NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Indoor air quality at home

NICE quality standard

Draft for consultation

14 March 2022

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| **This quality standard covers** indoor air quality in residential buildings. These are places where people live including nursing homes, care homes and children’s homes but excluding prisons and secure environments. It does not cover areas of national policy, such as legislative changes, cross-government organisations and registration schemes.  This is the draft quality standard for consultation (from 14 March to 11 April 2022). |

# Quality statements

[Statement 1](#_Quality_statement_1:) Local authorities embed plans to improve indoor air quality into existing strategies to improve people’s health.

[Statement 2](#_Quality_statement_2:) People with respiratory or cardiovascular conditions who have repeated or worsening respiratory symptoms are asked about their housing conditions by a healthcare professional.

[Statement 3](#_Quality_statement_X) Local authorities develop processes to help people request a housing assessment when poor indoor air quality is identified or suspected.

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| Questions for consultationQuestions about the quality standard **Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?  **Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?  **Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment. Questions about the individual quality statements **Question 4** For draft quality statement 1: Does the definition of plans to improve indoor air quality include examples that are appropriate for local authorities? If not, please say why and, if possible, suggest alternatives.  **Question 5** For draft quality statement 2: What questions about housing conditions could a healthcare professional ask?  **Question 6** For draft quality statement 2: Is it feasible for a healthcare professional to help someone request a housing assessment? If so, please give examples of how this can be done.  **Question 7** For draft quality statement 3: Statement 3 covers a range of housing assessments carried out by different organisations across different tenures. Would this statement have a greater impact by focusing on a particular tenure and type of assessment? Local practice case studies **Question 8** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please provide details on the comments form. |

# Quality statement 1: Local strategies

## Quality statement

Local authorities embed plans to improve indoor air quality into existing strategies to improve people’s health.

## Rationale

Local authorities have strategies for making improvements and reducing inequalities across their different areas of responsibility, for example, housing, health and wellbeing, clean air, environment and inequalities strategies. Including plans for improving indoor air quality in relevant strategies will support changes to reduce people’s exposure to indoor pollutants and improve their health and wellbeing. This will also help achieve the [government clean air strategy](https://www.gov.uk/government/publications/clean-air-strategy-2019) aim of reducing exposure to air pollutants at home.

## Quality measures

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

### Structure

a) Evidence that local authorities identify how they will address indoor air quality in their housing, health and wellbeing, clean air, environment, inequalities and other key strategies.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from strategies published on local authority websites.

b) Evidence that local authorities monitor progress towards their goals to address indoor air quality set out in housing, health and wellbeing, clean air, environment, inequalities and other key strategies.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from strategy monitoring and implementation reports published on local authority websites.

c) Evidence that local authority staff identify poor indoor air quality through existing home visits.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected locally from local authority inspection protocols.

## What the quality statement means for different audiences

**Local authorities** develop plans to improve air quality that are embedded into existing strategies on housing, health and wellbeing, clean air, environment, inequalities and other key strategies. They set goals for the plans and monitor progress towards achievement.

**People in the community** know that their local authority is working to improve the quality of air inside the buildings they live in.

## Source guidance

[Indoor air quality at home. NICE guideline NG149](https://www.nice.org.uk/guidance/ng149) (2019), recommendations 1.1.1 and 1.1.8

## Definitions of terms used in this quality statement

### Plans to improve indoor air quality

These could include:

* Identifying groups of people more likely to be vulnerable to ill health from exposure to poor indoor air quality. See [NICE’s guideline on indoor air quality at home](https://www.nice.org.uk/guidance/ng149), box 1 for a list of people who may be particularly vulnerable to ill health.
* Identifying homes that put people at increased risk of exposure to poor indoor air quality, such as those located in areas with high levels of outdoor air pollution, with inadequate ventilation, with damp or mould, or in need of repair. See [NICE’s guideline on indoor air quality at home](https://www.nice.org.uk/guidance/ng149), box 1 for housing conditions that put people at increased risk of exposure.
* Ensuring the Joint Strategic Needs Assessment has up-to-date information on the health impacts of indoor air quality on the population.
* Developing inspection protocols to identify poor indoor air quality through existing home visits by staff. Protocols may include visual inspections, checklists and the monitoring of pollutant levels.
* Training staff who visit people in their homes on sources of indoor air pollutants and their effects on health; how to give advice on avoiding activities that increase pollutants; improving ventilation; and who can provide help with repairs and improvements.
* Ensuring retrofit programmes to reduce carbon emissions in existing homes and programmes of housing maintenance works take a balanced approach to ventilation, insulation and heating for good indoor air quality.
* Working with external organisations to inform home improvement programmes and identify grants to combat poor indoor air quality.
* Making members of the public and relevant professionals aware of the causes of poor indoor air quality, who is particularly vulnerable, how health is affected and how to prevent or reduce poor indoor air quality. This may include using campaigns, web pages, and social media.
* Targeted engagement with relevant professionals (such as those involved in planning, designing, building, renovating and maintaining homes) to encourage building design that improves indoor air quality.

