	The vulnerable groups are now listed in recommendation 2. Recommendation 3 includes the tailoring of solutions to individuals, including taking account

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				of sensory impairments.
National Energy Action	1.5	7	<u>At risk groups should reflect current policy</u> The reference to households with children should be amended to reflect ECO eligibility criteria, that is: <i>households responsible for a child under 16 years, or a dependent child aged under than 20 years if they are in education or training.</i>	Thank you. Vulnerable groups are intended to reflect susceptibility to health effects rather than specific criteria for eligibility for support.
National Energy Action	1.5	7	<u>A coordinated and up-to-date referral service</u> The proposed local HHRSSs should ensure referrals to services are consistent in regard of national services and programmes while including flexibility and tailoring that reflects local provision. In the absence of an HHRSS practitioners should be trained to allow them to be able to make swift and appropriate referrals to national and local providers. A responsible body would be required keep health and social care practitioners abreast of current and changes to policy and programme availability both nationally and locally.	Recommendations 1, 2 and 3 include the need to identify local and national services and resources when developing the local programme.
National Energy Action	1.5	8	<u>Understanding behaviour and identifying risk</u> While it is true that some people may not like to admit they are having a problem, it is also true that some do not recognise a problem because of habitual practices and generational norms. Research by NEA in 2012 for the Department of Energy and Climate Change identified the role of generational norms among older households that influenced their energy practices and attitudes to energy, including thrift and waste. The role of psychology, including the psychology of the home, and perceptions of what it is to be a 'good host' should also be acknowledged. For example, some households may be willing to put up with the cold if it is just them, but change their practices when they have visitors or guests. Thus identifying cold homes may be difficult for those not trained to look for less obvious attitudinal indicators as	Thank you. It is important that professionals are aware of these issues. Training is addressed in subsequent recommendations.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			well as building or situational factors.	
National Energy Action	1.5	8	Clarification/correction Bullet 2 on page 8 could be rephrased and clarified. NEA recommends that the word 'force' is changed to 'required' or 'have no choice'. If possible this point could better link to and make more explicit the need for extended heating requirements and different heating patterns and therefore greater energy costs.	Thank you. This has been amended to 'spend longer than an average amount of time at home'.
National Energy Action	1.5	8	Identifying required and appropriate remedial action Bullet 3 on page 8 – this recommendation implies that health and social care professionals have the skills to 'identify how the problem of cold homes could be improved'. This implies that the required knowledge and skills are already in place. However, many will not be energy or fuel poverty trained or knowledgeable – especially with regard to recommending remedial action. Where training is not available or provided to such professionals then as part of the HHRS a household should be assessed by trained and knowledgeable professionals. NEA acknowledges that Health and Social Care, as well as other professionals, often have busy schedules. As such, NEA would draw NICE's attention to the value offered by online e-learning facilities, such as NEA's Fuel Poverty and Health E-Learning course. The HHRS should also link to Cold Weather Plan (CWP) recommendations to ensure the full range of services are available and promoted locally, as advocated by the CWP.	Thank you. Training is an important element and is addressed in subsequent recommendations. The recommendation also links to the single point of contact service outlined in recommendations 2 and 3.
National Energy Action	1.5	8	Data sharing	Thank you. The

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Bullet 4 on page 8 – while NEA agrees that data sharing and monitoring of outcomes associated with cold homes interventions is important there are questions of how and what data should be collected, shared and by who.</p> <p>No process or system is proposed in the guideline for the collection, storage and sharing of data relating to the assessment, the solutions/remedies/interventions, referrals to providers and outcomes. The issue of where the data should be recorded and stored, i.e. in the notes left with patients/clients for multi-agency contact, may mean some professions are excluded as this collection and sharing of data may depend on the entry point for the assessment, e.g.GP, preventing notes from being shared for reasons of confidentiality.</p> <p>NEA would recommend NICE consider data sharing protocols, ethics and governance systems and provide some high level recommendations in the guideline for how this could be achieved, or as a minimum, what factors should be considered.</p>	<p>committee felt that this issue needs to be addressed locally. They note that examples of successful working exist.</p>
National Energy Action	1.6	8	<p><u>Cross-sector referrals and joined-up policies</u> NEA supports the principle behind this recommendation but finds it somewhat unclear. It suggests assessment and referrals for remedial actions should be taken but says too little about ‘who’ and ‘what’. However, where this remedial action could realistically be undertaken by key individuals this should be specified, e.g. heating engineer when installing a smart meter. The guideline should recognise where it can link to and be joined up with other national and relevant policies, in particular the roll-out of smart meters. The Government’s Smart Metering Implementation Programme, which will seek to install 53 million smart meters in approximately 30 million premises, represents a unique</p>	<p>The recommendations link to the single point of contact system outlined in recommendations 2 and 3. Recommendation 6 also includes smart meter installers. Please note further reference to smart meters and similar technological advances</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			opportunity to identify, contact and visit every household in Great Britain. As such, the roll-out should be joined up with initiatives to address fuel poverty and cold-related illnesses and deaths. NEA is therefore advocating for an extra help scheme for vulnerable consumers to be implemented for the smart meter roll-out. We are recommending suppliers implement, and the Smart Meter Installation Code of Practice mandate, an improved and dedicated vulnerable customer pathway for installation that ensures processes and guidelines are in place for smart meter installers to refer identified vulnerable householders to supplier extra help teams. These teams should then provide customers (upon their consent) with an assisted referral (i.e. not customer-led) into energy assistance and advice schemes offered by the energy companies themselves, along with initiatives run by local government and the third sector (e.g. CAB). Providing such a pathway as part of the smart roll-out could be a crucial way to help action this recommendation and reach people in need.	can be found in the research recommendations (section 5).
National Energy Action	1.7	9	<p><u>Application of Information and Communication Technologies (ICT)</u> As noted above, NEA is supportive of the need to include, where possible, advancements in technology, both to support professionals in making referrals, but also to support households in managing energy and achieving affordable warmth. This recommendation however, does not include enough detail about the types of 'technologies' the guideline is referring to and as such does not allow the user to identify agencies that should be involved. For example, if this is about tele-care and other applications for ICT then NICE may wish to consider including some specific examples.</p> <p>In addition, ICT applications carry significant potential to aid professionals who are working with vulnerable households, not just householders themselves. For example, ICT applications could be used to aid referrals by developing</p>	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			systems that link directly to service providers to generate real-time referrals. One of the major factors limiting referrals can be time; especially among busy professionals who have many competing priorities. Well designed and supported ICT applications could assist those working with vulnerable groups to refer on quickly and efficiently, ensuring that critical assistance is provided swiftly.	
National Energy Action	1.7	9	Clarification/correction The recommendation title refers to 'new' technology, but it would be more accurate to say 'new and existing' as there may be established technologies that could have useful applications but are not currently in use in the context of cold homes alleviation. NEA does however recognise that there is an opportunity to encourage and improve connectivity and the 'linking-up' of technologies such as smart meters, tele-care and other ICT, including temperature and movement sensors to improve and extend independent living.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
National Energy Action	1.8	9	Embedding processes This recommendation would benefit from more detail on embedding sequential processes and making sure the basics of energy efficiency and heating are addressed first and quickly. It should also recognise that in some cases such an approach could be more cost effective than keeping someone in hospital. As discussed earlier, emergency and temporary heating could be considered to allow release from hospital or care while repairs or interventions are carried out, but NICE may wish to include a reference to additional support, in the form of assistance with heating costs, that might be required to avoid inducing further hardship by installing expensive emergency heating. 'Softer'	Thank you. The committee discussed the importance of avoiding delays in discharge to avoid the additional cost and potential risks to the patient. Emergency support is discussed in recommendations about the single point of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			interventions can then follow, for example, making sure heating is on and households know how to use it, tariffs and energy saving advice etc.	contact service, and this recommendation includes referral to that service as necessary.
National Energy Action	1.8	9	<p><u>Integrating a holistic approach to tackling cold homes at hospital/care admission and discharge</u> NEA welcomes this recommendation but would recommend a more holistic approach to cold homes and admissions and discharge by not focussing solely on heat needs. Admission and discharge processes could also include other linked aspects of fuel poverty and cold homes e.g. hot water needs, debt and money advice, controls and access to fuel, appropriate tariffs etc. – all of which can contribute to risk of experiencing cold home and fuel poverty, and may also reduce delays to discharge and readmissions.</p> <p>As discussed above, NEA would also advocate action at the point of admission, i.e. assessment, to allow for action to be taken early and prevent delayed discharge.</p>	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked admission.
National Energy Action	1.9, 1.10	10	<p><u>Training provision and good practice</u> NEA as a well-established, experienced and trusted provider of fuel poverty and domestic energy training is encouraged by NICE's recognition of the need and value of training, as set out in the guidelines. However, the recommendations imply no knowledge that good practice training packages and modules on fuel poverty, cold homes and health already exist. For example, all of NEA's training courses have some links to health built-in (to varying degrees or added as a separate module) but the array also includes a specific 'Fuel Poverty and Health' course that examines the consequences of living in a cold, damp home, links with physical and mental health and</p>	Thank you. We hope to produce implementation tools to support the guideline which may include links to existing materials.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>wellbeing, and the current solutions and referral pathways available to assist households to adequately heat their home. The course has been specifically designed with busy professionals (both inside and outside the health sector) in mind and covers:</p> <ul style="list-style-type: none"> • Fuel poverty and its causes • Fuel poverty and health • Fuel poverty indicators • Heat loss within the home • Condensation dampness • Green Deal and Energy Company Obligation • Grants and assistance <p>The course is delivered as a half-day classroom-based course or e-learning.</p> <p>NEA is also currently developing a training module on carbon monoxide awareness in the home to add to our current 6281-01 City & Guilds accredited programme and is also considering its inclusion in the above referenced Fuel Poverty and Health course too. This development came about after recent revisions by the Department of Health of estimates of incidents of carbon monoxide poisoning. It is now suggested that there are approximately 4000 visits to Accident and Emergency Departments every year for carbon monoxide poisoning. Previous figures suggested 400 non-fatal incidents requiring hospitalisation.</p>	
National Energy Action	1.9, 1.10	10	<p><u>Training and accreditation</u></p> <p>NEA would encourage NICE to advocate training that has been accredited by a professional body (e.g. City & Guilds) and which includes how to assess and</p>	Thank you. This recommendation now includes training as part

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			identify key risk factors, including some of those given emphasis in this guideline. In addition, NICE and HWBs should recognise the value of training by ring-fencing funding. Furthermore, more could be included about appropriate lines of responsibility for commissioning training and how recognition of its value could be enhanced among HWBs and commissioning bodies.	of CPD.
National Energy Action	1.9, 1.10	10	<u>Harnessing existing skills</u> NEA would like to see in the guideline greater recognition of existing skills and resources within the health and social care professions and suggestions for how professionals' existing skills can be capitalised on. Engaging and working with health and social care professionals on the issue of cold homes and fuel poverty is not a new activity, but more is required on how to engage with and build on the skills of those already active in this field, including continuing professional development requirements.	Thank you. The committee recognises the level of existing skills. It hopes that the recommendations will support the expansion of these skills. Please note that recommendation 8 (previously 9) has been amended to 'ensure training to support continuing professional development...'
National Energy Action	1.9, 1.10, 1.11	10, 11	<u>Possible merging of recommendations</u> There is some duplication and lack of consistency of approach between recommendations 9,10 and 11. Certain aspects of training regardless of who was being trained would be the same. For example, identifying risk, referrals and signposting. Other aspects would vary depending on the skills and background of the individuals e.g. health and social care professionals versus heating engineer, smart meter installer or advice worker.	Thank you. There will be some overlap of training, however the target audiences for these recommendations are different so it makes sense to keep them separate.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Recommendations 10 and 11 could be merged (i.e. non Health and Social Care)	
National Energy Action	1.11	11	<p><u>Training and accreditation for energy sector professionals</u></p> <p>NEA supports this recommendation and agrees that those in direct contact with vulnerable householders in the energy sector should have the appropriate level of training and support to identify and address vulnerabilities and refer householders at risk into sources of further assistance. In particular, and as mentioned at Recommendation 6, over the next six years the Smart Metering Implementation Programme, which will see smart meter installers visiting every household in Great Britain, represents a critical opportunity to reach and help those suffering from the effects of a cold home. Currently, the Smart Meter Installation Code of Practice requires installers to be CRB-checked and trained on vulnerability by a National Skills Academy for Power (NSAP)-accredited provider or equivalent. NEA is recommending this training address and demonstrate compliance with (in the form a minimum NSAP standard) the following topics: understanding the definition of vulnerability (including the Energy UK Safety Net for Vulnerable Customers and Ofgem's Consumer Vulnerability Strategy); identifying vulnerable consumers (including recognising key indicators of vulnerability and using appropriate techniques to sensitively question and engage with customers); providing appropriate guidance in response to vulnerable consumers' needs (including identifying sources of help and identifying energy efficiency improvements); and understanding effective ways of communicating and interacting with vulnerable consumers (including tailoring advice and materials, responding effectively to queries and questions and checking a customer's understanding). Providing the minimum standard adopted by NSAP is rigorous and in line with these recommendations we believe there is opportunity for</p>	Noted, thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>NICE to align its guideline, or at least reference, existing training requirements for smart meter installers.</p> <p>However, the labour skills (installation) identified above may not always be necessary, notwithstanding the training required to respond sensitively and appropriately when working with vulnerable households, there are packages of low-cost measures that can achieve considerable carbon and cost savings. These measures, as discussed above, include:</p> <ul style="list-style-type: none"> • Radiator reflector panels • External door stops draught proofing • External door threshold draught proofing • Letter box lagging • Pipe lagging • Hot water insulation jacket • Energy efficient light bulbs GLS - CFL • Standby-off plug • Carbon monoxide alarm (basic) • Setting heating controls (not providing new ones) • Check Economy 7 meter times <p>This works would not require significant accreditations and therefore low skilled labour could be used and boost local employment and regional economic growth without the overheads associated with training employees to undertake extensive heating or insulation measures.</p>	
National Energy Action	1.12	11, 12	Public awareness campaign	Thank you. No evidence

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>This recommendation would seem to suggest the need for a public awareness campaign, and while it states those involved should include Public Health England, HWBs and DECC, it could usefully include some commentary on whether separate or joined campaign would be the preference. It is NEA's view that any campaign should involve these key actors acting collectively, as well as other key stakeholders, such as the Department for Health to encourage cross-departmental working, shared knowledge and learning, but importantly, to avoid any crossed, confusing or contradictory messages. Other stakeholders, such as the energy industry, both suppliers and distribution companies, and consumer representative and community groups could also be involved in promotional and dissemination activities,</p>	<p>comparing the effectiveness of joint or separate campaigns was identified.</p>
National Energy Action	1.12	11, 12	<p><u>Harnessing existing resources</u> Well founded and trusted information of the types referred to in this recommendation already exist, but NEA acknowledge some new or adapted versions may be required for the health sector. That said, much of the basic content does exist and could be easily adapted or drawn upon.</p> <p>NEA would encourage NICE to consider the availability of these resources and where they could be incorporated into such a campaign to ensure consistency (allowing for local variation) while also creating efficiencies. For example, NICE may wish to consider how the Department of Health's Keep Warm, Keep Well campaign could be harnessed and enhanced to help deliver this objective.</p> <p>As noted above, a key area to address is that where vulnerable households are referred to assistance, clear steps must be taken to assist in the referral (i.e. by making sure sources of help are directly relevant to the circumstances</p>	<p>Thank you. Details of possible campaigns would need to be considered by the commissioners.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			of that household, the support being recommended is able to accept new applications at the time the referral is made and the recommended programmes are specific to the geographical location of that household and include any services identified at a local authority level).	
National Energy Action	1.12	11, 12	<p><u>Engaging vulnerable households</u> NEA would draw NICE's attention to several recent reports from research funded by DECC that examined appropriate communication strategies for supporting vulnerable energy consumers:</p> <ul style="list-style-type: none"> • NEA, 2012, Green Deal and Energy Company Obligation: The design and delivery of energy efficiency and fuel poverty advice services to vulnerable citizens • NEA, 2012-14, Warm Homes for Older People (phases 1-3) <p>Some relevant points included:</p> <ul style="list-style-type: none"> • the creation of single point of contact for consumers enquiring about assistance available to them for energy efficiency improvements via a single free phone number and to whom third parties could refer households for more information • while a multi-channel national campaign would provide wide coverage and reach, there is a valuable role to be played by local partners in providing well-coordinated and trusted support in their communities and, particularly, to vulnerable groups with whom they have an established relationship. • new and innovative ways to engage with vulnerable consumers, including those with language difficulties, sensory impairment, low 	Thank you. We hope recommendations 1-3 reflect these issues.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>levels of functional numeracy and literacy and the socially isolated should be considered. They should be varied, flexible and blended to meet the needs of individuals with a spectrum of needs</p> <ul style="list-style-type: none"> careful and on-going monitoring of how vulnerable consumers are communicated with, how well they respond to advice and support and the extent to which they are able to access and take up the assistance available to them is recommended. New programmes should be reviewed regularly in light of this. 	
National Energy Action	1.12	11, 12	<p><u>Engaging and involving private landlords</u> With reference to this recommendation to raise awareness among professionals and the public about how to keep warm at home, and the support that is available, NEA would recommend a specific reference to the role of private landlords, and efforts that could be taken to encourage and enforce action within this sector; the Home Health and Safety Rating System (HHSRS) for example.</p> <p>The key attribute of this is that landlords have the responsibility for ensuring the dwelling is fit for habitation and is not perilous. However, local authority enforcement action has been minimal, mainly as a result of limited resources and competing pressures on local authority Environmental Health Officers. It is also important to stress that, even in times of public sector cuts, it is imperative that local authorities fulfil their current duties in relation to housing standards and actively enforce the HHSRS and act on guidance produced under the Home Energy Conservation Act (HECA). However, deep cuts to Council funding is making it more challenging for councils to maintain past levels of investment and support to help tackle fuel poverty and reduce domestic carbon emissions. This is despite the obvious importance of them</p>	<p>Thank you. Recommendation 12 (previously recommendation 13) says: 'use existing powers to identify housing (particularly in the private rented sector) that may expose vulnerable residents (see recommendation 5) to the cold'.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			tackling (and fulfilling) their current duties.	
National Energy Action	1.13	12	Clarification/correction NICE may wish to reconsider the title of this recommendation and refer to 'homes' rather than 'buildings'. Buildings suggest that the scope of the guideline extends beyond the domestic sphere, while 'homes' does not and would provide greater consistency of terminology.	Thank you.
National Energy Action	1.13	12	Supporting existing building and energy-related policies NEA supports the guideline's recommendation to align to existing building regulations that apply in the domestic sector (i.e. to homes) – in particular Building Regulations, the Home Health and Safety Rating System (HHSRS), Trading Standards and Energy Performance Certificates. NICE may also wish to consider how the guideline could align to, or support, the Decent Homes Standard (DHS). DHS has been implemented to ensure that all social housing meets a minimum standard of decency and includes requirements for both heating and insulation, and health and safety hazards.	Thank you. Achieving the Decent Homes Standard is assessed by the HHSRS so is included in this recommendation (now number 12)
National Energy Action	1.13	12	Reducing all households exposure to risk NEA would advocate that the recommendation to use existing powers to identify housing that may expose vulnerable residents to the cold should be rephrased to cover 'any' household, not just those considered 'vulnerable'. This is currently the case with current mechanisms, such as the HHSRS. NEA would also advocate this to be proactive identification (assessment of risk factors with households but also working with landlords to assess risk in their housing portfolios) and enforcement where required (after option to correct a situation has been suggested). The inclusion of good practice examples here might be useful to those using guidance.	Thank you. The aim of guidance is to support targeting of action to those who are most at health risk and who have the most to benefit from interventions. We hope to produce implementation support materials which may

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				include examples of good practice.
National Energy Action	1.13	12	Clarification/correction Greater clarity could be given here to demonstrate that this recommendation applies across tenures and that action should be taken to ensure that all households understand available options for improving heating, hot water and hazard avoidance to avert poor health outcomes associated with cold homes.	Thank you. This recommendation applies across tenures, although the committee wanted to emphasise the private rented sector.
National Energy Action	1.13	12	Clarification/correction This recommendation could perhaps go further and include references to informing all households (tenants and owners) of their rights and minimum standards.	Thank you. The recommendation is aimed at encouraging action to address problems.
National Energy Action	3.6	20	Fuel poverty definition How fuel poverty is described could be improved and is poorly phrased. Fuel poverty is not about a household's inability to pay for adequate 'heating' – it is about a household on a low income and having above average energy costs <u>required</u> to heat <u>and</u> power the home to the necessary standard required for health and wellbeing. However, if NICE were to continue to insist on a focus on simply heating costs, the following definition would be more appropriate: <i>"Fuel poverty is a diminished or unequal ability of an individual (or groups of households) to convert a low income into adequate internal temperatures within the dwelling to protect the health and wellbeing of the occupants"</i> .	Thank you. The focus of this guideline is on cold homes. This section includes a link to the Hills report and reference to the definition of fuel poverty it uses.
National Energy Action	3.7	20	National cold-homes related policies The section under national policy is misleading and could be strengthened.	Thank you. Additional policy links have been

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>While national policy linked to cold homes and health may be driven by the CWP it does not drive other national policies associated with cold homes. For example, fuel poverty policy – of which there is no mention in this section - or any of the national programmes driven by national fuel poverty policies in England and the devolved nations are mentioned; ECO Home Heating Cost Reduction Obligation (ECO-HHCRO) and devolved national schemes for example. Further to this, ‘environmental issues’ – if by this it is meant carbon reduction, only partly drive national policies on cold homes – i.e. parts of ECO, but not ECO-HHCRO, Warm Homes Discount Scheme nor the winter fuel or cold weather payments.</p> <p>As noted above, NICE should also refer to the recently published <i>fuel poverty target for England (and other relevant statutory targets in Wales and Scotland). The Fuel Poverty (England) Regulations 2014 intend to create a legally binding fuel poverty target that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency standard of Band C, by 2030. The Government is proposing this statutory target will be supported by two interim milestones to be set out in a new fuel poverty strategy for England, which the Government has released for consultation. The proposed interim milestones are:</i></p> <ul style="list-style-type: none"> • <i>that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency standard of Band E, by 2020</i> • <i>that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency standard of Band D, by 2025.</i> <p>There is also no mention of the forthcoming fuel poverty strategy (consultation released 23/07/14), which this guidance could seek to join up with by</p>	<p>added.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>suggesting ways that this guideline might be linked to future action on cold homes by the health and social care sectors to help deliver the strategy.</p> <p>NEA would encourage NICE to consider the recently published fuel poverty strategy consultation document (DECC, 2014, <i>Cutting the cost of keeping warm</i>) and consider the ways they might be aligned. For example, the Fuel Poverty Strategy consultation discusses mandated referrals to fuel poverty and energy efficiency programmes, and could be just one way referrals at the point of admission, discharge or where there is a pressing health need, could be established that also introduces an impetus to act.</p>	
National Energy Action	4.9	23	<p>Clarification/correction It seems odd that recent immigrants would only be vulnerable to cold homes during their first winter in the UK. This could perhaps be rephrased to read "...during winter time until services have been able to provide necessary services and/or advice."</p>	Thank you. This has been amended to say 'other groups, including recent immigrants from warmer climates, could also be particularly vulnerable during their first few years here. For example, they may be more likely to live in poor quality housing and they face an unusually complex energy market'.
National Energy Action	4.10	23	<p>Clarification/correction While it is the case that health research and evidence do not reveal differences between excess winter mortality or morbidity and rurality, NEA cannot agree that there is no evidence of different problems with cold housing</p>	Thank you. This refers to the evidence of a different impact on health in rural and other

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment																					
			<p>between urban and rural areas. An NEA analysis of the EHS 2011 shows a significant difference between SAP ratings of homes in remote rural and urban locations, with dwellings in hamlets or particularly isolated location more likely to have a SAP below 30 than any other group.</p> <table border="1"> <thead> <tr> <th>Average energy efficiency (SAP09) rating by rurality - morphology</th> <th>Mean</th> <th>Median</th> </tr> </thead> <tbody> <tr> <td>urban > 10k</td> <td>57.7</td> <td>59.2</td> </tr> <tr> <td>town and fringe</td> <td>56.3</td> <td>58.4</td> </tr> <tr> <td>village</td> <td>51.0</td> <td>53.7</td> </tr> <tr> <td>hamlets and isolated dwellings</td> <td>48.5</td> <td>50.6</td> </tr> <tr> <td>All households</td> <td>56.8</td> <td>58.7</td> </tr> <tr> <td>EHS 2011</td> <td></td> <td></td> </tr> </tbody> </table>	Average energy efficiency (SAP09) rating by rurality - morphology	Mean	Median	urban > 10k	57.7	59.2	town and fringe	56.3	58.4	village	51.0	53.7	hamlets and isolated dwellings	48.5	50.6	All households	56.8	58.7	EHS 2011			<p>areas, which the reviews did not find. As suggested, there are many possible explanations for this. Issues relating to local conditions would need to be taken into account when developing local services.</p>
Average energy efficiency (SAP09) rating by rurality - morphology	Mean	Median																							
urban > 10k	57.7	59.2																							
town and fringe	56.3	58.4																							
village	51.0	53.7																							
hamlets and isolated dwellings	48.5	50.6																							
All households	56.8	58.7																							
EHS 2011																									
Clive Evers	General		<p>The draft is comprehensive, timely and welcomed. If the final recommendations are implemented then there should be a significant reduction in winter deaths of older people. However there are some caveats, comments and concerns:</p>	<p>Thank you.</p>																					
Clive Evers	1.1	4	<p>“The strategy to include Groups that may face particular problems, such as those living in hard to heat homes or who need warmth”. How are these people to be identified? Where are they and how many? New surveys needed or does this information exist? If it exists who holds it?</p>	<p>Much of this information will be held by various local agencies and professionals. However,</p>																					

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				this does not preclude the use of new data if the local HWB think this is necessary.
Clive Evers	1.2	5	Provide a local health and housing service for people living in cold homes. "Health and well-being boards should ... Ensure a referral service is commissioned to help vulnerable people who live in cold homes." Are health and wellbeing boards resourced to enable this to happen?	Local resourcing is beyond the remit of this guideline.
Clive Evers	1.3	6	Provide services via a 1 Stop local health and housing referral service for people living in cold homes: a good and comprehensive recommendation	Thank you. Please note the recommendations now refer to single point of contact.
Clive Evers	1.4	7	Identify people at risk of ill health from living in a cold home: "Use existing data and professional contacts and knowledge to identify people who live in a cold or hard to heat home..." This requires joint working and systematic co-ordination – to what extent is this happening now? What will be the incentive to implement?	Thank you. There are some examples of joint working locally. Incentives to implement recommendations are beyond the remit of the guideline.
Clive Evers	1.7	9	Use new technology to reduce risks from cold homes. It would be helpful to provide some further information on this and examples of recent projects e.g Dept. Health Guidance Assistive Technology for disabled and older people research and development. July 2013. Also there is an excellent project in Croydon called AZTEC Assistive Technology Project for people with Dementia – see articles by Barbara Dunk and Kevin Doughty.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Clive Evers	1.9, 1.10, 1.11	10, 11	For training health and social care professionals: These are good	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			recommendations but they have major implications for their successful implementation. Additions and changes to the training curricular of professional bodies are notoriously difficult to influence and change. Incentives to adopt and implement will be required.	
Clive Evers	3.6	20	The NPC is not in agreement with the new definition of fuel poverty which incorrectly places equal weight on the 3 factors of fuel poverty: income, price and energy efficiency. This does not adequately recognise the hike in fuel prices in recent years that has caused hardship to so many older people.	Thank you.
Clive Evers	4.12, 4.13, 4.14, 4.15, 4.16	24	The paper acknowledges a number of flaws in the economic model. In particular we are concerned that it recognises people who only had 1 health problem. Current health research on the health of older people confirms that a significant number have multiple health problems and these should be addressed.	Thank you. All models are necessarily a simplification. The committee felt that the modelling report provided sufficient evidence to support the recommendations.
Clive Evers	4.25	27	The importance of a trusted intermediary: an example here would be helpful.	Thank you. Please note that the considerations section does not contain recommendations. Local authority officers or representatives from voluntary service organisations are given as examples.
Clive Evers	4.27	27	The Committee heard of examples where funding from clinical commissioning groups had been invaluable in coordinating and targeting services. It would be helpful if some examples were given in the guideline.	Thank you. Please note that the considerations section does not include

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				recommendations. Funding and resourcing of services is beyond the remit of this guideline.
Newcastle University's Institute of Health and Society	1.2	5	Service providers should include 'Welfare Rights Advice' services	Thank you. Ensuring uptake of appropriate benefits is included in recommendation 3.
Newcastle University's Institute of Health and Society	1.3	6	Ensuring all benefits are claimed should include specifics about referrals to services likely to facilitate this and specify, Welfare Rights Services, CAB, Age UK and other voluntary sector organisations	Thank you. CAB and money advice organisations are included in recommendation 3.
Newcastle University's Institute of Health and Society	1.5	7	People on a low income – should specify (and/or claiming means tested and non means tested benefits)	Thank you.
Newcastle University's Institute of Health and Society	1.5	8	People forced to spend longer than average time at home – examples should include older and retired persons	Thank you. The phrasing of this has been amended.
Newcastle University's Institute of Health and Society	1.7, 1.11	9, 11	Providers of technologies, meters and heating systems should ensure that recipients are able to use any new devices.	Thank you. Please note that draft recommendation 7 has been moved to the research recommendations.
Newcastle University's Institute of Health and Society	2.1	12	It is good that the need for engagement by housing experts is acknowledged, to reduce potential adverse consequences of housing interventions.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Newcastle University's Institute of Health and Society	3.1	15	Paragraph on households that cannot afford to heat homes should stress that due to recent UK welfare reforms, there is a below inflation uprating of benefits, such that the income of households claiming benefit will reduce significantly, by an average of £31 (€38) a week (£1,615 (€1,965) a year). This real terms decrease in the incomes of people on benefits means that they will face greater difficulties heating their homes.	Thank you. This is beyond the remit of this guideline.
Newcastle University's Institute of Health and Society	3.2	16	Variations in EWM rates between countries are likely to be attributable to many, interacting factors, including differences in climate, social welfare policies, social and biological adaptation to cold-weather conditions, and other aspects of housing condition, including better ventilation systems, not just differences in thermal insulation standards between countries.	Thank you. The guideline should not be taken as suggesting that this is the only possible contributing factors. As indicated by the discussion, this is a complex issue involving many factors.
Newcastle University's Institute of Health and Society	3.4, 3.5	19	Given the impact of the Welfare Reform Bill (mentioned above) there are likely to be greater numbers of affected individuals and households	Thank you.
Newcastle University's Institute of Health and Society	4.3	21	It is good that the committee recommended the use of cold-weather rather than month to calculate EWM in the UK. This is likely to provide a better indication of the scale of cold-weather related deaths, because the UK experiences variable weather conditions throughout the year and the coldest months often vary between years.	Thank you. Please note that the considerations section does not contain recommendations. It highlights issues discussed by the committee in its deliberations.
Newcastle University's Institute of Health and Society	4	22	It is good that panel recommended that research should consider the benefits and harms of interventions to minimise the risk of potential unintended consequences.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Newcastle University's Institute of Health and Society	5	29	Excellent to see that qualitative research included alongside quantitative research	Thank you.
NHS Alliance	General		<p>NHS Alliance is the leading independent voice for providers of health and social care outside hospital. It is the only not-for-profit membership organisation to bring together frontline clinicians and organisations of all kinds in our communities – from general practice, community pharmacy to providers of housing and emergency services.</p> <p>It is driving a new integrated and collaborative, community-based model of care for an ageing population living with long term conditions, and is focused on breaking down the historic boundaries and silos that get in the way of truly progressive and innovative community-based patient care.</p> <p>NHS Alliance recognises the many relationships that exist between housing and health including potential both for cold, damp homes to have a negative impact on people's health and for housing organisations and local authorities to play roles alongside the NHS in improving people's health.</p> <p>For more information visit www.nhsalliance.org</p> <p>Contact: Merron Simpson, NHS Alliance Health and Housing Lead merron@newrealities.co.uk Mob. 07973 498603</p>	Noted.
NHS Alliance	General		<p>NHS Alliance is very pleased indeed to see this well-researched and clear guidance emerge from NICE. We strongly support it and will be pleased to support its implementation as well.</p> <p>The impact of cold homes on people's health and mortality is now proven and it is refreshing to see such an important matter being addressed by the NHS in such a comprehensive way. We are particularly pleased that the guidance emphasises</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			treatment of the causes of ill health and mortality ie. how to make the cold housing warmer, rather than focus on the medical symptoms.	
NHS Alliance	General		This is precisely the sort of cross-cutting issue that Health and Wellbeing Boards can lead on, bringing partners together to make a significant difference to local health and wellbeing with a view to reducing demand for and pressure on NHS services.	Thank you.
NHS Alliance	General		One programme we are aware of that deals with cold homes (and more) very well is the Liverpool Healthy Homes programme http://liverpool.gov.uk/council/strategies-plans-and-policies/housing/healthy-homes-programme/ which has been running for several years. If it hasn't already, it may be useful for the NICE team to explore that programme and to ensure that their experience is taken into account within the guidance.	Thank you. We hope to provide implementation tools alongside the guideline which may include case examples.
NHS Alliance	General		Another programme worth exploring is the FLT Warm Homes Service provided through Foundations Independent Living Trust. We understand that it has been independently evaluated and could play an important role in delivering the strategies referred to in recommendation 1 across the country.	Thank you. We hope to provide implementation tools alongside the guideline which may include case examples
NHS Alliance	General		We note that the guidance doesn't make any reference at all to damp homes. We are interested as to why this might be since there is also evidence that respiratory illnesses in particular are caused or exacerbated by damp homes. We suggest consideration is also given to this matter.	Thank you. Although there is a link between cold and damp the major focus of the guideline is on cold homes. Reference to damp is included in the considerations, and to ventilation in the recommendations and considerations.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
NHS Alliance	General		<p>The guidance makes only a passing reference to the tenure of homes, even though how the issues are dealt with and by whom will vary very significantly. Many social landlords (local authorities and housing associations) are mindful of the issues and are likely to play a significant role in relation to their tenants who are affected by cold homes. Also, they have active asset management programmes which include raising the SAP levels of the dwellings they own and in some cases they are going much further and installing a variety of energy saving devices.</p> <p>The biggest problems are likely to be found in older owner occupied properties which are sometimes difficult and costly to heat or where the owner is asset rich but income poor. The majority of older vulnerable people are owner occupiers yet this tenure is not mentioned specifically. Home Improvement Agencies have particular roles to play where the problems arise with owner occupiers and this should be made more explicit in the guidance. The private rented sector can also present significant 'cold home' problems. The solutions relating to these sectors will be different from those for tenants of social housing.</p>	Thank you. Solutions to individual issues will need to be tailored to address identified needs (see recommendation 3).
NHS Alliance	General		<p>The guidance could go a little further in terms of requesting local bodies to use data to identify those most at risk and proactively seeking them out. The Liverpool programme brings together and 'overlays' data from approximately 10 sources to do this but it would probably only require data from 3-5 sources to get a fairly accurate picture of which people living in which homes are most at risk of ill health and death from a cold home. GP-held data on patient health and local authority held housing stock condition data are two key sources.</p>	Thank you. Use of data is addressed in recommendations 1 and 4.
NHS Alliance	General		<p>Illustrating the guidance with some specific examples of local models which bring together commissioners, housing providers and front line health, would make it more compelling.</p>	Thank you. We hope to produce implementation tools which may include examples of good practice.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
NHS Alliance	General		In terms of covering the costs of these activities in social housing, both local authorities and housing associations might be amenable to negotiating deals with health commissioners to deliver programmes that ensure their residents are living at temperatures that are not prejudicial to their health.	Thank you. This would need to be addressed locally.
NHS Alliance	1.1	4	We agree that this is an 'all-year-round' matter, in that there is too much to do to leave it until the winter – planning and action to increase the temperature of homes in the colder months needs to be going on all year round.	Thank you.
NHS Alliance	1.3	6	Recognising that people are sometimes afraid to put their heating on (even when they have enough money) because they are fearful of the cost, this recommendation might also include elements around helping people to confidently adopt energy-saving behaviours. So it might include, for example, showing people how to set the thermostat or use timer switches to keep the temperature at an acceptable level without costing too much. Advice on energy-saving devices might also be appropriate here. Also, some people are facing the difficult choice between feeding themselves adequately and keeping themselves warm. Not eating properly can be another cause of ill health even where homes seem to be reasonably warm.	Thank you.
NHS Alliance	1.4	7	GPs Practices as a source of useful data for identifying people at risk, might be mentioned here.	Thank you. The recommendation has been amended to focus on primary health and home care practitioners.
NHS Alliance	1.5	7, 8	Housing professionals might be mentioned alongside health and care professionals as	Thank you. Other

