

## **Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Partnership Board Meeting**

**2.00 pm, Thursday 24 April 2025**

**Meeting room 1, Bradley Stoke Active Lifestyle Centre,  
Fiddlers Wood Lane, Bradley Stoke BS32 9BS**

## **Agenda**

**1. Welcome from the Chair (and to note any apologies)**

**2. Minutes of previous meeting held on 27 February 2025**

To approve the minutes of the previous meeting.

**3. Public forum items**

Any items received will be circulated.

**4. ICB update (20 mins)**

**(2.05 – 2.25 pm)**

Update from Jeff Farrar, Chair, BNSSG Integrated Care Board

**5. Health and Wellbeing Board and Locality Partnership updates (40 mins)**

**(2.25 – 3.05 pm)**

- Updates from the respective Chairs of the Health and Wellbeing Boards (10 mins)
- Locality Partnership update (30 mins)

**6. Damp, Mould and Fuel Poverty Toolkit (25 mins)**

**(3.05 – 3.30 pm)**

Item to be presented by Adele Vowles, Senior Public Health Specialist, Bristol City Council

**7. Progress update: Integrated Care System All Age Mental Health Strategy (25 mins)**

**(3.30 – 3.55 pm)**

Update to be presented by Trudi Oak, Senior Business Planning & Development Manager, AWP NHS Trust

**8. ICP Board Forward agenda plan**

## **Bristol, North Somerset and South Gloucestershire (BNSSG)**

### **Integrated Care Partnership Board Meeting**

**27 February 2025**

**The Bordeaux Room, Bristol City Hall, College Green, Bristol, BS1 5TR**

# **Minutes**

## **Attendance list**

**Partnership Board Leadership Group:** Cllr John O'Neill (Chair, BNSSG ICP Board and Chair, South Gloucestershire Health and Wellbeing Board), Cllr Jenna Ho Marris (Chair, North Somerset Health and Wellbeing Board), Cllr Stephen Williams (Chair, Bristol Health and Wellbeing Board), Jeff Farrar (Chair, BNSSG Integrated Care Board (ICB))

**Community and VCSE Voices:** Rebecca Mear (CEO Voscur/VCSE Alliance), Mark Graham (CEO, For All Healthy Living Centre), David Smallacombe (CEO, Care and Support West), Alun Davies (Voices in the Community/Lived Experience representative), Kay Libby (Chief Executive, Age UK Bristol, VCSE Alliance representative working with older adults), Mark Coates (CEO, Creative Youth Network), Aileen Edwards (CEO, Second Step/VCSE Alliance), Dominic Ellison (WECIL / VCSE Alliance), Mandy Gardner (Voluntary Action, North Somerset)

**Council, Constituent Health and Care Organisations:** Sarah Weld (Director of Public Health, South Gloucestershire Council), Matt Lenny (Director of Healthy and Sustainable Communities, including Director of Public Health, North Somerset Council), Joanne Medhurst (Chief Medical Officer, BNSSG ICB), Chris Sivers (Executive Director - People, South Gloucestershire Council), Ingrid Barker (Chair, UHBW NHS Foundation Trust & NBT NHS Trust), Barbara Brown (Chair, Sirona Care & Health)

**Locality Partnerships:** Stephen Beet (Chair, South Bristol Locality Partnership), Kirstie Corns (South Gloucestershire Locality Partnership), Alison Findlay, South Gloucestershire Locality Partnership), Sharron Norman (Chair, North & West Bristol Locality Partnership), Huda Hajinur (Chair, Inner City & East Locality Partnership), Joe Poole (Head of Locality Development, BNSSG ICB)

**Other attendees:** Claire Rees (Public Health Principal, South Gloucestershire Council), Gemma Self (Programme Director HT 2020), Simon Bailey (Strategy and Planning Coordinator, HT 2040), Charlotte Cadwallader (Public Health Registrar, South Gloucestershire Council), Sally Hogg, Consultant in Public Health, Bristol City Council / Emily Moseley, Public Health Registrar, Bristol City Council

## **Apologies for absence:**

Shane Devlin (Chief Executive Officer, BNSSG ICB), Sarah Truelove (Deputy Chief Executive, BNSSG ICB), Fiona Mackintosh (ACFA advice network/VCSE Alliance), Ruth Hughes, (CEO, One Care), John Martin (CEO, South Western Ambulance NHS Foundation Trust)

## **1. Welcome & Introductions**

The Chair welcomed all present to the meeting and led introductions from attendees.

## **2. Minutes of previous ICP Board meeting held on 28 November 2024**

The minutes of the meeting of the previous ICP Board meeting held on 28 November 2024 were confirmed as a correct record subject to noting that (in relation to the North Somerset Health and Wellbeing Board update), the inquiry day referred to (with input from other local authorities and partners) had been focused on housing and health.

## **3. Public Forum**

It was noted that no public forum items had been received for this meeting.

## **4. Health and Wellbeing Board updates**

### **a. Bristol Health and Wellbeing Board update:**

The written update, as included in the agenda papers for the meeting, was noted.

Cllr Stephen Williams, Chair of the Bristol Health and Wellbeing Board, also highlighted that the most recent meeting of the Board had been held on 26 November – this had been a joint development session with the One City Children and Young People's Board focused on children's health issues.

### **b. North Somerset Health and Wellbeing Board update:**

The written update, as included in the agenda papers for the meeting, was noted.

In addition to the points highlighted in the update, Cllr Jenna Ho Marris highlighted the following changes taking place at North Somerset Council:

- Matt Lenny had been appointed as the Council's Director of Healthy and Sustainable Communities, including Director of Public Health.

- The Council would be recruiting a new Chief Executive as Jo Walker was leaving to take up a new role as Chief Executive of Gloucestershire County Council.

- The government had increased North Somerset Council's housing target to build 23,805 new homes over 15 years, representing a significant increase from the previous target. North Somerset would be updating its Local Plan with a view to identifying new areas for development and would be reaching out for input across the health sector.

### **c. South Gloucestershire Health and Wellbeing Board update:**

The written update, as included in the agenda papers for the meeting, was noted.

The Chair (in his capacity as Chair of the South Gloucestershire Health and Wellbeing Board) additionally advised that South Gloucestershire's Local Plan would shortly be the subject of public consultation; the plan included a focus on seeking the development of increased levels of affordable housing.

He also highlighted that the Board would be holding a development session on 24 March on the Joint Local Health and Wellbeing Strategy 2025-29.

## **5. Integrated Care Board (ICB) update**

The written update, as included in the agenda papers for the meeting, was noted.

The following points were highlighted by Jeff Farrar, Chair of the ICB:

1. New neighbourhood health guidelines 2025/26 had recently been issued by NHS England. This would be a key focus for the ICB Board for the year ahead.
2. The ICB, reflective of the national picture, continued to face significant financial challenges and would need to deliver further savings in the coming year.
3. Sarah Truelove would be leaving her role as Deputy Chief Executive and Chief Financial Officer of the BNSSG ICB to take up the role of Chief Executive of NHS Gloucestershire ICB.

## **6. Healthier Together 2040 progress update**

The Board considered a report providing an update on Healthier Together (HT) 2040.

Summary of main points raised/noted:

1. It was noted that from now until September, HT2040 would be focusing on the first prioritised population group, a working age population with multiple long-term conditions. This comprised approximately 5,200 people and was the cohort driving the third greatest demand on urgent health services as well as high use of community and primary care, yet experiencing poor outcomes from their 50s. HT2040 was trialling a population health approach to investigate, in depth, the underlying causes of challenges faced by this small but high-need population. By focusing on this group first, the aim was to gain a comprehensive understanding of their needs and the broader factors contributing to their health and wellbeing.

2. In terms of next steps, it was noted that through April and May, a series of workshops/expert events would be held to discuss the key findings from the evidence review.
3. In discussion, partners were broadly supportive of the approach and methodology being employed in taking forward this next phase of the project.
4. It was suggested that trauma should be included as a consideration, in light of the trauma informed pledge signed up to by partners.
5. In terms of the engagement through expert groups, it was suggested that adult social care should be involved. It was also suggested that police engagement should be sought. Provider involvement would also be important.
6. It was suggested that it would be useful for detail to be shared on the key assumptions behind the evidence review.
7. It was noted that this work would ultimately inform decisions on future priorities. It was noted that this work was being progressed in the context of the government's agenda and amidst rising demand for services but also with an acknowledgment that, reflecting the national position, the way in which health and care services are delivered must change. Opportunities and different interventions to support people in different ways in the future was a key part of this.

The Board noted the update, noting that regular updates would continue to be brought to each meeting as a standing item.

## **7. Why Weight? Pledge for creating Healthier Places Together**

The Board considered a report setting out plans for a system-wide healthy weight pledge.

1. Sally Hogg and Emily Moseley presented the report, highlighting the following:
  - a. The 'Why Weight? Pledge for Creating Healthier Places Together' was a commitment to creating environments where everyone has access to the ability to eat well, feel well, and be active.
  - b. The key goal was to make a collective, system-wide commitment across all Healthier Together organisations in BNSSG to improve the health and wellbeing of our communities.
  - c. This was an action set out in the BNSSG Joint Forward Plan and an agreed delivery priority for the Strategic Health Inequalities, Prevention, and Population Health Committee of the ICB.
  - d. It was highlighted that people living in our most deprived areas have less access to the conditions needed to enable a healthy life, with ethnic minority groups disproportionately affected. This drives higher rates of obesity and widens health inequalities, so the intention was to prioritise work that addressed these disparities.