[Adapted from [NICE’s guideline on indoor air quality at home](https://www.nice.org.uk/guidance/ng149) recommendations 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.6, 1.1.7, 1.3.1, and 1.3.2]

### Local authorities

This term covers all types of local authority in England; these are county councils, district councils, unitary authorities, metropolitan districts and London boroughs. Each local authority should decide which part of the statement is relevant to their local responsibilities. [[NICE’s guideline on indoor air quality at home](https://www.nice.org.uk/guidance/ng149)]

## Question for consultation

Does the definition of plans to improve indoor air quality include examples that are appropriate for local authorities? If not, please say why and, if possible, suggest alternatives.

# Quality statement 2: People with respiratory or cardiovascular conditions

## Quality statement

People with respiratory or cardiovascular conditions who have repeated or worsening respiratory symptoms are asked about their housing conditions by a healthcare professional.

## Rationale

Exposure to poor indoor air quality may cause or worsen respiratory symptoms, such as cough and wheeze, particularly in people with respiratory or cardiovascular conditions. Asking people about their housing conditions will allow healthcare professionals to consider and address factors that could be contributing to or causing their respiratory symptoms.

## Quality measures

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

### Structure

Evidence that healthcare professionals are aware of the effects of poor indoor air quality on health and how housing conditions can increase the risk of exposure to pollutants.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected locally from training records and continuing professional development documents.

### Process

a) Proportion of people having a review appointment with a healthcare professional for respiratory conditions or cardiovascular conditions and who have repeated or worsening respiratory symptoms, who are asked about their housing conditions.

Numerator – the number in the denominator who are asked about their housing conditions.

Denominator – the number people with respiratory conditions or cardiovascular conditions who have repeated or worsening respiratory symptoms having a review appointment with a healthcare professional.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of people with respiratory or cardiovascular conditions having an appointment with a healthcare professional for repeated or worsening respiratory symptoms who are asked about their housing conditions.

Numerator – the number in the denominator who are asked about their housing conditions.

Denominator – the number people with respiratory or cardiovascular conditions who have an appointment with a healthcare professional for repeated or worsening respiratory symptoms.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

### Outcome

Number of housing assessments.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from local authority housing health and safety assessment records.

## What the quality statement means for different audiences

**Service providers** (primary care services, community care services, primary care networks) provide training to ensure that healthcare professionals are aware of the effects of poor indoor air quality on health and how housing conditions can increase the risk of exposure to pollutants. They have processes in place so that healthcare professionals can help people request a housing assessment from their local authority and they raise awareness of these processes.

**Healthcare professionals** (such as GPs, specialist nurses, practice nurses) are aware of the effects of poor indoor air quality on respiratory symptoms and understand how housing conditions can increase the risk of exposure to pollutants. They ask people they see with respiratory or cardiovascular conditions who have repeated or worsening respiratory symptoms about their housing conditions and explain how these may be affecting their health. If they have concerns, they help them request a housing assessment to identify problems that can then be remedied.

**Commissioners** (such as clinical commissioning groups, integrated care systems and NHS England) ensure that they commission services in which people with respiratory or cardiovascular conditions presenting with repeated or worsening respiratory symptoms are asked about their housing conditions.

**People with respiratory or cardiovascular conditions who have repeated or worsening respiratory symptoms such as a cough or wheezing** are asked about their housing conditions when they see a GP or a nurse about their symptoms.

## Source guidance

[Indoor air quality at home. NICE guideline NG149](https://www.nice.org.uk/guidance/ng149) (2019), recommendation 1.5.2

## Definitions of terms used in this quality statement

### Asked about their housing conditions

Questions about housing conditions that put occupiers at increased risk of exposure to poor indoor air quality should cover:

* location (external factors such as high levels of outdoor air pollution, or where noise or security risks mean residents do not open windows)
* physical infrastructure (such as small room size, inadequate ventilation and the building's layout and orientation)
* standard of housing (for example, with damp and mould or physical disrepair including flood damage or with unflued or poorly maintained fuel-burning appliances)
* overcrowding.