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			they have regular contact with around 18% of the population (those living in council or housing association homes), including many of the most vulnerable.	professionals are addressed in recommendation 6.
NHS Alliance	1.8	9	<p>The point at which an individual is discharged from hospital is a very important moment to capture because it is an opportunity to determine for that individual (ie. not just as a local statistic) whether or not their home is adequately heated and whether or not they are able to afford to keep it heated. Involving relevant local partners especially Home Improvement Agencies in the discharge process of individual patients is very important in order to ensure that they are not being discharged to a cold home, which could easily hasten their readmission to hospital. We suggest that Home Improvement Agencies are mentioned explicitly in this recommendation (as well as being mentioned elsewhere in the document). Here is a link to further information that might be included in the guidance: http://www-foundations.uk.com/home/</p> <p>Another reference that might be useful to include (although it is not only focused on cold homes) is the Hospital to Home Resource Pack: http://www.housinglin.org.uk/hospital2home_pack/</p>	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked admission. The recommendation also includes reference to referral to the single point of contact service discussed in earlier recommendations.
NHS Alliance	1.13	12	This recommendation might be more specific about the powers that local authorities have to enforce housing standards (and recover expenses) in private rented housing under the Housing Act 2004, once they have identified issues through the Health and Housing Safety Rating System. Actions local authorities can take, backed by sanctions, include: Improvement notices, Prohibition orders, Hazard awareness notices, Emergency remedial action, Emergency prohibition orders, management orders. In some instances where conditions are very poor, it might be appropriate for	Thank you. The nature of the actions would need to be determined by the specifics under examination.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>the local authority to consider offering to rehouse tenants in combination with making the relevant order.</p> <p>Also, we understand that new regulations are currently being developed which will require private landlords to deal with the worst properties – being led by CLG and DECC. It may be appropriate to include this within any future updates of this guidance.</p>	
NHS Alliance	2.2	13	We suggest that recommendations 4 and 5 should also be a requirement for NHS England, since they commission GP practice services.	Thank you. The recommendations are aimed at local action. NICE does not have a remit to make recommendations mandatory.
NHS England	General		This document refers to cold homes, but I couldn't find a definition of what is meant by cold anywhere. Refers only to outdoor temperature, and the issue is around people who are unable to keep their homes warm enough to avoid ill-health. What is the indoor temp we should aim for?	Thank you. Reference has been added to the WHO definition.
NHS Norwich CCG (on behalf of its multi-agency Reducing EWD Working Group)	General		Norwich Clinical Commissioning Group (NCCG) welcomes the draft NICE Guidance on EWD. NCCG has an established multi-agency working group to reduce EWD in the NCCG area. The group is already taking forward some of the recommendations in the Draft Guidance and plans to undertake other recommendations, once the guidance is finalised. The Group is works closely with Norfolk County Council's Public Health Team, which leads on reducing EWD across Norfolk.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			This response is on behalf of the NCCG Reducing EWD Working Group.	
NHS Norwich CCG (on behalf of its multi-agency Reducing EWD Working Group)	General		To include energy efficiency (for example SAP ratings) in Public Health research for EWD. This will provide comprehensive data to identify people that live in cold homes.	Thank you. The final guideline contains research recommendations which we hope will encourage the development of the evidence base.
NHS Norwich CCG (on behalf of its multi-agency Reducing EWD Working Group)	General		To encourage community engagement to contact people from hard-to-reach and socially excluded groups. For example, to promote affordable warmth services with religious groups, community centres, the befriending service and other community organisations.	Thank you. Recommendation 6 encourages engagement of other groups who may visit vulnerable people, including faith and voluntary sector organisations.
NHS Norwich CCG (on behalf of its multi-agency Reducing EWD Working Group)	General		To create a self-referral service for the public, as well as professionals, to make it easier and accessible for people to ask for help.	Thank you. Recommendation 2 now includes self-referral via a free phone number.
NHS Norwich CCG (on behalf of its multi-agency Reducing EWD Working Group)	General		The private rented sector has one of the worse SAP ratings. It could be advised to work with landlords, for example setting up a landlord accreditation scheme. Norwich City Council is in the process of setting this up.	Thank you. As you indicate, working with the private rented sector (including HMO) will be important, as will working with other sectors with

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				poor SAP ratings.
NHS Norwich CCG (on behalf of its multi-agency Reducing EWD Working Group)	General		It could be advised that utility companies identify and stop the barriers that cause people to enter fuel poverty. For example, use of prepayment metres, complexity of bills and estimated billing.	Thank you. Avoiding fuel poverty is an important issue, and a number of actions in the recommendations may address this. These include ensuring the most appropriate fuel tariff is used and that appropriate benefits are claimed. While Utility companies have a role to play others are also important.
NHS Norwich CCG (on behalf of its multi-agency Reducing EWD Working Group)	1.2, 1.3	5, 6	<p>Recommendations 2 and 3</p> <p>There is significant overlap between recommendations 2 and 3. Can these be amalgamated into a single recommendation for a 1-stop shop?</p> <p>These recommendations specify 'health and housing services' in their titles, but mentions other organisations in section 2. Please can we widen the title to reflect a multi-agency approach?</p>	Thank you. The recommendations now refer to a single point of contact. The recommendations have been amended to aid clarity. However, it is important to keep recommendations to a reasonable length to aid implementation.
NHS Norwich CCG (on behalf of its multi-agency Reducing EWD Working Group)	1.7	9	<p>Recommendation 7</p> <p>Can NICE provide further information and evidence on the types of</p>	Thank you. Please note that the recommendation

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Working Group)			new technology available and their effectiveness. Are there best practice examples of how new technology has been applied to reduce risks from cold homes that we can learn from?	relating to new technologies has been moved to the research recommendations (section 5)
NHS Norwich CCG (on behalf of its multi-agency Reducing EWD Working Group)	1.8	9	Recommendation 8 We support the concept, but this will be difficult to implement.	Thank you.
NHS Norwich CCG (on behalf of its multi-agency Reducing EWD Working Group)	1.9, 1.10	10	Recommendations 9 and 10 Why do health and social care professionals require different training from housing professionals and voluntary sector workers? We would support the same training for all, to promote a collaborative multi-agency approach, recognising that different people may need training provided in different ways e.g. e-learning, face-to-face.	Thank you. The content of the training, and those developing it, will differ. So it makes sense to keep these recommendations separate.
NHS Norwich CCG (on behalf of its multi-agency Reducing EWD Working Group)	1.11	11	Recommendation 11 Is there work that can be undertaken nationally to build the foundations for applying this locally?	Thank you. This is outside the remit of this guideline.
PIP, NICE	General		This seems to be a really comprehensive and innovative guideline with some recommendations that could have a really positive impact on people living in cold homes. Is there some work the implementation team will be doing with industry and energy providers?	Thank you. The implementation programme for this guideline will be discussed with that team.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
PIP, NICE	1.3 6 th bullet	6	Can you define what a vulnerable household is if it isn't earlier as I think this is the first place it's mentioned?	Thank you. The definition of vulnerable groups has been added to the section 'what this guideline is about' and to recommendation 2.
PIP, NICE	1.8 2nd bullet	9	Ensuring housing is warm enough before discharging someone is a very sensible idea but is it practically achievable? Do healthcare or social care professionals have the capacity to arrange this especially if the person lives alone?	Thank you. This recommendation links to those outline the single point of contact service earlier in the document.
PIP, NICE	1.10	10	Are the terms at-risk groups and vulnerable groups being used interchangeably? Would it make it easier for readers if the same term was used if they are in case some think there is a difference?	To be at risk, a vulnerable person needs to be exposed to the conditions which may promote the adverse effect.
PIP, NICE	1.11 1 st bullet	11	If there a specific accreditation body or standard that can be referred to here?	Thank you. The committee was not aware of such a standard.
PIP, NICE	1.12 3 rd bullet	11	For some vulnerable groups the cost of heating the home is going to be the major barrier. Can the advice given specifically include free techniques for keeping warm to ensure professionals know to pass on such information as is noted in 4.24 some people feel stigmatised and won't admit that they cannot afford to heat their home?	Thank you. We hope that the recommendations will help address these concerns.
PIP, NICE	4.12	24	From the clinical guideline in development on multimorbidities there is data to show that older people usually have a minimum of 2 concurrent health	Thank you. The model is necessarily a

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			conditions and as this guideline is focusing on older people as a vulnerable group we are concerned that the model won't have captured this. The bullet states '...multiple health problems are not fully captured' and we were unsure what 'fully' could actually mean if the assumption that has been made is that people with only 1 health problem. Can you clarify how 'fully' they have been in this section?	simplification of real life. However, the committee felt it supported the recommendations.
PIP, NICE	4.25	27	I am not sure who this trusted intermediary might be to help negotiate arrangements with – can you clarify further or give examples?	Thank you. Please note that the considerations section does not contain recommendations. Local authority officers or representatives from voluntary service organisations are given as examples.
NICE Social Care Team	1	4	Should the list of recommendations be re-ordered to start with Recommendation 12 as this relates to prevention and would seem a logical starting point?	Thank you. The committee felt that the logical starting point was the development of a strategy to address prevention.
NICE Social Care Team	1.1	4	The list of “strategy contents” seems poorly ordered and somewhat ad hoc, mixing strategic and operational activity. It is also somewhat vague in parts eg “Identifying people whose health is at risk from cold homes” – please could you clarify if this is this about individuals, groups or categories?	The strategy should set out local methods to achieve the goals. Identifying individuals is addressed in later recommendations.
NICE Social Care Team	1.3	6	Suggest that the recommendation is re-worded to say 'one-stop' in full rather	This has been amended

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			than using the numeral in line with the actual names of these organisations/outlets	to single point of contact.
NICE Social Care Team	1.7	9	Should this recommendation be made to those who provide the latest heating and other related technologies? – might it not better be a recommendation to health and social providers and the recommended health and housing referral service – ensuring that the provision of a service is linked to need and circumstances (but accessed from the technology providers)	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
NICE Social Care Team	1.8	9	Might this recommendation better follow on from Recommendation 5, which also relates to the activity of health and social care professionals?	Thank you. The committee felt that this was the appropriate place for this recommendation. Please note that the guideline will be available via the NICE 'pathways' in which the numbering of recommendations will be of less significance.
NICE Social Care Team	3	15	This section does cover Vulnerable and disadvantaged people, but the analysis could be stronger. For example, whilst it covers young children, babies and their carers, it does not seek to identify within that population any smaller groupings – most children and babies are unlikely to be at risk – which ones are particularly? Also, while it refers to older people it does not specify older people living alone, who surely are more likely to live in poorly-heated homes, and have no-	Thank you. The committee felt that these groupings were appropriate and justified by the existing evidence.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			one to provide a second or shared opinion about how cold it is. In terms of vulnerable groups it might be best to start with a clear list of: Older people (especially those living alone) People with disabilities Young Children and babies (especially those in households known to lack social support)	
NICE Social Care Team	4.17	25	Under "Equalities" should the list of groups more likely to suffer the adverse effects of cold include older people, who do constitute a specific group under the Equalities Act?	Thank you. The list of vulnerable groups has been amended and is now given in 'what this guideline is about' and in recommendation 2.
NICE Social Care Team	4.18	25	Also, the description of people more likely to suffer the effects of cold is limited, linking it to either living in cold homes or being more susceptible to its effects. This misses out those people who are living in cold houses that are not being properly heated, even though they could be – again e.g. older people and people with disabilities	Thank you. The list of vulnerable groups includes older people and people with disabilities.
NICE Social Care Team	4.22	26	We are concerned that the guidance does not sufficiently recognise that living in a cold home may generally be only one component of a wider set of circumstances that need to be addressed all of a piece. Separating out one aspect of a person's lifestyle and not fully linking it to other aspects (or at least acknowledging them) may not be the best approach. Seeing a cold home as part of a wider set of circumstances may be vital in addressing the problem.	Thank you. The remit for this guideline was to address the health impacts of cold homes. Wider issues are beyond the remit of the guideline.
NICE Social Care Team	4.28	28	Should telecare be mentioned here also?	Thank you. Please note that the research recommendations include issues relating to

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				new technology.
Nottingham City Homes	General		<p>Nottingham City Homes is a is an Arms Length Management Organisation (ALMO) managing and maintaining over 28,500 tenant and leasehold properties on behalf of Nottingham City Council. We are committed to improving the health and wellbeing of our communities, and are proactively working towards better integration locally between health and housing. We are pleased to see the references to the role of housing providers in supporting health outcomes throughout this guidance. We are fortunate enough to have a place on the Nottingham City Health and Wellbeing Board.</p> <p>However, our experience to date suggests that housing providers are generally under-represented in health forums. As a result, the health risks associated with cold homes has been overlooked in many of the emerging local Health and Wellbeing Strategies (see research by Age UK http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Health-and-wellbeing/Health%20and%20Wellbeing%20Boards%20Report.pdf?dtrk=true). We therefore strongly support NICE in its publication of these guidelines, and our overall recommendation is to further strengthen the role of housing providers in identifying and tackling the health risks associated with cold homes.</p>	Thank you. We hope the publication of the guideline will support greater engagement of health professionals in addressing this issue.
Nottingham City Homes	General		<p>We would suggest stronger references throughout the guidance to the effects of cold homes on mental health and wellbeing, and the increased vulnerability of those with poor mental health to the negative effects of cold homes (including worsening mental health and consequent impact on physical health). Both mental and physical health have implications for individuals' wellbeing and use of health services. We refer to the latest work of Pr. Christine Liddell (e.g. presented at the recent Evidence Summit on health and fuel poverty, held by Friends of the Earth) on the circle of risk between fuel</p>	Thank you. People with mental health conditions are included in the list of those who may be vulnerable to the effects of cold. Please note that Prof Liddell was on the committee that

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			poverty, mental and physical health.	developed this guideline.
Nottingham City Homes	0.1	1	Typo in 2 nd paragraph? Think it should read '...(addressing cold homes is likely to involve a decrease in fuel use by people living in fuel poverty)'	Thank you. In some circumstances fuel use may increase.
Nottingham City Homes	1.1	4	Given further comments in 'Section 3: Context' regarding evidence gaps and need for future research, we would suggest that Recommendation 1 is expanded to include 'Strategic planning and monitoring'. We would suggest that Health and Wellbeing Boards also be responsible for assessing achievements against the aims set out in the JNSA, and track how interventions are impacting on local indicators of cold-related deaths and ill-health.	Thank you. Monitoring and evaluation has been added to recommendation 1
Nottingham City Homes	1.2, 1.3	5, 6	It is not immediately clear how these two recommendations are differentiated. The referral service and delivery of solutions via 1-stop local health and housing service appear to be part of the same recommendation.	Thank you. The recommendations now refer to a single point of contact. The recommendations have been amended to aid clarity. However, it is important to keep recommendations to a reasonable length to aid implementation.
Nottingham City Homes	1.2, 1.3	5, 6	Preparation for the delivery of the referral and delivery service should include a thorough audit of existing local referral mechanisms between partners, and current schemes and funding that are already operational. This is necessary to avoid duplication, make best use of resources, and identify gaps in provision that then need to be addressed.	Thank you. The need for identification of existing services is included in recommendation 1.
Nottingham City Homes	1.4	7	Would suggest that this recommendation regarding identification of risk	Thank you. The order of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			precedes Recommendations 2 and 3, as identification of those at risk should inform the shape of referral and delivery services.	recommendations has not been altered.
Nottingham City Homes	1.4	7	<p>In addition to identification of vulnerable individuals on a person-by-person basis, we recommend that a more strategic approach is also taken to identifying vulnerable groups in the local area, using data and insight from across the local partnership. This would require leadership by local strategic leads e.g. Health and Wellbeing Boards and Local Authorities/Public Health.</p> <p>For example, our experience highlights the potential for using appropriate local geographical/population based indicators of vulnerability. NCH has developed an index of vulnerability to fuel poverty and cold-related ill-health at a neighbourhood level (MSOA or smaller areas). This scores and ranks neighbourhoods according to a range of indicators e.g. household income (unemployment/ economic inactivity), household composition (age and profile e.g. lone parents), under-occupancy, cold related ill health (EWD and EWA), and property info (average SAP rating and no. solid-walled homes). This neighbourhood index is then used to plan and prioritise our health-related schemes e.g. home insulation improvements.</p> <p>This requires data sourcing and sharing across sectors e.g. housing, local authority, public health.</p> <p>This would therefore extend those who should take action to include local strategic leads e.g. Health and Wellbeing Boards and Local Authorities/Public Health.</p>	Thank you. This is addressed in recommendation 1, aimed at HWB.
Nottingham City Homes	1.4	7	Information from health professionals on individuals at risk could be valuably shared with other partners, e.g. housing – rather than remaining solely recorded on health records, accessible only to other health professionals (with	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			appropriate data protection protocols in place).	
Nottingham City Homes	1.4	7	Other agencies should also be trained to identify those at risk of ill health from living in a cold home, and take action. Other front-line staff (for example, housing officers, repairs operatives, money advisors) need to be aware of medical conditions that make individuals more vulnerable to cold housing. This would also allow for identification of those with multiple risk factors e.g. low income. Our experience highlights that those affected by changes under Welfare Reform may also be at increased risk of fuel poverty/under-heating.	Subsequent recommendations include appropriate training for a variety of professionals.
Nottingham City Homes	1.5, 1.6	7, 8	Both recommendations include the requirement to 'assess heating needs'. This would be considerably strengthened by the development of a robust and consistent assessment method, which could be used by both health professionals (as per Recommendation 5) and others visiting vulnerable people (Recommendation 6). A consistent assessment method would ensure that (a) all those who have contact with vulnerable people are directed to collect appropriate information to identify heating needs, whatever their professional background (e.g. from community nurse to heating engineer) (b) would ensure that consistent information is supplied to the referral service as per Recommendation 2 and 3.	Thank you. We hope to produce implementation support tools which may include examples of existing materials to support the guideline.
Nottingham City Homes	1.7	9	Technology, such as smartmetering, may also have a role to play in supporting the identification of those living in fuel poverty/cold homes e.g. identifying those with higher than average energy use given the household occupancy (indicating poor energy efficiency) and also those with very low energy use given the property type/household size (indicating rationing of energy use due to fear of high costs). This would require better protocols for data sharing/signposting between energy companies and those providing solutions (within data protection guidelines).	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Nottingham City Homes	1.7	9	Evidence collected by NCH shows that occupant behaviour can be as important as physical improvements (heating and insulation) in achieving the	Thank you. Please note that the recommendation

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			most efficient heating outcomes. There is a clear role for technology in supporting awareness and behaviour change amongst residents e.g. multi-media information, and links to smart phones and apps.	relating to new technologies has been moved to the research recommendations (section 5)
Nottingham City Homes	1.8	9	This recommendation would be strengthened by evidence showing the relative cost-effectiveness of improving energy efficiency measures vs. a longer stay in hospital.	Thank you.
Nottingham City Homes	1.10	10	NCH strongly supports this recommendation and is currently investigating training options for all our own front-line staff to identify those at risk from cold housing. NCH has also recently created a role for a Health and Tenancy Sustainment Officer, whose responsibilities will include linking with health professionals with the aim to improve the health of our tenants through signposting and targeted campaigns.	Thank you.
Nottingham City Homes	1.10	10	We also recommend the training of residents as energy 'champions', to raise their own and others' awareness of fuel poverty/cold homes within the community, and to act as a community champion in addressing local people's needs in regards to cold homes/fuel poverty. For example, NCH's 'Tenant Academy' includes energy efficiency training for tenants and residents, which has proved to be popular and effective in raising participants' knowledge of the issues, and practical solutions for addressing such issues.	Thank you. It would be interesting to see the outcomes of this approach.
Nottingham City Homes	1.11	11	NCH supports the need for installation engineers to be able to provide information about the work they are completing and explain this in an accessible way. Evidence we have collected (e.g. through remote smart	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			sensor monitoring) highlights that the efficiency of heating and insulation systems is frequently compromised as a result of the way they are used by occupants. For example, some occupants struggle to understand heating controls, and therefore use the system inefficiently; or other inefficient behaviour such as having the heating on and windows open simultaneously. We would recommend a range of formats for such information, making the information as accessible and understandable as possible.	
Nottingham City Homes	2.2	13	Under the list of 'who should take action', we would suggest the following organisations in addition: <ul style="list-style-type: none"> • Clinical Commissioning Groups – for example, in strategic planning (Recommendation 1) and developing/funding a referral service (Recommendation 2 and 3) – e.g. as highlighted later in the document in section 4.27 (p.27) • Public Health Directors/Departments – explicitly recognising their role within the Local Authority e.g. in identifying populations at risk (Recommendation 4). 	Thank you. Recommendations 1-3 are aimed at HWB. These will include CCGs and DsPH. They will have a key role in implementing the recommendations.
Nottingham City Homes	2.2	13	Under the list of 'who should take action', suggest that this refers to 'Housing Services/Providers', and that their role in implementing Recommendations 4, 7, 8, 10 and 11 should be recognised.	Thank you. This section aims to identify key organisations who will be taking the lead in implementing the recommendations. It is likely that they will need to engage with wider professional networks.
Nottingham City Homes	4.25	27	NCH strongly supports the use of a 'trusted intermediary' to provide a coordinating role and customer-facing service to residents. In Nottingham, our energy efficiency schemes are coordinated by Nottingham City Council,	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Nottingham City Homes and Nottingham Energy Partnership (a local energy charity). This partnership has been able to negotiate the most cost-effective scheme with utility companies/contractors. This has also been more successful in building residents' trust in schemes that are funded by utility companies (e.g. ECO) across neighbourhoods, resulting in much higher take-up than when directly promoted by utility companies or their contractors.	
Nottingham City Homes	4.31	28	Changes (including significant reductions) in funding are a constant barrier to addressing cold homes e.g. recent changes to the Energy Company Obligation. This affects the scale of improvements that can be made, and the consistency of the offer available to residents. Accessing available funding requires detailed and continuously updated knowledge of current funding schemes.	Thank you. Resourcing and funding are beyond the remit of this guideline.
Nottingham City Homes	4.31	28	In addition, current funding schemes are not adequately targeting towards the most fuel poor or those vulnerable to cold-related ill health.	The remit of national funding schemes is beyond the scope of this guideline.
Nottingham City Homes	5	29	NCH, in partnership with Gentoo and Bangor University, are currently conducting research to establish at Quality Adjusted Life Year (QALY) for housing improvements. This will enable organisations (including CCGs and NICE) to compare the cost-effectiveness of housing as compared to other health interventions. We would be happy to share the findings of this research with the PHAC as they are available.	Thank you. We hope this will be available to inform the update of the guideline.
Oxfordshire County Council	1.1	4	Can the Housing Health and Safety Rating system be included here and the need to remove all category 1 hazards for Excess Cold and perhaps Damp and Mould growth. Could include recommendation to removed Band D in HHSRS for Excess Cold (which is technically a power, not a duty).	Thank you. The remit of the guideline is to address cold homes and so the committee felt that using the SAP was appropriate.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Oxfordshire County Council	1.4	7	Could identify people who use primary/secondary care service users particularly intensively due to illnesses related to cold homes.	Thank you.
Oxfordshire County Council	1.5	8	You mention local health and housing service. It would be helpful if you were clearer about the "health and housing service". Not sure what you mean by this? There is Environmental Health Services, or Private rented Sector Housing teams who deal with rental properties, there are Home Improvement Agencies who deal with home owners who have a health need to be helped with funding and adaptation to their properties. There are also Housing Services which provide housing or advise on tenancy matters etc.	Thank you. This refers to the single point of contact services outlined in recommendations 2 and 3.
Oxfordshire County Council	1.6, 1.5	8	Could business be mentioned, such as Wiltshire Farm Foods and those that deliver food to peoples homes?	Thank you. Engagement with organisations such as these will need to be considered in the local strategy development process.
Oxfordshire County Council	1.10	10	Again clarity over what type of "Housing professionals" you are referring too. Tenancy relations managers, Environmental Health Officers, Housing Advice Officers, etc.	The committee preferred to avoid trying to compile a list as terms used may vary and it would not be possible for it to be comprehensive.
Oxfordshire County Council	1.11	11	Are you able to clarify the sort of accreditation you are thinking of. EG using existing qualifications or professional bodies. Or do you envisage creating/commissioning a new qualification/organisation	Thank you. NICE does not commission or create qualifications.
Oxfordshire County Council	1.11	11	May be useful to clarify at this stage the ventilation is where there is a gas appliance, to prevent CO build up etc.	Thank you. Ventilation is important in many settings.
Oxfordshire County Council	1.11	11	Should DCLG not be involved in this? Maybe to a lesser extent, but they are	Thank you. National