- e. The aim was to pursue a ‘considerate’ approach, recognising the complex causes of obesity and focusing on systemic change rather than blaming individuals for becoming obese.
  - f. The pledge itself had been developed and co-produced by a steering group established in September 2024, including representation from all statutory ICS partners, as well as VCSE and lived experience representatives.
2. Following the report presentation, Board members indicated general support for the proposal and raised the following main points:
- a. It was suggested that in discussions about committing to the pledge, each organisation should seek to identify champions to promote positive actions around healthy weight.
  - b. It was acknowledged that health care services (and accessibility to these services) that support people in achieving healthy weights require significant improvement.
  - c. Whilst noting the process that had seen the development of the ‘Why weight?’ branding of the pledge, it was acknowledged that it would be important, through onward communications, to highlight that the pledge was essentially focused on healthy weight.
  - d. It was important to recognise that healthy weight should also be seen in the context of helping people who may be underweight or have eating disorders, i.e. as well as the issue of tackling obesity.
  - e. Noting that the pledge included 10 categories of commitment, it was suggested that in adopting the pledge, each organisation should also look to identify very specific and practical actions that they would commit to delivering in support of the pledge commitments. It would also be important to develop and share best practice.
  - f. Concern was raised about the continued challenge to population health generally presented by the preponderance of fast-food outlets, noting that this was a long standing national issue.

At the conclusion of the discussion, the Board agreed to support the proposals to commit to whole-system approach to healthy weight as set out in the report, and specifically agreed:

- 1. To support the Why Weight? Pledge and commit to its implementation across the ICS, noting that in the first phase it was anticipated that implementation will be through the three local authorities, NHS trusts, the ICB, VCSE organisations and general practice providers, with wider partners included in the next phase of implementation.
- 2. To recommend implementation of the Why Weight? Pledge be overseen at Board level by a named senior lead within each organisation, and that all partners seek to agree to it by 1 September 2025.

## **9. ICP Board forward agenda plan**

The Board noted the latest update of the forward agenda plan.

## **10. Locality Partnership review**

Note: After the in-public meeting was concluded, the Board considered a closed item which summarised ICP Board member organisation responses to the final report and recommendations of the review of the role of Locality Partnerships in BNSSG, and set out a recommendation to align Locality Partnership development with the anticipated developments at both national and local level.

Following discussion, the ICP Board agreed to support the following recommendations:

1. To create time and space for our System to align Locality Partnership development with anticipated developments at national and local level including:
  - NHS 10-Year Health Plan
  - Neighbourhood Health Guidelines
  - The Fuller Stocktake and development of Integrated Neighbourhood Teams
  - The BNSSG Healthier Together 2040 approach
2. Take an outcomes-based approach to define the function, role and responsibility of System (1), Local Authority (3), Place and Neighbourhood (6) including Primary Care Networks (20) and the emerging Integrated Neighbourhood Teams.
3. Draw on national and local work already undertaken to design such a framework, including:
  - The NHS Confederation & PPL Literature Review on Neighbourhood Working (August 2024)
  - The NHSE, LGA & BNSSG ICB Functions Mapping and Decision-Making framework (July 2022)
  - The BNSSG ICS proposed functions of System, Place and Neighbourhood (LP review September 2024).
4. To request the BNSSG ICB Board to mobilise the next steps.



# Integrated Care Partnership Board

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## UPDATE – BNSSG INTEGRATED CARE BOARD

1. The most recent meeting of the BNSSG Integrated Care Board was held on 6 March 2025.

All the papers can be viewed at:

[Integrated Care Board \(ICB\) Board meeting – 6 March 2025 - BNSSG Healthier Together](#)

2. The main issues considered at the meeting included:

a. An update from the ICB Chief Executive Officer covering:

- Developing a New Model for Neighbourhood Health Services – an update on the government’s plans to improve the NHS through a commitment to move to a neighbourhood health service, with more care delivered at home or closer to home. The aims are to enable people to live more years of healthy, active and independent life and improve their experience of health and care, whilst connecting together and making optimal use of health and care resource.

- An update on the plans for Thornbury health centre.

- An update on the GP contract for 2025/26.

b. An update on the delivery of the BNSSG Primary Care Access Improvement Plan.

c. An update/review of the BNSSG Oral Health & Dental strategy.

d. An update on the BNSSG Innovation, Improvement and Transformation Framework.

e. A report on the findings of the "Too Hot to Handle" report on racism in the NHS and proposes actions for the BNSSG system to become anti-racist. The proposed actions include publishing a system wide anti racism pledge, following this with a system statement, created through focus groups, and developing an overarching framework that can be used to implement cultural change and ensure impact. The proposed framework includes leading from the front, growing cultural competency, increasing visibility, tackling inequality, and regular review. It emphasises the importance of leadership, culture, and accountability in addressing racial inequalities.

3. Other current issues:

Inevitably, the ICB Board’s attention is focused around the response to recent government announcements, including that requiring all integrated care boards to reduce their running costs by 50%.



A commitment has been given to publish update information regularly on the ICB website, to be updated every two weeks to keep everyone up to date on the emerging changes. The latest update issued on 4 April can be viewed here:

<https://bnssghealthiertogether.org.uk/news/changes-to-the-nhs-in-bristol-north-somerset-and-south-gloucestershire-4-april-update/>

A verbal update on the latest position will be given at the ICP Board meeting.

# Integrated Care Partnership Board

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## UPDATE – BRISTOL HEALTH AND WELLBEING BOARD (HWB)

1. The most recent in-public meeting of the Bristol Health and Wellbeing Board (HWB) was held on 27 March 2025. All the papers can be viewed at: [ModernGov - bristol.gov.uk](https://moderngov.bristol.gov.uk)

The main issues considered at the 27 March meeting were:

a. An overview of HIV needs in Bristol. A paper was presented highlighting that there are around 1000 people living in Bristol with HIV. The number of new HIV diagnoses has been falling and the prevalence rate in the city is now similar to the England average. Late diagnosis is still an issue for the local population as is the stigma faced by those living with HIV, which disproportionately impacts groups of people who are already disadvantaged.

b. A paper seeking endorsement and support from the Health and Wellbeing Board for the Why Weight? Pledge for Creating Healthier Places Together, following on from the system-wide pledge endorsed by the ICP Board at its last meeting on 27 February.

c. An update on the Bristol Foods Network: The paper highlighted that over the past year, Bristol Food Network (BFN) has continued to coordinate delivery of Bristol Good Food (BGF) 2030 towards the goals set out in the BGF2030 One City Framework for Action. BFN continues to collaborate closely with Feeding Bristol and Bristol City Council Public Health to deliver the Food Justice element of BGF2030, ensuring that BGF2030 and Bristol's One City Food Equality Strategy and Action Plan (FESAP) are aligned, and working together to deliver key initiatives.

d. Agreement to launch a men's health workstream

## 2. Other current issues:

On 23 April, the Board will be engaging in a development session on the Joint Local Health and Wellbeing Strategy.

# Integrated Care Partnership Board

<b>Agenda item</b>	5 b	<b>Meeting date</b>	24 April 2025
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## UPDATE – NORTH SOMERSET HEALTH AND WELLBEING BOARD

1. The most recent in-public meeting of the North Somerset Health and Wellbeing Board (HWB) was held on 12 February. All the papers can be viewed at:

[\(Public Pack\)Agenda Document for Health and Wellbeing Board, 12/02/2025 14:00](#)

A summary of the key discussions and actions from that meeting was provided at the last ICP Board meeting on 27 February. The next meeting of the Board will take place on 21 May.

2. Since the meeting, we are delighted to announce that **North Somerset’s refreshed Joint Health and Wellbeing Strategy 2025-2028 and the action plan have been published** and are available on the Council’s website: [here](#).

The Joint Health and Wellbeing Strategy sets out the vision, priorities, guiding principles, and approaches that we will take to improving health and wellbeing for our population. The linked action plan sets out the actions that partners will take across North Somerset during the strategy timeline of 2025-2028.

The strategy is centred around five key approaches to improving health and wellbeing:

- **Prevention:** ensuring children have the best start in life and preventing ill-health throughout the lifecourse.
- **Early intervention:** intervening as early as possible to address any health and wellbeing-related needs experienced during people’s lives.
- **Holistic action and support:** implementing person-centred action on all factors that influence people’s lives.
- **Healthy and caring communities:** empowering people and communities to be connected, healthy and resilient through strengths-based approaches, trauma-informed practice, and engagement and involvement.
- **Tackling inequalities:** prioritising action to ensure equality of opportunity in access to services, experience, and outcomes, to reduce inequalities between groups.

Priority themes include: mental health and wellbeing; food, nutrition and oral health; tobacco, alcohol and drug use; being active; core determinants of health; and healthy places and communities.