[[NICE’s guideline on indoor air quality at home](https://www.nice.org.uk/guidance/ng149), box 1]

## Questions for consultation

What questions about housing conditions could a healthcare professional ask?

Is it feasible for a healthcare professional to help someone request a housing assessment? If so, please give examples of how this can be done.

# Quality statement 3: Housing assessment

## Quality statement

Local authorities develop processes to help people request a housing assessment when poor indoor air quality is identified or suspected.

## Rationale

Housing conditions can increase people’s exposure to poor indoor air quality and adversely affect their health. Factors such as room size, inadequate ventilation, building layout, damp, mould, physical disrepair and poorly maintained fuel-burning appliances can all impact on the quality of indoor air. Tenants and private homeowners can contact their local authority if they are worried about the condition of their home for advice and help to request a housing assessment. Healthcare professionals and local authority staff are in a position to identify or suspect poor indoor air quality, but may not know how to help the person request a housing assessment.

### Structure

a) Evidence that local authorities have processes to help local authority staff; healthcare, social care and housing professionals; and members of the public request a housing assessment either from the local authority or from another organisation.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from local authority protocols and procedures.

b) Evidence that healthcare, social care and housing professionals who visit people in their own homes are aware of how to help people contact local authorities for help to request a housing assessment.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from local authority documents providing guidance and advice for professionals on asking for a housing assessment.

c) Evidence that healthcare professionals who see people with respiratory or cardiovascular conditions are aware of how to help people contact local authorities to request a housing assessment.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from local authority documents providing guidance and advice for professionals on asking for a housing assessment.

d) Evidence that people living in rented or owner-occupied accommodation are aware of housing assessments and how to request one.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from local authority documents such as guidance and advice for tenants and home owners.

### Outcome

Number of housing assessments

**Data source:**No routinely collected national data for this measure has been identified. Data can be collected from local authority housing assessment records.

## What the quality statement means for different audiences

**Local authorities** set up a process so that their staff and other professionals who visit people in their homes (such as healthcare, social care and housing professionals) can contact the environmental health team to request a housing assessment from the local authority or get advice on how to request one from another organisation. They ensure that their staff, and those employed by other organisations, are aware of this process and how it works for people with different types of housing tenure.

**People who rent or own their homes** can contact their local authority for advice on how to have the condition of their home assessed to identify problems affecting the quality of air and how they can be remedied.

## Source guidance

[Indoor air quality at home. NICE guideline NG149](https://www.nice.org.uk/guidance/ng149) (2019), recommendation 1.2.1

## Definitions of terms used in this quality statement

### Local authorities

This term covers all types of local authority in England; these are county councils, district councils, unitary authorities, metropolitan districts and London boroughs. Each local authority should decide which part of the statement is relevant to their local responsibilities. [[NICE’s guideline on indoor air quality at home](https://www.nice.org.uk/guidance/ng149)]

### Housing assessment

An assessment of housing conditions. The nature of the assessment may vary depending upon the housing tenure and which organisations carry out the assessment. For example, an assessment by a local authority of a privately rented dwelling is likely to be an inspection using the Housing Health and Safety Rating System. In the context of this statement, the aim of the assessment is to identify housing conditions that may increase risk of poor indoor air quality such as small room size, inadequate heating, inadequate ventilation, damp and mould, and physical disrepair and overcrowding. [Adapted from [NICE’s guideline on indoor air quality at home](https://www.nice.org.uk/guidance/ng149), box 1]

## Question for consultation

Statement 3 covers a range of housing assessments carried out by different organisations across different tenures. Would this statement have a greater impact by focusing on a particular tenure and type of assessment?

# About this quality standard

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

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

Information about [how NICE quality standards are developed](https://www.nice.org.uk/standards-and-indicators/timeline-developing-quality-standards) is available from the NICE website.

See our [webpage on quality standard advisory committees](http://www.nice.org.uk/Get-Involved/Meetings-in-public/Quality-Standards-Advisory-Committee) for details of standing committee 3 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](https://www.nice.org.uk/guidance/indevelopment/gid-qs10113).

NICE has produced a [quality standard service improvement template](https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-uptake-of-nice-guidance) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

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

## Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact statement](https://www.nice.org.uk/guidance/NG149/resources) for the source NICE guideline on indoor air quality at home to help estimate local costs:

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](https://www.nice.org.uk/guidance/indevelopment/gid-qs10113/documents) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

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

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