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			involved with the regulation etc of those professions which may help deliver the initiatives. Eg. HHSRS, HIAs, Building Regulations etc.	regulation of professions is outside the remit of this guideline.
Oxfordshire County Council	1.13	12	“Other building and trading standards” – Not sure its appropriate to merge these two types of standards as they are very different. Suggest a title change to Recommendation 13 as there appears to be unnecessary emphasis on “ventilation”. Generally, more detail could be added to the work of three very key professions who are most likely to make things happen and make a difference. If adequately funded.	Thank you. The evidence indicates the significance of ventilation hence its specific inclusion.
Oxfordshire County Council	2.2	13	Add DCLG, identify Public Health in County and Unitary councils, which are separate to health and wellbeing boards. Differentiate between local authorities eg. Upper tier and District/City/Borough Councils. Clinical Commissioning Groups	Thank you. The committee felt that addressing recommendations to HWB specifically would be most likely to achieve action.
Oxfordshire County Council	3.1	15	Make the distinction between indoor and outdoor temperature impacts. “The 5 year moving average” – is “rolling” average a more typical/understood term, or is it different to a moving average. Can you identify the temperatures being talked about. Eg. 16C body changes to cope with cold/	Thank you. ‘5-year moving average’ is the term used in the reference. Further discussion about indoor temperatures are included in the considerations (see 4.8) and in the research recommendations.
Oxfordshire County Council	4.5	22	4.5 Is there scope to mention adaptations to make heating easier to control, through easier to handle TRVs or programmers that are easy to see and	Thank you. This is beyond the scope of the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			operate.	guideline.
Oxfordshire County Council	4.31	28	4.31 a barrier to mention is reliability of workmen to make the amendments to peoples homes, pull in Trading Standards Trusted tradesmen schemes etc.	Thank you.
Oxfordshire County Council	7	31	Here you could add what you mean by housing services, or trading standards etc.	Thank you. The committee felt these terms were clear enough.
Oxfordshire County Council	8	33	In light of this question I did not see any mention in the guidance about the issues of rurality with respect to difficulty of area based schemes, under-occupation was not mentioned and perhaps how to tackle this,	Thank you. Evidence relating to this was not found.
Oxfordshire County Council	General		The contribution of enforcement and education work by Environmental Health departments through the application of HHSRS could be strengthened.	Thank you. The final guideline strengthens the emphasis on EH departments. While HHSRS may be useful, the focus of this guideline was specifically on cold so the committee felt that the emphasis on SAP was appropriate.
Oxfordshire County Council	General		There is perhaps some scope through applicability to mention the PRS and other practical examples of work.	The private rented sector is important. The focus of the guideline is to encourage identification of and action to address the needs of those at risk of adverse health effects of cold in all sectors.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Oxfordshire County Council	General		Provisional recommendations are practical. Only if funding supports the delivery. Little is said on how this is tackled.	Thank you. NICE guidelines do not address funding issues.
Partnership Council	1.2	5	Ensure a referral and co-ordination platform is commissioned, including the major Charities presently serving the different sectors of vulnerable people which already have the trust of many vulnerable people, e.g. Age UK, NSPCC, Scope, Mencap, National Refugee bodies, Trussell Trust. Many of the most vulnerable people are wary of people knowing their business and would refuse permission for a Charity to pass on details but accept help from the existing Charity contact.	Thank you. Involvement of social care charities and voluntary organisations is included in recommendation 2.
Peak District Partnership	1.1	4	Bullet point 3. Include local authorities as one of the sectors in the brackets. Bullet point 1, item 2, it is unrealistic to aim for SAP rating of B as the cost would be unaffordable in most cases.	Thank you. Local authorities has been added to this point. The aim has been amended to say: 'as a minimum, properties should be raised to a band C (69–80) and ideally, to a band B (81–91) rating'. The committee are aware that achieving band B will not always be achievable (hence 'ideally').
Peak District Partnership	1.2	5	Derbyshire Dales and High Peak district councils have some capacity to deliver the referral services outlined in this recommendation.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>The Partnership agrees that discussions with local authority energy advice/housing officers or local authority energy partnerships (such as that in Nottinghamshire and Derbyshire) should be a first port of enquiry by the Health and Wellbeing Boards for delivery of local independent and impartial referral services.</p> <p>A number of the referrers mentioned already work with local authorities and this would help to reduce commissioning costs.</p>	
Peak District Partnership	1.3	6	<p>This recommendation relies heavily on the referral service having the capacity to develop cooperative working between partners and having a good understanding of the latest market offers from the utilities and Government funded grant schemes.</p> <p>Again, an expansion of the current local authority service would appear to be a cost effective way forward.</p> <p>An effective 'local energy agency' approach could also work and may be in house, outsourced or somewhere in between.</p> <p>Is there an expectation that Health and Well Being Boards will contribute funding towards the development and coordination of this type of service?</p>	Thank you. Local funding and resourcing is beyond the remit of this guideline.
Peak District Partnership	1.4	7	<p>Our Partners (mainly both district councils) are involved with Derbyshire Public Health in the development of a Privacy Impact Assessment with Derbyshire CCGs to enable GP Practices to use their patient registers to identify and contact people with health conditions relating to living in a cold damp home.</p>	Thank you. Ensuring data sharing issues are addressed has been added.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Those patients that request help will be assisted by the Nottinghamshire and Derbyshire Local Authorities' Energy Partnership. This approach should refer to the need to develop a Privacy Impact Assessment with the NHS to use patient information in this way.</p> <p>Other approaches to identify people at risk are also being used, such as asking GPs to talk to patients during consultation or writing to patients with long term conditions.</p> <p>The Partnership supports the recommendation that a wide range of social and health care professionals should be engaged to identify people at risk.</p>	
Peak District Partnership	1.5	7	<p>Whilst welcome, this kind of approach has been used before and certain operational issues have arisen that should be noted e.g.</p> <ul style="list-style-type: none"> - Time constraints on visits by health professionals to carry out such an assessment - A lack of training leading to a lack of confidence and technical skills of health staff to assess the heating needs of vulnerable people. - A lack of knowledge about where support is available - A lack of follow up or reporting mechanism to assess the impact of any such intervention and somebody to co-ordinate that process on behalf of hundreds of visits across an area.. - This function isn't currently recognised as part of a health professional's remit and probably needs formal recognition as part of a revised job description. - Health and social care professionals will invariably need training and guidance around these matters. Would this also be paid for by Health and 	<p>Thank you. We hope this guideline will encourage greater engagement across sectors. Recommendations address the need for training and follow up and reporting. Local funding and resourcing is beyond the remit of the guideline.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Well Being Boards?	
Peak District Partnership	1.6	8	<p>This recommendation refers to gaining support for this agenda from a wide range of agencies/service providers, many of whom have no training in these issues or commercial interest. E.g. meter readers, local heating engineers/plumbers, neighbours... Most importantly, there appears to be no way of coordinating when and who is likely to make such a visit and the quality of service provided.</p> <p>If these householders are in fuel poverty and have a related health condition then the local GP practice/health care centre would appear to be an effective way to reach these householders as they are likely to be in regular contact with health professionals and have knowledge about each patient's specific health condition.</p>	<p>Thank you. It is likely that these groups will be in contact with health professionals, and their needs may be addressed as indicated in recommendation 4.</p> <p>Action to address a problem is likely to take place as indicated in the single point of contact service recommendations 2 and 3.</p>
Peak District Partnership	1.7	9	<p>The impact of high levels of humidity and moisture on respiratory conditions should not be overlooked. Similarly, hygrometers should be used to monitor humidity as it relates to an increase in irritating spore growth at certain humidity levels.</p>	<p>Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)</p>
Peak District Partnership	1.8	9	<p>This recommendation should acknowledge the time it takes to organise a repair to a broken boiler or indeed the installation of a heating system where one doesn't currently exist. There is quite a high probability that if the householder has been admitted to hospital because they have a health condition exacerbated by living in a cold home that their heating system may need some attention.</p>	<p>Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Contingency planning should involve local community organisations providing temporary heating solutions such as the loan of temporary space heating – e.g. oil- filled electric radiators to facilitate discharge to home, whilst a longer term solution is found. This assessment should ideally take place during admission to hospital rather than during the discharge process. This would give a referral body more time to address the heating problem if they can. Otherwise the patient may end up staying in a care home while works are carried out to their property.	admission or when planning a booked admission. The recommendation also includes referral to the single point of contact service which includes reference to emergency support.
Peak District Partnership	1.9	10	<p>Similar question and response as to recommendation 5. Whilst welcome, this kind of approach has been used before and certain operational issues should be noted e.g.</p> <ul style="list-style-type: none"> - Time constraints on visits by health professionals to carry out such an assessment - A lack of training leading to a lack of confidence and technical skills of health staff to assess the heating needs of vulnerable people. - A lack of knowledge about where support is available - A lack of follow up or reporting mechanism to assess the impact of any such intervention and somebody to coordinate that process on behalf of hundreds of visits across an area. - This function isn't currently recognised as part of a health professional's remit and probably needs formal recognition as part of a revised job description. - Health and social care professionals will invariably need training and guidance around these matters. Would this also be paid for by Health and Well Being Boards? 	Thank you. We hope that training as well as the development of a single point of contact service as outlined in earlier recommendations will help to address these issues. Local resourcing and funding issues are outside the remit of this guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Peak District Partnership	1.10	10	<p>This recommendation is also closely linked to some training aspects of recommendation 6. Not sure why housing professionals and voluntary sector workers are grouped together as they have quite different remits.</p> <p>Recommendation 1 refers to 'identifying local interventions and providers from all sectors'. This should also include carrying out a training needs assessment as part of this process. This is a necessary and significant piece of work at a local level.</p>	The recommendation is aimed at training providers. The remit of specific professionals will vary and so their training needs will vary.
Peak District Partnership	1.11	11	<p>The recommendation only appears to relate to heating engineers, meter installers and insulation providers that are directly employed by one of the agencies involved in supporting this agenda. If so, they will mainly be dealing with social housing tenants. Social housing often has higher SAP ratings than private sector housing and this approach may miss many of the most vulnerable householders who live for example in private rented accommodation.</p> <p>If this recommendation is aimed at these service providers for the private sector then this is a very big and different undertaking.</p>	Thank you. This recommendation is not intended to be restricted to social housing tenants only.
Peak District Partnership	1.13	12	<p>Building control officers already ensure that building regulations are met in new buildings and meet prescribed national standards especially around insulation and ventilation.</p> <p>Environmental health officers are perhaps not the right people to reference as Housing Officers have more to do with HHSR and private rented properties.</p> <p>A local authority position that may support this recommendation is that of the energy officer. They often have a technical understanding about these issues amongst developing other energy efficiency and housing projects.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Peak District Partnership	General		The Peak District Partnership welcomes the guidance and the provision of a more joined up framework. However, to be ongoing and sustainable, there must be guidance and recommendations relating to sources of funding streams, and commitments from CCG's and the County Health and Wellbeing Boards.	Thank you. NICE guidelines do not address funding issues.
Public Health England	1		Specific feedback on individual recommendations	
Public Health England	1.1	4	At present, the list of bullet points doesn't follow a clear, easy to understand structure. Consider revising to: <ul style="list-style-type: none"> - Population Needs assessment (to include demographic info, identification of those most at risk, community services, assets available - Identification and prioritisation of interventions - Description of how interventions will be implemented and how they link to other strategies and plans. - Monitoring and evaluation of outcomes of overall strategy and interventions 	Thank you.
Public Health England	1.1	4	Public Health Outcomes Framework should be highlighted. Direct indicators on excess winter deaths and fuel poverty. However, action to reduce the harm from cold can be linked to many more outcome framework indicators connected to the wider determinants of health, such as poverty, educational achievement and social isolation	Thank you. This is identified in the implementation section, and wider national policies in the context

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				section/
Public Health England	1.1	4	The importance of sustainable long term services should be mentioned, to avoid the disadvantages of short term projects.	Thank you.
Public Health England	1.1	4	Groups of people vulnerable to cold homes needs to be consistent throughout – suggest having one list which is cross referenced throughout guidance.	Thank you. This has been addressed.
Public Health England	1.1	4	Consider signposting to Cold Weather Plan for England	The Cold Weather Plan is signposted in the document.
Public Health England	1.2	5	This recommendation could be linked to recommendation 3 as there is overlap and potential confusion. Would benefit from signposting to evidence of good practice / case studies.	Thank you. Recommendations 2 and 3 have been amended to aid clarity.
Public Health England	1.2	5	Data sharing is not mentioned here and this remains a major challenge to referring people into services.	Thank you. Data sharing is addressed in recommendation 4
Public Health England	1.2	5	Monitoring and evaluation of referral service should be suggested	Monitoring and evaluation has been added to recommendation 2.
Public Health England	1.2	5	It would be helpful to have a list of who referrers are 'advice agencies' is very broad. Consider including specific clause in provider contracts regarding responsibility to refer for help with cold homes. Could refer to The Public Services (Social Value) Act 2012 - This introduced a duty to consider how purchasing services can improve economic, social and environmental wellbeing. This builds on existing legislation – Local Authority Act 2000 and	The aim is to support referral from as wide a range of organisations as possible. A list of organisations would run the risk of being taken as an exclusive list of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Public Contract Regulations 2006 – that puts wellbeing alongside value for money in purchasing services.	relevant organisations.
Public Health England	1.2	5	Voluntary and community sector (VCS) needs to be used consistently throughout document as currently potential for confusion on the difference between 'charity' and 'voluntary'	Thank you.
Public Health England	1.3	6	'1-stop' suggests that one single agency will deal with each referral/patient – however, due to multiplicity of issues this is usually not the case. 'Single point of contact' may better terminology	This has been amended to single point of contact.
Public Health England	1.3	6	No mention of governance or safe systems to avoid omissions or duplication.	Thank you. Governance of systems will be in the remit of the local commissioning organisation.
Public Health England	1.3	6	Suggest rewording first bullet point to – information on the actions which can be taken to minimise harm to health from living in a cold home (giving information on the impacts without advice on action to take could be detrimental).	This bullet has been amended to say 'Advice on how to avoid the health risks of living in a cold home. This includes information about what these health risks are'. Please note that recommendations 2 and 3 have been amended to aid clarity.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	1.3	6	Correct reference: Cold Weather Plan for England (Not PHE's Cold weather plan). It is published by PHE but produced collaboratively between NHS England, LGA and DH.	Thank you. PHE is given here as the publisher. The hyperlink is provided.
Public Health England	1.3	6	Should include assistance on how to operate energy systems (e.g. heating) effectively	Thank you. This would be covered by advice on avoiding the health risks of living in a cold home if this was identified as an issue.
Public Health England	1.3	6	Should refer to 'energy efficiency measures' rather than individual interventions like insulation	The committee felt that housing insulation and heating improvement programmes was the appropriate phrase.
Public Health England	1.3	6	Any referral system should ensure that suppliers are accredited and appropriately screened as they will be in touch with vulnerable people.	Thank you. Accreditation and screening of suppliers is an issue for local commissioners.
Public Health England	1.3	6	Mention the importance of balancing energy efficiency measures with ventilation and other passive cooling measures. The risk of summertime overheating and indoor air pollution needs to be considered when retrofitting houses (see for example Adaptation Subcommittee Report (p143-137)). We don't want to protect vulnerable people from cold in the winter, only for them to be harmed by overheating in the summer	Thank you. Ventilation is addressed in recommendations 10 and 12.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	1.3	6	Raising awareness through public and professional communication routes to highlight existence of system.	Thank you. This is addressed in recommendation 11.
Public Health England	1.3	6	There should be an opportunity for people to self-refer to this service	Self-referral has been added
Public Health England	1.4	7	States that health and social care professionals are responsible for this action. Often those most vulnerable in society do not engage with statutory services; and so consideration should be given to those who work within the voluntary and community sector and other agencies, but also housing officers, fire and rescue service personnel and other professionals visiting the home.	This recommendation has been amended to be aimed at primary health and home care professionals. Possible roles for others are addressed in recommendation 6.
Public Health England	1.4	7	Data sharing is key to identifying people at risk and the recommendation should be more explicit in this. How to do this in accordance with guidelines and protect confidentiality.	Thank you. Recommendation 4 has been amended to include ensuring data sharing issues are addressed.
Public Health England	1.4	7	Signposting to existing risk stratification tools would be helpful here.	Thank you. We hope to produce implementation tools to support the guideline which may include links to existing materials.
Public Health England	1.4	7	We were unclear what data was being referred to in the first bullet point. We presume this means patient level information and clinical records rather than	Yes.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			epidemiological/housing data?	
Public Health England	1.4	7	Could join recommendations 4 & 5	Thank you. These recommendations have been kept separate.
Public Health England	1.5	7	Important to be explicit that this includes the acute care sector and mental health services, as well as the community sector. Making every contact count should not be confined to only those in health and social care. There are opportunities for those working in housing, energy, fire and rescue services and the voluntary and community sector	Thank you. The role of secondary care professionals is addressed in recommendation 7 relating to discharge. Other sectors are addressed in recommendation 6.
Public Health England	1.5	7	Signposting to risk stratification tools may be useful here.	Thank you.
Public Health England	1.5	7	It may be useful to signpost to tools that aid in identifying those who may not admit to having difficulties (such as the visual clue check list from Winter Warmth England).	Thank you. We hope to produce implementation support the guideline which may include examples of existing tools.
Public Health England	1.5	7	Vulnerable groups (as previous comments) should be highlighted in full at beginning of document and signposted to throughout. Acknowledging that vulnerability is not a static concept and people can move in and out of these groups.	Thank you. This has been addressed in the final guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	1.5	7	Reword sentence on information giving to include the actions that can be taken - link to Cold Weather Plan for England and HMG Keep Warm Keep Well booklet	Thank you.
Public Health England	1.5	7	Would benefit from highlighting the mental/social health impacts of living in a cold home.	Impacts of living in a cold home are addressed elsewhere. NICE does not usually highlight the benefits of an action in the recommendations themselves.
Public Health England	1.5	7	'Health-based' solutions is a slightly odd phrase, as the whole guideline is about solutions to improve health. Perhaps 'medical intervention' would be more precise? You may wish to include advice on pneumococcal vaccination here and the importance of childhood influenza vaccine to protect older adults	Thank you. This has been amended to say 'referral to a health service'.
Public Health England	1.5	7	<p>Could consider inclusion of other vaccinations including Pneumococcal polysaccharide vaccination(see below)</p> <p>Adults aged 65 and over are recommended to have the Pneumococcal polysaccharide vaccine. They only need a single pneumococcal vaccination which will protect for life.</p> <p>Adults under 65 with risk conditions are recommended for vaccination. This may be just a single one-off pneumococcal vaccination or five-yearly</p>	Thank you. The example ('flu vaccination) is not intended to be comprehensive. Interventions of this sort will be within the remit of the health care professional.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			vaccination depending on their underlying health problem.	
Public Health England	1.6	8	How will those visiting vulnerable people assess their heating needs? Perhaps the title of the recommendation overstates what is intended? Will people who work outside of health feel confident or competent enough to give health advice? Will there be some kind of accreditation system?	Thank you. Detailed personal advice will most appropriately be delivered through the single point of contact service outlined in recommendations 2 and 3.
Public Health England	1.6	8	Should link to the recommendation on training.	Thank you. The recommendations are intended to be considered together.
Public Health England	1.6	8	Should link to sources of help – e.g. Cold Weather Plan – Making the Case document, Keep Warm Keep Well booklet, NHS Choices	Thank you.
Public Health England	1.7	9	Needs to be more explicit as to what technologies it refers to and the role of PHE in this. It seems odd that this recommendation is only for people installing the latest heating technologies and not to all contractors who may be installing heating.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Public Health England	1.7	9	PHE is not currently involved in the roll- out of smart meters beyond providing advice regarding health concerns raised about smart meter telecommunications. PHE appreciates that there may be both positive and	Thank you. Please note that the recommendation relating to new

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			negative impacts of this technology on the way people use the heating in their homes.	technologies has been moved to the research recommendations (section 5)
Public Health England	1.7	9	Consideration needed on the impact of recommendations such as systems that alert health and social care staff of low indoor temperatures on their workload. Any recommendations should encourage actions the individual can take themselves where able (many of the recommendations potentially imply that individuals have no responsibility for their own care. We should be encouraging independence where appropriate).	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Public Health England	1.7	9	Telemedicine and text messaging are already used in many local areas to communicate health messages. Important existing systems are developed where able.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Public Health England	1.8	9	Important to highlight that this should be considered as part of planned discharge at admission – not just when the patient is leaving the hospital	Thank you. This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when planning a booked admission.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	1.8	9	This recommendation could potentially put considerable pressure on a number of specialists – particularly occupational therapists and social care.	Thank you.
Public Health England	1.8	9	There are a number of successful projects (such as the Royal United Hospital, Bath) where discharge teams and ward staff in acute trusts work with patients to address these issues. Signposting discharge teams to existing projects would be useful here.	Thank you.
Public Health England	1.9	10	Link all the training recommendations together as the actions apply to health and non-health professionals and there is duplication between them.	Thank you. Please note that the recommendations will also be available on the NICE website as a 'pathway' which will group the training recommendations. The training recommendations are separate as they are aimed at different target audiences.
Public Health England	1.10	10	As above	Thank you.
Public Health England	1.11	11	The incentive for doing training should be made explicit – reference to corporate social responsibility?	Thank you. This is not normally included in NICE recommendations.
Public Health England	1.11	11	Being able to identify if there is not enough ventilation shouldn't just be confined to the non-health sector. Important that health and social care	Thank you. While all sectors should be aware

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			professionals are also aware of the importance of adequate ventilation in homes.	of the importance of ventilation this may need a high level of expertise. Where there is concern this would most appropriately be dealt with by referral to the single point of contact service identified in earlier recommendations.
Public Health England	1.11	11	It also needs to be more explicit in terms of why – indoor air pollution, radon, overheating and carbon monoxide.	The role of ventilation is discussed elsewhere. NICE recommendations do not normally include justifications.
Public Health England	1.11	11	Importance of balancing any energy efficiency work to simultaneously assessing and addressing interventions aimed at reducing overheating during summer (as noted above in recommendation 3)	Thank you. Recommendations include the importance of ventilation, which will be important in reducing summer heating. Please note that the remit of the guideline did not include interventions that might help reduce the risk of overheating. NICE may consider summer deaths in a future guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	1.12	11	Not just professionals but everyone	Thank you. The public are included in this recommendation.
Public Health England	1.12	11	Signposting to up to date toolkits/information/guidance would be useful.	Thank you.
Public Health England	1.12	11	Need to refer to the Keep Warm Keep Well leaflet and NHS choices	Thank you.
Public Health England	1.12	11	Signpost to examples of good practice	Thank you.
Public Health England	1.13	12	Glad to see emphasis on ventilation here, but Energy efficiency standards not mentioned but of clear importance. This might be an opportunity to refer to other health and safety legislation/standards related to housing eg HHSRS, private rented sector regulations	Thank you.
Public Health England	General		General points	
Public Health England	General		Consolidating recommendations 5, 9, 10 and possibly 12 as they seem to overlap. These could be grouped around the theme of making every contact count.	While recommendations 5 and 9 (5 and 8 in the final guideline) are relevant to health and social care practitioners they address different audiences (practitioners and training providers respectively). It is therefore important to keep these as separate recommendations.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				Similarly recommendations 10 and 12 (now 9 and 11) are aimed at different audiences.
Public Health England	General		Consolidating recommendations 6 and 11 (or making a clearer differentiation).	As in the response above, these recommendations are aimed at different groups and so need to be kept separate.
Public Health England	General		Would benefit from links to information and toolkits to help those responsible carry out each action.	We hope the implementation tools published to support the guideline may provide some of this support.
Public Health England	General		Greater clarity about who this guideline is intended for would be of benefit. The introductory preamble is a little vague and seems to differentiate between a health care practitioner and a clinician. We would suggest this guideline is for all those having contact with, or responsible for the health of, individuals who are vulnerable to the cold.	Thank you. The guideline is aimed at a wide range of audiences. The actors for each recommendation are given in section 2, with hyperlinks to aid navigation.
Public Health England	General		Vulnerable groups (as previous comments) should be highlighted in full at beginning of document and signposted to throughout. Acknowledging that vulnerability is not a static concept and people can move in and out of these	Thank you. The definition of vulnerable groups has been moved to the opening section.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			groups.	
Public Health England	General		The scope of the guidance needs to be clearer e.g. need to be explicit about whether the homeless are included in this and what the definition is of a 'home'. Is it just domestic setting or is it where vulnerable people may be (e.g. hostel).	Thank you. This has been further addressed in the considerations section. This emphasises that while homeless groups will be adversely affected by cold the guideline does not address those who are homeless or not living in permanent structures that meet basic building control regulations.
Public Health England	General		No mention of 'social prescribing' or 'people powered health' approaches. There seems to be an emphasis on health and social care roles and responsibilities, which could be perceived as quite disempowering.	Thank you. This was not identified in the evidence.
Public Health England	General		Signposting the role of Directors of Public Health (DsPH). There doesn't appear to be any mention of the role of Directors of Public Health in helping to identify partners to implement the NICE guidance. DsPH have a crucial role in identifying when a health impact assessment of policies that might increase excess winter deaths should be initiated.	While the guideline does not talk specifically about DsPH it emphasises the role of HWB which would include the DPH.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	General		Including a link with the London housing strategy and harnessing the opportunity that regeneration programmes represent in reducing excess winter deaths, but also the pitfalls of regeneration in that those who are most vulnerable and the homeless may be displaced and end up at greater risk of cold-related deaths.	Thank you. Links to local strategies would need to be included locally, and this is addressed in recommendation 1.
Public Health England	General		Clarifying that councils have a role in enforcing policies related to contractual agreement where private providers do not comply with their contractual obligations to deliver on wellbeing. Make more use of the The Public Services (Social Value) Act 2012. This introduced a duty to consider how purchasing services can improve economic, social and environmental wellbeing. This builds on existing legislation – Local Authority Act 2000 and Public Contract Regulations 2006 – that puts wellbeing alongside value for money in purchasing services.	Thank you. This would need to be taken into account by local agencies when commissioning services.
Public Health England	General		Highlighting the potential for action on the wider determinants in line with recommendations by IHE, which include action to control the rise in fuel prices through regulation; and protecting household incomes e.g. through support to find employment and credit unions, so that households can keep their homes warm through a period of increased unemployment and benefits cuts.	Thank you. This is beyond the remit of the guideline.
Public Health England	General		Make explicit mention about all the important aspects linked to this area (e.g. falls, immunisation) without needing to go into detail.	Thank you. Additional evidence is provided in the reviews published on the NICE website, and in

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				the references hyperlinked in the guideline itself.
Public Health England	General		Need to consider the importance of safe heating systems and the risk of carbon monoxide.	Thank you. Safe heating and ventilation are important. The committee felt that the guideline addresses them appropriately.
Public Health England	General		Specific detailed points	
Public Health England	2.2	13	Who should do what at a glance :CCGs, fire and rescue services (emergency services?) should be included. As mentioned, many of these recommendations are applicable to many more organisations than are listed.	Thank you. This section aims to identify key organisations who will be taking the lead in implementing the recommendations. It is likely that they will need to engage with wider professional networks.
Public Health England	3.1	15	References the DH when it should be The Cold Weather Plan for England – Making the Case document. It is published by PHE but is a collaborative document with DH, NHS England, LGA and other stakeholders.	Thank you.
Public Health England	3.1	16	'people are stiffer' – suggest rewording to 'people may have stiff joints' or 'people may have reduced dexterity or movement due to the cold'	Thank you. This section has been amended.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Public Health England	2.1	12	First line under introduction: This guideline is not just for those with an interest in health and housing but for everyone who has contact with a vulnerable individual. Could argue that it is even more important to those who don't have an interest in health and housing.	Thank you. The guideline acknowledges the importance of other groups, and several recommendations are aimed at the.
Portsmouth City Council	General		We welcome this guidance and, particularly the range of organisations mentioned and actions that can be taken. However, whilst we recognise the concern that Health and Wellbeing Boards are not taking a lead, perhaps too much reliance or unrealistic expectations have been placed on those Boards. What exactly is NICE expecting of the H&WBs? They have oversight of locally determined priorities.	Thank you. The committee felt that HWBs and their partners are key in ensuring the availability of local services to address these issues. Other recommendations address the important role of other professionals as well.
Portsmouth City Council	General		There is a lack of recognition of local variation in governance of commissioning. See above - other organisations or Boards may be more appropriate in different authority areas	Thank you. The importance of different structures has been added to the considerations (4.27)
Portsmouth City Council	General		We suggest including an additional recommendation relating to initiatives to address barriers. Eg schemes to clear lofts before insulating; ways of engaging private landlords	Recommendation 3 includes a bullet point on providing access to and coordination of services to address common barriers such as those

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				provided by home improvement agencies.
Portsmouth City Council	1.1	4	We suggest adding to ensure there is partnership working, with communication between all front line departments in local authorities in particular housing providers as making homes more energy efficient is the key recommendation from the Hills report on reducing fuel poverty.	Thank you. Recommendation 1 includes identification of local actions and integration with other plans and strategies. Recommendation 2 includes linking with local services.
Portsmouth City Council	1.2	5	Discrepancy between title ("provide") and content ("ensure commissioned"). If this is about provision then the first line should state "ensure.....commissioned <i>and delivered</i> ". If it is about commissioning the title should say that and not " <i>provide</i> "	Thank you. The title of recommendation 2 has been amended.
Portsmouth City Council	1.3	6	Could also recommend collective utility provider switching schemes	Collective purchasing schemes have been added to recommendation 3.
Portsmouth City Council	1.3	6	Could also mention the term/importance of "single points of access"	The term has been changed to single point of contact in the document
Portsmouth City Council	1.4	7	Bullet point one. Suggest use existing "intelligence" rather than "data".	Thank you. 'Intelligence' is captured by the use of 'professional contacts and knowledge'.
Portsmouth City Council	1.4	7	A recommendation for data/intelligence sharing between agencies would be	Thank you. Ensuring

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			powerful as Public Health teams in LAs currently experiencing legal blocks to accessing data	data sharing issues are addressed has been added.
Portsmouth City Council	1.5	7	Also refer to ambulance services and other 999 services that access homes.	Thank you. Reference to other services has been added in recommendation 2.
Portsmouth City Council	1.5	7	Bullet point 3. Perhaps Include an example of services that can advise on energy saving	Thank you. This would be addressed via the single point of contact.
Portsmouth City Council	1.7	9	Mention HSC telehealth/telecare services	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Portsmouth City Council	1.12	11	A specific mention of the need to engage private landlords to take action to improve homes would be welcomed	Thank you. Identifying engagement in this way would be part of the process of developing a strategy in relation to recommendation 1.
Portsmouth City Council	1.12	11	Also these communications are an opportunity to dispel myths e.g. . "Didn't have heating when I was a child and no-one came to any harm".	Thank you. This is addressed in the bullet relating to misconceptions.
Portsmouth City Council	2.2	13	Add ambulance and emergency services and Clinical Commissioning Groups	Thank you. This section

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			as specific groups.	aims to identify key organisations who will be taking the lead in implementing the recommendations. It is likely that they will need to engage with wider professional networks.
Portsmouth City Council	3.2	16	Another factor that influences whether someone finds themselves living in a cold home is behaviour and ignorance around simple ways of keeping warm as well as not understanding how to manage heating systems and controls.	Thank you.
Portsmouth City Council	4.29, 4.30, 4.31	28	Lack of co-ordination of services in particular Health and Housing is a barrier to achieving a large scale reduction in fuel poverty. Clinical commissioning groups and local authorities should make funds available for the development of local coordinated services	Thank you. Funding and resourcing is beyond the remit of the guideline.
Portsmouth City Council	4.29, 4.30, 4.31	28	The Government depts. Health and DECC could work more closely together and promote the financial and climate benefits of reducing fuel poverty. The withdrawal of ECO funding for insulating the most hard to treat properties in the country through Government intervention does not help to achieve a long term sustainable solution to reducing fuel poverty in the country.	Thank you. Funding and resourcing is beyond the remit of the guideline.
Portsmouth City Council	4.29, 4.30, 4.31	28	Housing providers could be represented on Health and Wellbeing boards	Thank you. The make-up of HWB will be determined locally. However, input from a range of professionals is likely to be needed.
Portsmouth City Council	4.29, 4.30, 4.31	28	Good examples of co-ordinated working e.g. Shine Islington can be shared amongst authorities to improve delivery nationally.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Portsmouth City Council	5	29	A coordinated approach to collating and sharing locally collected data and information would be welcomed.to find the most effective solutions to reducing fuel poverty in the country. Suggest contact local areas to determine any work which is already going on e.g. collaborations between LAs and universities to evaluate technical interventions on reductions in residents energy bills	Thank you. Please note that recommendation 1 includes making evaluations of local strategies publically available.
Portsmouth City Council	5	29	We read recently about a "prescribe a boiler" scheme. Research into schemes of this nature and a cost benefit analysis which shows the savings to the local economy of investing in such schemes would help to influence local CCG and LA spend in relation to cold weather schemes.	Thank you. Research in this area is developing and may inform future updates of this guideline.
Public Health Doncaster MBC	0.1	1	Self-disconnection is a major cause for people being unable to heat their home and needs to be addressed but is only mentioned on this page and hardly at all in the rest of document.	Thank you. Recommendations include access to financial advice and support as well as the development of responses that take account of identified need.
Public Health Doncaster MBC	1.1	4	The recommendations to achieve property SAP rating from a band D to band B is not achievable due to many UK properties been older single-skinned (single brick).	The aim has been amended to say: 'as a minimum, properties should be raised to a band C (69–80) and ideally, to a band B (81–91) rating'. The committee are aware that achieving band B

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				will not always be achievable (hence 'ideally').
Public Health Doncaster MBC	1.1	4	A tailor made programme is an excellent starting point but what would the programme involve and who would provide it?	The content of the referral service is outlined in recommendations 2 and 3.
Public Health Doncaster MBC	1.1	4	"Although lower temperatures have a more significant effect on health, the ill-effects from cold homes are seen when outdoor temperatures drop to around 5–8°C". It may be worth noting that giving specific temperatures could lead people to think they do not need to take action until this temperature is reached	Thank you. The guideline emphasises the importance of making changes all year round not just during severe weather periods.
Public Health Doncaster MBC	1.2	5	The recommendation to place the HWWB as commissioners for numerous cold related prevention interventions and services may not work in all areas.	Thank you.
Public Health Doncaster MBC	1.5	8	"Record these actions in the person's notes" Data sharing and confidentiality can be a big problem and solutions must be in place to resolve this.	Thank you.
Public Health Doncaster MBC	1.8	9	"As part of the planned discharge, coordinate efforts to ensure their housing is warm enough" Who will make the decision to whether the property is warm enough? What if funding needs to be found for a major repair first?	The recommendation is aimed at those responsible for arranging and supporting discharge. It includes referral to the single point of contact service outlined in earlier recommendations. The committee discussed the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				importance of avoiding delays in discharge as this will have a significant cost in terms of bed availability and potential risk to a patient.
Public Health Doncaster MBC	1.9	10	South Yorkshire Hot Spots is a well establish training program that uses brief intervention training to enable effective signposting to appropriate partners. Doncaster Public Health have worked jointly with Rotherham MBC and Sheffield Hallam University on research around living in cold, damp homes, the findings have supported in the production of family pen portraits that are an excellent training resources. http://www.shu.ac.uk/research/hsc/ouexpertise/warm-well-families	Thank you.
Public Health Doncaster MBC	1.12, General	11	There needs to be more emphasis on behavioural causes of cold homes and advocacy to help vulnerable people overcome problems with bills, landlords or debts. The guidance focuses too much on energy efficiency and not enough on methods to support financial/debt management.	Thank you. Financial issues are addressed in recommendations 2 and 3.
Public Health Doncaster MBC	3	15	Most evidence around excess winter deaths is based on outdoor temperatures; this does not help to identify who is living in property that can contribute to poor health. Therefore further work needs to be undertaken to identify an absolute temperatures or a sudden drop in temperature that causes the harm.	Thank you. This issue is addressed in the research recommendations (section 5).
Public Health Doncaster MBC	3.3	18	“Is an important factor in determining how much it will cost to keep housing at a given temperature” What is the given temperature?	Thank you. The cost will depend on the temperature to which the house is raised. This will vary depending on the SAP at any temperature.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				The impact of indoor temperature on health is addressed in 4.8 and in the research recommendations.
Public Health, Barnsley Metropolitan Borough Council	1.2	5	Include partners such as Fire Service Community Liaison Officers in contact with vulnerable residents at risk. This recommendation should also include reference to the role of individual GP's, community nursing staff, including Macmillan nurses, ensuring they are engaged in the referral process.	Thank you. Fire prevention and safety services personnel have been added.
Public Health, Barnsley Metropolitan Borough Council	1.3	6	CCG have a role to play in supporting the one stop shop health and housing service and as a result their role should be clearly defined in this recommendations. Furthermore, the section referring to 'Access and Coordination of Services' should consider the hard to heat homes, with no loft access and hence no insulation. Many pre-1915 terraced properties fall into this category.	Thank you. The committee felt that the correct body to aim these recommendations at are HWB. CCGs are likely to be significant partners in this work. Action to deal with specific issues such as those you identify will need to be addressed by the development of the local strategy.
Public Health, Barnsley Metropolitan Borough Council	1.5	7	This section should make reference to lessons learned from programmes such as Keeping Warm in Later Life (KWILLT) http://kwillt.org/ and identify the barriers people experience that prevents them from accessing help in keeping warm.	Thank you.
Public Health, Barnsley Metropolitan Borough Council	General		The document makes very little reference to the influential role of the CCG or the referral role of individual GP practices. The guidance should also set out	Healthcare professionals are identified in