For further information about the strategy, please contact [health-wellbeing@n-somerset.gov.uk](mailto:health-wellbeing@n-somerset.gov.uk).

3. The **Director of Public Health’s Annual Report** was published to coincide with National No Smoking Day on 12 March. ‘**Time to stop smoking for good**’ highlights current smoking levels, negative health effects and the support available to quit.

The report shows that smoking currently kills approximately 250 people in North Somerset each year with rates of smoking across the local GP practice populations varying from around 6% to 33%. It also harms many thousands more, through direct health impacts like heart disease, cancer, stroke and disability.

Evidence shows that smoking is the number one cause of premature illness and death in North Somerset. For one in ten of adults (the proportion in North Somerset who currently smoke), the best thing they can do to improve their health and wellbeing is to quit.

Smoking addiction creates and maintains poverty, damages the lives of children and young people, and risks everyday factors that protect our health and wellbeing like employment, safe housing, and good mental health. It costs some people many more years in poor health and a much earlier end to their life.

The addiction to tobacco is a serious condition, but breaking free from it provides immediate and long-term benefits. Services and interventions to support people to stop smoking are highly effective and improve health outcomes.

Within hours of stopping smoking, blood oxygen levels will increase, in days your heart rates and blood pressure will fall, and sense of taste and smell will improve. In one week, lung capacity grows and risk of heart attack decreases, and within two years most smokers will have health risks equivalent to someone who has never smoked.

View the report and an introductory video showing the importance of achieving a smokefree generation here: [Director of Public Health Report 2025 - Time to stop smoking for good | Better Health North Somerset](#)

#### 4. Other current issues:

*No other specific issues to highlight.*

# Integrated Care Partnership Board

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## UPDATE – SOUTH GLOUCESTERSHIRE HEALTH AND WELLBEING BOARD

1. The South Gloucestershire Health and Wellbeing Board has not met in public since the 27 February meeting of the ICP Board.

### Joint Local Health and Wellbeing Strategy 2025-29

2. The Health and Wellbeing Board and Locality Partnership held a joint development session on 24 March. The purpose of the session was to bring partners together to set out plans for delivering our new South Gloucestershire Joint Local Health and Wellbeing Strategy (JLHWS) for 2025-29 and our refreshed commitment to work together to lead and advocate for health and wellbeing locally.
3. The South Gloucestershire JLHWS for 2025-29 has been developed in collaboration with partners and the development session took place during a formal 8-week period of stakeholder engagement to gather views on the draft.
4. The session began with scene setting around national, system and local policy context and the role of the Health and Wellbeing Board within the wider system and how it works with a wide range of partners, each delivering their own strategies and national priorities. Members then received an overview of the new JLHWS and the intention to enable the Board to strengthen delivery of existing commitments made by, and with, its partners, rather than add a new set of priorities and actions to this system.
5. The JLHWS sets out a shared vision for the Health and Wellbeing Board 2025-2029

For South Gloucestershire residents:

*South Gloucestershire is a healthy and inclusive place for current and future generations which supports and enables those who need help the most to improve their health the fastest.*

For the South Gloucestershire health and care system and partners:

*The Health and Wellbeing Board, its partners and local communities will work closer together to reduce inequalities and hold ourselves to account on our commitments to create a healthier and more inclusive place for all.*

6. To deliver this vision, the JLHWS has five strategic commitments about how the Health and Wellbeing Board can use its unique role and membership to lead and advocate for health and wellbeing locally and develop ways of working. These are:

5

## Commitments *to develop Health and Wellbeing*

### *Board ways of working together*

**Strengthening community involvement**

**Building a programme of place based working**

**Doing more to reduce inequalities**

**Shifting upstream with a focus on prevention**

**Strengthening our use of data & insights in decision making**

7. Each year the Health and Wellbeing Board will produce an action plan setting out up to four annual focus areas. These areas for collective action will be an opportunity to drive forward best practice with local partners and to deliver on the strategic commitments.
8. The principles for the selection of areas of focus are:
- Target local need identified in the South Gloucestershire Joint Strategic Needs Assessment (JSNA)
  - Offer an opportunity for the Health and Wellbeing Board to deliver on its five commitments
  - Be able to benefit from Health and Wellbeing Board support to drive progress
  - Be focused and achievable within a 12-month period
  - Be the next development of previous Health and Wellbeing Board focus areas OR a new policy priority which requires system leadership
  - Be local, system or national priorities
9. The focus areas for year 1 (2025-26) have been agreed as:
- **Children and Young People** – supporting families and carers with children under 5
  - **Healthy Weight** – sign up to the Bristol, North Somerset and South Gloucestershire 'Why Weight?' Healthy weight pledge and support actions to implement it across South Gloucestershire
  - **Housing and Wellbeing** – work as a Board to develop a Housing and Wellbeing Strategy for South Gloucestershire and support actions to implement this
  - **Place-based working and Neighbourhood Health** - work as a Board to develop a shared vision for place-based working and Neighbourhood Health in South Gloucestershire and support actions to implement this

10. Using a SOAR (Strengths, Opportunities, Aspirations and Results) analysis, members worked in groups to discuss the how to deliver the strategic commitments and start to scope out the next steps for the 2025-26 areas of focus.
11. Next steps include agreement of the JLHWS and the associated monitoring and accountability arrangements at the Board meeting on 1 May.

#### **Health and Wellbeing Board meeting, 1 May 2025**

12. Items on the agenda include:
  - Joint Local Health and Wellbeing Strategy 2025-29 (for agreement)
  - Better Care Fund end of year report and planning for 2025+ (for agreement)
  - South Glos Carers Advisory Partnership update (for discussion)
  - Healthy Weight Declaration – Why Weight? pledge (update)
  - South Glos Locality Partnership (update)
  - DPH Annual Report 2024 (for information)

Councillor John O'Neill  
Health and Wellbeing Board Chair





# First Update to the ICP – April 24th 2025

## Supporting the Integration of Locality Partnerships into the ICP Board

### 1. Introduction

In alignment with the recommendation approved at the February ICP Board, the BNSSG Locality Partnership Collaborative has been actively planning the formal reporting of Locality Partnerships' (LPs) work into the Health & Wellbeing Boards (HWBB), and subsequently into the ICP Board.

This formal reporting line presents an opportunity to move beyond traditional reporting formats and adopt innovative and creative ways to demonstrate impact, celebrate community achievements, and foster a cultural shift within the Integrated Care System (ICS).

By leveraging trusted relationships, embracing a flat structure, and prioritising inclusivity, LPs can highlight the value of collaboration in ways that align with the principles of systemic change. This approach is supported by findings from the recent Locality Partnerships Review, where stakeholders emphasised the unique culture and working methods that characterise place-based partnerships.

As part of this transformation, we propose adopting dynamic and engaging methods of reporting to the ICP, ensuring that the work of LPs is reflected in ways that truly capture their impact. In addition, the LP's are working with ICB Comms team to look at raising the profile of the LP work. The initial action is to have a Locality Partnerships section on the Healthier Together website that will outline what the LP's are and showcase the work that has been achieved so far. The aim is it will be a one stop shop/area for people to find out more and see more of the work of the LPs.

### 2. Proposed Reporting Format – April 2025 Update

For this first update to the ICP on April 30, 2025, we propose **Storytelling & Case Studies** as a primary method of reporting. Rather than relying on conventional reports, we will use narratives to illustrate the human side of place-based collaboration.

By sharing real-life stories, we can:

- Showcase the tangible impact of LPs on individuals and communities.
- Highlight the collaborative efforts across health, local government, and voluntary sectors.

- Provide an accessible and engaging way for ICP Board members to understand the nuances of our work.

To ensure accessibility and engagement, we propose the following formats for this update:

- **A short video** featuring community members, health professionals, and local government representatives sharing their experiences and insights.
  - South Glos - Health and Happiness Hubs - Southern Brooks  
[https://youtu.be/Obnn\\_04oNr8](https://youtu.be/Obnn_04oNr8) - 4mins 46seconds
  - Woodspring - Power to Pill  
[https://www.youtube.com/watch?v=cUBWEaBbO\\_c](https://www.youtube.com/watch?v=cUBWEaBbO_c) 4min 30second
- **A podcast series** that can be accessed at the convenience of partnership staffs i.e. the audience, which shares honest and personal insights through stories, allows each organisation to have a place to obtain insight into each other's roles, people, and organisations at place, telling staffs stories that join staffs up across organisations and communities inspiring us to be collectively better.
  - [North Somerset Partnership Podcast](#) for web browser and also available on Apple and Spotify apps if you search 'North Somerset Locality Partnership'

We recognise that accessibility is key for all ICP Board members, and we welcome the opportunity to work collaboratively to ensure that the proposed formats meet the needs of all members.

## 3. Future Reporting Approaches

Moving forward, we would like to explore additional innovative approaches for reporting to the ICP Board. These approaches will align with the dynamic and inclusive culture of Locality Partnerships while ensuring that reporting remains impactful and meaningful.

### 3.1 Thematic Community Forums & Open Dialogue Sessions

Rather than relying solely on written reports, we propose introducing **Thematic Community Forums** or **Open Dialogue Sessions**, where representatives from different sectors (health, local government, VCSE) can share progress, challenges, and aspirations.

