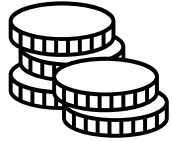


## The London Damp and Mould Risk Assessment tool for health and care professionals

Shelley Aldred, Programme Leader, OHID London Region

# Recent drivers of growing concern and focus on the health risks of damp and mould



Rising energy costs and wider cost of living pressures



Rising levels of fuel poverty



Increasing focus on poor quality housing with respect to insulation and ventilation



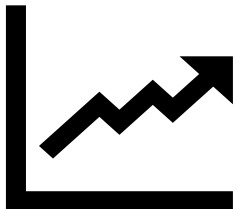
Tragic death of **2-year old Awaab Ishak**, 2020, due to **prolonged exposure to mould** in his Rochdale home. His family's complaints about their living conditions were **repeatedly ignored**.

(Coroner's Prevention of Future Deaths Report, Nov 2022)

# The London Picture



- In the year to March 2022...damp and mould-related complaints were responsible for almost a third (28%) of category one hazards in London.\*



- Incidences reported to London councils amounted to more than twice the proportion seen across England as a whole.\*

\* London Assembly, Nov 2022, [Mayor leads new initiative to clamp down on London's damp and mouldy homes | London City Hall](#)

# Developing the damp and mould risk assessment toolkit



- A multi-agency task and finish group of London health partners (GLA, ADPH London, NHSE, OHID London, UKHSA) collaborated to develop a practical risk assessment tool on damp and mould – this work was endorsed and supported by London Directors of Housing and London Local Government Chief Executives

## Purpose:

- To support home visiting health and care professionals to understand and recognise damp and mould concerns and issues, identify those individuals and households most vulnerable to health risks of damp and mould exposure, and enable them to provide appropriate advice and take action,
- To support London LAs with identifying households at increased risk of severe health impacts of damp and mould exposure,
- To signpost tenants and residents to up to date information and advice.

# Overview of London Damp and Mould Toolkit

Risk assessment toolkit which aligns with new national guidance published by DHSC (September 2023).

## Content

- Section 1: Identifying housing concerns
- Section 2: Assessing clinical vulnerability
- Section 3: Taking action – simple flowchart/algorithm to guide action
- Appendices: Template letters, factsheets



## Section 1: IDENTIFICATION



### SECTION ONE: IDENTIFYING HOUSING CONCERNS

Complete Q1-8 below to identify possible concerns related to housing conditions and fuel poverty (see Appendix 1 for a factsheet and Appendix 3 for a checklist).

Q1	Is there visible condensation on windows or surfaces in the house?
Q2	Are there visible patches of damp or water damage on walls or ceilings?
Q3	Is there any visible mould growth on windows or surfaces or a ceiling?
Q4	Has the householder reported known leaks inside the property, guttering outside the property, bridged damp-proof course or visible defects?
Q5	Do any of the bathrooms or kitchen lack a working extractor fan?
Q6	Are there concerns about adequate ventilation in the property? Windows cannot be opened; windows do not have (operational) trickle vents; opening windows owing to high levels of outdoor air pollution, noise or other reasons.
Q7	Have the residents raised issues about damp and mould with the landlord? Have concerns have been ignored or the response to concerns is slow?
Q8	Are there concerns about the adequacy and effectiveness of the heating in the property? Are the occupants struggling to heat their home?

Comments:

## Section 2: ASSESSING CLINICAL VULNERABILITY



### SECTION TWO: ASSESSING CLINICAL VULNERABILITY

If any housing concerns relating to damp and mould are identified in Section One, complete Section 2 below to identify any clinical concerns.

		YES	NO
Q9	<b>Are any residents/ tenants at increased risk from damp and mould, due to the following:</b>		
	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		
	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+		

Comments

		YES	NO
Q10	<b>If your residents/ tenants are not at increased risk from damp and mould as listed in Q9, have they experienced any of the following in the last 6 months?</b>		
	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		

Comments

## Section 3: TAKING ACTION



### SECTION THREE: TAKING ACTION

If concerns are identified in Section One and Section Two, see below for summary of recommended actions to be completed.

All individuals to receive a copy of the factsheet (see Appendix 1)

If any housing concerns are identified, but no clinical vulnerabilities or concerns, then complete the following actions:

- If damp and mould concerns identified ("YES" to any of Q1-Q8) – complete actions in **Box A**.
- If fuel poverty concerns identified ("YES" to Q8) – complete actions in **Box B**.
- If answered no housing concerns identified ("NO" to Q1-Q8) – **no further action** to be taken.

If clinical concerns or risk factors are identified **in addition to housing concerns**, then complete the following actions:

- If "YES" to any of Q1-Q8 **AND** "YES" to any of Q9 or Q10, complete actions in **Box C**.

#### Box A: Actions for exposure to damp and mould without clinical vulnerabilities or concerns present

- Signpost all individuals to the following resources:**
  - [NICE factsheet for professionals](#) on improving indoor air quality
  - [NHS patient guidance](#) on impact of mould and damp on health
  - Guidance from [Shelter \(select England\)](#) and [Citizens Advice](#) on how to prevent damp and mould.
- If individual is a social tenant, consider template Letter C (see Appendix 2) to the landlord** and signpost to the following resources:
  - National guidance on understanding and addressing damp and mould, which covers the responsibilities of social and private landlords  
[Understanding and addressing the health risks of damp and mould in the home - GOV.UK \(www.gov.uk\)](#)
  - Guidance from Citizens Advice on [responsibilities of social landlords and actions to take if damp is not addressed](#).
- If individual is a private tenant, consider template Letter C (see Appendix 2) to the landlord** and signpost to the following resources:
  - National guidance on understanding and addressing damp and mould, which covers the responsibilities of social and private landlords  
[Understanding and addressing the health risks of damp and mould in the home - GOV.UK \(www.gov.uk\)](#)
  - If concerns about a private landlord, consider reporting them through the [GLA's rogue landlord process](#).
  - Guidance from [Citizens Advice](#) and [Shelter UK](#) and on responsibilities of private landlords to address damp/mould and [actions if landlord does not take action](#) (including template letters for the tenant to raise concerns).

#### Box B: Actions for fuel poverty concerns.

# Delivery of the London risk assessment tool

## Piloting and testing

- 8 London pilot sites proactively piloted and provided feedback on tool content, useability in practice.

## Dissemination

- London tool was published in December 2023 (MECCLink London, updated February 2024) see: <https://www.mecclink.co.uk/london/housing-damp-and-mould-advice/>



# Case Study – St George's Hospital

Richard Chavasse,  
Consultant  
Respiratory  
Paediatrician



How the London Damp and Mould Checklist has been implemented at St George's Hospital



# Case Study – St George's Hospital

Richard Chavasse,  
Consultant  
Respiratory  
Paediatrician



YH, a 5-year-old boy who has had several attendances to ED/ admitted to hospital with viral induced wheeze. YH has eczema and food allergies.

# Outcomes to date/ Next steps

- Adoption and promotion of the tool within DHSC national programmes, namely:
  - Healthy Homes Pilot Programme (40 LAs)
  - Private Rental Sector (PRS) Pilot Programme (9 LAs)
- Adoption and adaptation
  - across national regions (Cornwall, etc)
  - across London boroughs
  - within London Trusts
- Case studies describing implementation
- Indication of benefit being realised following implementation
- Formal evaluation





Any questions?

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