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			as clearly as possible the individual benefits to all parties involved (possibly in the form of a table).	recommendations 4, 5 and 7. Section 2 ('who should take action') includes a table of actors for each recommendation.
RCGP	General		<p>This is a helpful and well thought through document and as a GP often visiting people in their homes it is an important issue.</p> <p>In particular-the type of fuel, its safety and efficiency: an open fire is cheerful but often inefficient, and expensive with a lot of back up work. What people like and are used to is important.</p> <p>Safety – open fires, indoor air pollution, the obnoxious smell of incompletely combusted paraffin and carbon monoxide build up should be addressed.</p> <p>Hot food, hot drinks and plentiful hot water are also part of keeping warm, contented and healthy.</p> <p>Old traditions - in the absence of central heating bedrooms are often very cold and there is also a belief in the beneficial effects of fresh air on the coldest day.</p>	<p>Thank you. The role of primary healthcare professionals in identifying those at risk and in taking action is vital and identified in recommendations 4 and 5. Training for health and social care practitioners is addressed in recommendation 8. Information addressing commonly held misconceptions is addressed in recommendation 11.</p>
Royal College of Nursing	General		the Royal College of Nursing have no comments to submit to inform on the above draft guideline consultation at this present time.	Thank you.
Royal College of Paediatrics and Child Health	1.5	7	Although disabled people are mentioned as a vulnerable group, the needs of disabled children and young people should be highlighted. These children and young people are particularly vulnerable to winter illnesses and poorly heated homes partly because their disabilities (esp immobility and any	Thank you. Both children and people with disabilities are highlighted as vulnerable

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			feeding/swallowing difficulties), render them much more prone to respiratory illnesses but also, due to their often high care needs, one or both parents may have had to give up their careers, or limit their paid work, and so these families have reduced incomes that restrict options for keeping warm.	groups.
Royal College of Paediatrics and Child Health	3.5	19	The vulnerability of disabled people, and especially disabled children and young people (for the reasons mentioned above), needs to be highlighted in this section.	Thank you. There is additional discussion of disability in the considerations section (4.21, 4.36).
Rotherham Metropolitan Borough Council	General		It would be useful to include more links and references to the Cold Weather Plan. All local authorities and local stakeholders should have a local CWP and many of the recommendations in this draft guidance have strong links, therefore would help to engage new audiences that haven't operationalised NICE guidance previously.	Thank you. Links and reference to the Cold Weather Plan are included in recommendation 3, section 3 ('context' and 'national policy') and considerations (4.32).
Rotherham Metropolitan Borough Council	General		The focus of the guidance is heavily weighted towards older people rather than being consistently inclusive of all populations vulnerable to cold weather and ill health.	While the majority of cold related deaths are in those aged 85 and older the guideline emphasises the impact on a range of groups. The section 'what is this guideline about' identifies vulnerable groups which are much wider than simply older

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				people.
Rotherham Metropolitan Borough Council	General		Links between cold and mental health is hardly mentioned throughout the guidance yet there is increasing evidence of the effects of cold homes on mental health of all ages - social isolation, increase risk taking behaviours, depression etc.	Thank you. While the guideline is not intended to be a comprehensive document on the evidence between cold and health effects the impacts on mental health are included in the context section. People with mental health conditions are included in the list of vulnerable groups.
Rotherham Metropolitan Borough Council	General		GPs and health care professional are notoriously difficult to engage with on this agenda. NICE guidance is an excellent way to engage with clinical professionals but this guidance is not targeted towards working with this group.	We hope the guideline will support efforts to work across sectors. The section 'who should take action' lists the various actors against the recommendations. These include both primary and secondary healthcare professionals.
Rotherham Metropolitan Borough Council	General		On the whole guidance focuses on the energy efficiency needs. More could be included on finance, behaviour, attitudes and empowerment of individuals to change behaviours / make homes warmer	Thank you. Finance is addressed in recommendations 2 and 3 relating to the outline

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				of the service. Behaviours will also need to be addressed through the development of tailored solutions to address identified needs (see recommendation 3).
Rotherham Metropolitan Borough Council	1.1	4	Resources and evidence from the Keeping Warm In Later Life project (www.kwillt.org) could be used to help identify people whose health is at risk from a cold home	Thank you. We hope to be able to include a list of existing resources in the implementation tools to be published to support the guideline.
Rotherham Metropolitan Borough Council	1.1	4	As a minimum SAP ratings should be improved to a minimum band D and ideally band B - in practice this is highly unlikely to be achieved for a number of reasons including: numbers of hard to treat housing stock; lack of finance for suitable interventions and schemes to support homeowners and social housing providers to improve stock; the lack of control of the private rented sector.	The aim has been amended to say: 'as a minimum, properties should be raised to a band C (69–80) and ideally, to a band B (81–91) rating'. The committee are aware that achieving band B will not always be achievable (hence 'ideally').
Rotherham Metropolitan Borough Council	1.1	4	SAP ratings can be used as a guide to the properties health this is by no means a fully satisfactory means of assessing the need for intervention. High	Thank you. The service should provide individual

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>SAP ratings can be achieved with confidence if supported with excellent complicated heating controls which the resident cannot understand or use properly. Properties with a High SAP can often be found in off Gas network areas however the fuel to heat these properties can be expensive and therefore prohibit mitigation of the problem of fuel poverty/poor health. SAP calculation takes little account of listed buildings where mitigation measures may simply not be possible.</p> <p>Are we proposing that all hospital discharges are preceded with a SAP calculation and who should pay for this assessment. Will the shortage of SAP assessors which some areas are experiencing lead to longer discharge periods. You also mention Green Deal in your recommendations and where the SAP will give a lead into this scheme the finance may be prohibitive or further plunge the resident into fuel poor and further health problems.</p>	<p>support which should take account of the specific needs of the individual.</p> <p>The guideline includes the assessment of whether a person is vulnerable to the cold and if so if remedial action can be taken without delaying discharge.</p> <p>Green Deal is mentioned in the considerations as an existing example of where funding may come from.</p>
Rotherham Metropolitan Borough Council	1.1	4	<p>Properties in the lower bands F and G may be moved into E and D and where this cost may be as little as £1000 and the measures small they will still be out of the reach of private residents. Using SAP in this way will lead to slower discharge possibly poor health. SAP needs to be integrated into a health package of home improvements and let us not forget the training health professionals will need on SAP to understand the data they are looking at.</p>	<p>Thank you. It is important to avoid delaying discharge unnecessarily. Where remedial action cannot be taken before discharge this should be planned for at an appropriate point.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Rotherham Metropolitan Borough Council	1.1	4	Provision for normal winter temperatures - what is a healthy temperature - indoor and outdoor. Evidence for WHO recommended temps is vague and this only targets the 'healthy' individual, what about those who are inactive, suffer from long term conditions, disable, the very young / old.	Thank you. Reference to the WHO statement has been added, with caveats. The research recommendations also include: 'what effect does the temperature in the home have on the rate of illness, death and quality of life of different groups of vulnerable people?'
Rotherham Metropolitan Borough Council	1.1	4	Groups that face particular problems - full list set out early on in the document - the list changes throughout the guidance.	Thank you. This has been amended.
Rotherham Metropolitan Borough Council	1.1	4	No mention of new build and energy efficiency guidelines	Building standards for new homes are addressed in national standards and are outside the remit of this guideline.
Rotherham Metropolitan Borough Council	1.1	4	Consider how issues and actions are identified in health and wellbeing and other relevant strategies or plans - link here to Cold Weather Plans and Health and Wellbeing Boards as a minimum.	The Cold Weather Plan is referenced in the guideline.
Rotherham Metropolitan Borough Council	1.2	5	Local referral scheme - Hot Spots has been running since 2008 - this scheme is not commissioned and runs on the good will and commitment of a number of partner organisations - not all schemes have to be formally commissioned.	Thank you.
Rotherham Metropolitan	1.3	6	All the bullets rely on funding being available to support the interventions.	Local resourcing and

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Borough Council			Access to home insulation schemes and grants are becoming increasingly scarce following the Green Deal policy. Many of the projects set up under this recommendation rely on short term funding (i.e. Warm Homes Healthy People DH funding) and are therefore difficult to set up and sustain commitment in the long term. Short term emergency support - who should fund??	funding is beyond the remit of this guideline.
Rotherham Metropolitan Borough Council	1.4	7	A co-ordinated risk screening tool and method could be developed like the one suggested by Abacus. http://www.shu.ac.uk/research/hsc/ouexpertise/abacus	Thank you.
Rotherham Metropolitan Borough Council	1.4	7	Many groups missing from the list of those vulnerable to the cold including - dementia women >75 (highest EWD group), falls, new-borns	Thank you. The list of vulnerable groups has been clarified and now includes new-borns.
Rotherham Metropolitan Borough Council	1.5	8	Elderly are also a group who are forced to spending time at home as well as with chronic health conditions.	Thank you. This has been amended to 'spend longer than an average amount of time at home'.
Rotherham Metropolitan Borough Council	1.5	8	Ensure there is a shared understanding of who is responsible see Abacus model http://www.shu.ac.uk/research/hsc/ouexpertise/abacus	Thank you.
Rotherham Metropolitan Borough Council	1.5	8	Record these actions in the persons notes and make this information available - barriers to sharing data need to be addressed would be useful to have some national governance protocols on this to support local developments.	Thank you. It is important that these issues are addressed locally, as indicated in recommendation 4. The committee noted that there are examples of where this has been

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				achieved locally.
Rotherham Metropolitan Borough Council	1.7	9	Id opportunities for using new electronic systems to reduce the risks associated with cold homes - who will pay for these systems to be installed, monitored and maintained? IF the alarm sounds what happens? These types of alarms can also encourage self-disconnection.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Rotherham Metropolitan Borough Council	1.8	9	Include new-borns on discharge list The practicalities of not discharging someone to a cold home are huge including - bed blocking in hospital. also what is the measure of a cold home - how would discharge teams monitor and measure this?	Thank you. The remit of this recommendation has been extended to cover discharge from health or social care settings. The committee discussed the importance of avoiding delays in discharge as this will have a significant cost in terms of bed availability and potential risk to a patient. Where problems are likely to take time to resolve this will be best addressed via the single point of contact service outlined in earlier recommendations.
Rotherham Metropolitan	1.9	10	Who is responsible for training health and social care professionals to help	Thank you. The

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Borough Council			people? www.kwillt.org for training resources including pen portraits and e-learning	recommendation is aimed at groups providing training.
Rotherham Metropolitan Borough Council	1.10	10	Elected members could be trained Need clear definitive list that is consistent throughout the guidance stating who is at risk from cold homes.	Thank you. The list of vulnerable groups has been clarified.
Rotherham Metropolitan Borough Council	1.11	11	Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home - help with what? programming meter, accessing benefits, building knowledge about hoe cold homes impact on health? Link to Making Every Contact Count (MECC) and ensure heating engineers are aware that many people have a low understanding of heating programmers and explaining quickly once is often not enough. 'Aware of who to call if there is a problem' problem with what? Which sector - local authority, private rented sector, owner occupier - would be many different numbers.	Thank you. The aim of this recommendation is to support people in identifying a possible problem. The solutions should be addressed via the mechanisms set up in response to recommendations 1, 2 and 3.
Rotherham Metropolitan Borough Council	1.12	11, 12	Information needs to be targeted - different messages need to be developed for older people (see www.winterwarmthengland.co.uk) and families and health and social care staff 'Ensure national advice takes into account local and regional variations in the kind of support offered' - this is very difficult to coordinate and promote	Thank you.
Rotherham Metropolitan Borough Council	1.13	12	This recommendation links to damp and condensation which could potentially warrant specific guidance. Damp and condensation link to morbidity. Increasing anecdotal evidence that increases in energy efficiency and the 'wrapping up' of homes has increased levels of damp as homes are not allowed to breath. Homeowners don't open windows to ventilate if the house if cold and they are in fuel poverty.	Thank you.
Rotherham Metropolitan	2.1	12	The guidance is for those with an interest in health and housing - should this	Thank you. NICE does

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Borough Council			be more mandatory? Or use the word remit rather than interest?	not have the remit to make recommendations mandatory.
Rotherham Metropolitan Borough Council	2.2	13	Include - public health professionals, Children and young people services, environmental health officers, elected members	Thank you. This section aims to identify key organisations who will be taking the lead in implementing the recommendations. It is likely that they will need to engage with wider professional networks.
Rotherham Metropolitan Borough Council	3.1	15, 16	There is more evidence that can be used as reference in the context than Marmot review and the CWP. The temperature reference should include indoor temperatures. Be specific about health events following a cold spell i.e. increase in heart attacks and strokes. Stronger link to children and young people and health inequalities could be included in his section, i.e educational attainment, increase in risk taking behaviours (Christine Liddell's work)	Thank you. The guideline is not intended to be a comprehensive review of the impact of cold on health. References are given to other materials, and the evidence reviews and expert papers are available on the NICE website. Reference to indoor temperatures has been added (see 4.8 and research recommendations).

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Rotherham Metropolitan Borough Council	3.2	16	Focus on external temperature - is there anything to include on internal temperatures and impact on mortality and morbidity? Factors influencing whether someone finds themselves living in a cold home include: attitude to heating a home http://bmjopen.bmj.com/content/2/4/e000922.full New paper on economic cost to health of living in a cold home to be published soon. Links to work by Dr Bernard Stafford http://www.shu.ac.uk/research/hsc/about-us/dr-bernard-stafford	Thank you. Internal temperature has been added to the document (see for instance 4.8 and research recommendations).
Rotherham Metropolitan Borough Council	3.2	17	Diagram is missing reference to the attitudes, values and beliefs about cold - could be included in the behaviours box. Include directional arrows on the diagram to understand the influences. Less money available - could include stoicism and fear of debt which influences heating use. Cold-related ill health- people cope with this differently.	Thank you. The diagram is only able to offer a simplified version of reality. As you note, behaviours will be influenced by a range of other factors.
Rotherham Metropolitan Borough Council	3.3	18	'At a given temperature' - need to be clear what this is and if it is different for different groups.	Thank you. The cost will depend on the temperature to which the house is raised. This will vary depending on the SAP at any temperature. The impact of indoor temperature on health is addressed in 4.8 and in the research recommendations.
Rotherham Metropolitan Borough Council	3.5	19	Babies - first mentions of them here - they should be mentioned as an at-risk group earlier in the guidance.	Thank you. The vulnerable groups

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				referenced have been amended to include newborns.
Rotherham Metropolitan Borough Council	3.6	20	Include references of where to source the local data on fuel poverty.	Thank you.
Rotherham Metropolitan Borough Council	4, 4.1, 4.5, 4.11	21, 22, 23	No mention of whether sudden temperature changes make people more vulnerable? 4.1 Variation in death rates include an individual's ability to thermo regulate. 4.5 could include behaviour change 4.11 The committee did make any recommendations on the use of bad weather alerts - so do we need to stop doing? Does this mean there is no evidence on the effectiveness of them?	Thank you. The committee felt that additional evidence relating to these issues was needed and they are included in the research recommendations. The committee did not feel that there was sufficient evidence to make a recommendation to stop the use of bad weather alerts. The evidence gathered can be seen in the reviews available on the NICE website.
Rotherham Metropolitan Borough Council	4.12	24	4.12 Health economics - see future paper by Dr. Bernard Stafford http://www.shu.ac.uk/research/hsc/about-us/dr-bernard-stafford . Limited evidence on relationship between indoor temperature and health - does this mean the current guidance on 18-21C should not be used?	Thank you. Reference to the WHO indoor values have been added (see 4.8 and research

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			4.13 Include better school attendance and attainment	recommendations). The considerations section notes that other non-health benefits have not been captured by the modelling.
Rotherham Metropolitan Borough Council	4.17	25	4.17 The lists of vulnerable / at risk change throughout the guidance - could there be one definitive list?	Thank you. This has been amended for consistency.
Rotherham Metropolitan Borough Council	4.20, 4.21	26	4.20 fall to around 6C - states 5-8C in the rest of the guidance Are the deaths attributable to indoor temp or the fact that they have been outside? 4.21 Social isolation has a huge impact on health - this should be emphasised across the guidance not just in once section.	Thank you. This has been amended. It is difficult to make categorical attributions of this sort. Social isolation is important and can be influenced by many factors.
Rotherham Metropolitan Borough Council	4.24, 4.27, 4.28	27	4.24 visits from family and friends also 4.27 Clinical Commissioning Groups are a very influential stakeholder to deliver this guidance and should be mentioned throughout not just in this section. 4.28 Smart meters are linked to self-disconnection - there is lots of research on this.	Thank you. This is an example rather than a complete list. The committee felt that recommendations should be addressed to HWBs to gain wider partnerships for action. Please note that there is a research

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				recommendation relating to smart meters and other forms of technology.
Rotherham Metropolitan Borough Council	4.29, 4.31	28	4.29 Could include elected members as a key stakeholder. 4.31 Barriers include access to money to pay for interventions / fuel.	Thank you. Please note this is not intended as a comprehensive list.
Rotherham Metropolitan Borough Council	5	29	Additional research ideas - Cost effectiveness of health funded (i.e. DH, CCG, public health) energy efficiency interventions to improve health Effect of cold and damp housing on health What messages could be used to change behaviour and knowledge about the links between cold homes and health for <i>different</i> target groups. 5.2 There is already quite a lot of research available on the barriers and facilitators for action and coping strategies for dealing with the cold.	Thank you. The recommendations include the effectiveness of energy efficiency interventions and the differential impact on various groups.
Royal College of General Practitioners	General		The RCGP is strongly supportive of guidance from NICE focussing on excess winter deaths linked to cold homes and fuel poverty. We believe that there is a key role for General Practitioners and the wider Primary Care Team to play. We also believe there is an opportunity to use the General Practice Clinical record in order to help to identify those at most risk in addition to the use of opportunistic interventions. The GP clinical IT systems are ideally placed to play a central role in a referral process. We believe it would be more effective to invest in a single national referral mechanism to a central hub than to ask each H&WBB to develop a bespoke local system. The RCGP is involved currently in a programme of work with Energy UK in order to accomplish this.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Overall the Draft Guidance clearly sets out a compelling and effective narrative.	
Royal College of General Practitioners	1.1	4	We welcome the guidance for H&WBBs to include an assessment of Fuel Poverty as part of the JSNA. We would welcome a reference to the important part that Primary Care could have in identifying those most at risk.	Thank you. Primary Care has an important role to play. This is emphasised in recommendations 4 and 5.
Royal College of General Practitioners	1.2	5	We strongly welcome the importance of H&WBBs commissioning a referral system. We would welcome the specific inclusion of General Practice being well placed to be a trusted source of referrals. We agree that the referral service should act to link vulnerable people with available resources. We believe that there is a role for General Practice to link with the Energy Companies to create a standard nationwide referral process that H&WBBs could effectively build upon. We believe that feedback to the referring agency (with appropriate consent) would be a helpful driver.	Thank you.
Royal College of General Practitioners	1.3	6	We agree that the services should be provided using a single referral service. We also believe that linking the Fire and Rescue service to meet the needs of those referred.	Thank you. The recommendations have been amended to use the term single point of contact. Fire prevention and safety services have been added to recommendation 2.
Royal College of General Practitioners	1.4	7	We agree that health and social care professionals have an important role in using existing Data to identify those at risks. We also believe that there is a	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			role for a computer driven algorithm to be developed to flag up those patients with key demographic markers putting them in high likelihood of fuel poverty.	
Royal College of General Practitioners	1.5	7	We believe it is more effective to use an effective one stop referral system and for there to be a co-ordinated response rather than requiring health care professionals to provide information on services directly identifying how the situation might be improved directly.	Thank you. This recommendation is linked to recommendations 2 and 3 around a single point of contact service.
Royal College of General Practitioners	1.6	8	Agree	Thank you.
Royal College of General Practitioners	1.7	9	Agree	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Royal College of General Practitioners	1.8	9	We agree that patients should not be discharged from hospital to cold homes and that this should form part of a discharge plan.	Thank you.
Royal College of General Practitioners	1.9	10	We agree that training is appropriate and that it should also be included in relevant curricula both at undergraduate and postgraduate levels.	Thank you.
Royal College of General Practitioners	1.10	10	Agree that awareness of cold homes and fuel poverty in these groups is important.	Thank you.
Royal College of General	1.11	11	Agree	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Practitioners				
Royal College of General Practitioners	1.12	11	Agree	Thank you.
Royal College of General Practitioners	1.13	12	Agree	Thank you.
Royal College of General Practitioners	2.1	12	We agree that there needs to be an integrated approach to identifying, referring and offering support to those who are vulnerable to cold homes and the consequent effects. We believe that General Practice and wider Primary Care has an important and key part to play.	Thank you. Primary care is an important audience.
Royal College of Physicians & Surgeons of Glasgow	General		We welcome this guideline which addresses an important topic. However, we have concerns that the practicalities of implementation, (especially when there are gaps in the evidence) means that valuable and limited resources could be used with little change on the outcome for a vulnerable group of our population.	Thank you. The committee is of the opinion that, despite the gaps in the evidence (which are common in many areas of public health and clinical practice) the recommendations set out represent an appropriate use of resources.
Royal College of Physicians & Surgeons of Glasgow	0.1	1	It would be helpful if this introductory section also emphasised the aim to reduce morbidity along with mortality related to cold homes – mentioned later in document	The structure of the guideline is determined by the standard NICE template. The

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				importance of impacts other than mortality are addressed elsewhere, for instance in the context and consideration 4.4
Royal College of Physicians & Surgeons of Glasgow	1.2	5	A service for people living in cold homes is welcomed but consideration should be given to ensuring staff who may be referring have an easy way to define who should be referred and equally to ensuring that such a service has criteria against which to prioritise such referrals for action	Thank you.
Royal College of Physicians & Surgeons of Glasgow	1.3	6	The service described should be an integral part of support services for 'people with problems' – not stand-alone	Thank you. The scope for this guideline was to address cold homes. Integration with wider services such as those you mention is beyond the remit of the guideline.
Royal College of Physicians & Surgeons of Glasgow	1.4	7	At present there is not sufficient linking with Health Care and Social Care to have that information available even though under one partnership organisation. The time needed to coordinate this would be great.	Thank you.
Royal College of Physicians & Surgeons of Glasgow	1.5	7	Professionals will need a clear method of identifying people in cold homes – clear to both staff and client	Thank you.
Royal College of Physicians & Surgeons of Glasgow	1.5	7	This fits well with the 'multimorbidity' work across the UK; some primary care teams already offer annual reviews to patients with certain longterm conditions and this could form part of that review	Thank you.
Royal College of Physicians &	1.7	9	This would link well with the growth of telehealth provision	Thank you. Please note

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Surgeons of Glasgow				that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Royal College of Physicians & Surgeons of Glasgow	1.8	9	This is a laudable aim, but will need considerable organisation, resource and planning to implement effectively. For example, who would turn on the heating prior to discharge. Equally, it is important to ensure that this process avoid delaying discharges and exacerbating pressures on hospital beds	Thank you. Local resources and funding are outside the remit of this guideline. The committee discussed the importance of avoiding delays in discharge as this will have a significant cost in terms of bed availability and potential risk to the patient. The recommendation also includes referral to the single point of contact service outlined in earlier recommendations.
Royal College of Physicians & Surgeons of Glasgow	1.9, 1.10	10	Recommending training of all health professionals seems ambitious: perhaps a combination of general awareness- raising and targeting training at specific groups (eg primary care teams, staff working in older people's services) would be more realistic	Thank you. It is likely that the training will vary in content for different groups.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Physicians & Surgeons of Glasgow	1.11	11	Training for this staff group is a good proposal	Thank you.
Royal College of Physicians & Surgeons of Glasgow	3.4	18	This issue about links to other problems eg fuel poverty is an important one and could perhaps be emphasised more in the list of recommendations	Thank you. The committee felt that this link is made appropriately in the text.
Royal College of Physicians & Surgeons of Glasgow	3.5	19	The point that this is not only an issue for older people is also an important message for the public and for staff	Thank you.
Royal College of Physicians & Surgeons of Glasgow	4.12	24	As stated this doesn't capture those with multiple morbidities nor is it adjusted for age or disease severity. This fails to capture a large group of vulnerable, frail elderly.	Thank you. This is noted in the discussion.
Royal College of Physicians & Surgeons of Glasgow	4.22	26	Consistency is key here, otherwise opportunities for intervention will be missed	Thank you.
Royal College of Physicians & Surgeons of Glasgow	5	29	We welcome the suggestions for research in this important area	Thank you.
Royal College of Physicians & Surgeons of Glasgow	10	41	Policy direction could be markedly different if some of these gaps were answered, however, these evidence gaps are not easily amenable to meaningful research.	Thank you. We hope the research recommendations will support further action to fill some of the gaps.
RWE npower	General		There is no mention within the guidelines as to how the implementation of this guidance would be funded. Many recommendations could result in referrals being made to suppliers' current energy efficiency obligations. However provision of measures under these obligations is based upon pre-defined	Thank you. Funding is clearly important. However, these issues are outside the scope of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			eligibility criteria (which may not apply, even if the identified person is living in a cold home. In addition, even if the person is eligible, there is no guaranteed right or entitlement and these draft guidelines must be careful not raise expectations, which subsequently can not be met.	NICE guidelines.
RWE npower	General		<p>Given the numbers of Health & Wellbeing boards, as well as the potential for regional differences (economic, geographical (types of buildings, prevalence of urban or rural properties) that there is potential for differences regarding the implementation of these guidelines.</p> <p>We would recommend ensuring ongoing tracking of the outcomes (if any) from these guidelines, once published, to ensure that best practice can become more widely known, and lessons learned.</p>	Thank you. It is likely as you note that there will be differences in uptake of these recommendations. A bullet point has been added to recommendation 1 which aims to encourage monitoring and evaluation, and making the outcomes publicly available to enable lessons to be learned.
RWE npower	General		Given the likelihood of many voluntary organisations, such as the CAB will form part of a referral service, we would recommend ensuring that they involved and have sufficient resource to participate, if they are likely to be nominated as a potential recipient of referrals	The recommendations include linking to local services such as CAB. NICE is not able to specify how resources are allocated.
RWE npower	General		These draft guidelines contain no processes or suggestions as to how the referral system would work. There will be multiple Health and Wellbeing boards, working across different local authorities with multiple agencies. There	The committee felt that it is appropriate for local areas to develop their

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			will need to be some coordination as to how the referral schemes can integrate with utilities (and other agencies) in an efficient and cost-effective way.	own approaches to implementing the recommendations.
RWE npower	General		There needs to be consistency and joined up thinking across Government, local government and the various agencies (most of whom should be sat on the Health and Wellbeing boards) to ensure support is targeted at those in need.	Thank you. The recommendations are targeted at HWB to achieve this.
RWE npower	General		We recommend that the benefits of avoided costs associated with installing more energy efficiency measures are considered in the broader context of health spend and research undertaken to establish the broader benefits – this will be particularly important when the issue of funding the measures arises, as the current system of supplier obligations will be insufficient to meet the potential demand and there will need to be alternative sources of funding available.	Thank you. Funding and resourcing are beyond the remit of the guideline.
RWE npower	1.1	4	Given the number of potential referral schemes that might be developed as a consequence of these guidelines, there needs to be consideration of how utilities companies (all fuels, including gas, electricity, LPG & oil fuel providers) will be able to coordinate with multiple Health and Wellbeing boards. It may be helpful to require a governing body to oversee that role –it may be helpful to liaise with energy industry trade association as a means of ensuring a consistent approach.	Thank you. There are many complexities due to the differences in local structures and we hope governing bodies will help support work to address these. However it is beyond the remit of NICE to require them to do so.
RWE npower	1.2	5	We are very supportive of this proposal, and the Npower Health Through	Thank you. We hope that

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Warmth scheme, which has been operating for more than 14 years works on a similar basis. Our experience has shown that health workers are significantly more trusted than representatives of energy suppliers, and given that more health workers visit people in their homes, there is a greater opportunity to spot vulnerability at first hand and therefore to make an onward referral. However, our experience has shown that more than 70% of the health workers who were trained to make referrals for their clients living in cold homes never referred anyone.</p> <p>However, of those workers who did refer clients to the scheme, they made, on average 3 referrals, so we believe a key lesson to be learned is being able to demonstrate the value of such a referral scheme.</p> <p>Furthermore feedback from the Health Through Warmth scheme showed that if the nurse manager was supportive of the referral scheme, they would be more likely to encourage the staff within their teams to refer via the networks.</p> <p>We fully support the recommendation of “provide feedback on the action and outcomes to the referring professional or agency”, our research with the users of Health Through Warmth demonstrated that feedback is required to both provide certainty that steps are being taken and that their client’s issues have not “disappeared into a black hole”. We believe that receiving such feedback helps to provide a virtuous circle, in that the more the referrer can see that the referral service provides support and delivers outcomes, the more likely they are to refer again.</p> <p>We are optimistic that if such a referral system becomes the standard NICE guidance, then there will be a greater expectation of taking up such a system.</p>	<p>the feedback loop included in recommendation 2 will encourage wider use of services.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
RWE npower	1.3	6	<p>We agree that it is good practice to ensure that a benefits entitlement check is undertaken, this will help both establish whether the client is eligible for additional support- although there will need to be sufficient trained resource / staff available to provide this service.</p> <p>In many cases, access to a means tested benefit can act as a “passport” to additional services, such as Warm Home Discount rebates and measures delivered under ECO, although there is no entitlement to this support.</p>	Thank you.
RWE npower	1.3	6	<p>We support the proposal that a one stop shop for services be established, however, there may be separate issues for clients who are owner occupiers or living in rental accommodation (with differences between social, local authority and privately rented accommodation).</p> <p>We would recommend ensuring that the government run Energy Saving Advice Service (ESAS) and or the independent Home Heat Helpline (which is funded by energy suppliers but independently run) are included within any future referral service system, as a means of simplifying and coordinating a referral system with suppliers.</p>	Thank you. Please note that the guideline has been amended to refer to single point of contact services.
RWE npower	1.3	6	<p>We support the proposal to register eligible customers on to suppliers’ Priority Service Register, however suppliers can not take referrals from third parties without the customer’s consent, therefore this needs to be clarified in the recommendation.</p> <p>We would note that Suppliers can (under certain circumstances) take action without customer consent to refer them on to an appropriate agency if there is a belief that a customer’s wellbeing would be at risk if action were not taken.</p>	Thank you. The guideline does not alter this requirement.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
RWE npower	1.4	7	<p>We support this recommendation; however the second recommendation “use it [the data of clients living in cold homes] to assess risk and take action where necessary” is vague and does not provide accountability.</p> <p>If and when such information is included on a person’s records, the assessment and next steps should also be captured.</p>	Thank you.
RWE npower	1.5	7	<p>Health and social care professionals will need to have undergone relevant training on how to best spot, assess and determine whether a person is in or at risk of having difficulties in keeping their house warm.</p> <p>It may also be helpful to ensure the training includes immediate hints or tips at how to keep warm or strategies to avoid (e.g. sleeping with an open window for fresh air) etc.</p>	Thank you. Training is addressed in subsequent recommendations.
RWE npower	1.6	8	<p>We are unclear as to how anyone outside health and or social care professionals who visit persons in their home to “simply pay a social visit” will necessarily know or have access to information in order to meet this recommendation. In addition, please see our specific comments about the other visitor types included in this recommendation:</p> <p>Heating engineers (install / repair)</p> <p>The NICE guidance should recognise that most heating installations or repairs are undertaken by local tradesmen (not utilities) and therefore this recommendation may be of limited impact, without the such appropriate knowledge and training becoming incorporated within the accreditation /</p>	Thank you. The recommendation includes referral, with permission, to the single point of contact service.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>registration of the relevant engineers (there are a range of schemes that demonstrate competence; key ones include the Gas Safe register for gas, NAPIT, NICEIC electrical heating installations and APHC for oil – there are however many schemes – more details can be found on the following site: https://www.gov.uk/competent-person-scheme-current-schemes-and-how-schemes-are-authorised)</p> <p>Whilst well intentioned, we are concerned that this recommendation will prove highly difficult to implement in a consistent and effective way, particularly given the numbers of individuals involved within the domestic heating market (for context, the gas safe register has more than 125k registered engineers).</p> <p>Meter readers / Installers</p> <p>Many meter readers do not enter into the property (meter boxes often located on the outside), so whilst there will be many opportunities for such contacts to occur, it will not provide a universal solution.</p> <p>For those meter readers / installers who enter customer properties, we agree that whilst they can be trained in the basics for identification of the risks of living in a cold home, however this is not their core skill set.</p> <p>It may be more beneficial (and realistic) to recommend that such persons have relevant leaflets that can be provided to the occupier, which illustrate some of the risks of cold housing and signpost the person to more appropriate advice agencies.</p>	
RWE npower	1.7	9	We believe this recommendation to be well-intentioned, however we do not	Thank you. Please note