These sessions would:

- Reflect discussions from LP Boards and elevate them to the ICP level.
- Be structured around key thematic issues such as **integrated care, health inequalities, and community-led solutions**.
- Enable **real-time feedback and engagement** from all stakeholders.

**Example format:**

- A virtual or in-person meeting where stakeholders can engage in discussions and provide reflections.

- An interactive Q&A session with a panel of LP leaders, allowing partners to share insights and ask questions.

## 3.2 Celebration Events & Community Exhibitions

Another innovative approach is to shift the focus toward **celebrating achievements** through interactive and engaging events, rather than just presenting reports.

We propose organising **Community Exhibitions** or **Impact Fairs**, where Locality Partnerships can showcase their work in an engaging and immersive way.

### Example format:

- Interactive stands featuring different LP projects, with testimonies from community members.
- A celebration event incorporating arts, music, and performance to showcase local cultural vibrancy.
- A space for storytelling, where individuals share how collaboration has led to meaningful change.

By shifting reporting toward **celebration and community participation**, we can highlight the **power of trusted relationships and grassroots leadership** in transforming health and care across BNSSG.

## 3.3 Outcomes Measurement & Learning

As we progress, we aim to evolve a more robust evidence base to measure and evaluate the impact of LPs on **integration, collaboration, and community health outcomes**.

We are currently establishing **Theory of Change Frameworks** for all LP projects, building on work completed in two of the six LPs. We have initiated partnerships with local universities and investment in posts to support **ongoing research and evaluation**. This will allow us to track progress on key areas such as:

- **Growth of intuitive knowledge and expertise** within local systems.
- **Strengthening of cross-sector networks** and communities of practice.
- **Improvements in system culture, relationships, and shared learning**.

Through this work, we will ensure that future reports to the ICP Board are not only **qualitative and narrative-driven** but also **supported by strong evaluative evidence** on the long-term impact of Locality Partnerships.

## 4. Conclusion

The alternative reporting methods proposed in this document are rooted in the principles of **innovation, collaboration, and trust**—the very foundations of Locality Partnerships. By embracing these approaches, we can foster a more **inclusive and equitable** culture within the ICS, while ensuring that reporting to the ICP Board is both **impactful and engaging**.

Our vision is to create a culture where **every partner's voice is valued** and plays a pivotal role in shaping the future of health and care in BNSSG. We look forward to working closely with the ICP Board to refine and implement these approaches, ensuring that our reporting methods continue to reflect the evolving needs and aspirations of our communities.

# Integrated Care Partnership Board

<b>Agenda item</b>	6	<b>Meeting date</b>	24 April 2025
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<b>Title</b>	Damp, Mould and Fuel Poverty Toolkit			
<b>Scope: System-wide or Programme?</b>	System-wide		Programme area (Please specify)	
<b>Author &amp; role</b>	Adele Vowles, Senior Public Health Specialist Bristol City Council			
<b>Sponsor / Director</b>	Christina Gray: Director of Public Health, Bristol City Council  Lead Consultant: Sally Hogg – Consultant in Public Health, Bristol City Council			
<b>Presenter</b>	Adele Vowles, Senior Public Health Specialist Bristol City Council			
<b>Action required:</b>	<b>Discussion / Information</b>			
<b>Discussion/ decisions at previous committees</b>	<i>Please list below all relevant Steering Groups/Boards, along with dates and what decisions/endorsements were made)</i>			

<b>Purpose:</b>
<p>The purpose of this agenda item is to raise awareness of work in Bristol to develop a Damp, Mould and Fuel Poverty Toolkit for health, care and VCSE staff working across Bristol, North Somerset and South Gloucestershire.</p> <p>The ICP Board are asked to review and provide feedback on the draft Damp, Mould and Fuel Poverty Toolkit and to support the implementation across our health and care system.</p>
<b>Summary of relevant background:</b>
<p><b>Link to ICS Joint Forward Plan</b></p> <p>The Damp, Mould and Fuel Poverty Toolkit was co-developed by a Bristol task and finish group which included representation from health, housing and Voluntary, Community and Social Enterprise (VCSE) staff.</p> <p>This work recognises how the environmental conditions in which people live have an impact on health and wellbeing, including having a home safe from harm. It takes a Making Every Contact Count approach to signpost and support people to access support for damp, mould and/or fuel poverty, and supports action to deliver on the five opportunities identified within our <a href="#">Bristol, North Somerset and South Gloucestershire ICS System Strategy</a>:</p>

- Tackle inequalities
- Strengthen the building blocks of good health and wellbeing - Commitment 4 “actively identifying people whose health and wellbeing is at risk due to cold or poor-quality homes and helping them to access support”.
- Prevent illness and treat people earlier
- Work alongside communities to support healthy behaviours
- Manage conditions better once people are ill

## Background

Damp and mould within the home can produce allergens, irritants, mould spores and other toxins that are harmful to health. It can cause disease and ill health in anyone, but people with underlying health conditions, weakened immune systems, and some other groups of people are at greater risk of ill-health from damp and mould. The presence of damp and mould can also affect mental health and wellbeing.

## National context

In December 2020, 2-year-old Awaab Ishak died from a severe respiratory infection caused by prolonged exposure to damp and mould in his home in Rochdale.

Following an inquest into Awaab Ishak’s death, new guidance and legislation has been developed nationally. The Coroner highlighted that ‘there was no evidence that up-to-date relevant health information pertaining to the risks of damp and mould was easily accessible to the housing sector’, resulting in new [‘Understanding and addressing the health risks of damp and mould in the home’](#) guidance (2024). This guidance highlights the need to working across organisational boundaries and recommends that “healthcare professionals and the housing sector should work together and share information to support tenants who may be at increased risk of damp and mould but struggling to report or address the issue in their homes”.

It is estimated that it costs the NHS approximately £1.4bn per year to treat those people who are affected by poor housing ([BRE](#), 2021).

## Local context

In 2024, the Bristol One City Homes and Communities Board (including social housing providers) initiated a Healthy Housing task and finish group with an initial focus on damp and mould. Informal interviews with health and care staff identified that staff were:

- Seeing an increase in residents unable to heat their homes and reporting damp and mould,
- Frequently being asked to provide letters highlighting impact of housing on health – but don’t know what they should say, where they need to be sent, or if they were beneficial,

- Unsure where to refer and signpost – many staff work across Bristol, North Somerset and South Gloucestershire meaning it can be hard to know what services to refer to.

Limited data is available about levels of damp and mould. In 2022, more than 50,000 households were living in fuel poverty across BNSSG. Fuel poverty rates in Bristol are higher than England (13.1%).

Area	Fuel poverty rate (%) (2022)
<b>Bristol</b>	<b>13.8%</b>
Inner City and East	15.8%
South	12.9%
North and West	12.1%
<b>South Gloucestershire</b>	<b>9.4%</b>
<b>North Somerset</b>	<b>11.3%</b>

Source: Department for Energy Security and Net Zero (via [fingertips](#) and [Bristol JSNA](#)).

This identified a clear need for a simple resource to support health and care staff to Make Every Contact Count and provide simple signposting, learning from an example of best practice in London where a [damp and mould checklist](#) was developed.

### Toolkit development

The Damp, Mould and Fuel Poverty Toolkit was co-developed by a Bristol task and finish group including Bristol City Council Public Health, Bristol City Council Housing, Bristol Health Partners, Centre for Sustainable Energy, Housing Matters, NHS, North Bristol Trust, Shelter Bristol, Sirona Care & Health, University Hospitals Bristol and Weston. The draft toolkit is attached as Appendix 1.

The toolkit aims to:

- Support staff to identify people at risk of/experiencing damp, mould and fuel poverty,
- Increase recording of damp, mould and fuel poverty in health systems,
- Support staff to respond to concerns identified, including increased signposting and referrals into fuel poverty advice, and increased confidence to provide simple housing signposting.

It aims to be a resource which is applicable for staff working across the health and care system and can be used flexibly depending on role.

A pilot phase was conducted between January-March 2025 and feedback was welcomed on the initial draft. During this time engagement was conducted across the system, including: NBT, UHBW, Sirona, AWP, Knowle West Health Park and social



prescribers. The draft incorporates feedback received so far and we welcome further feedback. The next step is to incorporate any final feedback, publish the toolkit, promote and embed across the ICS.

### **Monitoring and evaluation**

- Increased signposting and referrals into fuel poverty advice and support,
- Use of templates embedded in local systems,
- Increased recording of housing problems such as fuel poverty and/or damp and mould in health systems,
- Self-reported staff confidence when responding to damp, mould and/or fuel poverty concerns.

### **Discussion / decisions required and recommendations:**

#### **Recommendations**

- Support implementation across the ICS and integration into existing health systems.



# **Damp, Mould and Fuel Poverty Toolkit for health, care and community staff**

Adele Vowles, Senior Public Health Specialist, Bristol City Council

Sally Hogg, Consultant in Public Health, Bristol City Council

# National context

- In December 2020, 2-year-old Awaab Ishak died from a severe respiratory infection caused by prolonged exposure to damp and mould in his home in Rochdale.
- ‘Understanding and addressing the health risks of damp and mould in the home’ guidance (2024) recommendation:  
“Healthcare and the housing sector should work together and share information to support tenants who may be at increased risk of damp and mould but struggling to report or address the issue in their homes”.



# Definitions

## Damp and mould

- Damp is the build-up of moisture in a property and can lead to the growth of mould and other microorganisms,
- It can occur in homes for a variety of reasons,
- Landlords are legally responsible for addressing damp and mould,



## Fuel poverty

Low Income Low Energy Efficiency (LILEE), finds a household to be fuel poor if it:

- Has a residual income below the poverty line (after accounting for required fuel costs) and
- Lives in a home that has an energy efficiency rating below Band C

([Department for Business, Energy and Industrial Strategy, 2021](#))



# Health impacts of damp, mould and fuel poverty



## **Respiratory effects**

Cough, wheeze and shortness of breath, increased risk of airway infections, development or worsening of allergic airway diseases such as asthma



## **Cardiovascular effects**

Circulatory problems, increased risk of stroke and heart attack.



## **Other physical effects**

Irritation of eyes and skin such as eczema



## **Poor mental health and wellbeing**

# People at an increased risk from damp and mould

## Population groups:

- Pregnant women, their unborn babies and women who have recently given birth
- Children and young people up to age 16 years
- Older people, aged 65+

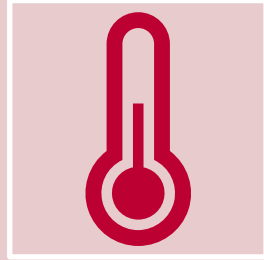
## Health condition/s:

- Respiratory condition
- Skin conditions
- Cardiovascular conditions
- Immunocompromised or have a weakened immune system
- People living with a mental health condition
- People who are bedbound, housebound or have mobility problems

## Local context



In 2022, **more than 50,000 households** were living in fuel poverty across BNSSG (Department for Energy Security and Net Zero, 2024).



Almost **one in three** Bristol residents were extremely or moderately worried about keeping their home warm last winter (Quality of Life Survey, 2024).



Bristol One City Damp and Mould task and finish group established in 2024.



# Health and care professionals in Bristol reported

- Seeing an **increase** in residents unable to **heat** their homes and reporting **damp and mould**,
- Frequently being asked to provide **letters** highlighting impact of housing on health – but don't know what they should say or where they need to be sent,
- Don't know where to **refer and signpost** – difficult as see patients from different local authorities.



**Bristol Health  
Partners**

**BRISTOL  
ONE CITY**

## **Damp, mould and fuel poverty toolkit for staff**

(Health, care and voluntary sector staff in Bristol,  
North Somerset and South Gloucestershire)

**April 2025**

## Who developed it?

Bristol One City Damp and Mould task and finish group, including:

- Bristol City Council Public Health,
- Bristol City Council Housing,
- Bristol Health Partners,
- Centre for Sustainable Energy,
- Housing Matters,
- NHS Trusts - North Bristol NHS Trust, University Hospitals Bristol and Weston NHS Foundation Trust
- NHS,

## Pilot feedback (Jan-March 2025)

- Avon and Wiltshire Mental Health Partnership,
- Avon Fire and Rescue Service,
- Knowle West Health Park,
- Maternity, Equity and Inclusion Network,
- North Somerset Council Private Sector Housing,
- Sirona Public Health Nursing,
- South Gloucestershire Council Private Sector Housing,

# Damp, mould and/or fuel poverty identification and action

## IDENTIFY

- Increased risk of damp and mould impacts
- Damp, mould and/or fuel poverty concerns

## RECORD

Damp and mould and/or fuel poverty  
e.g. for primary and secondary care use SNOMED code  
“Housing problem – Fuel poverty”

## TAKE ACTION

- RAISE negative health impacts
- Does the client have capacity to advocate for themselves?
- SIGNPOST/REFER for damp, mould and/or fuel poverty advice and support
  - ADVISE raising/RAISE with landlord/housing provider



# Supporting resources

- Templates
  - SMS signposting template,
  - Letter template to raise concerns about the health impacts of damp and mould (where significant concerns),
- Resources
  - List of population groups and health conditions which increase a person's risk of the negative health impacts of damp and mould,
  - Damp and mould severity guide (in development)
  - Key links and printable factsheets.
- Local training opportunities

# Recommendations

- Review and provide feedback on the draft Damp, Mould and Fuel Poverty Toolkit,
- Support implementation across the ICS and integration into existing health systems.

# **Damp, mould and fuel poverty toolkit for staff**

(Health, care and voluntary sector staff in Bristol,  
North Somerset and South Gloucestershire)

**April 2025**

Version 2

## **Acknowledgements:**

Bristol City Council, Bristol Health Partners, Centre for Sustainable Energy, Housing Matters, NHS, North Bristol Trust, Shelter Bristol, Sirona Care & Health, University Hospitals Bristol and Weston.



## Introduction

We know that housing issues, including damp, mould and fuel poverty, are commonly raised with health, care and community staff as having significant negative impacts on mental and physical health. This presents an opportunity to Make Every Contact Count and signpost clients\* to support and advice to address these issues.

The national “[Understanding and addressing the health risks of damp and mould in the home](#)” guidance (2024) highlights the serious risks that damp and mould can pose to health, and the imperative to respond quickly, and take practical steps to address damp and mould and prevent and promote health and well-being.

This resource aims to support staff to identify and respond to damp, mould or fuel poverty concerns in relation to their roles. This toolkit aims to provide a range of resources which can be used as required by staff, including guidance on actions to take, such as advice, signposting, and template letters to raise housing concerns where required.

This resource has been collaboratively developed by the Bristol One City Damp and Mould Working Group which includes health, care, and housing staff. The toolkit was piloted between January and March 2025 to gain feedback which has been included in this final version to ensure the toolkit is relevant for all staff.

\* Client is the term used in the toolkit to reflect the needs of patients and residents

This toolkit includes:

<b>Damp, mould and/or fuel poverty identification and action .....</b>	<b>3</b>
<b>Templates .....</b>	<b>4</b>
Template 1: SMS signposting template .....	4
Template 2: Letter template to raise concerns about the health impacts of damp, mould and/or cold .....	5
<b>Supporting resources .....</b>	<b>6</b>
Resource 1: People at an increased risk .....	6
Resource 2: Signposting and factsheets.....	7
Printable factsheets .....	7
Webpages to signpost to.....	7
Advice .....	7
<b>Training available for staff.....</b>	<b>7</b>
<b>Feedback .....</b>	<b>7</b>

## Damp, mould and/or fuel poverty identification and action

### IDENTIFY RISK

#### SELF IDENTIFIED

Has the client (or their carer/parent/family) raised concerns about damp and mould or keeping their home warm?

#### STAFF TO IDENTIFY

Is the client at an increased risk of the negative health impacts of damp and mould OR showing symptoms negatively impacted by damp and mould? (see resource 1).

AND/OR

Can you smell damp on the person's clothing?  
Ask: Do you have any worries about damp and mould or keeping your home warm? If yes, would you like any support?

### RECORD

If **YES** to any of above, record concerns about damp, mould and/or fuel poverty e.g. primary and secondary care use SNOMED code 'Housing problem - Fuel poverty'

### TAKE ACTION

Does the client (or their carer/parent/family) have capacity to advocate for themselves?

**YES – SIGNPOST & ADVISE**

**NO – REFER & RAISE**

**RAISE** the negative health impacts of damp and mould, and/or living in a cold home.

**PART 1 – SIGNPOST/REFER for damp, mould and fuel poverty advice** (verbal/SMS – see template 1).

These services can give advice about energy bills, heating your home, benefits and carry out home repairs. They particularly help those on low incomes and struggling to afford to heat their homes.

- Bristol and North Somerset residents - [Warm Homes Advice and Money Service](#) via [online form](#) or call 0800 0822234.
- South Gloucestershire residents - [Warm and Well](#) via [online form](#) or call 0800 500 3076.

**PART 2 (if private/social housing) – ADVISE raising / RAISE with landlord/housing provider to address damp and mould** (For printable factsheets and housing advice contacts see resource 2).

**Can advocate for themselves - ADVISE:**

1. Recommend contacting landlord / housing officer raising damp and mould issue in writing. Guidance available from local council websites and templates available from [Shelter website](#). If Bristol City Council social housing, advise completing [damp and mould report form](#).
2. Advise highlighting the negative health impacts and including evidence if available e.g. print screen of NHS app/print out of medical conditions from GP reception. Where significant health concerns, a letter can be provided using template 2.

If already contacted landlord with no reply or resolve, advise contacting/following:

- If private-rented - local council Private Housing team by signposting to local council website,
- If Bristol City Council social housing - complaints procedure on [council website](#),
- If housing association - complaints procedure on housing association website and/or contact local council Private Housing team.

If completed complaint process and issue not resolved, contact Housing Ombudsman (social housing).