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			believe that the current level of technology (nor the current status of the smart meter roll out) will make this a practical recommendation in the short to medium term (before the completion of the smart meter roll out in 2020). Smart meters could facilitate such a service in the future, but the smart meter itself will not deliver this service.	that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
RWE npower	1.8	9	Our experience within Health Through Warmth has shown that training hospital discharge teams resulted in many referrals being made. We are however concerned that where heating issues are identified (but not addressed) could delay the discharge from hospital. For such circumstances, it may be helpful for NICE to conduct further research and cost / benefit analysis of implementing (or repairing) substandard heating systems against the cost of a delayed discharge – as this may provide a necessary funding stream for such work.	Thank you. It will be important to avoid delaying discharge. Further research recommendations can be found in section 5.
RWE npower	1.9	10	We would support the training programmes and would recommend that they are delivered to an appropriate standard (by certified providers) to enable accreditation for CPD purposes.	Thank you. This has been amended to say 'training to support continuing professional development'.
RWE npower	1.10	10	We support this proposal, however it will be critical to ensure that the details being used are kept up to date (this applies on a more general level too) and relevance and accuracy of the information used in any referral scheme will need to be managed and maintained.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
RWE npower	1.11	11	<p>(Please also note our comments to recommendation 6).</p> <p>We are concerned requiring employees (and or contracted parties) to be able to identify circumstances where there is insufficient ventilation and be able to take appropriate remedial action.</p> <p>Many of those meter readers or installers will not have the correct skill set to provide this type of advice and there is a risk that they make offer incorrect advice, potentially exacerbating a cold home if they seek to increase the level of ventilation.</p> <p>For those meter readers / installers who enter customer properties, we agree that whilst they can be trained in the basics to identify those people who may be vulnerable to the cold and those associated risks this is not their core skill set.</p> <p>We would note the Smart Meter Code of Practice already requires smart meter installers to provide energy efficiency advice and guidance, and if further information is required, they will be provided with details as to where they can get tailored or suitable advice.</p>	<p>Thank you. The aim of this recommendation is to support people in identifying a possible problem. The solutions should be addressed via the mechanisms set up in response to recommendations 1, 2 and 3.</p>
RWE npower	1.11	11	<p>Our experience with Health Through Warmth also identified that there can be an issue for some customers who are unable to pay the required contribution towards the installation of some measures - for example, towards the end of the Warm Front scheme Health Through Warmth accessed funding of over £1.39m (2101 cases) to pay for client contributions towards the excess payments they had been asked for but could not pay.</p>	<p>Thank you. Funding is an important issue, however national funding of schemes such as those mentioned is outside the remit of NICE.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>We are now doing the same for ECO as without this additional funding from our Crisis Fund, some clients would go without the much needed measures.</p> <p>However, for such a referral service to work, it would require a degree of certainty that there would be funding available, as without this, it is unlikely that other, commercial organisations will engage.</p>	
RWE npower	1.12	11	<p>We support the recommendation but again would raise concerns as to who will be responsible for ensuring that details of national and local support are kept up to date.</p> <p>Data that relates to how to access support to either improve or update the fabric of housing or heating systems will be contingent upon the levels of funding available and the eligibility criteria (if any) for the scheme.</p>	<p>Thank you. Recommendation 1 includes identifying local actions as part of the process of developing a local strategy.</p>
RWE npower	1.12	12	<p>National advice which takes account of local and regional variations of the kind of support offered may be more problematic, given some are national support schemes (such as the ECO funded via suppliers).</p> <p>However there will also likely be some regional differences between the types of support required (requirements for more expensive solid wall insulation for properties without cavity walls), and heating measures for those off the gas grid network.</p>	<p>Thank you. The committee felt it important to try to develop systems which took account of the regional differences you refer to.</p>
RWE npower	1.13	12	<p>We agree that Building Control officers and environmental officers should seek to utilise all the available legislative and regulatory tools available to them in order to improve the fabric of buildings, This is particularly the case for those living in private accommodation which has the highest proportion of the least</p>	<p>Thank you. It is beyond NICE's remit to make enforcement a requirement.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>efficient properties.</p> <p>Ensuring that landlords adhere to the future minimum energy efficiency standards (due to be implemented by 2018) will be critical, it must be clear that these rules will be enforced and are not simply "optional".</p>	
Sandwell Metropolitan Borough Council – Public Health	1.1	4	<p>In order for a local strategy to reduce excess winter deaths local authorities should maintain up to date stock condition information overlaid with information from health and social care to identify priority areas that would benefit proactive interventions. Health and wellbeing boards should establish, or maintain and develop, partnerships between public health, housing and other partners to monitor this information to inform local interventions.</p>	<p>Thank you. Recommendation 4 addresses the need to share information between sectors to identify individuals at risk.</p>
Sandwell Metropolitan Borough Council – Public Health	1.1	4	<p>Local authorities and the third sector work hard to try to assist low income and vulnerable households but the funding regime is a major constraint. Because of their reliance largely upon ECO (Energy Company Obligation) and Green Deal funding, these organisations struggle to assist anywhere near the number of households that require their help.</p> <p>ECO funding is for the most part driven by carbon targets imposed upon the obligated energy companies by the Government. Whilst some provision is made under the Home Heating Cost Reduction Obligation element of ECO, as stated in the NEA's paper, only 34% of English fuel poor households are eligible for assistance under this element of ECO.</p> <p>We would therefore suggest that the guidance recognises that Health and Wellbeing Boards will need to consider the levels of investment required to raise the thermal efficiency of hard to treat properties, and an acknowledgement of the general pressures for financing improvements (ECO,</p>	<p>Thank you. National funding is beyond the remit of this guideline.</p> <p>Local decisions about funding are the responsibility of the appropriate local bodies.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Green Deal may not be the most appropriate solution and Local Authorities are facing significant financial challenges that will continue for the foreseeable future).	
Sandwell Metropolitan Borough Council – Public Health	1.3	6	The ability to effectively respond to the recommendations in guidance will be dependant upon continued funding provision for Home Improvement Agencies.	Thank you. Local resourcing and funding is beyond the remit of this guideline.
Sandwell Metropolitan Borough Council – Public Health	1.3	6	We acknowledge the need for varied forms of assistance to support vulnerable people however our experience suggests that the ECO and Green Deal initiatives (see previous comments) do not always provide the most effective solutions to those in need	Thank you. The remit of national programmes such as these is beyond the remit of the guideline.
Sandwell Metropolitan Borough Council – Public Health	1.4	7	Whilst we agree that there is a need to share intelligence and information across service areas and boundaries to identify those at risk, past experience would suggest that certain elements of legislation prevent the effective dissemination of information.	Thank you. Ensuring data sharing issues are addressed has been added. The committee was aware of examples where this has been successfully achieved locally.
Sandwell Metropolitan Borough Council – Public Health	1.7	9	Assistive technology should be considered as a means of reducing the risks associated with cold homes. However this technology should not be seen as a substitute for improving the energy efficiency of the home. A 'fabric first' approach must be routinely adopted.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				(section 5)
Sandwell Metropolitan Borough Council – Public Health	1.11	11	Local health and housing partnerships should work with utility companies develop measures to identify people at risk from cold homes and interventions to support them. However, at present there is no incentive for energy companies to prioritise their funding based on ill-health associated with cold homes. Whilst we acknowledge that installation and energy companies have a significant role in reducing winter deaths and ensuring that vulnerable people are assisted, care is required that vulnerable people do not receive advice that may be misleading and costly.	Thank you.
Sandwell Metropolitan Borough Council – Public Health	4.3	21	Sandwell supports the use of cold weather rather than months to calculate and examine winter deaths	Thank you. Please note that the considerations section does not contain recommendations. It highlights issues discussed by the committee in its deliberations.
Sandwell Metropolitan Borough Council – Public Health	General		<p>The draft guidance is welcomed. The overall scope and recommendations are relevant and comprehensive. It will provide clear and strong recommendations which, if acted upon, will make a significant difference to the lives of the fuel poor and those suffering the health effects of cold homes. It will help to raise the profile of fuel poverty as an important 'wider determinant of health' amongst those working in the health and social care sectors. The guidance should include the importance of gaining strong local political leadership in developing and delivering interventions to reduce excess winter deaths.</p> <p>The guideline goes some way towards acknowledging that access to assistance for home insulation and heating can be difficult. A lack of local or</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>national support is one of the barriers to addressing cold homes. It is hoped that the final document will say more about this – it will be important for managers and professionals in the health and social care sectors to fully understand the limitations particularly around funding.</p> <p>The section on 'who should do what' lists relevant local authority departments such as environmental health, housing and social care. It also mentions Public Health England; however it does not cover the role of public health in local authorities. Local public health departments and Directors of Public Health have an important leadership role in this area. Public health has the skills and knowledge necessary for effective analysis and implementation of the recommendations at a local level.</p> <p>The Departments of Work and Pensions and Communities and Local Government also have key roles in delivering the recommendations. For example through national policy on housing and on benefits. The role of national government in setting spatial planning policy is also important in delivery of adequate and energy efficient housing.</p>	<p>While DsPH are not identified specifically, many of the recommendations area aimed at HWB which will include DsPH.</p> <p>The scope of the guideline was to produce recommendations for local action. National policy is beyond the remit of the guideline.</p>
Sefton Council	General		<p>We commend the draft document and acknowledge that by instigating this guidance NIHCE is entering difficult territory in terms of the advice it can offer. Such prevention of, and reduction of, risk advice is difficult to quantify and evidence, especially when many other factors could correlate. However as experienced practitioners we recognise the problems and equally struggle with evidence standards, as most impacts register at regional or national level not local level. However despite these barriers and evidence standards required we note as a comparison fire and road traffic fatalities, which even when</p>	<p>Thank you.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			added together come to less than 20% of the excess winter deaths within Sefton however the resources devoted to tackling these issues is significantly higher. We have experienced poor understanding of these issues from some clinicians and therefore evidence standards appear to be set higher. So the support that this guidance offers is crucial in multiagency working.	
Sefton Council	General		We welcome the strong statement that identifies that those living in a cold home in 'normal' winter temperatures (below 6°C), not just extreme cold weather, are exposed to dangers to their health. This message from such a respected body is crucial for key stakeholders to realise they have a role to engage and participate in this issue. Too often only extreme weather is considered dangerous.	Thank you.
Sefton Council	1.1	4	The strategic planning should consider how the Local Authority's HECA Plan (Home Energy Conservation Act 1995, and July 2012 Follow up Guidance) contributes to the strategic plan. There may well already be SAP improvement plans but are these targeted at cold homes? The Department of Energy and Climate Change maintains a list of these plans. The next update for these plans is due for March 2015. Should JSNA consider linking to HECA Plans?	Thank you. Reference to HECA has been added in the national policy. Recommendation 1 includes identifying relevant strategies and plans, which may include these.
Sefton Council	1.2, 1.3	5, 6	For those of us who have already tried to instigate these referral services, it is clear that a multitude of health conditions can be met by various services working together (i.e referring all housing issues to the same source). There are significant benefits for all in combining referrals. This helps with referrers who may not totally understand who they need to refer to and what services an individual qualifies for. It is fair to say that availability, scope and depth of services alter as other policies are changed (for example recent changes to ECO or Welfare benefits). Expecting referrers to be up to speed on all these is unrealistic so offering a health hub referral service is better and more	Thank you. The recommendations now refer to a single point of contact. The recommendations have been amended to aid clarity.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			versatile not just action on cold homes (links to smoking cessation, fire safety checks, occupation therapy services, DFGs, debt advice etc)..	
Sefton Council	1.2, 1.3	5, 6	There needs to be more clarity about the distinction between recommendations 2 and 3. A local health and housing referral service should be provided, but is it gold standard for this to be a 1-stop service?	Thank you. The recommendations now refer to a single point of contact. This was felt to be a vital part of the service. The recommendations have been amended to aid clarity.
Sefton Council	1.4, 1.5	7	Health and social care professionals are unlikely to be qualified to determine whether a patients home is 'cold' and/or hard to heat especially when contact doesn't take place in clients home. Rather than expecting a GP to follow up with the local authority/landlord someone's housing conditions for example the action should be for them to make an appropriate referral. GPs should be encouraged to work with local authorities, charities and landlords to assist in the identification and even share data when this allows. Recommendation 5 should be targeted to health and social care professionals 'who visit vulnerable people at home'. For both recommendations 4 and 5 the primary action to be taken following identification and assessment should be referral to the local health and housing service.	Thank you. The recommendation includes referral to the single point of contact service outlined earlier where this is the appropriate action.
Sefton Council	1.5	7	'Take into account....'- This doesn't mean anything. Should read 'assess'	Thank you. The recommendation has been amended to say 'assess the heating needs of people who use

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				their services, whether during a home visit or elsewhere, taking into account the needs of groups who are vulnerable to the cold'
Sefton Council	1.5	8	The guidance says staff should 'be aware' but offers no suggestions as to what to do with this awareness?	Thank you.
Sefton Council	1.5	8	Bullet point 3- who will be doing this assessment? This needs to be joined up between health and housing to ensure quality and avoid duplication.	This recommendation should be considered alongside recommendations 2 and 3.
Sefton Council	1.7	9	Recommendation 7 – There is still plenty to deliver with tried and tested technology before new technologies need to be considered. There is also an over expectation that those vulnerable groups will benefit by introducing more energy using equipment (please bear in mind that those on low incomes often have to self disconnect as they no longer have any credit left), will this really deliver benefits? The benefits of smart meters should be considered with caution, as older populations are less comfortable with digital technology and may not use it in the intended way.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Sefton Council	1.8	9	Recommendation 8- Do such staff routinely conduct home assessments? Will staff conducting home visits prior to discharge be adequately qualified to assess home heating? What happens when a patient is due for discharge but they will be going to a cold home and either they are ineligible for grants etc and cannot afford to heat the property or facing a 12 week wait? Are the discharge team able to 'ensure any heating issues are resolved in a timely manner, so as not to delay discharge from hospital'?	Thank you. Staff currently assess the suitability of the home environment before discharge. Responses to individual circumstances will be determined by the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				professionals involved.
Sefton Council	1.11	11	Recommendation 11 whilst beneficial there are numerous examples of where the private sector delivers this efficiently not necessarily effectively, therefore any reliance on this activity to deliver anything is optimistic at best. For example under Warmfront installers were <u>contracted</u> and <u>paid</u> to offer clients a choice of controls, explain how they worked and deliver energy efficiency advice. In practice they offered one controller (the one that was easiest for them to fit) and left a leaflet with energy advice. Insulation companies are good at ensuring ventilation standards where there a combustion heater because of he regulations but there solutions are not personalised or sympathetic there are cheap and standard (sometimes leading to oversized vents).	Thank you.
Sefton Council	1.13	12	Bullet point 3- once housing is 'identified' what does the guidance propose to do? Should the guidance recommend that existing problems be addressed appropriately? If it is advocating a proactive targeting who is to fund this?	Action required will depend on the problem identified. These would need to be addressed by appropriate local professionals.
Sefton Council	4.11	23	4.11 As standard, many agencies issue extreme weather warnings. The report states that there are no health benefits observed from such alerts. We'd like to see the full evidence for this in the report. We have found from direct feedback that whilst general alerts are not valuable, one which includes information about support available can be worthwhile. In Sefton we noticed that when in 2010 there was a significant cold snap below -5°C advice on how to get condensing boilers working again had a significant impact (this is because at -5°C the condensate in the outflow pipe would freeze and this led to a boiler shut down as the condensate would be unable to escape). Simple advice allowed, those able to, to fix their boilers. This relieved pressure on	Thank you. The evidence relating to this can be seen in the evidence reviews available on the NICE website. Evidence needed to have some sort of health outcome. No evidence of the sort you refer to was

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			support workers and heating engineers to concentrate on more complex needs/ boiler faults. It also got boilers working for vulnerable people and got the message out to the general public so that knowledge was shared. Also we have since introduced emergency heating (in the form of electric oil filled radiators) alerting people or reminding them of the support available is significant and can lead to vulnerable people keeping warm.	identified. Please note that the recommendations include the provision of emergency support.
Sefton Council	5	29	The report clearly offers some strong research recommendations, but we fear these may be lost as the key Recommendations 1-13 do not refer to this. We would support that this be placed as recommendation 14 and the key research councils and bodies be requested to respond, support and or commission suitable research that would deliver meaning data on the cost effectiveness of dealing with cold homes.	Thank you. The guideline follows a standard NICE template. Research bodies are kept aware of research recommendations made in NICE guidelines.
Sefton Council	5	29	The report alludes to mental health issues but this was not significantly considered (page 24, "The severity of common mental health disorders was not considered.." We would request this warrants further research, as the anxiety experienced by those in a cold home can compound pre existing conditions.	Thank you. The impact on mental health is not excluded from the research recommendations.
Severn Wye Energy Agency	General		<u>Severn Wye Energy Agency</u> Severn Wye was established originally in 1999 under the European Commission SAVE programme, and we're one of around 300 such European local and regional energy 'demand management' agencies. We are an independent charity and not-for-profit company which aims to promote sustainable energy and affordable warmth through partnership, awareness-raising, innovation and strategic action. We aim to help everyone within the communities we	Noted.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>serve to enjoy the benefits that energy can bring without reducing the ability of future generations to do the same.</p> <p>Our charitable aims are:</p> <ul style="list-style-type: none"> - The advancement of education for the public benefit in relation to energy conservation, energy efficiency and the use of renewable sources of energy - The relief of fuel poverty and the preservation and protection of health by promoting the efficient use of energy and use of renewable sources of energy. <p>Severn Wye's mission:</p> <p>We use our practical expertise to help individuals, groups, businesses and other organisations become more energy efficient and sustainable, and to help people out of fuel poverty. We do this by working from the strategic level through to practical action on the ground, developing projects and solutions, offering impartial advice and technical support, and providing training and education for people of all ages and backgrounds.</p>	
Severn Wye Energy Agency	1.1	4	<p><u>"Recommendation 1</u> Include the health consequences of living in a cold home in the joint strategic needs assessment process and develop a strategy to address this issue. The strategy should</p>	Thank you. The guideline acknowledges the importance of ventilation in relation to

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>include:</p> <ul style="list-style-type: none"> Identifying people whose health is at risk from cold homes. Assessing how heating and insulation needs to be improved to raise properties to an acceptable standard assessment procedure (SAP) rating. As a minimum, properties should be raised to a band D (55), and ideally to a band B (81) rating. A tailored programme to make any necessary changes, including preventive measures all year round – not just in the winter. Provision for ‘normal’ winter temperatures – not just periods of severe cold. Preventing ill health as well as deaths from cold homes. This includes mental health and wellbeing, as well as physical health.” <p><u>Advice and guidance on recommended measures to improve homes</u> WE would recommend replacing the phrase ‘Assessing how heating and insulation needs to be improved’ with “assessing how the building needs to be improved’. Heating and insulation are obviously key, but ventilation is also critical, and it should be appreciated that a building operates as a system.</p> <p>NICE should warn the readers of this guidance that (as the ongoing work by AECB , STBA and others sets out) in some situations, isolated measures carried out to make a home warmer, such as replacing windows or insulating walls, may unfortunately leave significant hazards untouched or occasionally even make them worse. These hazards however are overlooked by much of the mainstream guidance and advice on retrofitting homes, and they are not picked up by a SAP analysis (which can in fact be carried out without visiting the property). (see also comment on 4.15 p 24/5 ‘health</p>	<p>health in the recommendations and elsewhere. Recommendation 12 (previously 13) includes ensuring that changes are carried out at least to standards required by regulation, particularly with respect to ventilation.</p> <p>The focus of current national funding streams is outside the remit of this guideline.</p> <p>You may be interested to hear that a Quality Standard on indoor air pollution has been added to issues to be considered in the future. Please see http://www.nice.org.uk/standards-and-indicators</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees Page

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>economics II')</p> <p>Unless these dangers, and their interlinkages, are understood and acknowledged, there is a danger that this guidance may lead to the promotion of “cold homes” measures that either fail to help the occupiers (because they leave too many harmful factors in place) or at worst, even harm the intended beneficiaries. In a carbon and energy saving strategy this is reckless – but in a health strategy it is clearly absurd.</p> <p>Ongoing work by AECB, STBA and others is in train to investigate and characterise these risks. It is not possible to give a definitive list, however, to give a flavour here are examples reported anecdotally:</p> <ul style="list-style-type: none"> • Upgrading windows and doors to exclude draughts in a building with inadequate purpose-provided ventilation may reduce air changes to below safe levels and thereby increase indoor humidity and indoor pollution. • Installing cavity insulation or internal wall insulation without taking account of the conditions of the outside wall and where moisture will travel (from inside, outside or both) can lead to dampness and mould growth between the insulation and the outside wall. <p>(See also comments under “recommendations for research” section 5 below).</p> <p><u>Ventilation</u> It is important not to conflate “improving airtightness” with “reducing ventilation”. Improving airtightness is essential for comfort and warmth in leaky buildings – it is</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>impossible to tackle fuel poverty if homes remain draughty. Ventilation is a separate issue.</p> <p>Purpose-provided ventilation should supply a reliable rate of air exchange, even in still weather, in a way that does not subject occupants to over-ventilation and draughts in cold/windy weather. Effective ventilation is as important to health as warm, dry, draught proof fabric; both should be considered as integral to improving the safety and healthiness of homes.</p> <p>We welcome the reference in recommendations 11 and 13 to the need for effective ventilation. However, by emphasising the concept of “cold” homes, using SAP ratings as the index of adequacy, and referring to the current home improvement funding streams, which seldom if ever offer finance for ventilation, there is a danger that in practice ventilation will continue to be relegated to something to be ‘kept an eye on’ while the ‘real’ improvement work of insulation et cetera is carried out – rather than placing air quality centre stage alongside healthy indoor temperatures.</p> <p>This is also an opportunity to alert the health services to measures that can improve homes that are warm but still unhealthy. While winter deaths probably have the most political “traction”, other unhealthy homes issues are also badly neglected. NICE should acknowledge the potential to improve people’s health (and thereby cut prescribing bills) by making home improvements beyond warming cold homes.</p> <p>Note on SAP ratings (the suggested index for improving cold homes). These are a measure of the affordability of heat, which is an important aspect of healthy homes.</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>However SAP is a less good indicator of fabric performance, and no measure at all of the state of the fabric integrity, or of the adequacy of ventilation.</p> <p>Even in relation to thermal comfort, SAP ratings are not a reliable indicator of adequate performance outcomes. We need more robust indicators for fabric improvements, plus quality assurance. This requires either improvements to SAP or the use of alternative analysis that really tells you what the comfort of the finished building will be. The AECB has found the PHPP (the Passivhaus Planning Package) valuable for this and is developing a training and advice package (the CarbonLite Retrofit Programme, CLR. Quality assurance for building interventions is also needed - CLR will be one way to offer this, Passivhaus certification is another.</p> <p>Any strategy to make homes healthier should also build in steps to reduce the overheating risk. Although this may sound contradictory, many of the measures that improve energy affordability and comfort in winter, such as efficient services, insulation and good ventilation, also contribute to cutting overheating risk.</p> <p>Additional points to watch would include ensuring that any replacement windows open widely enough to offer good cross-ventilation for cooling, and any heating and hot water systems are properly insulated (lagged) to keep bills down and minimise unwanted heat gains in summer. Again, SAP is not a good guide here.</p>	
Severn Wye Energy Agency	3.3	18	SAP ratings – see comment above, p4	Thank you.
Severn Wye Energy Agency	1.3	6	<u>Advice services:</u>	Thank you. Please note that the guideline now

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p><i>“Provide services via a 1-stop local health and housing referral service for people living in cold homes</i> Health and wellbeing boards and their partners (see Who should take action?) should ensure the referral service provides:</p> <ul style="list-style-type: none"> • Access to housing insulation and heating, more affordable fuel options (where available) and advice on how to avoid the health risks of cold homes.... • Access to insulation and heating improvement programmes and grants. (These should be led, or endorsed, by the local authority and include those available from energy suppliers.)... • Tailored solutions to address identified needs (rather than providing off-the-shelf solutions).” <p>We welcome the emphasis on the importance of local advice services. Locally delivered energy advice and retrofit programmes delivered by qualified and experienced advisers, closely linked in to local services and community groups, are crucial, to enable effective and supported follow through of referrals, as opposed to sending vulnerable householders into the ‘black hole’ of national listings of advisors and installers.</p> <p>Local provision via qualified and experienced advisors also enables advice to be delivered at the appropriate level and in the appropriate form and medium, according to need – which may range from a technical assessment of a home to a personal home visit to help with bills, use of controls, ventilation and so on.</p> <p>A local expert service can also provide an effective back up to community volunteers</p>	<p>refers to single point of contact services.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			of front line health and social care workers identifying households in fuel poverty – for technical support and regular top-up briefings as well as a local service to make referrals to. Where energy assessments of homes have been carried out, this can also provide the much needed ‘follow through to action’ support, which may be over an extended period of time and require multiple contacts, ideally with the same adviser/assessor or at least one working in close contact with them.	
Severn Wye Energy Agency	3.2	17	<p>To make the graphic (figure 1) more representative of the real world, there should be a link from ‘cold internal temperatures’ to ‘lack of ventilation’, and then a link to a new box ‘condensation, damp and mould growth’ and from there to ‘cold related ill health’.</p> <p>Experienced energy advisor confirm that this is a major, and perhaps the most common mechanism driving fuel poverty-related ill health. They regularly see households that are not able to afford heat, so do not ventilate, leading to condensation and mould, horrible internal conditions, and where there is any vulnerability, respiratory illness</p>	Thank you. The importance of ventilation is included in the considerations section.
Severn Wye Energy Agency	4.25	27	<p>“The Committee noted the importance of using a trusted intermediary to help negotiate arrangements with a range of potential contractors to address problems caused by living in a cold home. Members noted that this is best achieved face to face.”</p> <p>See comments under ‘advice services’(section 1 p6), above</p>	Thank you.
Severn Wye Energy Agency	1.11	11	<p><u>Ventilation – who can understand it, who can put it right?</u></p> <p>“Recommendation 11 “Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home</p>	Thank you. The committee note the significance of damp and

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Employers who install and maintain heating systems, electricity and gas meters and building insulation should ensure employees who visit vulnerable people are: ...Able to identify if there is not enough ventilation – and <u>have the ability to take appropriate remedial action.</u></p> <p>We welcome the reference here and in recommendation 13 to the need for effective ventilation.</p> <p>Identifying that there is “not enough ventilation” is not simply a matter of checking what is installed, it is, crucially, a matter of checking what is being used (see for example Ventilation and Indoor Air Quality in Part F 2006 Homes BD 2702 DCLG 2010 http://www.scribd.com/doc/43637758/Ventilation-and-Indoor-Air-Quality-in-Part-F-2006-Homes, and http://www.goodhomes.org.uk/downloads/members/ian-mawditt-operation-and-behaviour.pdf) A ventilation installation can be regs compliant and theoretically capable of delivering a healthy rate of air exchange, but due either to the fact that it causes excessive discomfort (e.g. cold, draughts, noise) of the occupant’s circumstances (excessively cold home, fear of unaffordable electricity consumption by mechanical fans). This is a more subtle thing to detect.</p> <p>It is also the case that ventilation that has been signed off by building control will not necessarily meet the DCLG guidance – and indeed even if it does meet the guidance, it may not deliver adequate air quality (ref DCLG 2010 as above).</p> <p>It is not always going to be possible for an installer or engineer to be able to identify this – though it would certainly be very valuable to increase their awareness of the issue. Local advice officers also have a role to play here. However some of the</p>	<p>ventilation.</p> <p>Issues relating to design of individual systems is beyond the remit of this guideline, as are new powers of enforcement.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>systemic problems can only be addressed with a deeper change to guidance and practice relating to ventilation. The health community may have a useful role to play in driving this change (see also comments under section 5, recommendations for research).</p> <p>However, most heating engineers, meter installers and insulation contractors will have no ability whatsoever to take remedial action. Although social landlords to take heed of this issue, there is no provision in the mainstream energy improvement programmes, and no funding. If readers of this guidance agree that this is a priority – and they should! – New powers and new resources need to be summoned up. (see also section 1 p 12, recommendation 13 below)</p>	
Severn Wye Energy Agency	1.13	12	<p>“Recommendation 13 Ensure buildings meet ventilation and other building and trading standards</p> <p>“Building control officers, environmental health officers and trading standards professionals should:</p> <ul style="list-style-type: none"> • Ensure changes to buildings are carried out at least to the standard required by Building Regulations (see the government’s Planning Portal), in particular, with respect to ventilation. • Use existing powers to identify housing (particularly in the private rented sector) that may expose vulnerable residents (see recommendation 5) to the cold. Existing powers fall under both the housing health and safety rating system and trading standards legislation (in relation to energy performance certificates). • Ensure any problems are addressed.” 	Thank you. The committee felt it was important to include this to encourage remedial action where necessary.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>This (last line) is not really helpful advice, unless there are clear steps for action, given the great difficulties in actually arranging for repairs and improvements to take place. (see recommendation 11 above)</p> <p>As we understand it environmental health officers are already fairly well-informed about the relationship between building fabric, building services, user circumstances and health – this for example was borne out in the evidence collected in the course of the Good Homes Alliance research into overheating. (Preventing Overheating, Good Homes Alliance, 2014¹) However EHOs have limited powers, as they reported in that document.</p> <p>This is particularly an issue in the private rental sector, as the authors of a paper published by the Chartered Institute of Environmental Health warn. Not only are landlords frequently uninterested in improving their properties: “Some tenants do not want intervention, fearing eviction [‘revenge eviction’], rental increase or homelessness, and working in this sector can sometimes be a thankless task. However, it is at the bottom end of the private rented sector, including HMOs, where some of our most acute and stubborn health inequalities exist and perpetuate.” http://www.cieh.org/WorkArea/showcontent.aspx?id=46516</p>	
Severn Wye Energy Agency	3.7	20	<p><u>National Policy</u> “People on a low income may need to use more fuel to keep warm in poorly insulated housing. So any increase in fuel prices, either as a result of funding for</p>	Thank you. National policy and the funding of schemes is beyond the remit of this guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees Page

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>insulation schemes or to reduce fuel use, will push some people into (or deeper into) fuel poverty, unless this increase is in conjunction with other changes, such as improvements to the insulation of their homes.” (our emphasis)</p> <p>This is to some extent a red herring, in that the main driver for changes in energy bills at the moment are changes in wholesale prices of the various energy sources. However, were retrofit activity to be scaled up to a meaningful extent (as by implication NICE is suggesting) it is quite probably the case that this could not be accommodated by a levy on energy companies, as per the current DECC strategy (Green Deal and ECO). In fact we saw just before Christmas 2013 that even the current trivial level of spending is vulnerable to the politics of energy bills.</p> <p>This makes it all the more important that NICE and the health establishment gather evidence and press for policy changes that would allow more joined-up funding of building improvements, more reflective of the joined-up benefits. (see comments under Health Economics sections 4.13 & 4.15 below)</p>	
Severn Wye Energy Agency	4.13	24	<p><u>Health Economics I</u></p> <p>“The Committee acknowledged that the economic analysis under-estimated the non-health benefits from a societal perspective by focusing on energy cost savings. Members noted that housing energy efficiency improvements could also lead to savings on carbon and on social care costs. It could also lead to productivity gains by reducing sickness absence from work. “</p> <p>NICE could add to this the dividend from the “infrastructure investment” aspect of</p>	<p>Thank you. This is an additional possible benefit. However, it was not included in the modelling and is beyond the remit of the guideline.</p> <p>Funding and resourcing of interventions is</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees Page

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>tackling cold homes – as with any infrastructure investment, as well as the direct benefit from the work, there is benefit from increased trade and employment, increased tax and national insurance revenues, and decreased benefit payments to any lifted onto higher incomes through employment in the programme. It has been estimated in Germany that “For every €1 of public funds spent on the KfW Energy-efficient Construction and Refurbishment programme in Germany in 2010, over €15 were invested in construction and retrofit, and more than €4 went back to the public finances in taxes and reduced welfare spending.” http://www.ukgbc.org/resources/publication/housing-stock-fit-future-making-home-energy-efficiency-national-infrastructure</p> <p>“The Committee noted that, <u>under normal circumstances</u>, interventions to ensure homes are warm enough are not funded directly by health services but by the energy and distribution companies. The likely cost to the health sector is in identifying those who are most at risk of health problems from the cold and helping to ensure they receive the necessary support.”</p> <p>This begs the question of whether “normal circumstances” are acceptable, and whether resources in these programmes are adequate. It also ignores the fact that some clinical commissioning groups are in fact moving ahead of this, and involving themselves directly in funding home retrofits for health benefit.</p> <p>Some health authorities* (for example, Oldham CCG) ** have taken a view as to the expected dividend to their budget, via avoided hospitalisations, of home improvements and are investing directly in a shared programme (i.e. leveraging work on their chosen recipients homes) by making a cash contribution that they judge will</p>	<p>beyond the remit of the guideline.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>be cost-effective for them. Other similar schemes are under way.* These projects are being well studied, and will provide invaluable cost-benefit information that NICE should share.</p> <p>Our view is that there is a much bigger role for the health professions and the biomedical research community, not only in prioritising whose homes are tackled first, but also in shaping and influencing the decisions about <u>how</u> homes are improved. We also see a role for health bodies in directly supporting and commissioning interventions that put occupant health clearly centre stage. (see comments on additional research, section 5)</p> <p>Direct contributions to the funding of works would give health bodies the authority to require that interventions put occupant health at the centre of decisions about what measures were implemented – something that does not necessarily happen at the moment.</p> <p>*“Local initiatives are already combining health and fuel poverty improvements, such as Liverpool City council’s Healthy homes on prescription programme with 55 GP surgeries, and housing provider Gentoo Group’s Boiler on prescription pilot scheme in the North East. The consultation from the Department of Energy and Climate Change (DECC) says that more research is needed into the links between fuel poverty and excess winter deaths. It wants to help remove barriers to joining up action on health and energy efficiency, and is working with the Royal College of General Physicians and National Association of Primary Care to raise awareness among health care professionals. It also plans to explore the potential for building health into eligibility criteria for fuel poverty interventions.”</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>http://www.building4change.com/article.jsp?id=2457#.U9EYc0Db6Sp</p> <p>**“In August 2012 Oldham Council, the Oldham Clinical Commissioning Group (CCG) and Oldham Housing Investment Partnership (OHIP) signed the country’s first ‘Joint Investment Agreement’ to help tackle fuel poverty in the Borough. The joint investment agreement aims to lift a thousand individuals out of fuel poverty over the course of a year by investing £200,000 up front in preventative measures. Oldham Council and OHIP will invest £77,500 each and the CCG will invest £45,000.”</p> <p>http://www.oldhamccg.nhs.uk/Portals/0/Docs/BoardPapers/July2013/AI%206.4%20Fuel%20Poverty%20Update%20April%202013.pdf</p> <p>“The cost of the new delivery model would be approximately £200,000 per annum – this is based on a target of lifting 1000 people out of fuel poverty in year one, as this is the number necessary in order to achieve the scale of impact necessary to achieve cashable savings within the health service....It is anticipated savings of £300,000 could be released by lifting 1000 people out of fuel poverty in 12 months (April 2013-14). It is proposed the savings are cashed on a payment by results basis for every person lifted out of fuel poverty</p> <p>...Projected savings Projected savings have been modelled for the CCG and the Council of: - £250 per person savings to the CCG</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>- £50 per person savings to the Council</p> <p>("These projected savings are based on the premise that demand for reactive health and social care. Support will reduce as people are supported out of fuel poverty and become healthier/avoid serious health problems and reduce their care support needs. The basis for these projections can be provided on request.)"</p> <p>http://www.agma.gov.uk/cms_media/files/121031_h_sc7_oldham_fuel_poverty.pdf?static=1</p> <p>1</p>	
Severn Wye Energy Agency	4.15	24, 25	<p><u>Health Economics II</u></p> <p>"Overall, however, housing energy efficiency interventions (such as roof insulation, double-glazing or boiler replacement) are cost-effective compared with current practice. This is particularly true of interventions aimed at households with a low standard assessment procedure (SAP) rating or aimed at vulnerable people. In both cases, these target groups gained the greatest health benefits."</p>	Thank you. The modelling approach was to identify the cost effectiveness of interventions. It does not exclude other approaches such as neighbourhood

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Beware the piecemeal approach – although the interventions above undoubtedly benefit most recipients, the nation will see better value if individual investors contribute to strategic whole-house, or even whole-neighbourhood interventions where possible. There is no reason to think the ‘payoff’ to each investor would be lower if resources are pooled in this way.</p> <p>(Some RSLs are currently exploring the benefits to themselves as landlords, to tier tenants, and to the wider community of “deep whole house retrofit” of low SAP rated dwellings – see for example http://www.encraft.co.uk/?attachment_id=2036, (see presentation by Steve Groves)</p> <p>Just as it would be a shame to improve the carbon emissions performance without addressing health issues, it would be a shame to focus narrowly on health when carbon emissions, energy security, job creation and other dividends could also be harnessed.</p>	<p>interventions. However, no evidence relating to this was identified.</p>
Severn Wye Energy Agency	General			
Severn Wye Energy Agency	3.3	18	<p><u>National Policy/Private Rental Sector</u></p> <p>“Average SAP scores vary for different tenures. Average SAPs in the social sector (local authority and registered social landlord housing) are generally higher (around 60). They are generally lower in the owner-occupied sector (around 50) and particularly the private rented sector (around 45). “</p> <p>We are pleased to see the committee recognises that there is particular problem in the private rented sector. WE would note that there has been criticism of the July</p>	<p>Thank you.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>2014 “fuel poverty strategy” from DECC as this is considerably less ambitious in terms of fabric improvements than your own recommendations, and, furthermore, with regards to the private rental sector it only obliges landlords to take action if funding is available, without pledging to ensure that the funding is, indeed, available. (“Any energy efficiency improvements must be financeable without any compulsory upfront cost to the landlord.”)</p> <p>In fact the fuel poverty strategy as a whole has been subject to criticism, for example, the ambition to bring all fuel poor homes up to EPC Band C by 2030 has been described as “too far away and critics are concerned that “the Government are only committing themselves to these targets ‘as far as reasonably practicable”” (see http://www.ukace.org/2014/07/governments-fuel-poverty-plans-are-too-little-too-late/ and http://www.energybillrevolution.org/media/government-strategy-to-plug-fuel-poor-homes-is-full-of-holes/)</p>	
Severn Wye Energy Agency	4.26	27	<p>“The Committee heard that, generally, health and wellbeing boards were not involved in planning all-year-round action to combat the more enduring ill effects of cold homes.”</p> <p>NICE correctly implies this is wholly inadequate. Measures that make a significant impact on the “healthiness” of homes clearly require months and years of planning.</p>	Thank you.
Severn Wye Energy Agency	4.27	27	<p>“The Committee heard of examples where funding from clinical commissioning groups had been invaluable in coordinating and targeting services. (Many of the services used were funded via national or utility company programmes.)”</p>	Thank you. Please note that the considerations section does not include recommendations.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			See 'Health Economics' comments above. These examples are very welcome. However as touched on above ('health economics' section 13 p24), there is scope for CCGs to go a lot further, investing directly in works (probably led and co-funded by other agencies), and realising direct benefits. CCGs could offer very valuable, reliable match funding, making other investment possibly likelier and definitely more effective, effectively leveraging additional health benefit while remaining "in pocket".	Funding and resourcing of services is beyond the remit of this guideline.
Severn Wye Energy Agency	5	29	<p>Recommendations for research We absolutely welcome and endorse the proposal for more occupant-centred research into buildings and building improvements.</p> <p>Only by combining forces between building science and biomedical science and basing action on a combination of sound science in both arenas will we make a real dent in the toll from the many diseases provoked by unhealthy indoor environments.</p> <p>"The Public Health Advisory Committee (PHAC) recommends that the following research questions should be addressed. It notes that 'effectiveness' in this context relates not only to the size of the effect, but also to cost effectiveness and duration of effect. It also takes into account any harmful or negative side effects."</p> <p>It is for this very reason ('harmful or negative side effects' that we believe it is crucial that research and, subsequently, guidance, addresses issues of temperature, moisture and indoor pollution as an integrated whole, rather than focusing on thermal performance alone. While there is no question that improving thermal performance generally offers a great health and wellbeing dividend, it is also the case</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>that under certain circumstances, that are not all currently well-characterised, interventions to improve the thermal performance may introduce or worsen health hazards.</p> <p>Research to gather empirical information from the national stock and investigating the consequences of interventions is urgently needed. AECB considers the following issues require investigation as a matter of priority, to ensure that 'harmful or negative' side effects are minimised:</p> <ul style="list-style-type: none"> • Internal wall insulation where voids are created between wall and insulation create significant risk of mould spore pollution. Existing installations may be the cause of significant indoor air pollution. • Basement and crawlspaces suffer significant indoor air quality problems which are very likely to be affecting air quality in the living space. Good quality retrofit measures will usually improve this but at risk of joist decay. • Adding woodstoves (for example, under the Renewable Heat Incentive from DECC) may increase the spore concentrations indoors by pulling air into room through these voids. • Ventilation needs to be consistent across the range of possible weather conditions, and this may be better delivered by mechanical ventilation. However the impact of the various ventilation strategies on indoor air quality and in particular on the long term impact on the health of occupants is underinvestigated and therefore very poorly understood. <p>All these are areas where the interventions are the responsibility of the construction industry but the impacts would best be investigated by the construction industry and</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>the health/science communities working closely together.</p> <p>On the biomedical side, more information on the relationship between indoor conditions and asthma, particularly in relation to the activity of house dust mites, would be helpful. While DCLG guidance (Part F of the building regulations) recommends you aim to keep internal humidity levels below 65% most of the time. AS we understand it this is based fairly crudely on the aim of eliminating the risk of surface condensation. Other sources recommend aiming for humidities below 60 or even 50% (though also warning of deleterious impacts when RH drops below 40%) Clearer guidance on these figures, and whether there is any clinically important difference between optimum humidities at different temperatures, would be valuable, in particular in relation to the drafting of national guidance.</p> <p>(See also Advice and guidance on recommended measures to improve homes, above).</p>	
Severn Wye Energy Agency	5.1	29	<p>“What is the effect of cold homes on the rate of illness and death among different groups of vulnerable people? This includes the effect and interaction of multiple vulnerabilities (such as age and pre-existing disease). It also includes the effects of intervening factors like fuel poverty and poor housing. Analysis is needed of existing UK-based databases.” (our emphasis)</p> <p>The impact of temperature, air quality, and fabric condition should be studied together.</p>	Thank you. The impact of these factors should be considered when examining the effect of interventions to prevent cold related illness and death (research recommendation 3).
Severn Wye Energy Agency	5.2	29	<p>“Among people vulnerable to cold-related illness and death, what do quantitative and qualitative research findings tell us about the barriers to, and facilitators for, action and coping strategies with respect to the cold? (This includes self-</p>	Thank you. Ventilation has been added to this research recommendation.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			disconnection when using pre-payment meters.)” Alas it is very clear that one ‘coping strategy’ is to restrict ventilation. Ventilation behaviour should be included in any research.	
Severn Wye Energy Agency	5.3	29	<p><u>How effective are different forms of intervention designed to address cold-related illness and death?</u> Studies should capture the full range of costs and benefits associated with implementation of changes (including fuel bill savings), as well as adverse effects (such as changes to indoor air pollution levels). They should be of a sufficient scale to be meaningful, use objective measurements and include ‘natural experiments’. (The latter might include the roll-out of smart meter technology.)</p> <p>Health professionals, academic departments, housing providers and others are currently involved in a great deal of research, including, critically, field research on the impact of home retrofit, including to benefit people with specific health problems such as COPD.</p> <p>As well as the work under way or published by AECB, STBA, Good Homes Alliance and many others, Portsmouth City Council is working with the Universities of Southampton and Portsmouth to track the social impacts of a deep retrofit to 107 of their dwellings; Sunderland Clinical Commissioning Group and the local director of public health are assessing the impact of energy efficiency improvements in the homes of sufferers with COPD; Sheffield Hallam University, BRE; -- and many others are involved in similar research. Most of these programmes are new and there are few results back in.</p> <p>See for example http://www.encraft.co.uk/?attachment_id=2036, (see presentation by Steve Groves), http://www.insidehousing.co.uk/healthy-progress/6528437.article,</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			It is however important to investigate the impact of interventions on the indoor environment as a whole (cold, damp, indoor pollution), and to investigate correlations between the range of altered hazards, and observed health impacts (positive and negative) as mentioned above	
Severn Wye Energy Agency	General		<u>In conclusion</u> , rather than focusing narrowly on temperature and warmth, and taking the mainstream guidance on home improvement to be offer the best advice for reducing the health toll from unhealthy homes, we hope NICE will advise readers of this guidance to prioritise improving indoor conditions as a whole. This means that temperature, air quality, and fabric integrity must be tackled in an integrated way.	Thank you. The scope for this guideline was to address the health impacts of cold homes. Other housing related issues are outside the scope of the guideline.
SHAP – Sustainable Housing Action Partnership	General		1. The draft guideline is welcomed. It provides clear and strong recommendations which if acted upon will make a significant difference to the lives of the fuel poor and those suffering the health effects of cold homes. It will help to raise the profile of fuel poverty as an important 'wider determinant of health' amongst those working in the health and social care sectors.	Thank you.
SHAP – Sustainable Housing Action Partnership	General		2. After the publication of the final version of the guideline in early 2015, NICE ought to commission a review of how those responsible for actioning the recommendations have responded to them. The review should be in two stages; after the first 12 months of implementation and then again after 24 months.	Thank you. Information about the implementation of the guideline will be gathered as part of routine work of implementation colleagues. However, we do not routinely commission reviews of

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				the type that you suggest.
SHAP – Sustainable Housing Action Partnership	General		3. The guideline goes some way towards acknowledging that access to assistance for home insulation and heating can be difficult. It refers to the patchy nature of services to ensure people are warm enough at home and says that a lack of local or national support is one of the barriers to addressing cold homes. It is hoped that the final document will say more about this – it will be important for managers and professionals in the health and social care sectors to fully understand the limitations that apply, particularly around funding.	Thank you.
SHAP – Sustainable Housing Action Partnership	General		4. Local authorities and the third sector work hard to try to assist low income and vulnerable households but the funding regime is a major constraint. Because of their reliance largely upon ECO (Energy Company Obligation) funding, these organisations struggle to assist anywhere near the number of households that require their help. The expert paper submitted by the NEA to the Committee makes reference to the inadequacies of ECO, but it's disappointing that the DECC paper does not.	Thank you.
SHAP – Sustainable Housing Action Partnership	General		5. ECO funding is for the most part driven by carbon targets imposed upon the obligated energy companies by the Government. Some provision is made under the Home Heating Cost Reduction Obligation (also known as affordable warmth) element of ECO for households that are likely to be fuel poor because for their reliance on certain specified benefits. However, as stated in the NEA's paper, only 34% of English fuel poor households are eligible for assistance under this element of ECO.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
SHAP – Sustainable Housing Action Partnership	General		6. At present there is no incentive at all for energy companies to prioritise their funding based on ill-health associated with cold homes. The guideline ought therefore to go a step further in specifically recommending that Clinical Commissioning Groups (CCG) and Public Health Departments look at providing meaningful levels of funding for home insulation and heating work, targeted at the fuel poor who can't get help at present and at households that are suffering from, or vulnerable to, the health impacts of cold homes. The Health and Wellbeing Board strategies required by Recommendation 1 also need to be more than just a round-up of who is doing what with the existing (limited) funding that is available, and should actively seek to encourage additional funding to be committed to help to address the shortcomings referred to above.	Thank you. Funding decisions of this sort are within the remit of local organisations and not NICE.
SHAP – Sustainable Housing Action Partnership	General		7. Public Health Department and CCG funding will be important in underpinning Recommendations 2 and 3 regarding the provision of referral services – without meaningful funding, the referral services will be limited in what they can offer by way of insulation and heating assistance.	Thank you. Funding are resourcing is beyond the remit of NICE.
SHAP – Sustainable Housing Action Partnership	General		8. It is noted that the section of the draft guidance regarding the barriers to addressing cold homes has yet to be completed. We would welcome the opportunity to contribute to further work on these barriers.	Thank you for the offer. This statement in the draft guideline refers to the considerations section and is standard wording for all draft public health guidelines.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				This section has been completed in the final version.
SHAP – Sustainable Housing Action Partnership	General		<p>9. The guideline generally needs to give greater recognition to the role that local authorities have to play in helping those whose health may be impacted by a cold home environment. For instance, local authorities have a duty under Section 2 of the Home Energy Conservation Act 1995 to prepare reports on energy conservation measures for submission to the Secretary of State for Energy and Climate Change. The same reports have to also be made available to the public.</p> <p>Some of the Recommendations need to be amended to include local authorities are noted in the comments below against specific recommendations.</p>	Thank you. Reference to the Home Energy Conservation Act has been added.
SHAP – Sustainable Housing Action Partnership	General		<p>10. The final guideline needs to refer to the requirements of the forthcoming care and support regulations and statutory guidance that are to be issued under the Care Act 2014. The suitability of accommodation is identified as a factor that must be considered by local authorities under their general duty to promote wellbeing when carrying out their care and support functions. There are also numerous references in the guidance to the necessity to integrate housing services with health and social care, and it suggests that local authorities may wish to consider the opportunities to prevent the escalation of health and care and support needs through the delivery or facilitation of affordable warmth measures to help achieve health and wellbeing outcomes. A number of the NICE Recommendations could be enhanced with the addition</p>	Thank you. Additional reference to the Care Act has been added as suggested.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			of references to the care and support requirements.	
SHAP – Sustainable Housing Action Partnership	1.1	4	11. RECOMMENDATION 1 A rural Shap member Health and Well Being Board supports the inclusion of the health consequences of living in a cold home in the Joint Strategic Needs Assessment. Work is currently in progress to collate and cross reference available data, including data from the Council's Healthy Housing Survey (Private Sector Housing) for future inclusion in the JSNA.	Thank you.
SHAP – Sustainable Housing Action Partnership	1.1	4	12. RECOMMENDATION 1 The guideline generally needs to give greater recognition to the role that local authorities have to play in helping those whose health may be impacted by a cold home environment. Ensure planning includes identifying local interventions and providers from all sectors (such as utilities, housing providers, local authorities and organisations in the voluntary sector).	Local authorities are key to addressing cold homes. Local authorities have been added to this bullet point.
SHAP – Sustainable Housing Action Partnership	1.1	4	13. RECOMMENDATION 1 SHAP welcomes recognition of the potential mental health as well physical health impacts of excess cold and poor housing conditions.	Thank you.
SHAP – Sustainable Housing Action Partnership	1.1	4	14. RECOMMENDATION 1 The impacts for health of poor housing, including property condition,	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			homelessness and overcrowding is specifically considered by a SHAP member HWBB. Housing is represented on the HWBB Delivery Group, which is also the Group overseeing delivery of the Better Care Fund.	
SHAP – Sustainable Housing Action Partnership	1.1	4	15. RECOMMENDATION 1 Focused work is underway by a SHAP member in relation to falls which will include better understanding the relationship between falls, property condition and excess cold. It is recommended that the impact of excess cold in relation to falls is included in the scope of the NICE Guidance.	Thank you. The impact of cold on falls in noted in the context section, and in the list of existing NICE guidelines.
SHAP – Sustainable Housing Action Partnership	1.1	4	16. RECOMMENDATION 1 A rural SHAP member HWBB would recommend more detailed consideration be given to health impacts of cold housing in rural areas where more complex 'off-gas grid' solutions are required and where the construction type and condition of owner-occupied property is a particular concern and challenge.	Thank you. The committee noted these issues in their discussions. Specific solutions to issues such as these will need to be identified in relation to the particular property.
SHAP – Sustainable Housing Action Partnership	1.1	4	17. RECOMMENDATION Consideration should also be given to specific inclusion of fuel poverty data within the JSNA to identify potential health risks and also to identify potential constraints when addressing cold homes.	Thank you. Low income groups are identified as potentially vulnerable in the guideline.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
SHAP – Sustainable Housing Action Partnership	1.1	4	18. RECOMMENDATION 1 General poverty /low income data should also alert strategic planners that fuel usage is likely to be self-limited. However effective an existing heating system may be, many low income households do not adequately heat their home.	Thank you.
SHAP – Sustainable Housing Action Partnership	1.1	4	19. RECOMMENDATION 1 With respect to rough sleepers, a rural SHAP member Council has a Strategic Steering Group with Member representation which considers access to health care and support alongside access to housing and Cold Weather provision. Although it is recognised this draft Guidance refers to property conditions within the home, there are significant excess cold health impacts for vulnerable people arising from rooflessness and also arising from living in temporary accommodation provided for homeless households.	Thank you. The committee noted the importance of these issues. The considerations note that ‘...to address their needs we would need to examine a different evidence base and this would be better addressed in a separate guideline. So this guideline does not include recommendations aimed at people who are homeless or not living in permanent structures that meet basic building control regulations.’
SHAP – Sustainable Housing	1.1	4		Thank you. We would

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Action Partnership			20. RECOMMENDATION 1 How is it proposed to identify people whose health is at risk from cold homes? Our experience of using SAP to establish approximate fuel costs and thermal comfort can be way out. SHAP members have examples that show when we have estimated the fuel bills, based upon SAP, and compared this with actual energy use/cost with residents, the difference has been huge. This suggests the use of SAP to predict where fuel poverty could be an issues is unreliable.	anticipate that solutions would need to be developed based both on approaches such as SAP and on the actual experience of the individual.
SHAP – Sustainable Housing Action Partnership	1.1	4	21. RECOMMENDATION 1 Has the actual energy cost per household per year been considered to be used rather than using SAP as a measure of affordable warmth/fuel poverty?	Thank you. The committee felt that a focus on SAP rating was appropriate.
SHAP – Sustainable Housing Action Partnership	1.1	4	22. RECOMMENDATION 1 Would it be worth considering a minimum SAP rating for different organisations? Some SHAP members already have a target of SAP 65.	Thank you. Different organisations could set their own SAP targets.
SHAP – Sustainable Housing Action Partnership	1.1	4	23. RECOMMENDATION 1 Should timescales be attached to attainment of SAP targets?	NICE does not have the power to require attainment of SAP targets so a timetable is not included in the guideline.
SHAP – Sustainable Housing Action Partnership	1.1	4	24. RECOMMENDATION 1 Do organisations know how many of their tenants die from cold-related deaths	NICE is not aware of such a system.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			each year so these properties can be investigated further? Is there a system in place to inform property managers.	
SHAP – Sustainable Housing Action Partnership	1.1	4	25. RECOMMENDATION 1 Do organisations know how many of their voids properties become void due to tenants passing away from cold-related illnesses using the ‘excess winter death’ formula from ONS? At least one SHAP member has done this over a three year period with some startling results.	This information is unlikely to be widely known.
SHAP – Sustainable Housing Action Partnership	1.2, 1.3, 1.4	5, 6, 7	26. RECOMMENDATIONS 2- 4 SHAP welcomes the recommendations to develop and implement ‘one-stop’ approaches providing access to information, advice and assistance for vulnerable people living in cold homes. These can be most effective where they operate on a multi-agency basis and facilitate direct intervention where appropriate.	Thank you.
SHAP – Sustainable Housing Action Partnership	1.2, 1.3, 1.4	5, 6, 7	27. RECOMMENDATIONS 2- 4 The experience of a rural SHAP member has shown it is important that a lead agency is identified to take overall responsibility for co-ordinating the response to preventable excess winter deaths at the local level.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
SHAP – Sustainable Housing Action Partnership	1.2, 1.3, 1.4	5, 6, 7	28. RECOMMENDATIONS 2- 4 A rural SHAP member HeatSavers scheme is located within the Housing service but is supported by Health, Social Care and the Countywide Home Improvement Agency. This acts as a single referral point for professional colleagues concerned about poor property conditions, including excess cold. There is an integrated response to referrals which addresses any heating issues but also considers broader longer sustainability with the home.	Thank you.
SHAP – Sustainable Housing Action Partnership	1.2	5	29. RECOMMENDATION 2 The guideline generally needs to give greater recognition to the role that local authorities have to play in helping those whose health may be impacted by a cold home environment. Ensure a referral and co-ordination service is commissioned to help vulnerable people who live in cold homes. Referrers could include: health and social care professionals, local authority housing, environmental health and benefits staff, charities and voluntary organisations.	Thank you. Local authorities have an important role to play. The committee felt the most appropriate way to ensure the involvement of relevant parties was via the HWB.
SHAP – Sustainable Housing Action Partnership	1.2	5	30. RECOMMENDATION 2 The guideline generally needs to give greater recognition to the role that local authorities have to play in helping those whose health may be impacted by a cold home environment. Provide access to services for those at risk. These are likely to be provided by	authorities have an important role to play. The committee felt the most appropriate way to ensure the involvement of relevant parties was

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			health and social care providers, local authority housing, environmental health and fuel poverty teams, local housing providers, advice agencies, health and social care charities, voluntary organisations and home improvement agencies.	via the HWB.
SHAP – Sustainable Housing Action Partnership	1.2	5	31. RECOMMENDATION 2 The NEW referral system suggested already successfully exists in some areas – this should be supported not reinvented – and maybe set up as best practice.	Thank you.
SHAP – Sustainable Housing Action Partnership	1.2	5	32. RECOMMENDATION 2 A localised advice service should be funded to ensure the best advice is given and local knowledge is shared.	Thank you.
SHAP – Sustainable Housing Action Partnership	1.2	5	33. RECOMMENDATION 2 Localised services giving local advice would benefit from replicating the best aspect elements of a nationally shared structure/approach – moving new services to effective and efficient operation as quickly as possible and allowing partners working across several services some consistency of approach. Does PHE have a role in this?	Thank you. It is difficult to set out a nationally shared approach beyond the content of these recommendations as (as you have indicated) circumstances will vary across the country. It may be that evaluation of local schemes will allow further recommendations at some point in the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				future.
SHAP – Sustainable Housing Action Partnership	1.2	5	<p>34. RECOMMENDATION 2 One SHAP member has split the referral service for people living in cold homes into three areas for action/intervention:</p> <p>1) the worst 250 no. energy performing general needs stock (from 5,000 units). 2) the worst performing 210 elderly/vulnerable stock (from 750). 3) the worst performing stock where tenants have passed away creating voids (63 no from 1,500 voids over a three year period). These c. 530 properties will be visited by a qualified energy survey where he checks the last 12 months energy bills, compared to our estimates (from SAP), check family size, behaviours, controls, heating types, heating/control instructions, debt assistance, benefits check etc. This has led to the average tenant visit saving tenants an estimate £187 per property.</p>	Thank you.
SHAP – Sustainable Housing Action Partnership	1.2	5	<p>35. RECOMMENDATION 2 Who would pay for the introduction of this referral service?</p>	Local funding and resourcing are beyond the remit of this guideline.
SHAP – Sustainable Housing Action Partnership	1.2	5	<p>36. RECOMMENDATION 2 Periodic property inspections in the social housing sector are not being carried out by several SHAP members – therefore there is no existing opportunity to include a referral service onto. However, the number of reactive surveyor inspections regarding mould and condensation is increasing as homes are under heated and over occupied. Therefore, a business case is developing that supports the employment of proactive visits.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
SHAP – Sustainable Housing Action Partnership	1.3	6	37. RECOMMENDATION 3 SHAP has run several consultation sessions on ECO. A strong view from SHAP members is that Local Authorities should control ECO funding in their area as they have the good local knowledge, regulatory powers that can be drawn on in addition to funding as a stick and carrot approach to improvement of the housing stock, for example when working with the private rented sector (PRS) and have a responsibility and accountability to the local population	Thank you. This is beyond the remit of the guideline.
SHAP – Sustainable Housing Action Partnership	1.4	7	38. RECOMMENDATION 4 There are already interesting case studies of how data sharing can improve outreach to vulnerable people – these include data sharing between local authorities and energy suppliers. DECC is working on barriers to data sharing.	Thank you
SHAP – Sustainable Housing Action Partnership	1.5	7	39. RECOMMENDATION 5 A rural Shap member is committed to the inclusion of excess cold within the framework of 'making every contact'.	Thank you.
SHAP – Sustainable Housing Action Partnership	1.5	7	40...RECOMMENDATION 5 Experience has shown that contact time with individuals is limited and there is often only time to focus on one or 2 pressing priorities. Even where there is support for increasing the activities around 'making every contact count' there	Thank you. The committee discussed the importance of providing feedback about the impact to maintain

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			may be a shortlived effect. For example, projects with GP surgeries on referral to energy advice projects has shown an initial spike followed by a significant drop off of referrals.	interest. This is included in recommendation 2.
SHAP – Sustainable Housing Action Partnership	1.5	7	41. RECOMMENDATION 5 Projects aimed at ‘making every contact count’ and seeking to increase referrals by frontline staff to advisors on debt, health and wellbeing etc, have found that there is a mixed initial response by health and social care professionals. Those interested soon drop off and conclusions drawn is that a consistent reinforcement of initial training is required.	Thank you. The committee discussed the importance of providing feedback about the impact to maintain interest. This is included in recommendation 2.
SHAP – Sustainable Housing Action Partnership	1.6	8	42. RECOMMENDATION 6 Projects aimed at ‘making every contact count’ eg. by seeking to increase referrals by frontline staff to advisors on debt, health and wellbeing etc, have found that there is a mixed initial response by health and social care professionals. Further, those interested soon drop off and conclusions drawn is that a consistent reinforcement of initial training is required.	Thank you. We hope the development of an integrated service will encourage further action.
SHAP – Sustainable Housing Action Partnership	1.8	8	43. RECOMMENDATION 8 A rural Shap member is committed to the inclusion of excess cold within the framework of ‘making every contact’.	Thank you.
SHAP – Sustainable Housing Action Partnership	1.7	9	44. RECOMMENDATION 7 suggests that assistive technology should be considered as a means of	Thank you. Please note that the recommendation relating to new

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			reducing the risks associated with cold homes. This is good advice but it needs to be made clear that this should not be seen as a substitute for improving the energy efficiency of the home. A 'fabric first' approach must be routinely adopted.	technologies has been moved to the research recommendations (section 5)
SHAP – Sustainable Housing Action Partnership	1.7	9	<p>45. RECOMMENDATION 7 Innovation in heating and ventilation is resulting in products that claim to eg save around 50% on existing wet heating systems offer a better quality of air, reducing bronchial issues (which is a major contributor to these deaths). However, it is difficult to get specifiers and the public to adopt new technology. SHAP would support NICE undertaking research to provide the data and business case for uptake of new technology providing better health outcomes and reduced heating bills.</p> <p>National organisations such as Age UK have a potential role in co-ordinating such activity.</p>	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
SHAP – Sustainable Housing Action Partnership	1.9, 1.10	10	<p>46. RECOMMENDATIONS 9 AND 10 Several SHAP members have run training programmes for a range of health, care, housing and volunteers. An examples is a rural Shap member's HeatSavers programme where more than 300 Health and Social Care professionals and voluntary sector partners have received training about the potential impacts for vulnerable people of living in a cold home and the options available for assistance and remedial action. Similar activities have taken place across the West Midlands and learning has shown that such training needs regular reinforcement.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
SHAP – Sustainable Housing Action Partnership	1.11	11	<p>47. RECOMMENDATION 11</p> <p>The document specifies training for trade professionals including heating engineers. Comments from SHAP members in such trades that include visits to homes of vulnerable people are that they recognise that such tradespeople may be in the best position to assess some homes.</p> <p>However, there is a view that although some have made energy saving suggestions on visits they doubt that the majority will do so, especially without being paid.</p> <p>Even free training is a cost to a business. Time in providing advice to the extent that the householder will feel they can take action is also a cost to a business. Thought about incentives is required.</p>	Thank you. The aim of this recommendation is to support people in identifying a possible problem. The solutions should be addressed via the mechanisms set up in response to recommendations 1, 2 and 3.
SHAP – Sustainable Housing Action Partnership	1.12	11	<p>48. RECOMMENDATION 12</p> <p>Experience has also shown that there is a need for a more systematic method for recording where people are at risk from cold homes (e.g. in the GP record). Work is underway to review whether this may be aligned to the a rural SHAP member's CCG work with respect to managing long-term conditions (e.g. care co-ordinators and compassionate communities).</p>	Thank you. This is addressed in recommendations 4 and 5.
SHAP – Sustainable Housing Action Partnership	1.12	11	<p>49. RECOMMENDATION 12</p> <p>Central to 'making every contact count' is the ability to deliver or sign-post to effective responses. This refers back to and underlines the importance of informed strategic planning outlined in Recommendation 1</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
SHAP – Sustainable Housing Action Partnership	1.12	11	50. RECOMMENDATION 12 Information on improving building fabric or heating systems should be clear on different characteristics of different building types and therefore that bespoke solutions may be required.	Thank you. Specific solutions will need to be tailored to the individual circumstances.
SHAP – Sustainable Housing Action Partnership	1.12	11	51. RECOMMENDATION 12 Evidence from asset managers controlling 100,000s stock is that when building improvements are being driven by single issues, ancillary works may be forgotten or not able to be funded eg ventilation is not always included when solid wall construction buildings are insulated.	Thank you. Ventilation is an important issue and is addressed in the recommendations.
SHAP – Sustainable Housing Action Partnership	1.12	11	52. RECOMMENDATION 12 Information from asset managers confirms that many ventilation systems are turned off because householders believe them to be expensive to run. Information on actual running costs of heating and ventilation per hour would be useful as part of addressing misconceptions about keeping warm.	Thank you. This would need to be identified in relation to a specific system.
SHAP – Sustainable Housing Action Partnership	2	12	53. The fuel poor may live in rental or own properties. Those in social housing may be easier to reach and their homes should be subject to cyclical maintenance programmes. Getting to people in homes they own and those in private sector rental will continue to be difficult. The difficulties of	Thank you. This section identifies key players in delivering each recommendation.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			identification of the fuel poor and outreach to them in the "Who should take action" section must not acknowledge the scale of these difficulties.	
SHAP – Sustainable Housing Action Partnership	2.2	13	54. TABLE – who should take action Review the table with regard to the inclusion of local authorities in responsibility for 1, 2, 3, and partner in most other responsibilities	Thank you. The committee felt that addressing recommendations to HWB specifically rather than to local authorities more generally would be most likely to achieve action.
SHAP – Sustainable Housing Action Partnership	3.3	18	55. For rental properties, the current rules on EPCs will assure that an assessment is performed but only every 10 years. Where SAP ratings are to be proxy indicators for fuel poverty, there may need to be a programme funding EPCs for owner occupiers and tenants in PRS in target areas to provide information as part of advice to householders.	Thank you.
SHAP – Sustainable Housing Action Partnership	4.13	24	56. SHAP is beginning to enquire about evidence for economic benefits in terms of reducing sickness absence and promoting return to work.	Thank you.
SHAP – Sustainable Housing Action Partnership	4.14	24	57. There are examples of local authorities and energy companies working together to identify those at most risk of cold but issues of data sharing have prevented largescale takeup of such approaches.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
SHAP – Sustainable Housing Action Partnership	4.26, 4.27	27	58. Winter programmes to protect vulnerable people frequently only receive funding at a very late date which prevents all round planning. Engagement of the third sector and other agencies is best done on a contract covering several years so that experienced staff are retained and programmes can be tackled year round as individuals present themselves for support and advice.	Thank you. Funding and resourcing are beyond the remit of this guideline.
SHAP – Sustainable Housing Action Partnership	4.28	28	59. A protocol to allow data sharing is essential to efficiently and effectively identify vulnerable people.	Thank you. The recommendations note that this will need to be agreed locally.
SHAP – Sustainable Housing Action Partnership	4.30	28	60. Training of heating engineers etc is a cost to a business as is the time of workforce in providing advice and undertaking referrals. Models of how to move forward on this should be shared.	Thank you. We hope that employers will view this as an important part of their remit.
SHAP – Sustainable Housing Action Partnership	5.3	29	61. Largescale and capital intensive programmes will take years to roll out. The effectiveness of low cost solutions such as draft proofing etc should also be modelled.	Thank you. The research recommendations are not restricted to large scale interventions.
SHAP – Sustainable Housing Action Partnership	9.3	40	62. "Fuel subsidies . . . may be more suitable over shorter time frames. . . . for people who may have a comparatively short life expectancy, . ." There may be a case for fuel subsidies related to individual circumstances but	Thank you. This section provides a brief outline of the economic model used. Further information