**Cannot advocate for themselves – RAISE (with client's consent):**

- If private-rented - a letter can be provided to the client's carer/family, or landlord directly (if details known). If private-rented and significant health concerns, notify local Private Housing team. Include property address, photos (where able), description of the issue and contact details for the client/carer/family: Bristol - [online form](#), South Gloucestershire - email [psehousing@southglos.gov.uk](mailto:psehousing@southglos.gov.uk), North Somerset - email [privaterented.housing@n-somerset.gov.uk](mailto:privaterented.housing@n-somerset.gov.uk)
- If Bristol City Council social housing - complete [damp and mould report form](#) on behalf of tenant,
- If housing association - send a letter to the housing provider using letter template (see template 2).

## Templates

### Template 1: SMS signposting template

#### **Bristol residents:**

Dear [add name\*],

If you would like support with keeping your home warm, damp and mould, contact the [Warm Homes Advice & Money Service](#) for free advice and support by using their [online form](#) or calling 0800 0822 234.

For information about damp and mould see the [Bristol City Council website](#).

[add if in rented housing AND damp and mould concerns\*]

It is important to raise damp and mould issues with your landlord, highlighting the negative impact it has on your health. See the [advice for tenants](#).

#### **South Gloucestershire residents:**

Dear [add name\*],

If you would like support with keeping your home warm please contact the [Warm and Well Service](#) for free advice and support by using their [online form](#) or calling 0800 500 3076.

For information about damp and mould see the [South Gloucestershire Council website](#).

[add if in rented housing AND damp and mould concerns\*]

It is important to raise damp and mould issues with your landlord, highlighting the negative impact it has on your health. See the [advice for tenants](#).

#### **North Somerset residents:**

Dear [add name\*],

If you would like support with keeping your home warm please contact the [Warm Homes Advice & Money Service](#) for free advice and support by using their [online form](#) or calling 0800 0822 234.

For information about damp and mould see the [damp and mould fact sheet](#)

[add if in rented housing AND damp and mould concerns\*]

It is important to raise damp and mould issues with your landlord, highlighting the negative impact it has on your health. See the [advice for tenants](#).

## Template 2: Letter template to raise concerns about the health impacts of damp, mould and/or cold

[Insert sender details / Address\*]

*Re: Concerns about mould and damp in residence*

Dear [Landlord/housing provider name\*],

I am writing to you concerning the presence of damp and mould in the property [Insert Address\*].

Following a recent appointment with your tenant [add name\*], I have concerns about the presence of damp and/or mould in the property and risk of negative impacts on their health and wellbeing.

Your tenant/their family [has health conditions which could be caused/exacerbated by damp and mould **and/or** is at an increased risk of the negative impacts from damp and mould exposure\*] as highlighted in the 2024 '[Understanding and addressing the health risks of damp and mould in the home guidance](#)'.

Add detail within your professional scope (with tenant's consent) –

1. Explain how your client is at an increased risk of the health impacts of damp and mould (see resource 1).  
**If medical professional**, provide facts about health conditions/status e.g. add details about health conditions caused/exacerbated by damp and mould and severity, hospital admissions risk. **If non-medical professional**, it may be helpful to highlight a medical condition if it has been diagnosed by a medical professional, and/or describe any symptoms/the severity of health conditions you have observed.
2. Add any further information about what you have observed e.g. impact on the individual and their family, damage to belongings.

[My client has identified/ My client's parent/carer/family has identified / During a home visit I have identified\*] damp and mould within the home, with particular concern regarding the following: [Delete as appropriate\*]

- Visible mould growth on windows and/or surfaces
- Smell of damp
- Leaks inside property
- Windows cannot be opened in all rooms
- Concerns about the adequacy and effectiveness of the heating system

**I am writing to you to request that these concerns are followed up as appropriate to ensure these issues are addressed.** Please contact the tenant to let them know what action you intend to take to remedy the issues.

Yours Faithfully,

[Your name\*], [Your role\*]

[Your contact details\*]

\* add/delete as appropriate

## Supporting resources

### Resource 1: People at an increased risk

People at an increased risk from damp and mould are identified below:

Population groups:

- Pregnant women, their unborn babies and women who have recently given birth, who may have weakened immune systems
- Children and young people up to age 16 years (whose organs are still developing and are therefore more likely to suffer from physical conditions such as respiratory problems)
- Older people, aged 65+

Health condition/s:

- Respiratory condition (Such as asthma and Chronic Obstructive Pulmonary Disease, COPD, cystic fibrosis, other chronic lung conditions)
- Skin conditions (such as eczema)
- Cardiovascular conditions (e.g., angina, heart failure)
- Immunocompromised or have a weakened immune system (e.g. immunosuppressants or undergoing chemotherapy, had a transplant, taking medication that suppresses the immune system)
- People living with a mental health condition
- People who are bedbound, housebound or have mobility problems making it more difficult for them to get out of a home with damp and mould and into fresh air

OR

Experienced any of the following in the last 6 months:

- Repeated instances of coughing, wheezing or breathing difficulties or throat infections
- Repeated instances of dry, itchy, cracked, or sore skin
- Recurrent irritation of the eyes
- Recurrent nasal congestion, runny nose or sneezing
- Frequent worry about damp and mould impacting mental health
- Any A&E or hospital admissions due to breathing concerns or tightness of chest

Source: [Understanding and addressing the health risks of damp and mould in the home](#)

## Resource 2: Signposting and factsheets

### Printable factsheets

Damp, mould and/or fuel poverty

Damp and mould - [Damp and mould - Centre for Sustainable Energy](#)

Damp and mould advice easy read - [Advice leaflet damp and mould](#)

Translated factsheets - [Factsheets in other languages](#)

Damp and Mould in Private Rented Housing

[Bristol factsheet](#)

[South Glos factsheet](#)

### Webpages

Private Rented Housing

[Bristol City Council Website](#)

[South Gloucestershire Council Website](#)

[North Somerset Council Website](#)

[Damp and mould in private rented homes - Shelter England](#) (includes letter templates for tenants)

Social housing

[Damp and mould in social housing - Shelter England](#) (includes letter templates for tenants)

### Advice

Cost of living advice (includes fuel poverty and housing)

[Cost of living support - Bristol](#)

[Cost of living help - South Gloucestershire Council](#)

[Cost of living advice and guidance - North Somerset Council](#)

Fuel poverty advice

[How we help you - Centre for Sustainable Energy](#) (Bristol & North Somerset)

[Warm and Well | a fitter home for a healthy future](#) (South Glos)

Housing advice

[Citizens Advice Bristol](#) – 03444 111 444

[Housing Matters](#) (drop-in sessions available) – free advice line 0117 935 1260

[Shelter Bristol](#)

## Training available for staff

- Fuel poverty awareness (Bristol) – [Contact CSE](#)
- Fuel poverty awareness (South Glos) - [Training | Warm and Well](#)
- Helping people living in cold homes e-learning (national) - [e-learning for healthcare](#)
- [Home Fire Safety awareness](#) available via Avon Fire and Rescue Service – email [hfs.agency@avonfire.gov.uk](mailto:hfs.agency@avonfire.gov.uk)

## Feedback

Please share any feedback about this document to:

[Adele.Vowles@bristol.gov.uk](mailto:Adele.Vowles@bristol.gov.uk) or [karen.llewellyn@bristol.ac.uk](mailto:karen.llewellyn@bristol.ac.uk)



# ICS Strategy Implementation

**ICP Board**

**April 2025**



# ICS Strategy, MH Strategy & JFP





# Six Ambitions:

## 1 Holistic care

People of all ages will experience support and care which considers everything that might help them stay well.

## 2 Prevention and early help

People of all ages, their families and carers will get the support they need in the right place and in a timely way, as early as possible.

## 3 Quality treatment

High quality treatment is available to people of all ages as needed closer to home, so they can stay well in their local communities.

## 4 Sustainable system

We will have an economically and environmentally sustainable mental health system where maximum benefit is delivered to the Community.

## 5 Advancing equalities

We will reduce health inequalities by improving equity of access, experience and outcomes throughout people's lives.

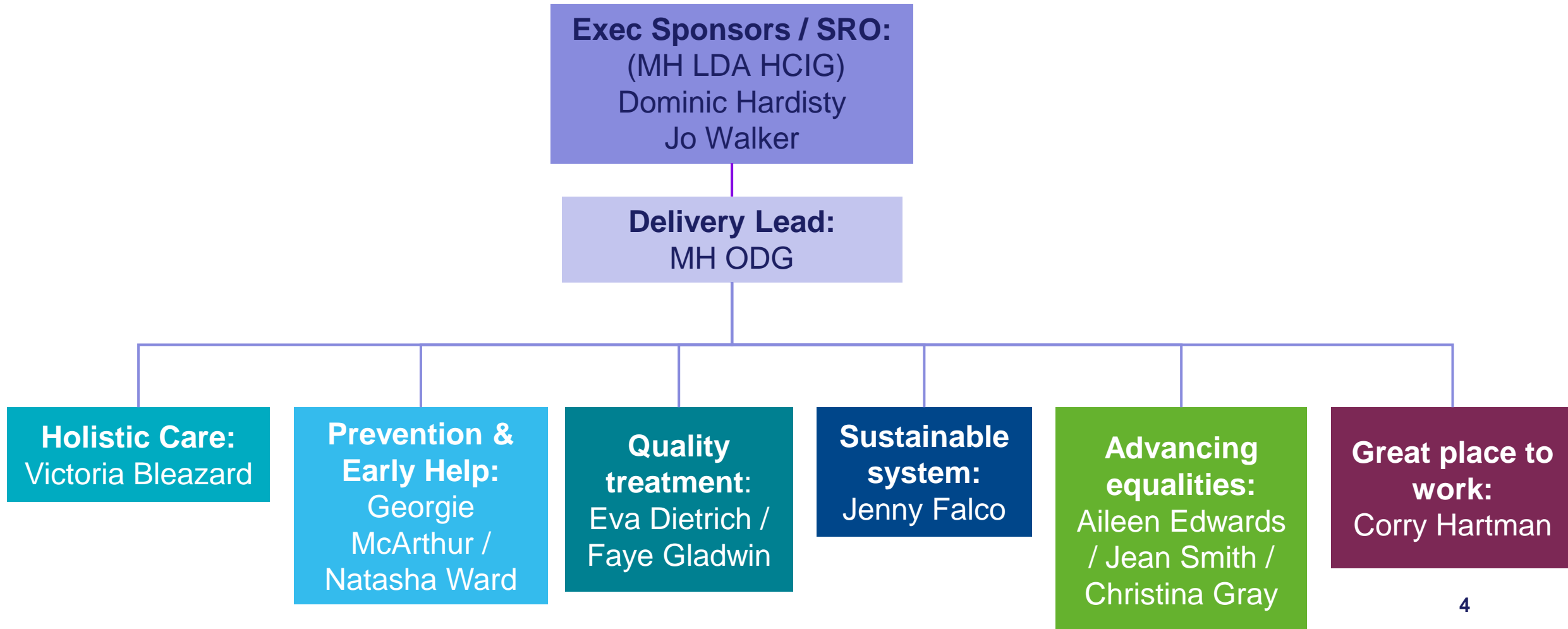
## 6 Great place to work

We will have a happy, diverse, inclusive, trauma-informed and stable workforce across our system.

Underpinned by:

Working together to create the wider social and economic conditions to support positive mental health and wellbeing, including investing in a healthy start in life.

# MH Strategy Implementation Plan – governance structure



# Holistic care - 2024/25 achievements

- Mental Health & Wellbeing Integrated Network Teams (MINTS) are now in place across all 6 BNSSG Locality Partnerships.
- Individual Placement Support service planned the improvements to meet the national access target (leading up to 28/29) from Spring and Autumn statement additional investment. IPS employment specialists are now in all AWP community teams and the MINTs working at a primary care level and up to AWP eligibility.
- Reviewed the clinical model used by the MINT primary care practitioners and all have received training in Comprehend Cope and Connect (trauma informed CBT/DBT) formulation.
- Drug and Alcohol teams integrated into MINTs, operationalising 'No Wrong Door' for people who have co-occurring MH and substance use difficulties.
- Sequoia (Complex Emotional Needs / Personality Disorder) service is live and roll out across BNSSG commenced, including establishing a training programme.
- A new model of care to improve Young People transitions developed and live Jan 2025.

# Holistic care – 2025/26

- Continue to invest in and ensure people with Serious Mental Illness access an annual physical health check, with follow-up.
- Completion of Nilaari test and learn project evaluation to develop the most impactful way for practices to increase engagement with their ethnic minority patients in physical health checks
- Increase access to IPS to reduce ill-health related inactivity, in line with national targets.
- Develop ARFID (Avoidant/Restrictive Food Intake Disorder) provision proposal, once national eating disorder guidance is received.
- Develop intensive and assertive community mental health action plan to ensure provision in place across BNSSG for those individuals who would benefit from a more assertive outreach approach to engage them in treatment in community services and to reduce risk of harm.
- Ensure MINTs are delivering the full breadth of clinical interventions, psychosocial interventions as well as co-producing care plans to inform people's recovery and to meet the new wait time standards from referral to meaningful help

# Prevention & Early Help - 2024/25 achievements

- Significant reduction in the Talking Therapies step 3 waiting list, with numbers waiting at their lowest level since 2021
- Talking therapies staff retention level at 10% turnover compared with national level of 17%
- Redesign our voluntary sector offer for perinatal services (so that it focuses on health inequalities within perinatal, partner support and step down from the specialist team) re-procurement is live.
- Suicide Prevention and Self Harm Prevention Partnership Board established to give assurance and oversight of all relevant agencies, ensure suicide prevention strategies are in place and have oversight of themed risk areas (e.g.domestic violence) and action planning.

# Prevention & Early Help – 2025/26

- Improve access to Children and Adolescent Mental Health Services through improved productivity, with a focus on reducing variation in access to ensure equitable access across areas and cohorts of young people
- Work towards Mental Health Support Teams in schools 100% coverage across BNSSG by 2029/30 with focus in 25/26 on increasing access through improved productivity
- Develop further the pathway for ARMS (At Risk Mental State) cohort to provide earlier intervention and prevention work.
- Develop and launch service engagement plan for targeted outreach identified through population health management data (eg older adults, men, ethnic background).
- Triage and assessment function within the MINTs and increased capacity to deliver interventions in space between primary and secondary mental health care.
- NICE level 3 concordance achieved by all BNSSG Early Intervention in Psychosis services.
- Develop vision of our system suicide and self-harm prevention pathways of support to inform future strategic commissioning.
- NHS Talking Therapies to continue reduction of S3 waiting list to increase access to high intensity therapies

# Quality Treatment - 2024/25 achievements

- 3-year MHLDA Inpatient Quality Transformation Programme initiated, with Y1 focus on increasing therapies staff and access to evidence-based therapies on wards and across the acute pathway to improve patient outcomes and experience
- Integrated mental health, social care and housing plan across BNSSG - £1.1m investment secured to support people who are Clinically Ready for Discharge to move into community placements. Mental Health, Accommodation and Care Pilot is live.
- Complex discharge team to support people CRFD and MH Transfer of Care Hub is in place.
- Home Treatment Service (to avoid admissions, provide better in and outreach to inpatient provision, and ensure more purposeful, therapeutic admissions that have clear goals) project in discovery phase.
- 111 press 2 service extended to 24/7 coverage live from Nov 24
- Men's crisis house purchased and service implemented.
- Roll out of personalised care - Your Team, Conversation, Plan - began across inpatient and community services

# Quality Treatment - 2025/26

- Y2 of MHLDA Inpatient Quality Transformation Programme, with focus on development of BNSSG wide rehabilitation offer
- Ensure all our services are trained in trauma informed practice and this is embedded to reduce risk of re traumatisation.
- Embed the use and monitoring of 'paired outcome measures' and patient experience measures across our system which allow people of all ages using services, clinicians and the wider system to understand which support has most helped someone with their recovery.
- Embed a personalised care framework in all our community and inpatient services, so care is tailored to a person's individual needs and moves our services to an intervention focused approach to improve patient outcomes and experience.
- Home Treatment Service operational with shared clinical model of care as our inpatient services for continuity of care
- Improved patient flow, reduced length of stay and zero inappropriate out of area placements.
- 111 press 2 service extended to include a crisis text service.
- Implement the integrated mental health, social care and housing plan across BNSSG.
- Improve access to NICE recommended psychological therapies for SMHP's, including scoping of digital therapeutics for adults and CYP



# Sustainable system - 2024/25 achievements

- First AWP building to have its heating and hot water demand met entirely by heat pump.
- Green social prescribing - Lots of action within mental health services see [Healthier with Nature - NHS BNSSG ICB](#) and [Better than medication](#) – [Steve Spiers](#) can provide specific examples.
- Prevention work to reduce the amount of long term, more carbon intensive care requirements. •New LDA building at Blackberry Hill progressing well. This will be the first new building in AWP to have its heating and hot water demand met entirely by a heat pump.
- Applying for Salix PSDS4 grant funding for further heat decarbonisation projects
- Solar PV being installed at Riverside Unit (Blackberry Hill) and Speedwell Centre (Whitefield Road)
- Working with our service users to produce an induction training video about the climate emergency and the importance of taking action on reducing our emissions.
- Aiming to put more EV charging points in at 3 sites prior to year end

# Sustainable system - 2025/26

- 25/26 shift to digital for our system's all-age mental health services underway
- Sustainable contracting approaches offering longer term funding, to allow partner organisations to be committed to transformation and support their staff retention. Any procurement exercise will fully consider environmental and social impact as key elements.
- Solar PV installed at Riverside unit and Speedwell Centre.
- Work with service users to produce induction training video about climate emergency and the importance of acting to reduce emissions.
- Increase the number of EV charging points on NHS estate.

# Advancing equalities - 2024/25 achievements

- Improved reach to diverse communities through targeted support for marginalised communities, e.g. mental health and ethnicity, mental health for LGBTQIA+ individuals, through peer support and training to support services to meet women's needs.
- Established BNSSG Patient and Carer Race Equality Framework (PCREF) system-wide group, Black MH manifesto SW launch (Nilaari); ICE MINT pilot in development targeting support for racialised communities.
- Refined the Health & Care Improvement Group report template to include coproduction on all papers.

# Advancing equalities - 2025/26

- Ensure support is culturally sensitive and address inequalities for children and young people – pilot to review access to mental health services for young people with Young Black and Brown service users.
- Improve the quality of experience data (PREMS and PROMS) ensuring it identifies inequalities and access and outcomes for people with protected characteristics.
- AWP improved sensory environment on inpatient wards to improve therapeutic environment and support recovery.
- As part of our MHLDA Inpatient Quality Transformation Programme, we have procured Neurodiverse Connections to work with people who have experienced an inpatient admission and their families to co-produce our improvements to ensure our care is trauma informed, culturally sensitive and accessible and acceptable to all

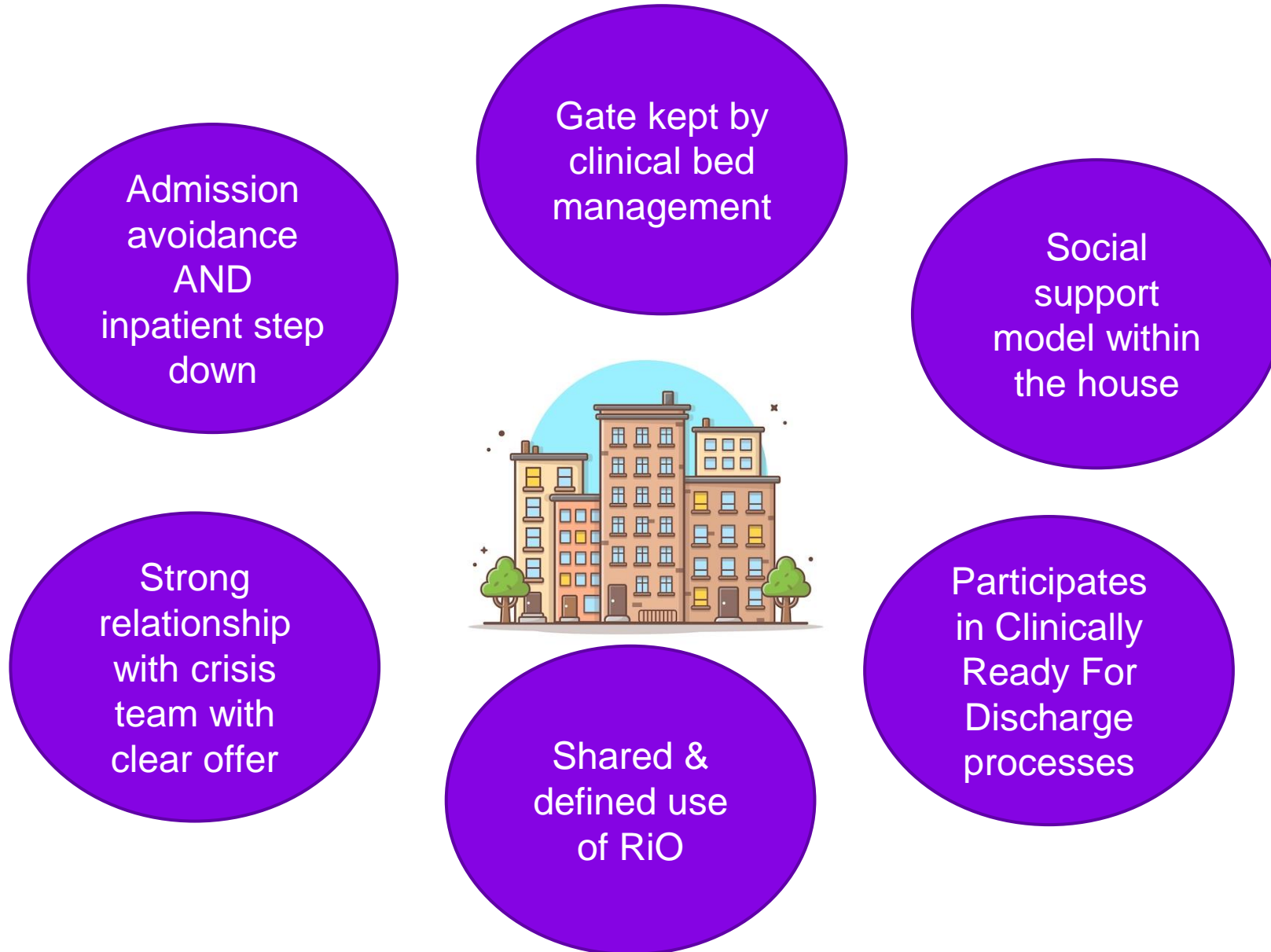
# Great place to work - 2024/25 achievements

- AWP deliverables to improve the working environment, streamline corporate processes, improve communication and clarify decision making. Staff survey results are positive for 2024, staff turnover has reduced and is averaging about 11%
- AWP have designed a leadership development programme and activities.
- AWP Agency reduction programme has reduced over-reliance on temporary agency staff, focusing on the cost of agency through agency management and price cap

# Great place to work - 2025/26

- AWP leadership development programme and activities to be launched April 2025
- AWP to maintain and consolidate off-framework agency position
- AWP to achieve 95% bank fill for HCSW temporary staff requests.
- AWP to continue to reduce agency spend, reducing long term agency and lines of work.

# Men's crisis house - Key elements of the model



# Men's crisis house - In the first 3 months (June – August 24)...

- Based solely on **those who stepped down** from an inpatient stay, the **net cost avoidance** from them being supported in the men's crisis house rather than an acute bed from was **£85,008**. This equates to **£510,048 per year** net cost avoided.
- If we assumed that approximately **50% of people** who came from **community** would have been at significant risk of admission there is a **further cost avoidance of £55,913** for the two-month period - or **£335,481 for the year**.
- These costs only account for the costs avoided from not using an acute bed. They do not account for the range of other costs which come with a mental health admission, such as the significant costs of Mental Health Act assessments, ambulance transport, physical acute bed usage ( for ED diverts), police involvement and section 136 suite costs.



# Men's crisis house - But it is about far more than £

- Working in Partnership in the first three months the service
  - Supported 24 people to avoid admission over 389 bed days
  - Identified potential dementia and arranged a full assessment for early help
  - Supported someone to access the foodbank whilst in the house and arranged for ongoing help in their new tenancy
  - Supported someone to access a local woodworking group to address low mood; this person now wants to volunteer at the house as a peer supporter.
  - Learnt together from incidents working with AWP – this is part of an ongoing approach to quality improvement.

## Little Wins and Gratitude

Clean  
from  
COKE for  
51 DAYS



Thank for  
the good weather  
and sunshine  
☺

To be part of  
something  
bigger than  
myself! ☺  
This Job

went shopping  
on my  
own



I'm grateful for  
my family members  
who support and  
love me to go to  
the US to further study

Thanks for  
my health  
each day!!

HAD A  
GOOD NIGHTS  
SLEEP

30 MINUTES  
OF  
BASKETBALL

took my  
kids out

For the good  
who motivated  
me to find  
a job in which  
I help people

Went to the store  
in the rain  
☺

I spoke to  
people  
today

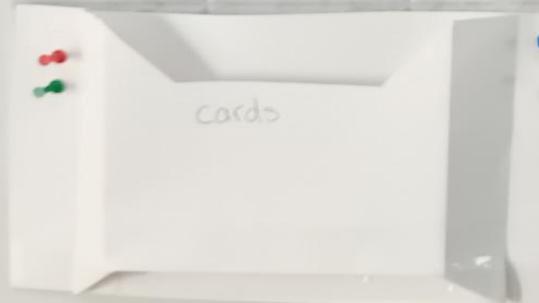


I found my phone  
in the car and  
spoke some sense  
into it ☺

I drove to  
work today  
☺

PLAYED  
FOOTBALL WITH  
MY DAUGHTER

This week  
I woke up  
smiling ☺



ART

## [BNSSG Men's Crisis House Video Tour](#)

## **BNSSG INTEGRATED CARE PARTNERSHIP BOARD FORWARD AGENDA PLAN**

### **1.30 pm – 4.00 pm, 12 June 2025**

- Update from Integrated Care Board Chair
- Update from Health and Wellbeing Board Chairs x3
- Update from Locality Partnerships
- Healthier Together 2040 – project delivery progress report
- Update on NHS 10 year plan
- Possible item – update on Corporate Parenting

### **1.30 pm – 4.00 pm, 11 July 2025**

- Possible date for development session

### **1.30 pm – 4.00 pm, 11 September 2025**

- Update from Integrated Care Board Chair
- Update from Health and Wellbeing Board Chairs x3
- Update from Locality Partnerships
- Healthier Together 2040 – project delivery progress report

### **1.30 pm – 4.00 pm, 13 November 2025**

- Update from Integrated Care Board Chair
- Update from Health and Wellbeing Board Chairs x3
- Update from Locality Partnerships
- Healthier Together 2040 – project delivery progress report

### **1.30 pm – 4.00 pm, 12 February 2026**

- Update from Integrated Care Board Chair
- Update from Health and Wellbeing Board Chairs x3
- Update from Locality Partnerships
- Healthier Together 2040 – project delivery progress report

### **1.30 pm – 4.00 pm, 16 April 2026**

- Update from Integrated Care Board Chair
- Update from Health and Wellbeing Board Chairs x3
- Update from Locality Partnerships
- Healthier Together 2040 – project delivery progress report