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			SHAP supports a fabric first approach. This may include low cost measures such as draft proofing which can give immediate increases in comfort and advice on the thermal benefits of curtains etc. A recent study has shown that a range of window treatments offer significant contributions to energy saving.	can be found in the modelling report, available on the NICE website.
Sheffield Hallam University	0.1	1	Self-disconnection is mentioned on this page but hardly at all in the rest of document. This causes significant problem for people being unable to heat their home and needs to be addressed. See evidence from KWILLT and Warm Well Families in additional evidence below	Self-disconnection is an extreme outcome of being unable to afford to heat the home. The intention of the recommendations is to help people to be able to heat their homes and so address this.
Sheffield Hallam University	0.1	1	There is no mention here about the Cold Weather Plan. The guideline seems to be closely linked to delivery of the CWP - surely it should be mentioned here in the Guideline purpose?	The CWP is referenced in the recommendations, context and considerations.
Sheffield Hallam University	0.1	1	Normal winter temperatures are cited as outdoor temperatures dropping below 6°C. People with different conditions can experience cold-related ill health in much warmer conditions than this. Additionally outdoor temperatures tell us little about the variation in and impact of indoor temperatures.	Reference is made to the increase in adverse health outcomes at below 6°C outdoor temperature. The variation in susceptibility to cold is addressed in the considerations section.
Sheffield Hallam University	1.1, General	4	Identifying people - This is complex in terms of which characteristics and	Thank you. This has

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			conditions put people at higher risk of cold related harm (see KWILLT.org). Throughout this guidance reference is made to identifying these groups and each time a different list is given. It might be more useful to provide a fully comprehensive list for the health conditions/characteristics/influencing factors in an appendix and then refer to the master list where necessary throughout document. Also see advice regarding "list of lists" in Abacus documents given below in evidence)	been amended in the final version.
Sheffield Hallam University	1.1, General	4	Identifying people - no mention is made here or later in the document about the contribution of social isolation to vulnerability. This needs to be rectified (see KWILLT, Warm Homes Service evaluation and Warm Well Families). There is also little mention of mental health in terms of being a risk factor - as an outcome of cold homes	Thank you. Identifying those who are socially isolated is difficult. Those who should take action on recommendation 6 includes groups who may have contact with those who are isolated. People with mental health issues are included in the list of vulnerable groups, and was included in the economic modelling.
Sheffield Hallam University	1.1	4	It may not be possible to achieve a band D-B in many UK properties, especially the older single-skinned ones.	This is intended as an aspirational goal that may not be achievable in all properties, hence the inclusion of 'ideally'.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Sheffield Hallam University	1.1	4	'Groups that may face'... Example of where to refer to a master list rather than making a short list	Thank you. This has been amended.
Sheffield Hallam University	1.1	4	What would the tailored programme involve and who would provide it? Tailored to what? Do you mean individual households or individuals within a household? This needs more clarity and detail	Additional information is given in recommendation 3.
Sheffield Hallam University	1.1	4	Could add - Ensure building renovations and new capital builds are energy efficient to provide minimum heating costs	Thank you. National standards for new build are outside the remit of this guideline.
Sheffield Hallam University	1.1	4	In footnote - Again avoid specific outdoor temperatures that could lead people to think they do not need to take any action until this outdoor temperature is reached	Thank you. The guideline emphasises the importance of making changes all year round not just during severe weather period. The footnote is intended to demonstrate that the effects are not limited to periods of extreme cold.
Sheffield Hallam University	1.1	4	In the strategic planning there is no mention of developing data sharing agreements. This has been a barrier to many areas developing partnership agreements to respond to cold homes and implement the Cold Weather Plan. There needs to be a strategic emphasis on data sharing agreements being developed if effective local responses are to be achieved.	Data sharing agreements will be important. However, these will need to be arrived at locally.
Sheffield Hallam University	1.2	5	Perhaps not solely the remit of HWB board to commission the many of kinds of services required to prevent cold related home. More useful to say HWB boards should work in partnership to ensure referral and co-ordination services	Thank you. The recommendation is that HWB ensure the existence of the service.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				This does not mean that they will inevitably commission the services as it may be that these are provided by others.
Sheffield Hallam University	1.2	5	Home improvement agencies (HIAs) are identified here and have a potentially big impact (see evaluation of Foundations Independent Living Trust Warm Homes Service in additional evidence below)	Thank you.
Sheffield Hallam University	1.3	6	All of this relies on funding, for which there is currently little or none. It is difficult to set up a long term, sustainable, co-ordinated services when only short term funding is available on a year by year basis. Also, grants for home improvements are extremely limited as the Green Deal is essentially a loan system. There is no evidence yet that ECO is reducing cold related harm among the most vulnerable. On the other hand this section could highlight the specialist role of HIAs in accessing several small grants for individuals in need that can be put together to fund a costly home improvement such as a new boiler. Referral systems only work if services people are referred to have more security of income and length of life.	Thank you. Local resourcing and funding is beyond the remit of the guideline.
Sheffield Hallam University	1.3	6	This section could focus on the 9 interventions highlighted in the work of the Abacus Group along with the information / advice and evidence on commissioning and delivery (see additional evidence).	Thank you.
Sheffield Hallam University	1.5	7	There is a need to develop a risk stratification tool with this guidance to help organisations identify and prioritise those most at risk. (See work of the Abacus Group e.g. 9 interventions and list of lists). As mentioned above, the guidance should include a comprehensive list of those at risk to cold related harm. The list given on this page is more extensive than other ones but could also include, for example, Sudden Infant Death Syndrome (SIDS) deaths;	Thank you. The list of vulnerable groups is now included in recommendation 2. Newborns have been added to the list.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			those on medications that affect thermoregulation; alcohol addiction; where physical disability limits mobility and means people can't keep warm through being active; newborns (in particular low birthweight and premature infants when discharged and home births). It is also possible to highlight here the risk of cold to women over 75 because this is the group with highest excess winter deaths; those with dementia (see excess winter mortality reports); the socially isolated; those with mental health problems; homeless; those who do not heat their home for behavioural reasons or fear of debt even if they are not on a low income (see KWILLT / Warm Well Families work in additional evidence). Not all excess winter deaths occur indoors so some mention of this and suitable interventions should be included in this guidance.	
Sheffield Hallam University	1.5	7	<p>The high number of Alzheimer's Disease and Dementia is of course of great concern and it is encouraging to see this as an area of focus. Klegeris et al (2006) meta-analysis show little evidence of body temperature difference between Alzheimer's patients and control groups. There have been propositions that Alzheimer's Disease and Dementia may cause temperature regulation issues for sufferers. Sensory feedback affected by beta amyloid proteins collecting at nerve endings may impact thermoregulation of a person with Alzheimer's (Holtzman and Simon, 1999). In addition circulating cytokines may affect the preoptic-anterior hypothalamic area, the area that senses and regulates core body temperature (Klegeris et al, 2006). Research regarding circadian rhythms and dementia suggest that changes in activity and disturbances in sleep patterns are linked to changes in the phase delay of the core-body temperature (Satlin et al. 1995, Lee et al, 2004).</p> <p>There is a gap in the evidence for how people with dementia experience and adapt to cold environments. Older people's challenges of keeping warm in winter are potentially compounded with the addition of Alzheimer's Disease</p>	Thank you. The research recommendations (section 5) include the impact temperature in the home has on the rate of illness, death and quality of life of different groups of vulnerable people. This includes the effect and interaction of multiple vulnerabilities such as age and pre-existing disease.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>and Dementia. The behavioural and sensory changes associated with dementia could all affect a person's resilience to managing cold environments. Some literature suggests these behaviour changes may have this effect (El-Ansari and El-Silimy 2008) or that colder body temperature increases cognitive impairment (Curran et al, 1989). For example their ability to cope with the complexities of managing heating systems, negotiating energy tariffs and bills may be impaired. This is an area that requires further investigation.</p> <p>It would be useful to know under what circumstances people with dementia are dying within winter periods compared to non-winter months. Not only the cause of death but the care situation around individual cases. Any available data on cause of death or comorbidity could be key in understanding how dementia, in its various forms, is contributing to such a high difference between seasons.</p>	
Sheffield Hallam University	1.5	8	"Be aware that living in a cold home..." add elderly to this "Record these actions in the persons notes" Data sharing and confidentiality is a problem that still has to be solved	Thank you. Vulnerable groups (now listed in recommendation 2) include those aged over 65.
Sheffield Hallam University	1.7	9	The use of the home temperature alarms is highly problematic. There is no evidence to say what temperature the alarm should be set to. Also a cool home may be ok if the person is fit and active, well clothed, or in bed with an electric blanket or thick duvet. Again co-ordinated services need to be in place to respond to the alarm. Clear advice is required to let householders know how to respond to the alarm. The alarm going off when it is not needed may lead people to disconnect it.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Sheffield Hallam University	1.8	9	The focus is on the older, ill person here. Include other groups, for example, newborns who are at risk to hypothermia in the first 24 hours, even if born	Thank you. The remit of this recommendation has

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>healthy and at term. Many of these will be sent home from hospital in their first 24 hours.</p> <p>At what point do you insist somebody cannot be discharged if they do not have a warm home to go to? What if funding needs to be found for a major repair or to pay a fuel bill first? Perhaps it would be useful to discuss a system of providing temporary heating/ energy or income advice for those who have no heating or money available? Who would provide this? Energy companies? Fire services? It is unclear what to do if people are unable to pay for their heating, especially if they have a pre-payment meter. Do hospitals staff/social services arrange for money to be put on meters?</p>	<p>been extended to cover discharge from health or social care settings. The recommendation includes referral to the single point of contact service identified in other recommendations. Responses to individual circumstances will be determined by the professionals involved.</p>
Sheffield Hallam University	1.9	10	<p>Again there is no mention of social isolation as an indicator of risk</p> <p>The resources developed by the KWILLT project (http://kwillt.org/ and http://www.winterwarmthengland.co.uk/) could be useful for this training.</p> <p>Although these focus on older people SHU are currently developing similar resources for those working with families from their Warm Well Families project (http://www.shu.ac.uk/research/hsc/ourexpertise/warm-well-families)</p> <p>There are also several resources produced by charities such as Age UK and different initiatives such as Hot Spots in Yorkshire and others that have been well established.</p>	<p>Thank you.</p>
Sheffield Hallam University	1.11	11	<p>Improve engineers understanding of how complex people find heating systems</p> <p>"Aware of who to call.." What kind of problem? Who should do this? Refer to Making Every Contact Count? http://www.makingeverycontactcount.co.uk/</p>	<p>Thank you. The aim of this recommendation is to support people in identifying a possible problem. The solutions should be addressed via the mechanisms set up</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				in response to recommendations 1, 2 and 3.
Sheffield Hallam University	1.12, General	11	There is too much emphasis on energy efficiency and not enough on financial advice, welfare advice, social isolation, behavioural causes of cold homes and advocacy to help vulnerable people overcome problems with bills, landlords or debts.	Thank you. Financial issues are addressed in recommendations 2 and 3.
Sheffield Hallam University	1.13	12	The guidance needs more focus on reducing damp in cold homes especially regarding respiratory conditions. Damp was included in the evidence review but does not appear in this guidance. This is especially of concern because of the risk of worsening indoor air quality and damp due to "wrapping up" homes and retro fit schemes.	Thank you. The committee discussed the role of damp and poor ventilation. These are addressed in the recommendations.
Sheffield Hallam University	2.2	13	Too generic, need to be specific about who exactly needs to take action and also include more families and young people's services. There is a risk that having a list will enable others not included to abdicate their responsibilities. Again link to Cold Weather Plan and broad responsibilities across society, organisations and staff groups.	Thank you. This section aims to identify key organisations who will be taking the lead in implementing the recommendations. It is likely that they will need to engage with wider professional networks.
Sheffield Hallam University	3	15	There needs to be much more discussion around the evidence for excess winter deaths and morbidity in indoor and outdoor environments. Most of the evidence is based on outdoor temperatures which may not help us identify who is living in a home that is too cold to sustain that individual's health. More work also has to be done on whether it is absolute temperatures or a sudden drop in temperature that causes the harm. The latter would make sense as	Thank you. The guideline itself is limited in the extent of the possible discussion. Additional references to evidence are provided in

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			cold stress could be induced which has an impact on the circulatory system. There also needs to be more detail around the time lags of cold snaps of particular conditions such as stroke and heart conditions. This would help professionals/services prepare for peaks in conditions. There is evidence of how stress associated with difficulty paying fuel bills effects both physical health and mental wellbeing that could be cited here. Poor health outcomes (both physical and mental) increase with the intensity of fuel poverty and stress (see Grimsley et al, 2012). Liddell and Guiney (2014) highlight severe effects on mental wellbeing of living in fuel poverty due to a package of stressors including the effects of cold, low income and high energy costs and the associated stress, anxiety and stigma which have a cumulative impact on mental wellbeing.	the text, and the evidence reviews and expert papers carried out for the guideline development are available on the NICE website.
Sheffield Hallam University	3.2	16	It is confusing to talk about the drop in outdoor temperatures when the interventions are for cold homes. Organisations working to prevent cold homes need to have more specific information about which homes are likely to be cold when there is a drop in temperature. It would be helpful to use evidence from KWILLT which indicates that the reasons why people are cold are complex and involves interplay between many factors	Thank you. Internal temperature has been added to the document (see for instance 4.8 and research recommendations),
Sheffield Hallam University	3.2 Fig 1	17	This needs directional arrows and behavioural factors including (eg stoicism, fear of debt, wanting to save money). No mention again of vulnerability due to social isolation or mental ill health or poor mental wellbeing.	Thank you. The figure is intentionally a simplification of a complex topic.
Sheffield Hallam University	3.3	18	What is the 'given temperature'?	Thank you. The cost will depend on the temperature to which the house is raised. This will vary depending on the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				SAP at any temperature. The impact of indoor temperature on health is addressed in 4.8 and in the research recommendations.
Sheffield Hallam University	3.6	20	The change in England's fuel poverty definition affects who is defined as fuel poor. More family households and fewer older people will meet the low income high cost indicator (LIHC). Under the new definition some households may be spending a substantial amount of their income on fuel - up to 30 per cent - but are no longer considered fuel poor because they stay just above the poverty line. This creates a new problem, as those households are no longer eligible for government support, despite their incomes being significantly strained by energy costs, the stress of which is likely to have a detrimental effect mental wellbeing.	Thank you. The committee is aware of the issues raised by the change in definition.
Sheffield Hallam University	4.1	21	"This includes.." add 'the individual's ability to thermoregulate' "These studies" - which ones are these? "Time lag of 2-3 weeks" - it is 2 or 3 days for some conditions eg stroke	Thank you. The full evidence can be seen in the reviews which are available on the NICE website.
Sheffield Hallam University	4.3	21	It would be good to critique the evidence on what a healthy temperature is. The classic 18-21°C advice is not based on extensive evidence and a higher room temperature may be required for those unable to produce or conserve sufficient body heat (for example newborns or frail and malnourished elderly)	Thank you. This is included in the final guideline (see para 4.8) and also in the research recommendations.
Sheffield Hallam University	4.9	23	Literature citing sickle cell symptoms in cold weather: Molokie RE, Wang ZJ, Wilkie DJ. (2011). Presence of neuropathic pain as an	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>underlying mechanism for pain associated with cold weather in patients with sickle cell disease. <i>Medical Hypotheses</i>. 77(4):491-3.</p> <p>Smith W, Bauserman R, Ballas S, McCarthy W, Steinburg M, Swerdlow M, Waclawiw M, Barton B (2009). Climatic and geographic temporal patterns of pain in the Multicenter Study of Hydroxurea <i>Pain</i> 146 (1-2):91–98</p>	
Sheffield Hallam University	4.9	23	Properties in rural locations are usually larger, older with solid wall which means they are less energy efficient than those in urban areas, as well as rural properties being more likely to be off grid. There are particular solutions to tackling fuel poverty in rural areas such as collective energy buying schemes for properties which are not on mains gas.	While there may be differences between urban and rural properties these are not universal. Many urban areas have properties which are hard to reach or in conservation areas. It will be necessary for local bodies to identify the issues that affect their area and populations. Approaches such as collective buying have been included in recommendation 3.
Sheffield Hallam University	General		It may have been more useful to have used the cold weather plan as a way of structuring the guidance and using the evidence to improve on this. Many people working on preventing cold related harm are already used to this and it brings in areas not covered sufficiently in this guidance, such as falls and vaccinations. The ABACUS model is also a useful way of structuring the	Thank you. The structure of the guideline is based on standard NICE templates.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			prevention work necessary (see http://www.shu.ac.uk/research/hsc/ouexpertise/abacus)	
Sheffield Hallam University	4.9	23	"..various payments methods for gas and electricity" They may not be empowered to get the best deals or cope with problems caused by companies, forced meter installations and problems with damp, landlords and housing repairs	Thank you. This has been amended to say 'other groups, including recent immigrants from warmer climates, could also be particularly vulnerable during their first few years here. For example, they may be more likely to live in poor quality housing and they face an unusually complex energy market'.
Sheffield Hallam University	4.11	23	It seems a shame to write off the cold weather alerts in this way, there may be other uses for them. With the current wording funding may be withdrawn for these alerts.	Thank you. The guideline notes that there was no evidence of a health benefit identified. It does not include a recommendation to withdraw these alerts.
Sheffield Hallam University	4.12	24	New empirical estimates have been done by Bernard Stafford (accepted for publication Journal of Public Health), see http://www.shu.ac.uk/research/hsc/ouexpertise/abacus "Limited evidence on the relationship between indoor and temperature and health". This statement is not justified. There is a substantial body of	Thank you. The bulk of the evidence reviewed relates to the impact of cold outdoor temperatures on ill

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			epidemiological evidence implicating cold homes in deaths and cardio-vascular and respiratory illnesses. The body of epidemiological evidence implicating cold homes in mental ill health is smaller but also positive in its findings (see Lidell and Guiney cited below). The deficiencies in the evidence base lie in two related but <i>different</i> areas: epidemiological evidence on the payoffs to policy interventions in terms of reduced deaths and morbidity; and evidence on the economic cost arising from deaths and morbidity associated with cold homes, and on the alleviation of this cost provided by policy interventions. (see Fenwick et al cited in additional evidence below. If this sentence was included does this sentence invalidate the purpose of the whole guideline? Where there is evidence that low indoor temperatures cause harm this should be clearly stated and discussed or all of the measures recommended here are not evidence based. Our understanding is that with regard to mental health the model is confined to the effect of measured temperature change on common mental disorder (CMD). As such it does not consider the financial stress associated with fuel poverty and the effect that such stress has on mental health and wellbeing. There is growing evidence (see Harris et al, 2010) to suggest that being unable to heat the home adequately and financial difficulty relating to being unable to pay fuel bills and other problem debt are predictors of CMD. New empirical estimates of economic cost of death and morbidity related to cold homes have been derived by Bernard Stafford (accepted (accepted for publication in Journal of Public Health)	health and death or on changes following interventions. Very rarely was there a direct comparison between measured indoor temperature and health outcomes. However the committee felt that the evidence supported the recommendations made. The committee have made additional research recommendations (see section 5) which it is hoped will strengthen the evidence base for future updates.
Sheffield Hallam University	4.13	24	Add better school attendance to paragraph - currently it focuses on older people too much	Thank you.
Sheffield Hallam University	4.17	25	Refer to a master list rather than including a shortened list	Thank you this has been amended for consistency.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Sheffield Hallam University	4.22, 4.23, 4.24, 4.25, 4.26, 4.27	27	People may also hide they are cold when family or friends come to visit	Thank you.
Sheffield Hallam University	4.27	27	This is the first mention of clinical commissioning groups, these need to be mentioned more throughout the document and not place so much emphasis on HWB boards	Thank you. The committee felt that the appropriate target for recommendations was the HWB. This will include CCGs as part of the Board.
Sheffield Hallam University	4.29	28	Elected members could also be added to this list	Thank you.
Sheffield Hallam University	4.31	28	A major barrier is the lack of funding. There is no funding available. However with a good health economics model and surveillance savings from preventing cold related death and illness could be rechanneled into warm homes services and referrals schemes. Another barrier is conflicting messages from different professionals working on different priorities. The Warm Well Families research (see below) highlighted these conflicting messages. For example doctors told parents to keep windows closed to prevent pollen and pollution entering the house, housing professionals told parents to open windows to prevent damp. Housing professionals told families not to dry clothing on radiators but education welfare officers understood the need for a uniform to be dry so lack of uniform wasn't a reason for a child missing school.	Thank you. The economic model demonstrates the cost effectiveness of interventions, depending on perspective. Funding and resourcing of interventions is beyond the remit of this guideline.
Sheffield Hallam University	5	29	Could also include <ul style="list-style-type: none"> • Physiological effects of cold stress on people with impaired thermoregulation, or risk of respiratory infection, impaired immune systems, heart conditions, newborn complications, those at risk of stroke etc • Effect of cold and damp housing and effective interventions 	Thank you. The research recommendations have been amended and address these points.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<ul style="list-style-type: none"> • Behavioural and psychological studies on the use of heating and behavioural change interventions • Financial help and advice schemes • Cost effectiveness of energy efficiency schemes to improve health • More on low indoor temperatures and excess mortality and morbidity • What is a healthy temperature for different ages and conditions? • Are current energy efficiency policies and interventions leading to healthier homes? 	
Sheffield Hallam University	General		<p>Additional evidence as follows:</p> <p>Abacus: Evidence based guidance on the commissioning and delivery of services to address excess winter deaths/illness and fuel poverty http://www.shu.ac.uk/research/hsc/ouexpertise/abacus</p> <p>Bashir N, Cronin de Chavez A, Gilbertson J, Tod A, Sanderson E, Wilson I (2013). <i>An Evaluation of the FILT Warm Homes Service</i> http://www.shu.ac.uk/research/hsc/news/filt-warm-homes-service</p> <p>Curran, S et al (1989). Primary degenerative dementia, body temperature and degree of cognitive impairment. <i>Medical Science Research</i>, 17(6) 271-2.]</p> <p>El-Ansari, Walid & EL-SIILIMY, Sally (2008). Are fuel poverty reduction schemes associated with decreased excess winter mortality in elders? A case study from London. U.K. <i>Chronic illness</i>, 4(4) 289-294.</p> <p>Fenwick J, MacDonald C et al. Economic Analysis of Health Impacts of</p>	Noted.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Housing Improvement: a Systematic Review, <i>Journal of Epidemiology and Community Health</i> 2013; 67:10 835-845</p> <p>Grimsley, M., Gilbertson, J. and Green, G. for the Warm Front Study Group (2012). Psychosocial routes from housing investment to health gain. Evidence from England's home energy efficiency scheme. <i>Energy Policy</i>, 49, pp. 122–133.</p> <p>Holtzman, A & Simon, E (1999). Body temperature as a risk factor for Alzheimer's disease. <i>Medical Hypotheses</i>, 55(5) 440-444.</p> <p>Klegeris , A et al (2006). Increase in core body temperature of Alzheimer's disease patients as a possible indicator of chronic neuroinflammation: A meta-analysis. <i>Gerontology</i>, 53(1) 7-11.</p> <p>Kwillt: Factors influencing the ability of older people to keep warm at home Project website: http://kwillt.org/</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Warm Well Families: Factors influencing the ability of households with children with asthma to keep warm at home. Reports on: http://www.shu.ac.uk/research/hsc/ourexpertise/warm-well-families Bernards reference (and add to his section)</p>	

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Sheffield Hallam University	General		<p>Lee, J et al (2004). Twenty-four-hour rhythms of sleep-wake cycle and temperature in Alzheimer's disease. <i>The Journal of Neuropsychiatry and Clinical Neurosciences</i>, 16(2) 192-198.</p> <p>Liddell, Christine and Guiney, Ciara (2014) Improving domestic energy efficiency: Frameworks for understanding impacts on mental health. <i>Environmental Health</i>, xx . xx-xx. [Journal article] http://eprints.ulster.ac.uk/29499/1/Wellbeing_and_Fuel_Poverty_paper_on_Web2.pdf</p> <p>Tod AM. Lusambili A. Cooke JM. Homer C. Abbott J. Stocks AJ. McDaid KA. (2013) Barriers to keeping warm in later life <i>Nursing Older People</i> 25(10) p22-29</p> <p>Tod AM. Lusambili A. Homer . Abbott J. Cooke JM. Stocks AJ. McDaid KA. (2012) Understanding factors influencing vulnerable older people keeping warm and well in winter: a qualitative study using social marketing <i>BMJ Open</i> 2012;2:e000922 doi:10.1136/bmjopen-2012-000922</p> <p>Satlin, A et al (1995). Circadian locomotor activity and core-body temperature rhythms in Alzheimer's disease. <i>Neurobiology of Aging</i>, 16(5) 765-71.</p>	Noted.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
South Tyneside Council	1.3	6	The proposal that services are provided via a 1-stop local health and housing referral service would probably be the ideal but I think there should be recognition that these services can be provided by alternative means, where elements of these services are provided by different organisations, but where signposting and cross referral is comprehensive, well defined and effective.	Thank you. Please note that the guideline now refers to single point of contact. The recommendations allow for identification of existing services and provision based on local need and current position.
South Tyneside Council	1.4, 1.5	7	South Tyneside Council is hugely supportive of the acknowledgement within the guidance of the importance of the role of Health and Social Care professionals in identifying people at risk of ill health from living in a cold home. There is a wealth of vulnerability data available to Health and Social Care professionals that could be used to great effect by those agencies delivering energy efficiency schemes to make sure assistance is directed to those needing it most. Question the practical value of recommendations 4 and 5 – not sure how much further along the path of engaging Health and Social Care professionals these recommendations will take us in terms of making this happen on a practical level.	Thank you. These recommendations include referral to the single point of contact service where this is the appropriate action.
South Tyneside Council	1.8	9	Supportive of the need for closer collaboration with hospital discharge teams to ensure discharge of vulnerable persons to warm homes all year round, not solely the winter period, as a key factor in preventing hospital readmission.	Thank you. The remit of this recommendation has been extended to cover discharge from health or social care settings.
Swindon Affordable Warmth	1.1	4	This is an excellent recommendation to ensure that the consequences of ill	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Partnership			health due to cold homes are identified at a strategic level, with actions being put in place to combat these problems. Recognition should be given that it would require significant investment for delivery of the strategy.	
Swindon Affordable Warmth Partnership	1.2	5	An effective referral service that is simple to use and makes the most of the range of support organisations out there is a highly cost effective way to reduce costs to the NHS relating to cold homes, as long as the services are funded in some way, either through the organisations themselves or via NHS funding. Significant funds would need to be available to support face to face contact, so will the NHS help fund this and can GP surgeries be tasked with making the relevant information easily accessible to all patients?	Thank you. Local funding and resourcing are beyond the remit of this guideline.
Swindon Affordable Warmth Partnership	1.3	6	This links in with Recommendation 2. Consideration should be given to the provision of crisis funding for heating breakdowns which could otherwise lead to higher costs to the NHS in terms of hospital admissions due to excessive cold in homes with heating breakdowns. The savings to NHS from warm homes schemes is well documented and could be used as justification for providing such a crisis fund. This would only be used where all other forms of assistance have been investigated. Again, this could require intensive casework and supporting funding – how will the funding be made available?	Recommendation 3 now includes access to short-term credit as an example of emergency support. Local funding and resourcing is beyond the remit of the guideline.
Swindon Affordable Warmth Partnership	1.4	7	Consideration could be given to the storing of information on cold homes in a person's records in an electronic format that is searchable. This would enable filtering of patient records in some way to identify at risk patients for further assistance. Is there to be a directive requiring services to do this so information is acted upon and there is not inequity of service across the country?	Thank you. Ensuring data sharing issues are addressed has been added.
Swindon Affordable Warmth Partnership	1.5	7	Health and Social Care Professionals could find it easier to refer people they identify as being vulnerable to the cold to a third party to follow up with advice regarding support services. This could improve acceptability of this recommendation amongst health and social care staff. In an ideal situation	Thank you. This recommendation links to the single point of contact service in

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			this would happen. With these services already stretched and contact with service users time limited this may not be a practical expectation. This may result in information being collected but not acted on and will link to recommendation 4 and what is in place to ensure info gathered is taken forward.	recommendations 2 and 3.
Swindon Affordable Warmth Partnership	1.6	8	Encouragement should be given to all key workers and home visiting staff to assess homes for risk of cold and refer onto support services. Again, focused and time limited contact may prevent this. Often more dependent on whether or not the professional is motivated to get involved in wider issues given their time constraints.	Thank you.
Swindon Affordable Warmth Partnership	1.7	9	This is a good recommendation as long as there is an appropriate person for temperature alerts to be sent to and there should be consideration of the cost involved in using this technology and also ease of use.	Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)
Swindon Affordable Warmth Partnership	1.8	9	This should be part of normal discharge process with funding available for timely repairs etc, preventing extended stays in hospital or necessity for respite care homes, both a potentially much greater cost than for example a heating repair or installation. There could be a role for voluntary organisations such as Home From Hospital type initiatives that could help with this recommendation.	Thank you. The remit of this recommendation has been extended to cover discharge from health or social care settings.
Swindon Affordable Warmth Partnership	1.9	10	This is an excellent way of ensuring health and social care professionals are knowledgeable and know where to refer people for help. Consideration should be given to how to ensure that the training is acted upon though as evidence suggests that such training can be rolled out to large numbers of staff but only certain champions actually take the learning on board and act on it (see the	Thank you. This has been amended to say 'training to support continuing professional development'.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			power Health Through Warmth scheme). Training may be better delivered through induction and CPD activities and a regional support/referral database resource set up with access provided to all health and social care professionals. There should also be a requirement for these professionals to actively make referrals otherwise it is unlikely to become part of their day to day activity.	
Swindon Affordable Warmth Partnership	1.10	10	Please see comments in relation to Recommendation 9.	Thank you.
Swindon Affordable Warmth Partnership	1.11	11	This recommendation could be difficult to deliver if dealing with a lot of contractors acting independently. More influence over them can be gained if there is a partnership agreement or some sort of delivery contract in place for work to be delivered say as part of a bigger scheme. When engaging contractors, it is a common requirement for them to act sensitively with vulnerable people. Knowledge of who to refer to if there is a suspected problem would probably be useful but beyond this it is probably not reasonable or practical to expect such an extension of engineer responsibilities – they are not health and social care experts.	Thank you. The aim of this recommendation is to support people in identifying a possible problem. The solutions should be addressed via the mechanisms set up in response to recommendations 1, 2 and 3.
Swindon Affordable Warmth Partnership	1.12	11	A promotional message linking health with cold could help to encourage interest in warmth type schemes – particularly for friends and family of vulnerable people who may be pushed into action to help those vulnerable people by making these links.	Thank you.
Swindon Affordable Warmth Partnership	1.13	12	The use of any powers to remedy housing defects that could be resulting in poor health should be encouraged. Consider making thermal comfort requirements more robust and improve enforcement in private rented sector.	Thank you.
Swindon Affordable Warmth Partnership	General		In relation to the whole document, this is an excellent set of recommendations endorsing the links between cold homes and ill health and focussing on the	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			need for coordinated action including health and social care professionals to combat cold homes. We look forward to these recommendations being published and working together to implement as many of these recommendations as possible. We would also welcome news of funding being made available to ensure that the proposed strategy and recommendations can, on a practical level, be co-ordinated and successfully delivered.	
Tadea-UK Ltd	1.1	4	Another distinct group facing fuel-poverty related problems are those living with or beyond a cancer diagnosis. Macmillan have published robust evidence stating the specific health and emotional impacts of cold housing on cancer recovery	Thank you.
Tadea-UK Ltd	1.1	4	Identifying local providers is crucial, and it would be helpful if Health and Wellbeing Boards were encouraged to engage more with voluntary/community sector organisations rather than rely solely on local authority services	Thank you. Voluntary sector organisations are included.
Tadea-UK Ltd	1.2	5	Referral services must be multi-agency based, but be simplified for ease of use by referring agencies	Thank you.
Tadea-UK Ltd	1.2	5	Awareness raising and frontline staff training sessions are best kept short but frequent to ensure consistency as staff turn-over and busy schedules can mean the message is lost and referrals stop.	Thank you.
Tadea-UK Ltd	1.3	6	Advice on managing energy efficiency, tariff switching and behaviour change is crucial, but often a clear gap. Tadea have been delivering energy advice for over ten years, but it is in recent years we have witnessed a shift in demand for hand-holding, tailored, face-to-face support to ensure behaviour-based interventions are carried out.	Thank you.
Tadea-UK Ltd	1.3	6	Short-term emergency support is crucial, especially given that Government schemes such as ECO are not intended to help people in crisis quickly. Often those who need urgent help due to health conditions do not qualify anyway. Tadea have delivered emergency funding on behalf of public health funded	Thank you. Recommendation 3 now includes access to short-term credit as an

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			schemes for several years and, although demand increases year on year, funding is becoming scarcer.	example of emergency support.
Tadea-UK Ltd	1.4	7	Recommend use of profiling software such as RADR, as well as individual patient records, to identify those most at risk	Thank you.
Tadea-UK Ltd	1.5	7	Again, people living with a cancer diagnosis are another distinct group at risk from the negative health and wellbeing impacts of fuel poverty/cold housing conditions.	Thank you. People with chronic health conditions (including terminal illnesses) or disabilities have been added to this recommendation
Tadea-UK Ltd	1.5	7	Isolated communities are another at-risk group, whether they be rural communities with poor access to services, BME communities with language barriers etc etc	Thank you. The evidence did not identify a greater risk of ill health among rural communities. Communication issues are addressed in recommendation 3.
Tadea-UK Ltd	1.5	8	In those circumstances where people hide their fuel poverty by heating homes when practitioners are scheduled to visit, we have found it beneficial to highlight different cues to look out for e.g. is only the living room warm, are there blankets lying around, are supplementary heating sources in use	Thank you.
Tadea-UK Ltd	1.8	9	A post- hospital discharge home energy visit could be made compulsory, or automatically offered, in certain vulnerable groups such as those over 65 with a cardiovascular condition	Thank you. The remit of this recommendation has been extended to cover discharge from health or social care settings.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				NICE does not have a remit to make recommendations compulsory.
Tadea-UK Ltd	1.9	10	In our years of experience delivering fuel poverty training for frontline health services, we have learnt that short, regular training sessions work best, rather than one-off half-day sessions where staff are then left to refer indefinitely.	Thank you.
Tadea-UK Ltd	1.13	12	There is a huge gap in helping vulnerable people living in private-rented accommodation. HHSRS does not go far enough. More power needed for authorities to enforce housing standards, more incentives for 'good landlords' and more guidance and advice for prospective private renting tenants before they choose their properties.	Thank you. Providing additional powers is beyond NICE's remit.
Tadea-UK Ltd	4.9	23	Consider access to services as a potential problem associated with ethnic minorities and cold housing. Language can be a barrier to accessing services, but relatively easily addressed.	Thank you. Barriers such as these will need to be addressed in developing tailored solutions (see recommendation 3). This will include taking account of language.
Tadea-UK Ltd	4.10	23	Although the Committee has found no significant link between rural areas and cold housing (aside from off-gas complications), isolation is a factor and can inhibit access to services.	Thank you. Issues relating to local conditions would need to be taken into account when developing local services.
Tadea-UK Ltd	4.13	24	Consider QoL measure here (Quality of Life) to measure non-physical health benefit outcomes.	Quality of life is incorporated into the economic analysis in the

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				calculation of the QALY.
Tadea-UK Ltd	4.14	24	Some health services are investing directly in interventions; more research would be welcome into the health economics of doing this before they are either encouraged or discouraged to continue.	Thank you. Please note that section 5 includes research recommendations for further study.
Tadea-UK Ltd	4.16	25	We would argue that short-term fuel subsidies have significant health benefits, especially when beneficiaries are chosen based on their health needs e.g. COPD patients. Tadea's Energy on Prescription pilot projects have demonstrated significant health benefits, although we encourage an academic review of our findings. We would also advocate energy efficiency measures to compliment any subsidised energy provision.	Thank you. We hope this evidence will be available to help inform future updates.
Tadea-UK Ltd	4.17	25	Older people (over 65) and infants under four years are also considered at-risk	Thank you. The list now includes households with young children (from new-born to school age).
Tadea-UK Ltd	4.21	26	Stress, anxiety, depression, social isolation are all compounded by fuel debt as well as cold housing conditions. Our home visit services have identified people in severe emotional distress as a direct result of debt caused by fuel payment arrears.	Thank you.
Tadea-UK Ltd	4.25	27	Tadea are a passionate advocate of face-to-face support, but this is currently a major gap as most service provision is telephone based and therefore not meeting an identified need among the most vulnerable.	Thank you.
Tadea-UK Ltd	4.26	27	Despite the emphasis on year round planning, often Government funds are released very late e.g. WHHP released in November.	Thank you. Government funding is beyond the remit of this guideline.
Tadea-UK Ltd	4.27	27	Can cold housing intervention be a compulsory priority for CGGs whose patient catchment areas fall under areas with high prevalence of fuel poverty	Thank you. NICE does not have a remit to make

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			or EWD?	recommendations mandatory.
Tadea-UK Ltd	4.31	28	Often, only a handful of frontline staff trained will refer their patients for help. Consistency is needed. Can a compulsory status be placed on fuel poverty training as part of ongoing personal development of frontline workers?	Thank you. NICE does not have a remit to mandate its recommendations.
The Notts & Derby Local Authorities' Energy Partnership	1.2	4	Bullet point 3. Include local authorities as one of the sectors in the brackets. Bullet point 1, item 2, it is unrealistic to aim for SAP rating of B as the cost would be unaffordable in most cases.	Thank you. The list is not intended comprehensive. The identification of a SAP goal (in recommendation 1) is intended as an aspirational goal. The committee are aware that it may not be able to be met in some cases.
The Notts & Derby Local Authorities' Energy Partnership	1.2	5	Most local authorities already have some existing capacity to deliver, or already do deliver, the referral services outlined in this recommendation. Could the recommendation suggest that discussions with local authority energy advice/housing officers or local authority energy partnerships (such as that in Nottinghamshire and Derbyshire) should be a first port of enquiry by the Health and Wellbeing Boards for delivery of local independent and impartial referral services? A number of the referrers mentioned already work with local	Thank you. The recommendation is that HWB ensure that services are commissioned. It includes assessment of services provided locally, and these should be taken into account in developing any new actions that may be needed.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			authorities and this would help to reduce commissioning costs.	
The Notts & Derby Local Authorities' Energy Partnership	1.3	6	<p>This recommendation relies heavily on the referral service having the capacity to develop cooperative working between partners and having a good understanding of the latest market offers from the utilities and Government funded grant schemes.</p> <p>Again, an expansion of the current local authority service would appear to be a cost effective way forward.</p> <p>An effective 'local energy agency' approach could also work and may be in house, outsourced or somewhere in between.</p> <p>Is there an expectation that Health and Well Being Boards will contribute funding towards the development and coordination of this type of service?</p>	Thank you. Local resourcing and funding is beyond the remit of the guideline.
The Notts & Derby Local Authorities' Energy Partnership	1.4	7	Derbyshire Public Health is currently developing a Privacy Impact Assessment with Derbyshire CCGs to enable GP Practices to use their patient registers to identify and contact people with health conditions relating to living in a cold damp home. Those patients that request help will be assisted by the Nottinghamshire and Derbyshire Local Authorities' Energy Partnership. This approach should refer to the need to develop a Privacy Impact Assessment with the NHS to use patient information in this way.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>Other approaches to identify people at risk are also being used, such as asking GPs to talk to patients during consultation or writing to patients with long term conditions.</p> <p>The LAEP welcomes the recommendation that a wide range of social and health care professionals should be engaged to identify people at risk.</p>	
The Notts & Derby Local Authorities' Energy Partnership	1.5	7	<p>Whilst welcome, this kind of approach has been used before and certain operational issues have arisen that should be noted e.g.</p> <ul style="list-style-type: none"> - Time constraints on visits by health professionals to carry out such an assessment - A lack of training leading to a lack of confidence and technical skills of health staff to assess the heating needs of vulnerable people. - A lack of knowledge about where support is available - A lack of follow up or reporting mechanism to assess the impact of any such intervention and somebody to co-ordinate that process on behalf of hundreds of visits across an area.. - This function isn't currently recognised as part of a health professional's remit and probably needs formal recognition as part of a revised job description. - Health and social care professionals will invariably need training and guidance around these matters. Would this also be paid for by Health 	<p>Thank you. The committee noted a range of issues such as these. We hope that engagement with the issue will demonstrate the possible benefits to professionals. Training is addressed in subsequent recommendations, and a feedback mechanism in recommendation 2. Local funding and resourcing issues are not within the remit of this guideline.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			and Well Being Boards?	
The Notts & Derby Local Authorities' Energy Partnership	1.6	8	<p>This recommendation refers to gaining support for this agenda from a wide range of agencies/service providers, many of whom have no training in these issues or commercial interest. E.g. meter readers, local heating engineers/plumbers, neighbours... Most importantly, there appears to be no way of coordinating when and who is likely to make such a visit and the quality of service provided.</p> <p>If these householders are in fuel poverty and have a related health condition then the local GP practice/health care centre would appear to be an effective way to reach these householders as they are likely to be in regular contact with health professionals and have knowledge about each patient's specific health condition.</p>	<p>Thank you. It is likely that these groups will be in contact with health professionals, and their needs may be addressed as indicated in recommendation 4. Action to address a problem is likely to take place as indicated in the single point of contact service recommendations 2 and 3.</p>
The Notts & Derby Local Authorities' Energy Partnership	1.7	9	<p>The impact of high levels of humidity and moisture on respiratory conditions should not be overlooked. Similarly, hygrometers should be used to monitor humidity as it relates to an increase in irritating spore growth at certain humidity levels.</p>	<p>Thank you. Please note that the recommendation relating to new technologies has been moved to the research recommendations (section 5)</p>
The Notts & Derby Local Authorities' Energy Partnership	1.8	9	<p>This recommendation should acknowledge the time it takes to organise a repair to a broken boiler or indeed the installation of a heating system where one doesn't currently exist. There is quite a high probability that if the householder has been admitted to hospital because they have a health condition exacerbated by living in a cold</p>	<p>This recommendation (now recommendation 7) has been amended to say assessment could take place soon after admission or when</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>home that their heating system may need some attention.</p> <p>Contingency planning should involve local community organisations providing temporary heating solutions such as the loan of temporary space heating – e.g. oil- filled electric radiators to facilitate discharge to home, whilst a longer term solution is found. This assessment should ideally take place during admission to hospital rather than during the discharge process. This would give a referral body more time to address the heating problem if they can. Otherwise the patient may end up staying in a care home while works are carried out to their property.</p>	<p>planning a booked admission. It includes referral to the single point of contact service outlined in earlier recommendations. This includes reference to emergency support.</p>
The Notts & Derby Local Authorities' Energy Partnership	1.9	10	<p>Similar question and response as to recommendation 5. Whilst welcome, this kind of approach has been used before and certain operational issues should be noted e.g.</p> <ul style="list-style-type: none"> - Time constraints on visits by health professionals to carry out such an assessment - A lack of training leading to a lack of confidence and technical skills of health staff to assess the heating needs of vulnerable people. - A lack of knowledge about where support is available - A lack of follow up or reporting mechanism to assess the impact of any such intervention and somebody to coordinate that process on behalf of hundreds of visits across an area. - This function isn't currently recognised as part of a health professional's remit and probably needs formal recognition as part of a 	<p>Thank you. We hope that training as well as the development of a single point of contact service as outlined in earlier recommendations will help to address these issues. Local resourcing and funding issues are outside the remit of this guideline.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			revised job description. - Health and social care professionals will invariably need training and guidance around these matters. Would this also be paid for by Health and Well Being Boards?	
The Notts & Derby Local Authorities' Energy Partnership	1.10	10	This recommendation is also closely linked to some training aspects of recommendation 6. Not sure why housing professionals and voluntary sector workers are grouped together as they have quite different remits. Recommendation 1 refers to 'identifying local interventions and providers from all sectors'. This should also include carrying out a training needs assessment as part of this process. This is a necessary and significant piece of work at a local level.	The recommendation is aimed at training providers. The remit of specific professionals will vary and so their training needs will vary.
The Notts & Derby Local Authorities' Energy Partnership	1.11	11	The recommendation only appears to relate to heating engineers, meter installers and insulation providers that are directly employed by one of the agencies involved in supporting this agenda. If so, they will mainly be dealing with social housing tenants. Social housing often has higher SAP ratings than private sector housing and this approach may miss many of the most vulnerable householders who live for example in private rented accommodation. If this recommendation is aimed at these service providers for the private sector then this is a very big and different undertaking.	Thank you. This recommendation is not intended to be restricted to social housing tenants only.
The Notts & Derby Local Authorities' Energy Partnership	1.13	12	Building control officers already ensure that building regulations are met in new buildings and meet prescribed national standards	Thank you. Building control and housing

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>especially around insulation and ventilation.</p> <p>Environmental health officers are perhaps not the right people to reference as Housing Officers have more to do with HHSR and private rented properties.</p> <p>A local authority position that may support this recommendation is that of the energy officer. They often have a technical understanding about these issues amongst developing other energy efficiency and housing projects.</p>	<p>officers have been added to the recommendation.</p>
The Notts & Derby Local Authorities' Energy Partnership	General		<p>The LAEP wholeheartedly welcomes the ambition of NICE to develop this piece of guidance for Public Health but as always the devil is in the detail.</p> <p>To make sure that the guidance actually guides, each of the recommendations should be thoroughly thought through in terms of 'deliverability'. It may be useful to include some reference to different models showing how working relationships have been developed with, for example energy companies, appropriate sections of the voluntary sector, health workers, social services, GP practices, council benefit teams or citizens advice bureaux etc.</p> <p>If not, Public Health professionals may struggle to gain cooperation from the partners they have been led to expect it from.</p>	<p>Thank you.</p> <p>We anticipate that examples of practice may be included in the implementation tools to be published to support the guideline.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Wandsworth Borough Council	1.1	4	The steering group endorsed the recommendation to ensure that SAP is a minimum of 55 (Band D) and should ideally be raised to 81 (band B) which is higher than the current requirements for the Decent Home Standards	Thank you. This has been amended to read 'as a minimum, properties should be raised to a band C (69–80) and ideally, to a band B (81–91) rating.'
Wandsworth Borough Council	1.5	7	Flu vaccinations could be included within recommendation 5. Health and social care professionals could raise awareness and discuss the benefits of the flu vaccine and help to support any vulnerable individuals to access a flu vaccine	Thank you. Flu vaccinations are included in recommendation 5.
Warwick Medical School, University of Warwick	General		<p>There is no recognition of the duties placed on local authorities under Part 1 of the Housing Act 2004. In particular, the duty under s3(1) – “A local housing authority must keep the housing conditions in their area under review with a view to identifying any action that may need to be taken by them under any of the provisions mentioned in subsection (2).”</p> <p>The provisions listed under s3(2) include Part 1 of the Act, and s4 requires authorities to inspect houses to check whether any Category 1 or Category 2 Hazards under the Housing Health & Safety Rating System (HHSRS) exist.</p> <p>Local authorities are under a duty to take enforcement action where a Category 1 HHSRS Hazard is found to exist (s5, Housing Act 2004), and have a power to take action where a Category 2 HHSRS Hazard exists (s7, Housing Act 2004).</p>	Thank you. This is addressed in recommendation 12.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			<p>The HHSRS lists 29 potential housing Hazards, including Excess Cold, defined as “the threats to health from sub-optimal indoor temperatures”. – See ODPM (2006) Housing Health and Safety Rating System: Operating Guidance pp59-62 – https://www.gov.uk/government/publications/hhsrs-operating-guidance-housing-act-2004-guidance-about-inspections-and-assessment-of-hazards-given-under-section-9</p> <p>The HHSRS Operating Guidance details the threats to health attributable to low indoor temperatures. It is therefore surprising that there is only one mention of the HHSRS in the Draft.</p>	
Warwick Medical School, University of Warwick	1.1	4	<p>The assessment of whether heating and insulation needs to be improved and if so how is normally done using the Housing Health & Safety Rating System by Environmental Health Practitioners from the local authority (see General comment). This will involve determining the most appropriate action for that particular dwelling, and will take into account the economic status of the occupier.</p> <p>The HHSRS is more holistic than SAP (or, more correctly for existing buildings, RDSAP) and covers other aspects of the dwelling condition that could contribute to cold homes – such as Dampness.</p> <p>Also, as HHSRS is the prescribed methodology under Part 1 of the Housing Act 2004, it is linked to the statutory duties and powers, unlike SAP.</p>	<p>Thank you. The guideline does not preclude the use of HHSRS. However as the focus is on cold homes the committee felt a statement relating to the SAP rating was appropriate.</p> <p>Enforcement of existing powers including those relating to HHSRS are included in recommendation 12.</p>
Warwick Medical School, University of Warwick	1.1	4	<p>The HHSRS is the appropriate assessment methodology to determine whether as dwelling is hard to heat.</p>	<p>Thank you.</p>

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Warwick Medical School, University of Warwick	1.2	5	There should be recognition of the role and expertise of local authority Environmental Health Practitioners as major players in any referral and co-ordination service. They are the officers who visit dwellings and assess the condition to determine whether there are any threats to health, including risks from Excess Cold. They also specify the appropriate works to minimise any threats to health.	Thank you. Environmental health officers have an important role to play. The committee felt that aiming this recommendation at HWB was appropriate and that they will need to engage with a range of professional groups, including EHOs.
Warwick Medical School, University of Warwick	1.3	6	There should be mention of local authority Environmental Health Practitioners as the officers that are aware of any programmes and grants for insulation and/or heating. As well as determining whether the condition of a dwelling means that the HHSRS Hazard of Excess Cold exists, the Environmental Health Practitioner will determine the most appropriate action (ie, tailor the solution to the dwelling), and will take into account the economic status of the occupier.	Thank you.
Warwick Medical School, University of Warwick	1.4	7	There should be mention of the need for local House Condition Surveys that incorporate the HHSRS. Such Surveys will provide data on dwellings where the HHSRS Hazard of Excess Cold is judged to be Category 1. Part 1 of the Housing Act 2004 at s5 places a duty on local authorities to take enforcement action to deal with any Category 1 HHSRS Hazard. (NB – There is no statutory duty to take action attached to SAP, which is merely a methodology.)	Thank you. This would be an interesting approach to developing a strategy under recommendation 1.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Matching House Condition Survey Data with data on those susceptible to low temperatures will inform strategies.	
Warwick Medical School, University of Warwick	1.5	8	For a dwelling to be assessed as posing a risk to health requires an inspection by an Environmental Health Practitioner using the HHSRS methodology. EHPs and the HHSRS are not mentioned.	Thank you. This recommendation should be considered alongside recommendations 2 and 3 to develop a single point of contact service.
Warwick Medical School, University of Warwick	1.8	9	The assessment of whether a dwelling can be kept warm enough for a person to be discharged from hospital should involve and inspection by a local authority Environmental Health Practitioner. (This is part of the discharge process developed in some areas.) EHPs are qualified to make an assessment using the HHSRS and judge whether there could be a threat to health over the following 12 months.	Thank you. The recommendation also includes referral to the single point of contact service outlined in earlier recommendations.
Warwick Medical School, University of Warwick	1.9	10	Health and Social Care Professionals need to be made more aware of the role and expertise of local authority Environmental Health Practitioners and of the duties of local authorities under Part 1 of the Housing Act 2004.	Thank you.
Warwick Medical School, University of Warwick	1.12	11	Local support on improving the fabric and heating of dwellings would (should) include the advice from local authority Environmental Health Practitioners. As well as knowing about the problems, they can assess dwellings and determine the most appropriate action to minimise risks from exposure to low temperatures taking into account the individual dwelling characteristics and the economic status of the household.	Thank you. Specific advice would need to be developed as indicated in recommendations 2 and 3.
Warwick Medical School, University of Warwick	1.13	12	The Building Regulations have limited application to existing dwellings, whereas the HHSRS is specifically intended for the assessment of any dwelling that is available for occupation. There should be mention of this and reference made to the government's web-site on the HHSRS –	Thank you. The recommendation makes reference to housing health and safety rating

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			https://www.gov.uk/government/publications/hhsrs-operating-guidance-housing-act-2004-guidance-about-inspections-and-assessment-of-hazards-given-under-section-9	system.
Warwick Medical School, University of Warwick	1.13	12	There should be reference to the duties placed on local authorities under Part 1 of the Housing Act 2004 (see General Comments above). While the HHSRS is the statutory prescribed method for assessing housing condition under the Act (and is part of the government's Decent Homes Standard), there are no duties under the HHSRS itself. The phrasing in this recommendation is confused on this point.	Thank you. The recommendation makes reference to housing health and safety rating system
Warwick Medical School, University of Warwick	2.2	13	The Recommendations relevant to Environmental Health Officers (more usually called Environmental Health Practitioners) should be – 1, 2, 3, 5, and 8, as well as 13.	Thank you. This section aims to identify key organisations who will be taking the lead in implementing the recommendations. It is likely that they will need to engage with wider professional networks.
Warwick Medical School, University of Warwick	3.1	15, 16	Only the last paragraph refers to some indirect and less obvious health threats and problems associated with excess cold. There should be mention of other logical and indirect threats to health that can include – <ul style="list-style-type: none"> • Increased levels of colds and flu; • Exacerbation of arthritis and rheumatism; • Increased risk of accidental injuries (low temperatures are known to increase the risk of accidents and to increase the severity of the outcome); • Poor personal and domestic hygiene (because of a lack of energy to 	Thank you. The guideline is not intended to be a comprehensive review of the impact of cold on health. References are given to other materials, and the evidence reviews and expert papers are

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			heat water); <ul style="list-style-type: none"> • Food spoilage and contamination leading to food poisoning; • Use of inappropriate means of heating (eg, flueless gas or oil heaters) leading to poor indoor air quality and asthma and possibly CO poisoning and even fire and burn injuries 	available on the NICE website.
Warwick Medical School, University of Warwick	3.2	16	The building factors influencing whether there is a potential threat to health from Excess Cold are set out in the HHSRS Operating Guidance pp59-62.	Thank you.
Warwick Medical School, University of Warwick	3.2 Figure 1	17	This figure does not include the indirect threats to health.	Thank you. The figure is intentionally a simplification of a complex topic.
Warwick Medical School, University of Warwick	3.3	18	<p>The Standard Assessment Procedure (SAP) is a methodology to assess the energy performance of new (yet to be built) buildings. Reduced Data SAP (RDSAP) is used to assess the energy performance of existing buildings – in part because it may not be known what was used in the construction. See – https://www.gov.uk/standard-assessment-procedure</p> <p>The most appropriate methodology for assessing the condition of dwellings (including whether the dwelling is energy inefficient) is the HHSRS. This section is misleading as it focuses solely on SAP (not RDSAP) and does not mention the HHSRS. SAP is not linked to the statutory duties placed on local authorities, whereas the HHSRS is so linked.</p>	Thank you.
Warwick Medical School, University of Warwick	3.5	19	The term 'vulnerable' (used here and p29) has very specific meanings in law and its use here could be confusing. Either it should be defined for the purposes of this Guidance, or an alternative term used – such as 'susceptible' or 'at risk'.	Thank you. The committee felt that 'vulnerable' is an appropriate term here.
Warwick Medical School,	4.8	22	While it may be that there is limited UK evidence on how to prevent cold-	Thank you. The

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
University of Warwick			related illnesses and deaths, there is international evidence, much of which is relevant to the UK.	evidence reviews included international evidence.
Warwick Medical School, University of Warwick	4.12, 4.13, 4.14, 4.15, 4.16	24, 25	There are studies into the cost benefits of improving energy efficiency and these should be mentioned. These include – Nicol et al (2010), Quantifying the Cost of Poor Housing; Green et al (2011) Better Housing: Better Health in Leeds; Threlfall (2011), Understanding the costs and benefits of fuel poverty interventions: A pragmatic economic evaluation from Greater Manchester. There are also studies from New Zealand – Howden-Chapman et al (2012), Tackling cold housing and fuel poverty in New Zealand: A review of policies, research and health impacts.	Thank you. These have been considered for inclusion in the final updated economic review available on the NICE website.
Warwick Medical School, University of Warwick	4.19, 4.20, 4.21	26	This section concentrates on deaths rather than the physical and mental health impacts directly and indirectly associated with exposure to low temperatures. While deaths are obviously important, the other health impacts have considerable individual social, economic, and educational consequences.	Thank you. The impact on wider health outcomes is identified in the guideline.
Warwick Medical School, University of Warwick	General		<i>Thanks to Dr Stephen Battersby and Mr John Bryson, Independent consultants, for their useful suggestions.</i>	
WE Care & Repair	General		WE Care & Repair fully endorse the recommendations made in this very welcome document and would strongly urge NICE to adopt them in full.	Thank you.
WE Care & Repair	1.1	4	Particularly welcome the all year round planned approach. In our experience this proves more cost effective, reduces stress for vulnerable individuals and is far better than purely waiting for a crisis to occur.	Thank you,
WE Care & Repair	1.1	4	Recognition of the effect on mental as well as physical health is welcome. Increased social isolation is particularly significant	Thank you.
WE Care & Repair	2.1	5	We particularly welcome the reference to home improvement agencies. WE	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			Care & Repair already provide services described as a ' local health and housing referral service' across 4 local authorities -the guidelines would significantly strengthen awareness of this provision and the requirement to use it by health and social care	
WE Care & Repair	1.3	6	See comment above. We currently deliver the recommended service as outlined the guidelines would significantly strengthen awareness of this provision and the requirement to use it by health and social care	Thank you.
WE Care & Repair	1.8	9	This recommendation is strongly endorsed. WE Care & Repair and many other HIAs already provide a hospital discharge service providing practical housing related support of which help with heating is regularly provided. Getting referrals from those responsible for discharge can be a challenge however and we are aware of many cases where individuals have been discharged to cold homes and have subsequently been readmitted within a short period of time, including someone admitted twice in two weeks due to hypothermia.	Thank you. The remit of this recommendation has been extended to cover discharge from health or social care settings.
WE Care & Repair	1.9	10	WE Care & Repair have been providing such training for health and social care practitioners for over 15 years. It is universally welcome with 100% satisfaction levels .We would strongly recommend this proposal is accepted	Thank you.
WE Care & Repair	1.10	10	WE Care & Repair have been providing such training for health and social care practitioners for over 15 years. It is universally welcome with 100% satisfaction levels .We would strongly recommend this proposal is accepted	Thank you.
Wiltshire Council	General		This document is very much welcomed and has been something that has been missing from the debate, directives and policies that have so far served the Fuel Poverty and Excess Winter Deaths issues. It is very heartening to see the NHS fully and formally recognising and linking EWD and EWM with Fuel Poverty and promoting activities to tackle these in a co-ordinated, holistic, multi-disciplinary fashion. As a Fuel Poverty Practitioner I very much hope the final guidance is not significantly altered.	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Wiltshire Council	1.1	4	A JSNA that includes the health risks of cold homes and steers Local Authorities and CCGs towards defined action to tackle the energy efficiency of homes in a targeted way plus ensuring a commitment to tackle these issues at a strategic level, is absolutely fundamental to the success of any work aimed at reducing EWD and EWl.	Thank you.
Wiltshire Council	1.1	4	It is excellent to see EW illness referred to as well as EWD	Thank you.
Wiltshire Council	1.1	4	The focus on planning for normal winters and on inviting participation in a strategic approach from energy companies and private sector is also very welcome.	Thank you.
Wiltshire Council	1.1	4	The SAP bands are challenging and far more effective should they be achieved than some of the DECC proposals (e.g for minimum SAP of E in certain privately rented homes).	Thank you.
Wiltshire Council	1.2	5	“Commissioned” is a key word in this recommendation, and very welcomed. This puts the provision of a dedicated service to tackle cold homes into the language of both CCG and LA adult care and health arenas – whereas previously for the most part the drive for establishing such services, and the language used to describe them, came from a carbon-reduction arena. This document and this recommendation changes the emphasis in a way that was needed.	Thank you.
Wiltshire Council	1.3	6	This section highlights the importance of both planned responses, energy efficiency as an ill-health prevention tool and also encourages consideration of crisis responses – any service such as this should always have a planned and crisis response element within it. Also welcomed is the reference to eh Cold Weather Plan system.	Thank you.
Wiltshire Council	1.4	7	Absolutely vital to record such risks in a patient or client or service user’s notes.This is key to the joined up approach to health and social care.	Thank you.
Wiltshire Council	1.5	7	It is key to ensure that whilst engaged with a patient, a health or social care	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			professional ticks as many boxes as possible about that person's situation, HOWEVER – the moves within the NHS in particular to take front line staff away from time-consuming conversations over a cup of tea with vulnerable people (for e.g how Health Visitors used to work with parents of under 5's), would have to be reversed or slowed for this recommendation to be successful in reality. A shift in the approach being required of frontline NHS staff in particular would be needed.	
Wiltshire Council	1.8	9	This is a vital point too, however there are many difficulties on the ground when implementing such services – in some areas an acute hospital (even a community hospital) may have patients from a number of surrounding local authority or CCG areas; and if each LA etc area has its own d/c scheme then there is more chance for confusion or a patient slipping through the net entirely on d/c from hospital if for e.g they are not being sent home with a package of care. A standard national d/c scheme for those not in need of ongoing input at home due to a health need, would vastly reduce this risk in each hospital setting, reduce costs and help ensure patients do not fall through a gaping hole in provision of support. British Red Cross for example is well-skilled in providing such services.	Thank you. There are a range of complicating factors such as these, however discharge teams will be familiar with this issue and well placed to address it.
Wiltshire Council	1.9	10	Training such be standardised and recognised and given an appropriate importance and be part of all healthcare practitioners training. Prevention being better than cure.	Thank you.
Wiltshire Council	1.11	11	This is going to be difficult and perhaps should not be a focus – the private sector is charged with making money for shareholders etc and there is the risk of poor quality advice being given in a rush. Best left to the advice professionals.	Thank you. The aim of this recommendation is to support people in identifying a possible problem. The solutions should be addressed via the mechanisms set up

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline

Stakeholder Organisation	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				in response to recommendations 1, 2 and 3.
Winchester Action on Climate Change	1.9.1.10, 1.11	10, 11, 12	<p><u>Second-tier home energy / affordable warmth advice is the most cost-effective approach</u></p> <p>For 25 years, Shelter has worked with Citizens Advice Bureaux and other advice agencies to provide training, information and casework advice on housing and homelessness to professional staff who see people in housing need. The same approach should be replicated for warmth and home energy saving. A comparatively small and very cost-effective national service would give people in the health services, social care, public sector housing, and advice agencies access to training and casework support by telephone and email. This “second-tier” advice provision enables a few experts to disseminate information, and coach professional front-line staff at the moment at which they need support to help their service users / clients / customers. Learning spreads quickly, and people are given the latest and most up-to-date information and advice.</p> <p>I used to run a housing second-tier service in Southwark. We are now developing a pilot scheme in Winchester District on home energy and warmth, and would be happy to talk to you about what we learn about providing the service.</p>	Thank you.

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guideline recommendations. It does not imply they are endorsed by the National Institute for Health and Care Excellence or its officers or its advisory committees

Public Health Guidelines

Excess Winter Deaths and Illnesses- Consultation on Draft Scope Stakeholder Comments Table

13 June 2014 – 25 July 2014

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline