

Health and Wellbeing Board Agenda



BRISTOL CCG

Date: Wednesday, 28 October 2020

Time: 2.30 pm

Venue: Remote Access - Remote Access

Distribution:

Board Members: Alison Bolam, Helen Holland, Asher Craig, Christina Gray, Julia Ross, David Jarrett, Elaine Flint, Tim Poole, Vicky Marriott, Georgie Bigg, Jacqui Jensen, Robert Woolley, Andrea Young, Eva Dietrich, Janet Rowse, Hugh Evans, Jean Smith and Sumita Hutchison

Copies to: Nancy Rollason (Head of Legal Service), Sarah Sharland (Legal Officer), Sally Hogg and Oliver Harrison (Democratic Services Officer)

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Date: Tuesday, 20 October 2020



Agenda

1. Welcome, Introductions and Safety Information

Please note: if the alarm sounds during the meeting, everyone should please exit the building via the way they came in, via the main entrance lobby area, and then the front ramp. Please then assemble on the paved area between the side entrance of the cathedral and the roundabout at the Deanery Road end of the building.

If the front entrance cannot be used, alternative exits are available via staircases 2 and 3 to the left and right of the Council Chamber. These exit to the rear of the building. The lifts are not to be used. Then please make your way to the assembly point at the front of the building. Please do not return to the building until instructed to do so by the fire warden(s).

2. Apologies for Absence and Substitutions

3. Declarations of Interest

To note any declarations of interest from the Councillors. They are asked to indicate the relevant agenda item, the nature of the interest and in particular whether it is a **disclosable pecuniary interest**.

Any declarations of interest made at the meeting which is not on the register of interests should be notified to the Monitoring Officer for inclusion.

4. Minutes of Previous Meeting

To agree the minutes of the previous meeting as a correct record.

(Pages 4 - 9)

5. Public Forum

Up to 10 minutes is allowed for this item.

Any member of the public or Councillor may participate in Public Forum. The detailed arrangements for so doing are set out in the Public Information Sheet at the back of this agenda. Public Forum items should be emailed to democratic.services@bristol.gov.uk and please note that the following deadlines will apply in relation to this meeting:-

Questions - Written questions must be received 3 clear working days prior to the



meeting. For this meeting, this means that your question(s) must be received in this office at the latest by 5 pm on Thursday 22 October.

Petitions and Statements - Petitions and statements must be received on the working day prior to the meeting. For this meeting this means that your submission must be received in this office at the latest by 12.00 noon on Tuesday 27 October.

6. Work Programme

To note the work programme.

(Page 10)

7. Fuel Poverty Action Plan

(Pages 11 - 51)

8. Bristol Future Parks

(Pages 52 - 107)

9. A Cross Sector Approach to Tackling Hate Crime

(Pages 108 - 110)

10. Migrant, Refugee and Asylum Seeker Health

(Pages 111 - 125)



Bristol City Council Minutes of the Health and Wellbeing Board

19 August 2020 at 2.30 pm



Board Members Present: Dr Alison Bolam, Helen Holland, Asher Craig, Christina Gray, David Jarrett, Elaine Flint, Tim Poole, Vicky Marriott, Dr Jacqui Jensen and Sumita Hutchison

Officers in Attendance:-

Sally Hogg, Mark Allen and Oliver Harrison (Democratic Services Officer)

1. Welcome, Introductions and Safety Information

The Chair welcomed everyone to the meeting and led introductions.

2. Apologies for Absence and Substitutions

Apologies received:

Jean Smith
Hugh Evans
Janet Rowse
Eva Dietrich
Julia Ross (David Jarrett substitutes)
Andrea Young (Tim Keen substitutes)
Robert Wooley (Cathy Caple substitutes)

3. Declarations of Interest

None received.

4. Minutes of Previous Meeting - Thursday 25th June 2020

The minutes of the meeting held on 25 June 2020 were agreed as a correct record.



5. Public Forum

None received.

6. Work Programme

The board noted the work programme.

7. COVID-19 Local Outbreak Management Update - Christina Gray, Director of Public Health

Christina Gray gave a presentation on Local Outbreak Management and highlighted the following points:

- The objective of the management plan is to Identify, Contain and Isolate the virus to prevent spread. The current rate of cases is 7.6 per 100k in Bristol, based on data over the past 7 days. This is below the England rate but we should be mindful our rate is creeping up. We were on 2/100k, now on 7. The England rate is also climbing. The biggest outbreak areas are at 50. Leicester was at 60 but is reducing. Darwen used to be 80 but is dropping.
- The National institute for Health Protection was announced formally on Tuesday. Our Public Health England team in the South West are still online and their work will remain largely the same. The aim is to bring all health teams together, including the NHS test and trace programme.
- Health issues being compounded by Covid-19, including Healthy Weight, Mental Health and Health Inequality are still a high government priority, but it remains to be seen what particular actions will look like.
- The National Alert System has a 1 – 5 scale. The initial pandemic was at 4, but we are now at 3. All outbreak plans aim to keep the alert level at 3.
- The Local Authority section of the plan contains the Health Protection Board and the HWB is closely linked to this part. The Local Authority escalates to the LRF if required, linking up into regional level and down into neighbourhoods.
- National monitoring system has comprehensive alert systems to identify any areas of concern. This monitors daily data down to the postcode level. Intervention level is 50 cases / 100k population.
- The Covid-19 data dashboard is published on the BCC website. This includes narrative context from the Director of Public Health.

Discussion Notes:

- There are a number of cases in Bristol but no deaths. Why is this? Protection of vulnerable people is working well. Age is huge factor on deaths, most being in the over 75 category. The wider availability of testing means that cases are being identified earlier. We have not been doing population testing until recently. The virus was probably circulating in the population before any action was taken in January.
- We commend people with Covid-19 symptoms that get a test knowing that it will affect them adversely. There have been some unhelpful instances where people who have tested positive have received a negative reaction from the community.



- We are working hard to bring testing sites closer to the population. The current Bristol testing site will remain at Bristol Airport, but in an easier to access part of the site. We are currently working with Bristol University to open a testing site at the Victoria Rooms. Another site in Nethem Park is also being developed. There are lots of technical considerations when creating sites.

8. The Impact of COVID-19 Social Care Services at Home June 2020 - Vicky Marriott, Area Manager, Healthwatch Bristol, North Somerset and South Gloucestershire -

Vicky Marriott introduced the report and highlighted the following points:

- This is the first report following the change of the Healthwatch contract late last year. We are champion for consumers of health and social care. We use user lived experience to influence planning and design.
- This report looks at Care at Home, including community outreach. As of July 2020, there have been 30,500 excess deaths nationally. Bristol has 662 at home and 638 in care homes excess deaths. There have been more deaths in domiciliary care rather than care homes, this is because care homes are more able to mitigate Covid-19 impacts.
- There is currently a social care staff crisis. Volunteers are going back to work or not able to help anymore.
- Some users are not accessing services due to safety concerns. Self-funders are missing from the data, some will have unmet needs.
- Aims are to improve service users' sense of security so they are more willing to get their care. Improving continuity of carers if possible. More effective communication of changes to healthcare arrangements. More assistance for self-funders.

Discussion notes:

- Members thanked VM and her team for their work, but expressed concerns about the sample size in this survey, which was 53 respondents that was then reduced to 15 individuals. It would be difficult to draw conclusions based on this.
- The Healthwatch contract is new for this organisation, which is still finding its network within the city. The survey was on a website and there were insufficient resources during Covid-19 to canvass via telephone.
- The research is qualitative rather than quantitative, it represents individual experiences and a snapshot of what some people are feeling.
- On care services recruitment, some organisations have lost staff due to isolating, with some not coming back from isolation or furlough.
- Unpaid carers are struggling as they are isolated and there is an increase in safeguarding issues as lockdown means people are in their homes for long periods of time with increased tensions.
- There is an expected 30% increase in mental health referrals in this period.
- It is important to support people who self-organise their care. People should have a choice about what care they need. Self-organisation is part of the personalisation approach to care and will help on cultural sensitivity issues if the user has more choice.



- The keep it local programme will help on this by making it possible for community organisations to access funding. They have a greater knowledge of how they can meet their own community's needs. We recognise that personal contact is a necessity despite tech we are using now.
- 50% of respondents are in age group 25-39, which would be a significant over-representation. It is not clear why this is the case; it may be carers answering on behalf of users.
- Small community organisations often struggle to deal with the commissioning system. The system should be flexible enough that small organisations can bid for funding (they usually only need smaller amounts) and concentrate on service delivery.

9. Healthier Together: Impact of COVID-19 and lockdown on health inequalities and steps that need to be taken to address this in Bristol, North Somerset and South Gloucestershire (BNSSG) - Adwoa Webber, Head of Clinical Effectiveness, BNSSG Clinical Commissioning Group (CCG)

Adwoa Webber introduced the report and highlighted the following points:

- The data currently available on health inequality is poor. There needs to be improvement on ethnicity recording to identify racial inequalities.
- There is a Population Health inequality group with the Directors of Public Health in the regional authorities, but it needs more input from providers.
- We have several steering groups which need to take responsibility for actions.
- There is a question on how the HWB interacts with other groups, is this just via the DPH? There is also a need for challenge / scrutiny group for Healthier Together.
- Health pathways need to be more effective to make a positive impact on health inequalities. Lots about targeting interventions towards the 20% most deprived communities and BME areas. Regular reporting should include that lens. There is also gap in uptake for learning disabilities.
- Short actions are due 21 September 2020. Healthier Together needs to show how we are going to put this into action.

Discussion notes:

- Trying to set out our experience with Covid-19 really highlights the health inequalities in the city. We need to systematically get an action plan together which is owned.
- We have a BAME working group in BCC, it would be good to integrate them into this. It is good to be joined up as BAME voices often feel isolated. Also consider other neighbouring authorities with smaller BAME populations. How are they doing things? Learn from each other and avoid replication.
- This is a great call to arms, we now have the evidence so can mobilise the community. Take up of a vaccine is an important element. Will require a lot of coordination.
- There is lots of power to address inequality via commissioning. Service based targets that incentivise organisations to be more inclusive, extend access and improve user experience.
- There is no money mentioned in the report, can we redirect resources to do this? We have heard it discussed at CCG, if certain areas are targeted with funding, other areas will necessarily have less resources.



- Funding allocation is in the gift of commissioners. Decide the outcomes we want for funds and allocate accordingly. Sometimes we will have to move money around to reduce inequality. Certain parts of the population will need the support. It is a difficult conversation, but funding is going to people with higher need. If we are serious about inequality we will need to change the approach, but we will need clear communications about why we are doing it.
- There is a risk that if we do things too fast, we could make errors that make equality worse. However, it is important to make the most of momentum and we should not be in the same position 6 months down the line. There are checks and balances even when acting quickly.

10 Fuel Poverty Action Plan - Aisha Stewart and Hannah Spungin, Bristol City Council Energy Service

Aisha Stewart introduced the report and highlighted the following:

- 2 years ago there was a fuel poverty chapter within the Joint Strategic Needs Assessment (JSNA). Last year the action plan outline was further developed to show areas of focus.
- The team is now seeking input from organisations across the city. The action plan is due for completion in autumn 2020. It will be a live document, which needs regular review.
- The HWB will govern the action plan, with endorsement from the Environment and Housing boards. The No Cold Homes steering group can feed relevant data into HWB.
- Warmer Homes advice and money service provides a single point of contact for support on finance, food and fuel issues. We need to engage with shielded vulnerable individuals. Also determine new opportunities for fuel poor households and consider actions organisations can take to alleviate fuel poverty.

Discussion notes:

- The deadline for feedback on the plan is the end of August.

ACTION all members to feedback relevant fuel poverty mitigation ideas to Aisha Stewart.

- p.6 paragraph 2 of report needs amending.
- There was a discussion on social proscribing, health professionals directing to services for debt / finance advice and related fuel poverty issues

ACTION MA to link Celia Phipps with Aisha Stewart re: social proscribing and related community groups.

11 Going for Gold and food equality update - Elizabeth Le Breton, Bristol City Council and Joy Carey, Bristol Food Network

Joy Carey introduced the report and highlighted the following points:

- 'Going for Gold' is Bristol's ambition to become a Gold Sustainable Food City and make positive changes to our city's food system. There are 6 action areas: buy better, food waste, urban growing, community action, eating better and food equality. Each of these areas has an 'owner' organisation.



- It is about collective action to make changes that are measurable and building a resilient food system for the future. Actions are recorded at the individual, organisation and food sector levels.
- A key concern for HWB is food equality: making sure that nutritious food is available for everyone.
- Covid-19 had a big impact on the GfG process. It was not appropriate to ask people to take actions to change their food approach during an emergency. The priority in this environment was food security, how to reach isolated communities and organise help.
- The Bristol Food Kind initiative was to show how simple individual actions can help. Supporting local producers / suppliers, reducing waste and grow your own food.
- The aim is still to achieve the gold award but have lasting food resilience off the back of the bid.

Discussion notes:

- Members congratulated all people working in the food response during the Covid-19 lockdown. The lockdown has shown that food needs to be a high priority for the city. It showed that isolated and deprived citizens are vulnerable to food insecurity.
- Health and Wellbeing Board can lead the delivery of a food action plan; this should be explored at a future development session.
- 22k children in Bristol are currently going hungry. The emergency response during lockdown was effective, but needs to be maintained so there is a significant reduction in hungry children.
- Work is being done with young carers to guide them on cooking, food and health.

ACTION SH to link with TP about adapting cooking / food guidance for young carers.

- Covid-19 has made many people think about food security and the feasibility of growing their own food.
- The community learning team at BCC may have relevant food related courses that can be leveraged.

Meeting ended at 4.45 pm

CHAIR _____



DRAFT Forward Plan 2020/21 as of October 2020

26th November 2020, 2:30-6pm – Wider stakeholder event and Development Session

- We Are Bristol survey
- VCSE Recovery Plan
- One City Plan 2021

16th December 2020, 2pm – 5pm – BNSSG ‘Creative conversation’

27th January 2021, 2:30-5pm - Formal Board

25th February 2021, 2:30-4:30 - Development session

18th March 2021, 2:30-5pm – Formal Board



Bristol Health and Wellbeing Board

Title of Report:	Fuel Poverty Action Plan
Author (including organisation):	Aisha Stewart – BCC Energy Service
Date of Board meeting:	28/10/2020
Purpose:	Decision

- Paper to be no more than two pages long
- Draft papers are reviewed by the Public Health team
- Final papers will be published on the [public website](#)
- Board correspondence: HWB@bristol.gov.uk

1. Executive Summary

The No Cold Homes Steering Group (a collective of organisations across Bristol that are committed to taking action to tackle fuel poverty in the city) has developed a Fuel Poverty Action Plan for the city. The aim is to provide a strategic roadmap for actions that support and lift households out of fuel poverty.

A finalized version of the action plan is being share with the board in order to obtain sign-off prior to publishing in the November.

2. Purpose of the Paper

We are presenting a finalized version of the Fuel Poverty Action Plan in hope of obtaining sign-off. We have spent the last few months engaging with organisations across the city to ensure that the action plan is representative of the current work and upcoming projects in the city that support households in fuel poverty.

3. Background and evidence base

In December 2018, the JSNA chapter on [Fuel Poverty](#) was published which discussed the state of fuel poverty in the city, highlighted what services already exist to support those in fuel poverty, while mentioning what more can be done to tackle it. Recent data from the Department for Business, Energy & Industrial Strategy suggests that 9.8% of households in Bristol are fuel poor, which is an estimated 19,572 households across the city.

The JSNA chapter highlights how living in a cold home can worse the health of those with any existing health conditions and have an impact on children who are at greater risk of respiratory problems and lower educational attainment. Additionally, the chapter discusses the association between cold homes and mental health problems, as the physical discomfort of being in a cold home and financial worries can have an impact on one's mental wellbeing.

Additionally, the NICE guideline for excess winter deaths [NG6] provides recommendations for actions that can be taken to better support those living in cold homes. For each of the recommendations suggested, [evidence and expert papers](#) are linked to support the need for the suggested recommendation.

Furthermore, the One City Plan includes targets related to tackling fuel poverty and we aim to utilise the One City approach to bring together organisations across the city to work towards achieving the targets.

4. Community engagement

As part of the development of the Fuel Poverty Action Plan, we have engaged with various community organisations, service providers and council departments. The No Cold Homes Group will continue to work with and alongside community groups to support those in fuel poverty.

5. Recommendations

N/A

6. City Benefits

The development of the Fuel Poverty Action Plan aims to provide a strategic approach for engaging with and supporting the residents of Bristol that are in fuel poverty.

7. Financial and Legal Implications

N/A

8. Appendices

Attached is the most recent version of the Fuel Poverty Action Plan.

Bristol Fuel Poverty Action Plan 2020 –2030

A partnership approach to end cold homes in Bristol

Draft for review by One City Plan boards

DRAFT

Foreword

Bristol is committed to tackling fuel poverty and ensuring that the residents of this city have access to support services and the necessary energy efficiency measures to live in a warm and comfortable home. The impact of living in a cold home has a wide range of effects on physical and mental health that can have a lasting effect on individuals, families and our communities. With the impacts of COVID-19 affecting many households in the city, this time presents an opportunity to act collectively as a city to tackle this issue to prevent further hardship.

The Fuel Poverty Action Plan provides the city with direction and a strategic approach for supporting vulnerable households across the city. The plan includes actions we can take as a city to support households in fuel poverty and preventative measures to ensure more people do not fall into it. As the city moves towards its 2030 goal of being carbon neutral and climate resilient by 2030, we need to consider how we will support households through a just energy transition, where citizens are able to have access to affordable low carbon heating options and live in energy efficient homes. With involvement from the Health & Wellbeing Board, the Bristol Homes & Communities Board and the Environmental Sustainability Board, the Fuel Poverty Action Plan is an opportunity to utilise the One City Approach and bring together organisations to improve the lives of those living in cold homes and prevent further households from ending up in fuel poverty.

COVID-19 has presented a series of challenges and has resulted in financial hardship for many households, which could make managing finances and keeping homes warm more difficult than ever. We recognise that these are complex situations; however, we have an opportunity to galvanise action in the city and take collective action. The Health and Wellbeing Board sees this work as a chance to make progress on tackling issues on the wider determinants of health to improve the health and wellbeing of Bristol's residents.

Thank you to all the organisations that have supported the development of the Fuel Poverty Action and to those that are committed to taking this work further.

Bristol's Health and Wellbeing Board
October 2020

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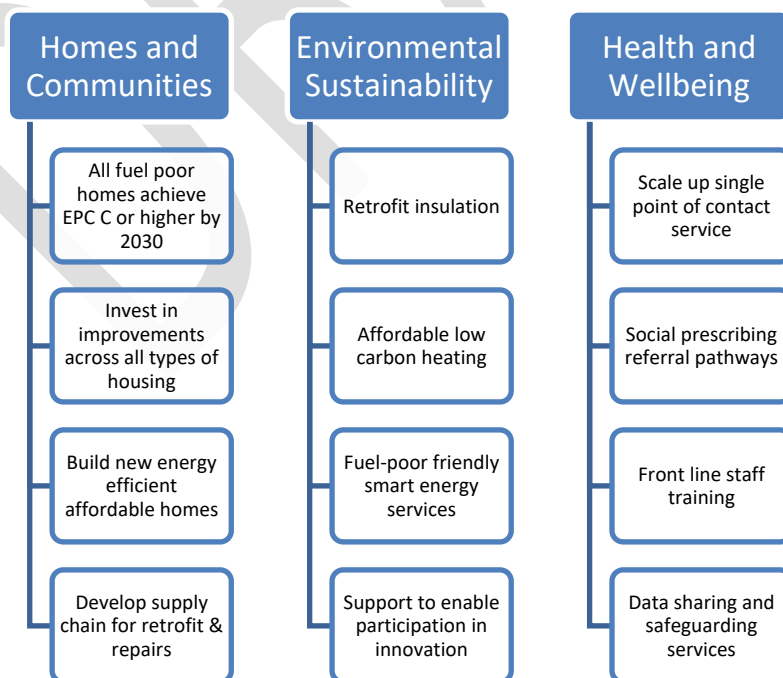
Executive Summary

Bristol is committed to tackling fuel poverty and improving the lives of those currently struggling to adequately heat their home. COVID-19 has resulted in more financial hardship for many households in the city and the Fuel Poverty Action Plan aims to galvanise action in Bristol to support vulnerable households. It will require investment of over £20 million to install insulation, improved efficiency, low carbon heating measures and renewable energy measures in fuel poor homes across Bristol. Specialist health and housing advice and referral pathways, integrated with income maximisation support, will also contribute to wider health and wellbeing benefits, in line with the One City ambitions to embed health and wellbeing in all key policy development. The Fuel Poverty Action Plan aims to work alongside the [One City Climate Strategy](#), as it includes actions to tackle fuel poverty that will help achieve affordable warmth and improved health as well as carbon emission reductions.

The production of this action plan was led by the voluntary No Cold Homes steering group. An event hosted at City Hall in November 2019 brought together partners from across Bristol and surrounding regions to identify the actions needed to achieve this goal, with further stakeholders helping to clarify the scale of action required.

Bristol’s One City Plan provides the appropriate model to ensure a collaborative approach with various organisations to tackle fuel poverty. The Fuel Poverty Action Plan and subsequent actions will involve engagement and action from multiple One City thematic boards. The Health and Wellbeing Board, the Homes and Communities Board and the Environmental Sustainability Board each have an oversight role for sections of the action plan.

Summary of activities overseen by One City boards



1 Introduction

In 2014, the government introduced in legislation a fuel poverty target for England to improve as many fuel poor homes as is reasonably practicable to a minimum energy efficiency rating of Band C, by the end of **2030**.

More than 20,000 homes in Bristol that are currently EPC band D or worse require improving to EPC band C or higher by 2030. The cost to make the necessary retrofit improvements is estimated at over £190 million. This would rise to £220 million if homes improved were retrofitted with low carbon heating measures instead of new gas boilers being installed.

The No Cold Homes steering group is a self-formed group that is committed to driving and co-ordinating action on tackling fuel poverty in Bristol, with active representatives from leading organisations, including Bristol City Council, private and voluntary sector energy organisations, local advice and support providers, clinical commissioning groups, health researchers and representatives from the community energy sector.

1.1 Fuel poverty and cold homes – definition

Fuel poverty is generally understood to refer to the situation where a low income household is struggling to afford their energy costs. Fuel poverty exists where a low income household lives in a property that is not energy efficient and therefore expensive to keep warm; lives in a home that is much larger than needed; or where they use a more expensive heating fuel. Whilst the official definition of fuel poverty (see below) is based on modelled fuel costs, for many households the high cost of their energy tariff makes it hard for them to afford to keep their home warm. . In the UK, space heating accounts for the majority of a household's energy usage. Fuel poor households are also likely to experience other forms of energy deprivation affecting a range of daily activities within the home, including cooking, bathing, cleaning, study, communicating, socialising and entertainment.

The official definition of fuel poverty used in England is the Low Income High Costs (LIHC) definition, which defines a household to be in fuel poverty if:

- They have required fuel costs that are above average (the national median level) and;
- Were they to spend that amount they would be left with a residual income below the official fuel poverty line.

The government is consulting on a revised definition, the Low Income Low Energy Efficiency (LILEE). Under this definition, households will be deemed fuel poor if their disposable income (after housing and energy costs) is below the poverty line and they live in a property with an energy efficiency rating of Band D or lower. The energy performance certificate (EPC) rating of a dwelling is used as an indicator of how affordable it is to heat a home. E, F & G rated homes are more difficult to heat and keep warm at an affordable cost, whilst homes that are rated C or above are more cost-effective to heat. However, EPC ratings can often be inaccurate due to issues with quality control in the industry, additionally the simplified RdSAP model can also overlook certain issues such as condensation. Also, if a heating system in a property is broken, faulty or not being used, this will not

be reflected in the EPC rating. Finally, there is evidence of some very low income households living in EPC C rated homes still struggling to afford their fuel bills.

1.2 The harmful effects of living in a cold home

The experience of fuel poverty and living in a cold home can cause multiple forms of harm to physical health, mental and health and social impacts. The [Bristol JSNA Chapter on Fuel Poverty](#) provides a full analysis of the significance of fuel poverty as a public health issue affecting people living in Bristol.

Living in cold and damp housing increases incidence rates for heart attack, stroke, respiratory disease, influenza, falls and injuries and hypothermia, especially in the elderly. It can also cause mental health effects from depression amongst all age groups as well as indirect risks of carbon monoxide poisoning. The World Health Organisation estimates that up to 30% of winter deaths are caused by cold housing. In the 2017/18 winter period, there were an estimated 50,100 excess winter deaths (EWD) in England and Wales.¹

Living in a cold home can also have indirect health effects on educational attainment, employment attainment.

Additionally, a cold home also has harmful economic and social impacts, including household debt, social isolation, loneliness and poor diet, due to people making trade-offs between whether they heat their home or eat well. Fuel poverty is also associated with harm to health from associated problems of damp and poor internal air quality.

The National Institute for Health and Care Excellence (NICE) guidelines identify the following groups as at greater risk of harm to health from living in a cold home:

- people with cardiovascular conditions
- people with respiratory conditions (in particular COPD and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (65 years +)
- young children (under 5)
- pregnant women
- people on a low income
- people who move in and out of homelessness
- people with addictions
- people who have attended hospital due to a fall
- recent immigrants and asylum seekers

1.3 The national context

The government recently consulted on its 2015 Fuel Poverty Strategy for England, which set a target for as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency rating of Band C, by 2030. The fuel poverty statistics and consultation responses by activists highlight that

¹ Julia Verne - Understanding and preventing excess winter deaths. Presentation

progress has stalled. The proportion of fuel-poor households rated D is projected to improve to 68% by 2019 – against an interim target for as many as reasonably possible to reach Band E by 2020.

The government's consultation asked whether existing national programmes are sufficient to meet the scale of the fuel poverty challenge and what should be included in a new strategy to meet that challenge. It asked respondents to comment on:

- Updating the current Low Income High Cost (LIHC) fuel poverty metric to Low Income Low Energy Efficiency (LILEE);
- Retaining the current target and interim milestones for the strategy;
- The current guiding principles of the fuel poverty strategy (Worst First, cost effectiveness, vulnerability and a proposed 4th principle on aligning a fuel poverty strategy with current and future Government priorities; and
- Policies and associated commitments to include in an updated strategy.

The Queen's speech in December 2019 confirmed the Conservative Manifesto pledge to invest £9.2 billion in improving energy efficiency within homes, schools and hospitals to help reduce energy bills. The manifesto committed to:

- Keep existing energy price cap legislation
- Invest £6.3bn to improve the energy efficiency of 2.2 million disadvantaged homes, reducing their energy bills by as much as £750 a year, with two schemes:
 - £3.8bn social housing decarbonisation scheme focused on improving insulation in 2 million social homes, reducing energy bills by an average of £160 / year
 - £2.5bn home upgrade grants (HUGs) to replace boilers, provide insulation and in some cases replace energy systems wholesale. 200,000 homes will be upgraded, providing an average annual saving of £750 a year. It will cover costs up to £12,000 and apply to fuel poor households, both private and social, with poor energy efficiency.

In July 2020, the Chancellor announced the new £2 billion [Green Homes Grant](#) to support the increase in energy efficiency improvements for households. £1.5 billion of the full £2 billion is allocated to the Green Homes Grant voucher scheme where households will receive funding for a range of low-carbon energy efficiency measures to be completed through Trustmark or Microgeneration Certification Scheme (MCS) accredited installers. The remaining £500 million is administered by local authorities through the Green Homes Grant Local Authority Delivery (LAD) scheme. Local authorities will be able to bid for funding to support low-income households in their area. Further announcements on planned action to tackle fuel poverty will form part of the Government's approach are understood to include:²³

- an updated fuel poverty strategy for England and Energy White paper;
- £6.3 billion-worth of upgrade for those in fuel-poor and low income homes;

² [https://hansard.parliament.uk/Lords/2020-02-07/debates/45023680-92D1-4EF1-AC56-20B83289A51C/DomesticPremises\(EnergyPerformance\)Bill\(HL\)](https://hansard.parliament.uk/Lords/2020-02-07/debates/45023680-92D1-4EF1-AC56-20B83289A51C/DomesticPremises(EnergyPerformance)Bill(HL)).

³ The above information was referenced in National Energy Action (NEA) Budget Submission 2020

- a consultation on raising minimum energy performance standards in private rented homes (released in September 2020);
- action to improve the warm home discount and Energy Company Obligation.

Bristol City Council and other partners must work to ensure that fuel poor households in Bristol get their full share of this investment.

1.4 Bristol-specific challenges to addressing fuel poverty

Many of the challenges for tackling fuel poverty across Bristol are common to those in the rest of the country. The Bristol JSNA Chapter on Fuel Poverty compared the situation in Bristol with that in other core cities. Rates of fuel poverty and excess winter deaths in Bristol compare favourably to other core cities. A growing proportion of housing in the city is in the private rented sector, and within this, a significant share comprises houses in multiple occupation (HMOs), which are generally in poorer condition than non-HMOs and currently not subject to MEES regulations.

Mapping of areas of Bristol with the highest proportions of fuel poor households tend to show up areas with large student populations and more affluent areas with older and larger Georgian homes, which are likely to have the highest total fuel bills, including Cotham, Bishopston and Clifton. However, mapping that overlays measures of poor health, low income and low energy efficiency tend to highlight other areas of the city, including Hartcliffe and Withywood, Lawrence Hill, Filwood, Ashley, Southmead and Easton. This demonstrates the importance of applying local understanding to development of action to tackle cold homes and associated harm to health in Bristol.

The JSNA highlights the inter-relationships between fuel poverty and poor quality housing, income poverty, debt, food, transport and health issues. Advice agencies report being at capacity and overwhelmed by demand. The need for more collaborative working and data sharing between support and health service providers is highlighted, as well as for research to inform the strategic direction of local efforts and resources within the health and social care sectors.

1.5 Rationale for action

The No Cold Homes steering group formed of representatives from various Bristol City Council departments, local charities, community groups and other organisations active in tackling fuel poverty and related social, economic and health challenges in the city came together to drive action to end cold homes in Bristol. The production in 2018 of a JSNA fuel poverty chapter for Bristol by the No Cold Homes steering group was an important first step in highlighting the importance of tackling this preventable cause of ill health. The first recommendation from the JSNA was that the Health and Wellbeing Board facilitate the development of a fuel poverty strategy in collaboration with relevant organisations across Bristol.

1.6 Opportunities - what enables us to confront challenges – include national enablers

A number of national enablers provide the basis to confront the challenges faced.

An update of the fuel poverty strategy for England provides an opportunity to confirm and refresh commitments and associated action and investment.

In 2019, a [BEIS select committee report on energy efficiency](#) urged the UK government to follow the example of the devolved nations with respect to complementing Energy Company Obligation (ECO) funds with publicly funded programmes. The report is generally considered very coherent with a thorough evidence base. The government will have to reply to all of the committee's recommendations, so this may result in further opportunities at national level towards which the action plan can contribute.

A Public Health England (PHE) e-learning module for front line health workers on recognising the health impact of cold homes has been developed, as a result of work by the BEIS fuel poverty and health working group. However, a more tailored module is likely to yield increased referrals to Bristol's own single-point-of-contact service.

2 Our partnership approach

2.1 Fit with One City Plan

In January 2019 Bristol published its first ever One City Plan and in February 2020 the One City Environmental Sustainability Board published the One City Climate Strategy. The Fuel Poverty Action Plan is an essential additional to guide cross-sector, city-wide collaboration to tackle the challenge of cold homes. It will contribute towards the One City Plan goal of making Bristol a fair, healthy and sustainable city by 2050.

Bristol's declaration of a climate emergency and subsequent publication of the One City Climate Strategy provide an important regional context within which actions to end cold homes must be delivered. This will bring both challenges and opportunities, with the potential city-wide investment in new heating systems and insulation but also the prospect that fuel poor households - as well as others - will require financial and other help to participate in this transition.

The target to end cold homes by 2030 will require a holistic approach to tackling the complex problem of fuel poverty. It will require a collaborative approach, led and overseen by the Health and Wellbeing Board, the Environmental Sustainability Board and the Bristol Homes and Communities Board. Activities driven and overseen by the Economy Board will also be important to tackling fuel poverty.

The action plan will need people and organisations from across the city to take action. It will need to interact with other city-wide collaborative initiatives (see Box 1) towards the wider goal of making Bristol a fair, healthy and sustainable city by 2050.

Box 1: Related cross-city collaborations and delivery strategies

- One City Climate Strategy: Sets out scale of ambition and actions needed to achieve Net Zero by 2030.
- Bristol City Funds - £10 million investment funding for solutions that target the causes and effects of inequality in Bristol.
- Thrive Bristol - 10 year programme to improve the mental health and wellbeing of everyone in Bristol, with a focus on those with the greatest needs. Fuel poverty is an important underlying cause of poor mental health.
- Healthier Together - the Sustainability Transformation Partnership Long Term Plan 2020 –

2025 covering health care in Bristol and surrounding areas. The health sector needs to engage fully in actions to end cold homes as a cause of ill-health and prevent discharge from hospital into cold homes.

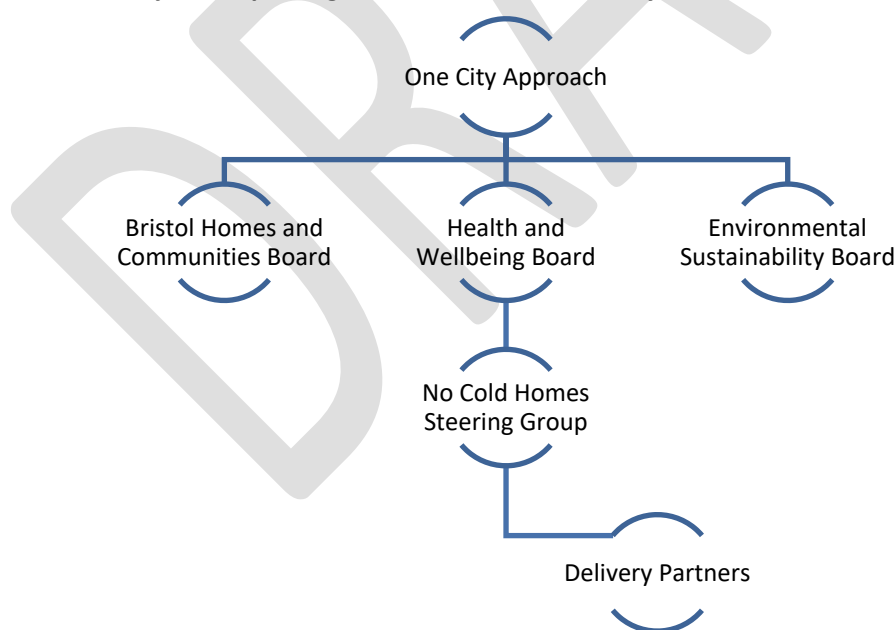
- Homelessness and Rough Sleeping Strategy 2019-24. Fuel indebtedness can push people towards homelessness. Equipping newly housed people to manage their bills can support them to regain independence in their own home.

2.2 Oversight and Delivery Responsibility

Oversight and governance of the Fuel Poverty Action Plan will be the responsibility of the Health and Wellbeing Board. However, due to the cross-sector nature of implications and potential actions associated with fuel poverty, the Bristol Homes and Communities Board and the Environmental Sustainability Board will both play a critical role in supporting and endorsing the Action Plan.

- The Health and Wellbeing Board
 - Specialist cold homes advice services and referral pathway
- Bristol Homes and Communities Board
 - Affordable, energy efficient housing
- Environmental Sustainability Board
 - Affordable, low carbon heating
 - An inclusive, affordable smart energy system

Figure 1: Delivery and reporting structure for Fuel Poverty Action Plan



The No Cold Homes steering group will support the oversight role of the boards, in the following ways:

- Co-ordinate the monitoring of activity by delivery bodies to the One City boards
- Compile data to enable reporting against key progress indicators
- Provide advice to boards and commission research on behalf of boards to underpin understanding of further action needed to accelerate progress and overcome barriers.

This will require dedicated funding, including additional budget to pay for any commissioned research. An executive team with representatives from Bristol City Council's Energy Service and the Centre for Sustainable Energy will provide administrative support to the steering group.

A wider network of No Cold Homes delivery bodies will plan and deliver activities. This includes Bristol City Council teams, health providers, businesses, non-profit organisations, Voluntary and Community Sector (VCS) organisations and academic bodies.

2.3 Outcomes focused action plan

The action plan focuses on achieving outcomes. The main outcome is that:

- By 2030, nobody in Bristol will suffer from a cold home due to fuel poverty. This will be measured using the LILEE definition. As measured by: Number of households in Bristol with income 60% below median income living in a home with an energy efficiency rating of Band D or lower.

Intermediary outcomes are:

- Develop fuel poverty action plan for delivery from December 2020 onwards
- Health & Wellbeing Board reports regularly on progress towards completing all recommendations of the NICE guideline.
- Investment of £217 million to 2030 for retrofit of homes of fuel poor and those at risk of fuel poverty in line with One City Climate Strategy to reduce energy demand and costs, using existing and new funding mechanisms, including City Leap.
- Additional £2.3million revenue funding secured for City-wide single Point of Contact (SPOC) health & housing referral service commissioned beyond 2021 to deliver advice and support services to 2,500 fuel poor homes annually.
- Health & social care practitioners, social housing professionals, voluntary & faith sector front line workers trained to identify people in need of support & make onward referrals
- All vulnerable people with cold-related health risk factors discharged from hospital to a warm home by 2025
- Excess winter deaths and other morbidities closely related to cold homes reduced to minimal level by 2030.
- All social and private rented housing is improved to EPC C by 2028, as far as practicable

3 Affordable, energy efficient housing

3.1 Oversight Board: Homes and Communities

3.2 Context

The One City Plan aims to ensure that every person in Bristol will be able to live in a home that they can afford and which is secure and warm. There is a shortage of affordable housing in Bristol, with a 74.8% increase in average house prices over the last ten years, a housing affordability ratio of 9.12, higher than the national average, and one of the highest rates of rent increases in the country.^{4,5} The combination of high housing costs and low efficiency housing stock, particularly in the private sector, contribute to continuing high rates of fuel poverty.

Current statutory energy efficiency commitments require all fuel poor homes by 2030 in England to be levelled up to the energy efficiency standards of a current new-build home (EPC C). There is also a national policy target for all private rented sector homes to achieve a minimum EPC C by 2028. To tackle fuel poverty and carbon emissions, major improvements must be made to housing in Bristol across all sectors (owner occupied, private and social rented sectors). Bristol's existing housing stock contains large proportions of old, inefficient homes. A quarter of housing has solid walls.⁶ An estimated 22,000 fuel poor homes need retrofitting to achieve at least an Energy Performance Certificate (EPC) rating of C by 2030.⁷ These inefficient homes cost 2-3 times more to heat than more efficient homes. In response, people living below the poverty line under heat their homes to save money, exposing them to the harm associated with living in a cold home – a key driver of fuel poverty.

Bristol must deliver a large scale energy efficiency retrofit response. The scale of investment needed is estimated at £190 - £220 million over the next decade (see Appendix D). For this Bristol will need to claim a significant share of the Government's energy efficiency scheme and social housing decarbonisation schemes. Bristol has current funding for retrofit in the existing ECO scheme: Bristol City Council's Energy Company Obligation (ECO) Flex Statement of Intent is designed to ensure funding is targeted at fuel poor households.⁸

A significant amount of investment will need to be targeted at the private rented sector, making best use of the minimum energy efficiency standard (MEES) regulations. Tightened regulations are being developed to achieve the trajectory of minimum EPC C by 2030.

The April 2020 budget committed £12.2 billion to creating 200,000 new affordable homes in England. New housing in Bristol will be required to meet tightened energy efficiency standards. In Bristol stakeholders responded to a recent consultation on Future Homes Standards. Bristol City Council is exploring the use of thermal imaging as a means to check that performance standards are met in new homes.

⁴ State of Bristol: Key factors 2019

⁵ <https://www.zoopla.co.uk/discover/renting/zoopla-rental-market-report/>

⁶ https://tools.smartsteep.eu/wiki/Bristol_-_Housing_Stock_Assessment

⁷ See APPENDIX D for more information

⁸ <https://www.bristol.gov.uk/documents/20182/33407/ECO+Flexible+Eligibility+Statement+of+Intent+v1.0/76a98415-e38d-a031-21ce-a8188ab41478>

Temporary accommodation for homeless people and people at risk of homelessness needs to be improved to ensure that accommodation is safe, warm and appropriate for individuals and families to live in. This aspect of the plan needs to be more fully developed, planned and funded, interacting with delivery of the Homelessness and Rough Sleeping Strategy 2019-24.

3.3 Planned Actions

Action	Timeline	Status	Target / measure of progress	Delivery lead
Use discretionary licensing and minimum standards to drive improvements in energy efficiency of private rented homes via EPC, MEES & Housing Act	2020 /2025 / 2030	Extend / tighten rqts. to D / C	PRS homes improved to EPC E by end 2022/ D by 2025 /C by 2030	BCC Private Housing Team
Promote Green Homes Grant voucher scheme to private landlords. Loans are available to private landlords either as a top up to Government initiatives or to help meet licensing and minimum energy efficiency (MEES) standards. Require improvements to EPC D by 2025 / to EPC C by 2030 – with supporting funding.	2019-2022	Existing	PRS homes improved to EPC E & higher by 2022	BCC Private Housing Team BCC Energy Service
Local authority-led mass retrofit investment in social housing to bring to C by 2030	2021 - 2030	Scale up	Social housing improved to EPC C or better by 2030	BCC Housing Team BCC Energy Service
Housing associations mass retrofit programme for fuel poor homes to bring to C by 2030	2021 - 2030	Scale up	Social housing improved to EPC C or better by 2030	Housing associations
Channel and support national government funding for low income private owner energy efficiency retrofit measures and heating	2020 - 2030	New	Fuel poor owner-occupier homes improved to EPC C or better by 2030	BCC Private Housing Team BCC Energy Service
BCC Energy Service to deliver ECO funding and related programmes to focus on fuel poor households - private rented and owner occupied homes	2020 - 2022	New	Private Rented Sector and owner occupiers & households improved to EPC E & higher by 2022	BCC Private Housing Team BCC Energy Service
Develop local supply chain on low cost repairs, retrofit, low	[Futureproof 2019-2021] &	NEW	Number of contractors	The Green Register/CSE &

carbon heating, new build sustainable homes.	Warm Up Skill Up 2021 onwards		trained	Bristol Energy Network
Build new affordable homes to C and above	2020 onwards	Scale up	# new affordable homes EPC C or higher in Bristol	BCC Housing Delivery
Financial support for private low income home owners to make repairs to heating and carry out ancillary works to enable energy efficiency improvements (e.g. electrics, loft hatch installation, window repairs etc.) and minimise heat loss	Loans and in some cases grants, have been available since 2019 onwards	Existing / scale up		BCC Private Housing Team / WE Care

3.4 Other ongoing activities

Advice services also provide help to fuel poor households to identify their needs and help them access available funding for improvements to their homes. See section 5.4.

Futureproof is a market accelerator initiative facilitated by The Green Register and Centre for Sustainable Energy, currently working to build the skills for low carbon retrofit delivery in Bristol and the surrounding area. The initiative is mainly aimed at the 'able to pay' market. An adapted version with a different funding model is needed to enable widened access to high quality workmanship by lower income homeowners wanting to make improvements to their home.

Roof Over My Head is a multi-agency three-day tenancy preparedness course for households who are homeless or in supporting housing moving to private rented accommodation. The course, delivered by WRAMAS (Bristol City Council Welfare Rights and Money Advice Service) and BCC Learning Communities' Team covers landlord and tenant responsibilities, budgeting, welfare rights, and other topics. It supports around 180 households per year.

4 Affordable low carbon heating

4.1 Oversight Board: Environmental sustainability

4.2 Context

Affordable heating options are key to tackling fuel poverty. Upgrading the energy performance of the city's buildings described above would have a significant impact on reducing fuel poverty as well as carbon emissions to heat inefficient homes. Nevertheless several factors influence a household's ability to keep affordably warm in winter e.g. income, building efficiency and heating practices.

Gas central heating is now a higher carbon option than electric heating. Heat pumps, if installed properly in reasonably insulated homes should cost broadly the same amount to run as gas boilers, less if combined with solar PV and an immersion diverter. However, it is important that insulation is installed properly and that householders are advised on the different operation of heat pumps (low level for longer periods) compared to gas boilers (high temperature for short periods).

The Energy Companies Obligation (ECO) is a government energy efficiency scheme in Great Britain to help reduce carbon emissions and tackle fuel poverty. Under ECO3, the current policy which runs to March 2022, the Home Heating Cost Reduction Obligation (HHCRO) requires obligated suppliers to promote eligible measures which improve the ability of low income, fuel poor and vulnerable households to heat their homes.⁹

The Budget (March 2020) announced a new £100m scheme to help households and small businesses invest in low carbon heating. It is also providing £270 million in funding for a Green Heat Networks scheme to encourage new and existing heat networks to adopt low carbon heat sources.

4.3 Heat networks

District heating provides a low carbon alternative to gas central heating to deliver affordable heat. Homes and businesses receive heat from energy centres through a network of pipes. Bristol already has a major city centre heat network, with over 1000 properties (700 of them council-owned homes) already connected to it. It has been awarded £10 million by the government's Heat Network Investment Project to expand this network to new areas of the city during 2020-2030.¹⁰ The expansion is ongoing in the Temple Quay, City Centre and Old Market areas of the City, with new residential developments and existing social housing blocks being connected. Longer term activities to 2030 as part of the One City Climate Strategy will require heat networks across much of the city, particularly in areas with larger properties.

4.4 Heat pumps

Heat pumps will also play a major role in decarbonising heat in Bristol, as set out in the One City Climate Strategy. Homes need to be fully insulated before heat pump installation, and occupants given advice on how to use, maintain and repair them. The capital costs to install heat pumps are

⁹ https://www.ofgem.gov.uk/system/files/docs/2020/02/energy_company_obligation_2018-22_eco3_guidance_delivery_v1.4_1.pdf

¹⁰ <https://environmentjournal.online/articles/bristol-has-recieved-10m-to-expand-their-low-carbon-heat-network/> 6th March 2020

currently much higher than for gas boilers. A bulk purchasing scheme of heat pumps and a secure long-term pipeline of work for suppliers could help drive down costs without the need for additional grants. Bristol City Council's Energy Service has yet to develop specific plans to roll out heat pump installation in areas of the city not served by the heat network. See Appendix D, Improving the dwelling of fuel poor households in Bristol to EPC band C (at minimum cost), for a detailed analysis of the cost of installing energy efficiency measures and a comparison of gas combination boilers and heat pumps as heating options.

4.5 Planned Actions

Recommended Actions	Timeline	Status	Target / measure of progress	Who has responsibility / who can influence
Develop 'affordable warmth' funded retrofit and subsidy package to pay for insulation and low carbon heating solutions for fuel poor households in Bristol from 2022/2023	2022 onwards	NEW	10,000 fuel poor homes retrofitted with low carbon heating by 2030 Approx. 17,000 insulation type measures (see Appendix D)	BCC Energy Service
Make best use of ECO3 funding for solid wall insulation in fuel poor homes to 2022 and government funding to 2030	2020 – 2022 / 2022-2030	NEW	1100 external wall insulation by 2030	BCC Energy Service
Expand heat network connections to social housing blocks and fuel poor homes as part of One City climate strategy	Already started	Scale up	Social/affordable homes connected to low cost heat network by 2030	BCC Energy Service
Influence government policy and secure funding for heat pumps to be installed in fuel poor homes from 2022. Trial most suitable delivery model.	From 2022	NEW	Up to 10,000 fuel poor homes retrofitted with heat pumps and insulation (where necessary) by 2030 (see appendix D)	BCC Energy Service
Core Strategy BCS14: major developments in 'Heat Priority Areas' should connect to existing heat networks, where available. Where not yet available, developments should incorporate infrastructure to connect in the future.	Adopted in 2011	Scale up	New-build social / affordable homes connected to existing heat networks (includes existing post 2011 new homes not yet connected)	BCC Energy Service
Monitor roll out of low carbon heating to ensure BCC tenant households are not pushed into fuel poverty	2020 - 2030	New	Static or reducing number of BCC tenant households in fuel poverty	BCC Housing Team
Test and adopt cost-effective	2022	NEW	Reduced performance	BCC Energy

techniques to monitor the actual heat loss performance of new build and retrofit homes			gap of new and retrofit social & affordable homes	Service
Warm Up Skill Up Train community thermal imaging champions to deliver surveys & low cost energy efficiency measures for fuel poor households.	Already Started	Scale Up	# fuel poor households surveyed/yr & install measures.	Bristol Energy Network / Futureproof
Help with hoarding, temporary rehousing and other support to enable installation of insulation and heating measures in fuel poor properties.	??	New	# fuel poor HH helped to overcome barriers to affordable heat measures installation	BCC Energy Service / WE Care / CSE
Development of survey system used by all contractors to involve the Warm Up Skill Up thermal imaging service to access properties prior to undertaking major works that are overseen by retrofit coordinator and post surveys to ensure work is completed to standard	Developing with Bristol Energy Network partners. Paused due to COVID-19	New	#fuel poor households, energy assessments undertaken,	Bristol Energy Network
Creation of Community Energy Wallet membership scheme with Bristol Energy Network & Bristol Credit Union	Developing with Bristol Energy Network partners. Paused due to COVID-19	New	Membership scheme which helps to save and access energy measures	Bristol Credit Union & Bristol Energy Network
Under Bristol's Climate Change and Sustainability Practice Note, non-renewable electric heating remains excluded from the heat hierarchy for various reasons including that it is relatively inefficient compared to heat pumps and could end up with more residents in fuel poverty due to likely increase of running costs for users.	Updated in July 2020	New		BCC Planning

4.6 Other ongoing activities

Bristol City Council was awarded funding in 2019 to support the installation of central heating systems for fuel poor households. It is a collaborative project offered across Bristol, North Somerset and Bath & North East Somerset.

Bristol Energy Network provide ongoing activities that support people living in fuel poverty including educational events that promote energy efficiency retrofit, developing new innovative projects with its members such as Warm Up Skill Up to involve and empower communities with the highest levels of fuel poverty.

The Making Space project facilitated by WE Care provides practical and emotional support to hoarders. Hoarding can contribute to fuel poverty as it may be impossible to service a boiler or fit a new heating system, resulting in a cold home and/or financial hardship due to reliance on expensive electric space and water heating.

WE Care provide support for home repairs vital to help vulnerable householder stay safe and warm in their homes, including fixing or replacing heating, improving energy efficiency or making adaptations.

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5 An inclusive, affordable, smart energy system

5.1 Oversight Board: Environmental sustainability

5.2 Context

Bristol is an entrepreneurial city at the forefront of smart city initiatives: it ranks in the top 10 European cities for technology. Bristol's Smart City Strategy as well as Bristol Community Strategy for Energy addresses how innovative solutions will change how people live in the city and address energy use challenges in the future and ensure that they are inclusive of the communities they serve. The council and city also benefits from a thriving community energy sector represented by Bristol Energy Network who have supported the involvement of fuel poor households in innovation projects, such as REPLICATE (see below) as well as developing new innovative projects such as the CHEESE project (new systematic thermal imaging survey of homes). The national smart meter rollout means that smart Time of Use tariffs will soon become more widely available: this brings with it a need to be attentive to the opportunities and risks for fuel poor households.

Bristol has leveraged EU innovation funding for the REPLICATE project that trials smart solutions to tackle fuel poverty, promote wellbeing and reduce carbon emissions. The project, led by Bristol City Council in partnership with the University of Bristol and the University of the West of England and other organisation runs from 2016-2021.¹¹ The project aims to deploy integrated energy, mobility and ICT solutions in cities. One of the project aims is to explore the role of smart technology in tackling fuel poverty. It is trialling smart technology in areas of the city with high rates of fuel poverty: Ashley, Easton and Lawrence Hill.

5.3 Planned Actions

Actions	Timeline	Status	Target / measure of progress	Who has responsibility / who can influence
Replicate smart connected homes trial tests how smart appliances, demand side response (DSR) & associated tariffs enable low income households to save energy & money on fuel bills.	2016-2021	Trial ends 2021	Lessons for engaging fuel poor households in DSR.	REPLICATE Team -BCC & partners
Replicate trial retrofit of loft insulation, new boilers and solar PV in fuel poor homes.	2016-2021	Trial Ends 2021	Bill savings & energy savings achieved	REPLICATE Team
Integrate lessons from Replicate into city-wide installations (see One City Climate Strategy Delivery Theme 4: Electricity)	2021-2030	NEW	Fuel poor HH engaged in smarter energy solutions	BCC City Innovation CSE
Community sector approaches &	2021	NEW	Contribute to 9600	Bristol Energy

¹¹ Replicate (Renaissance in Places with Innovative Citizenship and Technology) Bristol partners include Bristol City Council, University of Bristol; Knowle West Media Centre; Bristol Energy Network, UWE; NEC; Bristol is Open; Zeetta Networks & others.

business models to enable fuel poor households to participate in smart tech e.g. solar PV or tariff pilots, building on e.g. Lockleaze Loves Solar.			solar PV on fuel poor homes. Also batteries and new tariffs	Network (BEN) CSE
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5.4 Other ongoing activities

The community energy sector in Bristol is engaged in a variety of initiatives to support people living in more deprived areas of Bristol to engage in innovative smart energy projects towards that help achieve reduced energy bills and make smart solutions work for fuel poor households. One such example is Lockleaze Loves Solar. This is an innovation trial which aims to install 1MW of solar PV across 300 roofs in the Lockleaze area at no costs to the householder. Target homes are social housing, lower income households and planned new housing in the area. The trial seeks to develop a viable business model for community groups to deliver rooftop solar projects in communities with fuel poor households.¹²

¹² <https://www.lockleazehub.org.uk/lockleaze-loves-solar>

6 Specialist cold homes advice services and referral pathway

6.1 Oversight Board: Health and Wellbeing

6.2 Context

Bristol has a strong economy and numerous cultural and natural assets, but the city faces a major challenge in the scale of inequalities that exist within it. 69,000 people in Bristol live in some of the 10% most deprived local communities in England. The city was ranked 55th in the country for the size of the inequality in employment between White British people and ethnic minorities.¹³ One form in which these stark inequalities manifest is as fuel poverty, which can have lifelong adverse effects on health, learning and income.¹⁴

The National Institute for Health and Care Excellence (NICE) guidance (NG6) on excess winter death and the health risks associated with cold homes sets out a clear set of actions aimed at health bodies and professionals, including Health and Wellbeing Boards. The guidelines recognise that health and other front line workers can play a valuable role in identifying clients whose poor physical and mental health is related to living in cold homes and facing unaffordable fuel bills. The Bristol JSNA 2018 chapter on Fuel poverty adopted the full set of measures as recommendations to take forward. At the heart of this is having in place a Single Point of Contact (SPOC) specialist health and cold homes specialist advice service, with effective referral pathways from the health, voluntary and community sectors.

See Appendix E for a summary of Bristol's progress towards fulfilling the NICE guidance recommendations. Key outstanding challenges are to increase skills and capacity in the health and social care sectors to identify and refer onwards people with poor health who are most at risk from cold homes, as well as to extend and scale up the capacity and reach of specialist advice services.

Healthier Together is the Sustainability Transformation Partnership Long Term Plan 2020 – 2025 covering health care in Bristol and surrounding areas.¹⁵ This plan provides a key opportunity for giving greater importance to and recognition of the responsibility of partners for reducing cold homes in line with the NICE guidance recommendations.

Warmer Homes, Advice and Money (WHAM) is a multi-agency partnership which provides a comprehensive service to people living in fuel poverty and financial hardship in Bristol.¹⁶ It is funded by Bristol City Council and Bristol Energy's Fuel Good Fund. The project acts as a single point of contact for specialist energy advice.

CSE currently runs the Tenant Energy Advice (TEA) Service for Bristol City Council housing tenants. CSE's home energy advice line provides a free, local and impartial energy advice service – it is the

¹³ A Runnymede study, referenced in Bristol One City Plan

¹⁴ Chance of a lifetime. The impact of bad housing on children's lives. Shelter 2006 pg 24

¹⁵ Bristol, North Somerset, South Gloucestershire STPs; Avon and Wiltshire Mental Health Partnership NHS Trust; Bristol City Council; Bristol Community Health; Bristol, North Somerset, South Gloucestershire clinical Commissioning Group (CCG); North Bristol NHS Trust; North Somerset Community Partnership; North Somerset Council; One Care; Sirona care & health; South Gloucestershire Council; South Western Ambulance

¹⁶ Centre for Sustainable Energy, Talking Money, Citizens Advice Bristol, Citizens Advice North Somerset, We Care Home Improvements, Bristol Energy Network, Bristol and North Somerset Council

first point of contact for a range of other CSE services delivered by trained advisors. New partnerships enable delivery of tailored energy advice to particular interest groups. A recent new initiative is a specialist energy advice service for refugees and asylum seekers in Bristol.

These fit within an established network of advice and support agencies that provide independent, impartial advice and support across a range of areas that are vital for fuel poor households, for example on maximising income through debt and benefits advice. Advisor knowledge and referral processes are crucial to make sure individuals' multiple advice needs are addressed. Robust data sharing and referral processes are also needed to make every contact count.

6.3 Planned Actions

Recommended Actions	Timeline	Status	Target / measure of progress	Who has responsibility / who can influence
Extend funding of single point of contact hospital worker role to enable discharge of patients to warm home.	Funded post to 2020	Extend	Additional 1 FTE worker from 2020/2021 Reduction in 30 day re-admission rate for patients with relevant conditions [target number tbc].	BNSSG STP
Secure ring-fenced funding to prioritise investment in improving energy efficiency of homes of people with existing health conditions. This requires analysis to confirm target numbers.	2021	New	£ investment in improvements [target number tbc] homes improved of people with target conditions Reduction in 30 day re-admission [target number tbc]. Self-reported better mental health.	BNSSG STP BCC
Trial & scale-up smart safeguarding service for older people with cold-related health conditions	2022	New	Reduced number emergency admissions by safeguarding participants. [target number tbc]	Health trust / Bristol University (Sphere)/CSE / tech partner /
Public health awareness campaign tied into e.g. flu vaccination / cold weather plan / other	Input for winter 2020	Scale up	Key messages included in winter health campaigns. Increased awareness of harm to health from cold homes amongst general public & re awareness of available services. 25% increase in people referred to	BNSSG STP / CCGs / Trusts / WHAM/

Winter resilience planning – include WHAM/ other advice & support services in Plan			SPOC during/following campaign	
Analysis of value of single point of contact (WHAM) and hospital discharge case worker to justify health funding & continued funding from government / ECO / other sources for expanded scheme.	Start 09/2020 Interim findings spring 2021 Final spring 2022	New	Funded evaluation of single point of contact /discharge service Qualitative evidence of benefits. Reduction in emergency admissions & GP events. £ value of savings to NHS	Bristol Health Partners CLAHRC West – funded as Applied Research Collaboration West (ARC West), CSE, WHAM, CCGs & Trusts
Development activity to secure funding for expanded service (BCC; government, ECO, redress, other existing funding sources)	09/2020	Scale up	£2.3 million secured for fuel poverty advice services in Bristol 2020 –2030 (£100/client, 23,000 clients)	CSE & BEN partners BCC
Continue and expand delivery of year-round integrated advice services - by phone, home visit, outreach (income max, energy, repairs, measures, behaviours).	2021-2030	Scale up	23,000 fuel poor households reached by services: 2,500/yr Improved self-reported ability to keep warm / manage fuel bills / reduced worry.	CSE / ACFA / BCC / advice agencies
Joint PSR, via data sharing under Digital Economy Act 2017 between BCC, WPD, water companies to enable planning & targeting of measures &	Already started	Scale up	Joint PSR between BCC, WPD & Wessex Water 15% increase PSR registered (against WPD PSR). All PSR customers in Bristol contacted & checked every 2 yrs Target to be defined for PSR customers in Bristol referred for & received support and/or funded measures.	WPD, Bristol & Wessex Water, BCC

support				
Bristol social prescribing pathway mechanism to generate referrals to specialist cold homes advice service.	Existing service ends March 2020	New	Target to be defined for referrals to SPOC (WHAM/ TEA) from health providers / from VCS.	CCGs / Trusts/Sirona / WHAM/The Care Forum /WRAMAS/VOSCUR
Develop Bristol-specific front line training on cold home awareness & how to make referrals to WHAM/TEA/CSE advice service – for health workers & for voluntary & community sector (VCS).	2021	New	Funding secured for development of bespoke training module, launch, promotion & support. Completion of training on rolling basis by [target number tbc] health workers/yr & [target number tbc] VCS FLWs/yr 2020 – 2030.	WRAMAS VOSCUR ACFA BCC CSE / BEN/ WHAM partners Thrive
Link cold homes awareness training to Thrive mental health awareness training	Set up in 2020		[target number tbc] health FLW / CVS FLWs completed both mental health awareness & cold homes awareness training.	Thrive CSE / WHAM partners BCC BNSSG STP
Build on city best practice to facilitate robust referral systems between advice services. Increase collaboration to 'Make every contact count'		Scale up	City-wide extension of referrals through adoption of common 'protocol'. Fuel poor households access holistic service provision and can access all relevant help	BCC Public Health, BCC Adult Social Care
Extending funding to enable more energy champions and anchor organisations	Funded to 2020	Extend	Additional funding will be required to enable continuation & support from Bristol Energy Network	BCC Energy Service, CSE and Bristol Energy Network

6.4 Other ongoing activities

Thrive Bristol, a ten-year programme launched in 2018, aims to improve Bristolians mental health. The project covers all ages and considers mental health in its broadest sense. It focuses on prevention and early intervention and works by using public, private and third sector co-operation, leadership and resources across the city. Thrive offers collaborative training for workforces including housing officers and landlords on mental health awareness. The programme has a number of work streams that link with fuel poverty, and it supports social prescribing to Age Friendly Bristol.

Food insecurity is also a major challenge in Bristol. Where householders struggle to afford their outgoings they face the 'heat or eat' dilemma. A number of foodbanks across the city offer vital support, providing users with food, fuel vouchers and referrals to relevant advice agencies.

The Welfare Rights and Money Advice Service (WRAMAS) is a council service which takes referrals for assisted and specialist case work for individual clients to maximise their income from accessing welfare benefits, particularly disabled people and full-time carers. Talking Money and Citizens Advice provide a range of money advice services to help people struggling with debt, bills and money management. To scale up the support they provide will require further long term funding. These and other organisations maximise income for fuel poor households through a range of activities such as checking benefits entitlements, helping people appeal benefits decisions, helping with tariff switches, applying for discounts on utility bills, accessing essential goods/resources from charitable sources and clearing debt.

Bristol Water and Western Power Distribution (WPD) keep separate registers of their vulnerable customers in case of power or water outage but they now share Priority Service Register (PSR) data to improve services for vulnerable people and are starting to share information so that households are offered support when they need it.

First Contact Bristol was a referral service for use by frontline workers supporting older people to access different support services, including specialist energy advice. Funding for the service ends 31 March 2020. North Bristol NHS Trust have been promoting the scheme with referral postcards in A&E and on hospital wards. With the end of funding, this risks a gap in Bristol falling backwards in responding to the NICE recommendation for effective referrals.

7 Indicators and reporting

Actions within the plan and associated projects will be measured against a series of outcomes and indicators. Primary indicators will measure the overall delivery and impact of interventions being delivered by collaborating partners across Bristol. Secondary indicators will provide feedback on how effectively funded interventions are delivered.

Reporting on these indicators will be included as part of an annual progress review of this Fuel Poverty Action Plan. These are currently in draft. We would welcome suggestions on targets and how best to monitor them.

7.1 Primary indicators

Outcomes	Indicators	Baseline
Develop fuel poverty action plan in 2020	Action plan sign off by No Cold Homes steering group in 2020 Adoption / sign-off of action plan September/October 2020	No Cold Homes workshop to identify activities Nov 2019 Draft action plan produced.
Funding for fuel poverty activity	<ul style="list-style-type: none"> • Single point of contact service commissioned beyond 2021 and service expanded to meet needs • Funding secured from government, ECO3 or other existing grant funding schemes • Additional capital funding secured for installation of measures benefitting fuel poor homes (£20 million over lifetime of action plan) • Additional £2.3 million revenue funding secured for services supporting fuel poor households over lifetime of action plan 	
Reduce the number of fuel poor homes in Bristol	Fuel poverty in Bristol (count/value/recent trend) Measured using: Annual fuel poverty statistics produced by BEIS. Mental health and wellbeing JSNA B17 - Fuel Poverty	Year: 2017 Count: 23,015 Value: 11.7 Trend:
Improve the energy efficiency of homes of people in or at risk of fuel poverty in Bristol in line with national targets.	Number of measures installed against modelled target to meet EPC band C and above by 2030 (see Appendix D) to value £217 million, improving approx. 22,300 FP homes.	

	<p>Number of fuel poor homes in</p> <ul style="list-style-type: none"> • EPC bands F&G (2022) • EPC bands E to D (2025) • EPC band C and above (2030) <p>Note: A home moved from EPC band G to EPC band C in 2020, for example, would contribute towards the 2030 target and interim milestones.</p>	
Downward trend in the rate of excess winter death and illnesses closely associated with cold homes and unaffordable fuel bills	<p>Ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths – as single year / as 3-year aggregate</p> <p>Public Health Outcomes</p> <p>Framework E14 – Excess Winter Deaths Index</p>	<p>Year: 2017-2018</p> <p>Number: 296</p> <p>Value: 28.1%</p>

7.2 Secondary indicators

Outcomes	Indicator(s)
<p>Improved quality of life</p> <p>Quality of Life Survey Bristol</p>	<ul style="list-style-type: none"> • % satisfied with the cost of heating their home (by tenure) • % satisfied with the state of repair of their home (by tenure) • % who find it difficult to manage financially
<p>Improved health and wellbeing</p>	<ul style="list-style-type: none"> • % below average mental wellbeing (Bristol Quality of Life survey) • Self-reported question (ONS Wellbeing Indicator or Warwick-Edinburgh Mental Well-Being Scale) • Symptom severity - people with existing cold-related conditions • Use of planned and emergency health services by people with existing cold-related conditions • Ability to pay bills (level of worry about paying heating bills; extent to which avoid switching on heating due to concerns about costs)
<p>Data is shared to identify people who are vulnerable to the health problems associated with a cold home</p>	<ul style="list-style-type: none"> • Energy and water utilities, suppliers, support organisations and health bodies share data to identify vulnerable people to plan city-wide services
<p>Improved referrals by the health and social care sector and by the voluntary and community sector (VCS)</p>	<ul style="list-style-type: none"> • Number of staff or volunteers completing training in awareness of cold homes (health/social care and VCS) • Number of trained staff reporting confidence to identify and make

	<p>successful referrals to SPOC service (health/social care and VCS)</p> <ul style="list-style-type: none"> • Numbers of successful referrals, broken down by referral route (health/social care and VCS)
Hospital admission rates and GP usage	Track the rates of service use for those who receive support, compared against control group and/or historical data.
Reduction in utility bills	<ul style="list-style-type: none"> • Reduction in energy bills, broken down by intervention (£/year) (TBC - estimated or reported). • Reduction in water bills, broken down by intervention (£/year). (TBC - estimated or reported).
Improved warmth in homes of fuel poor and vulnerable households	<ul style="list-style-type: none"> • Beneficiaries report improved warmth and comfort at home in winter
Income maximisation	<ul style="list-style-type: none"> • Number of successful referrals to income maximisation service • Amount of additional income secured per household • Reduction in fuel debt (£/hh)

7.3 Reporting progress

The No Cold Homes steering group will need to appoint responsibility for monitoring data collection and reporting by the different delivery bodies on a regular basis. Quarterly meetings will provide an opportunity to review progress.

The No Cold Homes steering group will be responsible for preparing an annual progress report to submit to the Health and Wellbeing Board. This will include collation of key indicators of progress, though it should be noted that national fuel poverty statistics are reported nationally a year in arrears. The Health and Wellbeing board will be responsible for providing overall oversight and scrutiny of progress against the target.

7.4 Supporting research

Further research will be required to support delivery of the action plan, including to understand the scale and feasibility of recommended actions, better understand the fit with One City Climate Strategy and to evaluate the impact of actions.

Appendix A List of useful documents and resources

BEIS (2016) Affordable warmth and health impact evaluation toolkit.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/512555/Affordable_Warmth_Health_Impact_Evaluation_Toolkit.pdf

Bristol City Council (2018) Bristol JSNA 2018 Fuel Poverty Chapter.

<https://www.bristol.gov.uk/documents/20182/34772/Fuel+Poverty+JSNA+Chapter+%282018%29.pdf/46359d3e-74cd-524e-819f-d27c86a692ae>

Bristol Open Data Quality of Life indicators

https://opendata.bristol.gov.uk/explore/dataset/quality-of-life-2018-19-citywide-trend/table/?disjunctive.ward_name

Citizens Advice and Cornwall Council (2018) Cold Homes toolkit. Local authority toolkit. Health professionals' toolkit.

<https://www.citizensadvice.org.uk/about-us/how-we-provide-advice/advice-partnerships/cold-homes-toolkit/>

Nice Guidance (2015) NG6 'Excess winter deaths and illness and the health risks associated with cold homes'

<https://www.nice.org.uk/guidance/ng6>

Public Health England (2019) Helping People Living in Cold Homes. E-learning module.

<https://www.e-lfh.org.uk/programmes/cold-homes/>

Public Health England (PHE) (2019) Data sources to support local services tackling health risks of cold homes.

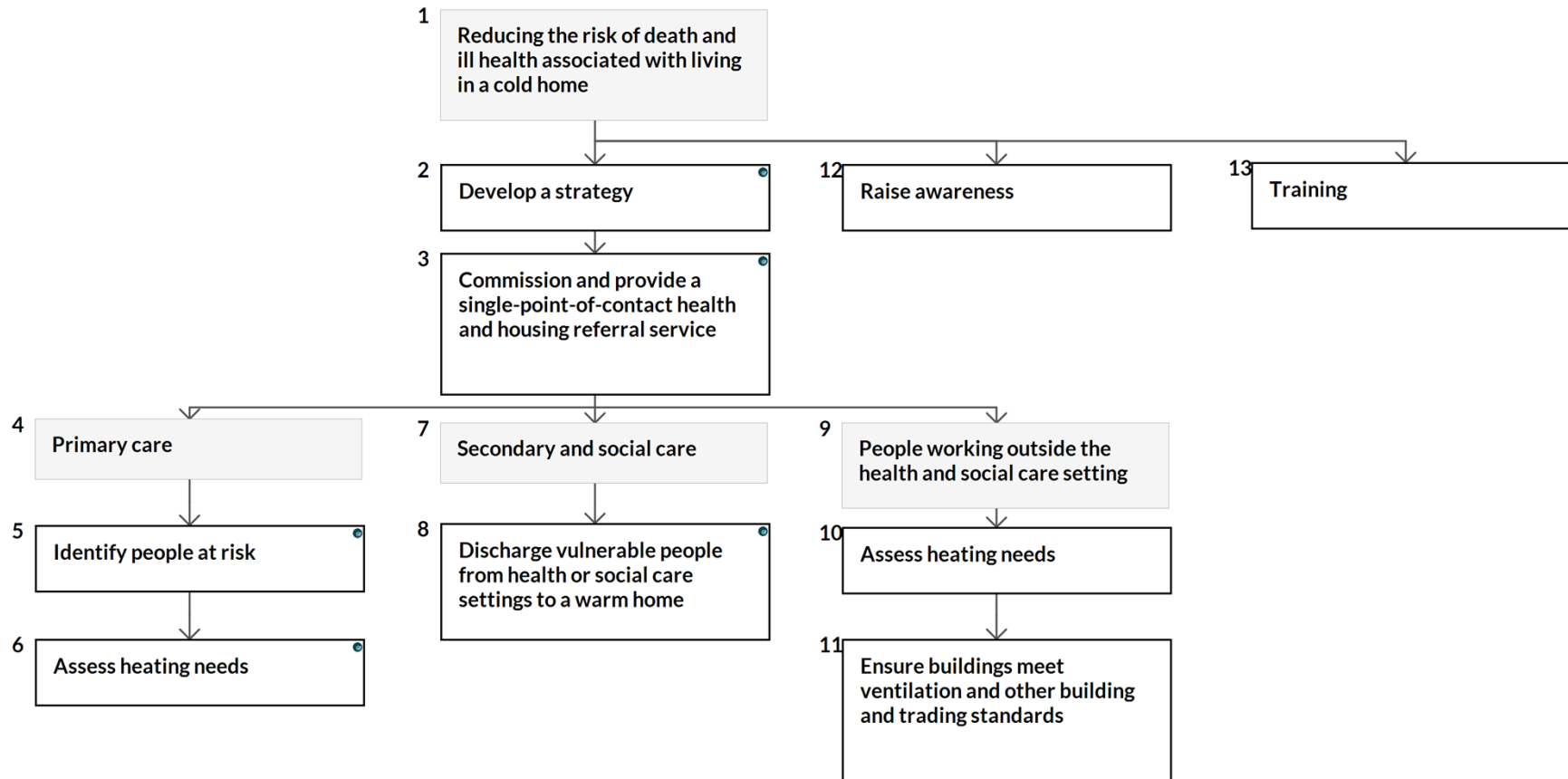
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/770963/data_sources_to_support_local_services_tackling_health_risks_of_cold_homes.pdf

Public Health Outcomes Framework

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

Appendix B NICE Recommendations on Excess Winter Deaths and the Health Risks Associated With Cold Homes

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Appendix C Glossary

Term	Definition
Bristol City Funds	<i>City Funds is a partnership of organisations committed to securing and directing £10 million investment funding towards solutions that target the causes and effects of inequality in Bristol.</i>
Bristol City Leap	<i>City Leap is a series of energy and infrastructure investment opportunities in Bristol to build a citywide energy system that will help decarbonise the city and improve the quality of life for people in Bristol.</i>
Bristol Community Strategy for Energy	<i>The Bristol Community Strategy for Energy was developed through Bristol Energy Network by local community groups. The strategy sets out aims and steps for community level action on energy and seeks to enable local community groups to work in collaboration with local authorities, the private sector and third sector organisations on sustainable energy issues.</i>
Bristol Energy Network (BEN)	<i>Bristol Energy Network (BEN) is a network of community organisations established to develop grassroots energy projects across the city. The network provides a unique role in supporting community groups across the city and has helped build capacity for energy understanding in organisations.</i>
Centre for Sustainable Energy (CSE)	<i>Bristol based charity that deliver a range of energy advice services to residents of Bristol and England.</i>
Climate Emergency	<i>A climate emergency declaration is a statement that mandates a government or organisation to take urgent action to prevent climate change, often accompanied by emission reduction targets.</i>
Clinical Commissioning Group (CCG)	<i>Clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.</i>
Committee on Fuel Poverty	<i>An advisory non-departmental public body that advises on the effectiveness of policies aimed at reducing fuel poverty in England.</i>
Energy Company Obligation (ECO)	<i>Government programme that requires energy suppliers to help lower-income households install heating and energy efficiency measures in their home to help reduce carbon emissions and tackle fuel poverty.</i>
Energy Performance Certificate (EPC) Energy Efficiency Rating	<i>When a home is built, sold or rented in the UK, it needs an Energy Performance Certificate (EPC). This includes a chart which displays the energy efficiency rating of the home. It shows how much a building will cost to heat and light, what its carbon dioxide emissions are likely to be and what improvements you can make to improve its energy efficiency. An EPC rates a property in bands from A (most efficient) to G (least efficient).</i>
Going for Gold	<i>Bristol's city wide effort to become a Gold Sustainable Food City. This is a national programme that celebrates and supports communities that are making positive changes to their food system.</i>
Health and Wellbeing Board	<i>A forum in which key leaders from the local health and care system work together to improve the health and wellbeing of their local population. Health and wellbeing boards have a statutory duty, with clinical commissioning groups (CCGs) to produce a Joint Strategic Needs Assessment.</i>
Healthier Together	<i>This is the name of the Bristol, North Somerset and South</i>

	<i>Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP). The Partnership has produced a Sustainability Transformation Partnership Long Term Plan 2020 – 2025 for health care in Bristol and surrounding areas. The plan covers all aspects of NHS spending in the area, covering three headline issues: improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services.</i>
Houses in Multiple Occupation (HMOs)	<i>A house in multiple occupation is a property rented out by at least 3 people who are not from 1 'household' (for example a family) but share facilities like the bathroom and kitchen.</i>
Hybrid heat pump	<i>A combined heat pump and a gas condensing boiler create a domestic heating and hot water system. Hybrid heat pumps use a combination of gas and electricity. .</i>
Joint Strategic Needs Assessment (JSNA)	<i>The Joint Strategic Needs Assessment is used to assess the current and future healthcare and wellbeing needs of residents in a local authority. One chapter in the JSNA assesses needs relating to Fuel Poverty in Bristol.</i>
Local housing allowance	<i>The rates of housing benefit for tenants renting from private landlords who are eligible for support.</i>
Low Income High Cost (LIHC)	<i>An England-wide adopted measure of fuel poverty. It states that a household is in fuel poverty if they have above average modelled fuel costs and after spending that amount, they would have a residual income below the official poverty line.</i>
Low Income Low Energy Efficiency (LILEE)	<i>Proposed new fuel poverty definition for England. Under this definition, households will be deemed fuel poor if their disposable income (after housing and energy costs) is below the poverty line and they live in a property with an energy efficiency rating of Band D or lower. The LILEE measure would increase the number of households considered fuel poor by approximately 1 million, bringing the total number of fuel poor households in England up to over 3.6 million.</i>
Minimum Energy Efficiency Standards (MEES)	<i>Legislation that requires private rented (domestic and commercial) properties to have an EPC rating of E or higher. There is a cap of £3,500 on the amount of their own money that landlords are required to spend to improve the efficiency of a property. Enforcement of MEES is a local authority responsibility.</i>
National Institute for Health and Care Excellence (NICE) Guidance NG6	<i>This refers to guidance on 'Preventing excess winter deaths and illness associated with cold homes'. Clinical guidelines are recommendations on how healthcare and other professionals should care for people with specific conditions. NICE provides national guidance and advice to improve health and social care.</i>
Net Zero	<i>'Net zero' means that any greenhouse gas emissions are balanced by absorbing an equivalent amount from the atmosphere. Net Zero targets refer to policy targets to achieve net-zero greenhouse gases by a specific date. The UK has set a national target of Net Zero by 2050. Bristol has set itself a target of net zero by 2030.</i>
One City Climate Strategy	<i>Sets out scale of ambition and actions needed to achieve Net Zero by 2030.</i>
One City Plan	<i>A whole city plan and approach to reaching a shared vision of Bristol by focusing activity across sectors in the city.</i>

Single Point of Contact (SPOC)	<i>A person or organisation (with single contact phone number) that coordinates multiple services relating to health and housing for people at risk of living in a cold home. The creation and maintenance of a SPOC health and housing referral service is a key recommendation in NG6 to prevent harm to health from cold homes.</i>
Thermal imaging survey	<i>A survey that uses thermal imaging cameras to visually represent surface temperatures of an object.</i>
Thrive Bristol	<i>10 year programme to improve the mental health and wellbeing of everyone in Bristol, with a focus on those with the greatest needs.</i>
Universal Credit	<i>A means tested benefit replacing a number of other working age benefits in the UK. Migration to the new, online system started in 2019.</i>
Warmer Homes Advice and Money (WHAM)	<i>A multi-agency project led by CSE that provides a single point of contact (SPOC) service for cold homes support in Bristol.</i>
Welfare Rights And Money Advice Service (WRAMAS)	<i>Part of Bristol City Council, WRAMAS provides benefits and money advice, consultancy, information and training, to a range of clients, services and organisations throughout Bristol.</i>

Appendix D Improving the dwelling of Fuel Poor households in Bristol to EPC band C

Modelling conducted February 2020 by CSE in the National Housing Model (NHM) using a stock based on the English Housing Survey 2014. The results included here are estimates only, and should be considered indicative rather than definitive.

Table 1 shows estimates from modelling at minimum cost –with over 7000 new gas or oil combi boilers installed. **Table 2** shows estimated costs for installing air source heat pumps instead of these new boilers as part of retrofit improvements. This was done outside the NHM model. This does not include assessment of whether air source heat pumps are suitable for properties. It is only to give an indicative low-carbon cost estimate. **Table 3** shows the resulting improvements in EPC band for fuel poor dwellings.

- Modelling does not include heat networks or ground source heat pumps.
- Modelling does not include detailed assessment of suitability for solar (eg roofsize).
- Modelling does not exclude measures not suitable for properties in conversation areas.
- Modelling does not include replacement of all existing Gas Central heating in fuel poor homes.

Table 1: At minimum cost - includes install of new more efficient gas or oil combi boilers

Technology	All urban south west fuel poor		average.cost	Bristol scaled	
	number.of.installs	total.cost		bristol.number.of.installs	bristol.total.cost
Air Source Heat Pump (ASHP)	13,907	86,843,000	6,245	2,500	15,780,500
External wall insulation	6,299	45,645,016	7,246	1,100	8,294,300
Floor insulation	31,473	24,896,419	791	5,700	4,524,000
Hot Water Cylinder Insulation	16,109	724,905	45	2,900	131,700
Internal wall insulation	30,066	173,454,132	5,769	5,500	31,518,800
Loft insulation	48,497	23,750,312	490	8,800	4,315,700
Low energy lighting	50,294	8,344,675	166	9,100	1,516,300
MAINS_GAS Combi Boiler	35,755	107,912,000	3,018	6,500	19,609,000
OIL Combi Boiler	4,898	20,111,700	4,106	900	3,654,600
Secondary glazing	447	577,423	1,292	100	104,900
Solar DHW (solar thermal)	32,194	144,873,000	4,500	5,900	26,325,300
Solar Photovoltaic	52,798	385,919,900	7,309	9,600	70,126,500
Storage heater	6,181	22,225,000	3,596	1,100	4,038,600
Triple glazing	981	2,679,307	2,731	200	486,900
Wet Central Heating	11,187	21,740,750	1,943	2,000	3,950,600
All measures	341,086	1,069,697,539	3,136	62,000	194,377,600

(rounded to nearest million)

£194,000,000**Average cost/home improved****£8716****Table 2: Install Air Source Heat Pumps instead of new gas and oil combi boilers**

Technology	All urban south west fuel poor		average.cost	Bristol scaled	
	number.of.installs	total.cost		bristol.number.of.installs	bristol.total.cost
Air Source Heat Pump (ASHP)	13,907	86,843,000	6,245	2,500	15,780,500
External wall insulation	6,299	45,645,016	7,246	1,100	8,294,300
Floor insulation	31,473	24,896,419	791	5,700	4,524,000
Hot Water Cylinder Insulation	16,109	724,905	45	2,900	131,700
Internal wall insulation	30,066	173,454,132	5,769	5,500	31,518,800
Loft insulation	48,497	23,750,312	490	8,800	4,315,700
Low energy lighting	50,294	8,344,675	166	9,100	1,516,300
ASHP instead of MAINS_GAS Combi Boiler	35,755	107,912,000	6,245	6,500	40,589,595
ASHP instead of OIL Combi Boiler	4,898	20,111,700	6,245	900	5,620,098
Secondary glazing	447	577,423	1,292	100	104,900
Solar DHW (solar thermal)	32,194	144,873,000	4,500	5,900	26,325,300
Solar Photovoltaic	52,798	385,919,900	7,309	9,600	70,126,500
Storage heater	6,181	22,225,000	3,596	1,100	4,038,600
Triple glazing	981	2,679,307	2,731	200	486,900
Wet Central Heating	11,187	21,740,750	1,943	2,000	3,950,600
All measures	341,086	1,069,697,539	3,136	62,000	217,323,793

(rounded to nearest million)

£217,000,000**Average cost/home improved****£9745**

Table 3: Modelled resulting improvements in EPC (based on Table 1 modelling)

Bristol FP EPC profiles		
EPC band	before measures	after measures
C	720	17,860
D	12,550	3,250
E	5,330	1,340
F	3,300	570
G	1,120	0
All dwellings	23,020	23,020

Fuel Poor Dwellings improved

22,300

DRAFT

Appendix E: Summary of progress in Bristol against NICE Guidelines

*Achieved? symbols: ✓ = in delivery; ⤴ = partially in delivery; X = not current being delivered.
Timeframe of secured funding for activities in delivery is indicated where known.

Number	Recommendation	Achieved?	Actions
1	Develop a fuel poverty strategy	✓	This Action Plan has been produced in conjunction with the No Cold Homes Steering Group.
2	Ensure there is a single-point-of-contact (SPOC) health and housing referral service for people living in cold homes	✓	The Warm Homes and Money (WHAM) (funding to 2021) and the TEA (Tenant's Energy Advice) (funding to 2024) services enable many people to access support. WHAM will require further funding to continue beyond 2021 and to expand scope.
3	Provide tailored solutions via the single-point-of-contact health and housing referral service for people living in cold homes	✓	Six WHAM caseworkers work across multiple organisations to deliver the appropriate combination of money advice, energy, home repair and other advice and support needs, based on referrals from health, community and voluntary sector agencies.
4	Identify people at risk of ill health from living in a cold home	✓	Mapping analysis, as presented in the JSNA, to identify the scale and geography of the problem. First Contact Checklist being used for over 50s to identify people in need of support.
5	Make every contact count by assessing the heating needs of people who use primary health and home care services	⤴	First Contact Bristol Checklist aims to ensure older people in access services they need, including energy advice and home improvements. This is currently only aimed at people over 50.
6	Non-health and social care workers who visit people at home should assess their heating needs	⤴	First Contact Bristol is helping ensure older people are asked about relevant services they may need. This needs to be reviewed to generate more referrals and to be widened to other groups at risk of cold homes.
7	Discharge vulnerable people from health or social care settings to a warm home	⤴	A WHAM caseworker rotates between discharge units at major hospitals to provide support to people being discharged to cold homes.
8	Train health and social care practitioners to help people whose homes may be too cold	✓	From 2020 WHAM to deliver training to frontline health workers in Bristol. For some workers it will be obligatory training.
9	Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing	Ý	Thrive programme to deliver joint training on mental health awareness and fuel poverty training.

10	Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home	X	This is not currently planned, but Bristol City Council Energy services and Futureproof could provide access to these groups. Priority activity for local action should be to: Train up heating engineers to explain how the system works in a way that occupants find easy to understand.
11	Raise awareness among practitioners and the public about how to keep warm at home	X	This is an action that should be delivered as part of cold weather planning. Advice agencies, including CSE, host and attend events throughout the year to raise awareness. This requires an online training module rolled out across the health service
12	Ensure buildings meet ventilation and other building and trading standards	X	Revised national Building Regulations are currently under review. These will increase the emphasis on ventilation.



Bristol Health and Wellbeing Board

Title of Report:	Bristol Future Parks: the impact of Bristol's parks on the health of the city
Author (including organisation):	Hayley Ash/Jane Powell and Sanda Ismail
Date of Board meeting:	28th October 2020
Purpose:	Information, discussion and advise on next steps

1. Executive Summary

- During the lockdown people experienced tangible benefits to health and wellbeing through access to parks and greenspaces.
- There is a strong evidence base for the mental and physical health benefits.
- Bristol's Parks Services are not statutory services and years of austerity have impacted upon the services ability to invest and maintain the quality of our parks and green spaces.
- The Bristol Future Parks Project is funded by the National Trust, Heritage Lottery and the Ministry of Housing, Communities and Local Government.
- The project aims to increase access among those not currently using parks or those who need to use parks for health benefits and explore new approaches to funding Bristol's parks and greenspaces. Its work packages include, business development, volunteering and community action, philanthropic investment, and health.

2. Purpose of the Paper

- To highlight to the Board of the value of our parks to the City's Health
- To highlight to the Board the importance and benefits of making parks more accessible to a wider audience, for health and social cohesion.
- To gain the support of the Board to help us explore
 - How we create an environment in parks and green spaces so they are inclusive and all that use them have ownership and feel comfortable and able to use them.
 - How funding can be directed to activities in parks to attract those that do not use parks currently and people who need to use parks for health and wellbeing benefits.
 - How the use of parks and green spaces can have physical and mental health benefits for people.
 - How we work in partnership with Primary Care Networks and General Practice in Bristol to reallocate resources from social prescribing and personal care budgets and develop a green care offer.
 - How health funding might contribute towards the use and benefits of the city's parks and green spaces, so that the Bristol's communities can benefit from greater health and wellbeing benefits.
 - How we develop a frame work for measures to gauge how affective interventions are.

3. Background and evidence base

1. From 2010 Local Government budgets were significantly impacted as a result of the austerity measures introduced by central government. The budget allocated to parks and green spaces service reduced by a third from £5.96 million to £4 Million.

2. Through the quality of life survey we have seen the satisfaction in the quality of Bristol's Parks decline over this period from 83% in 2013 to 72% in 2019, with satisfaction only 53% in our 10% most deprived neighbourhoods (Data captured from the Quality of Life report 2019/2020).
3. People who spend time in parks and greenspaces have improved health and wellbeing outcomes, for example, reduced risk of high blood pressure, type 2 diabetes and metabolic syndrome (Bodicoat et al, 2014, Donovan et al., 2018 Shanohan et al. 2016). Exposure to parks and green spaces also improves mental health by reducing risk of depression and anxiety (Cohen-Cline, Turkheimer and Duncan, 2015, Cox et all 2017, McEachan et all 2016).
4. The Mental Wellbeing Benefits of Bristol's Parks is estimated at £234 million per year (£14 per visit), the Physical Health benefits are valued at £127million (£8 per visit) (Vivid Economics Greenkeeper Natural Capital Accounts).
5. Greenkeeper modelling estimates an uplift of 55% in the value of health and wellbeing benefits from new investment meeting The One City Plan target of everyone living within 10 minutes' walk of an 'Excellent Park'.

4. Community engagement

As part of the Future Parks project we have delivered 19 community engagement sessions; 4 pre-Covid face to face and 15 virtual via zoom. We have also carried out a survey regarding parks use both before and during Covid with 1824 responses – the data from this is currently being analysed

5. Recommendations

That the Health and Wellbeing Board supports the work of the Future Parks Project and the health benefits it can deliver and supports the project by engaging with the work which is being delivered through the Future Parks health working group.

6. City Benefits

As the slide deck attached shows, there are several areas of health deprivation within the city, by delivering additional health interventions in parks close to these areas and targeting people who do not currently use parks but who would benefit from using parks for their health and wellbeing we would also be reducing inequality within the city.

By working together to develop a way to measure success of interventions, we would be able to ensure health funding is used effectively to increase the positive impacts of parks and green spaces on the health of the city's population.

By securing investment into our parks and green spaces and uplifting the quality of our parks to green flag status we would increase the health and wellbeing value of our parks and greenspaces by £156 million.

7. Financial and Legal Implications

N/A at present

8. Appendices

Slide deck from Bristol Future Parks Health Event: Standards for health

BRISTOL

FUTURE PARKS

rethink, invest, regenerate



Ministry of Housing,
Communities &
Local Government

**UWE
Bristol** | University
of the
West of
England

Improving Health by using Parks

Agenda item	Presented by
Welcome and Introductions	Hayley Ash and Jane Powell -at 1PM
Introduction to Bristol Future Parks – questions and answers	Video clip/Hayley Ash
Literature review – Parks based activities and interventions for health	Jane Powell and Sanda Ismail
The Story of Health in our City – Mapping inequality	Hayley Ash
Questions and answers	All
Comfort break	10 minutes at 2.10pm
Case Studies for mitigating health inequality in Parks	Jane Powell and Sanda Ismail – at 2.20pm
Discussion - Interventions and activities for improving health and wellbeing	Hayley Ash and Jane Powell
Planning an approach for Bristol	Breakout groups
Feedback session and Next Steps	Hayley Ash and Jane Powell

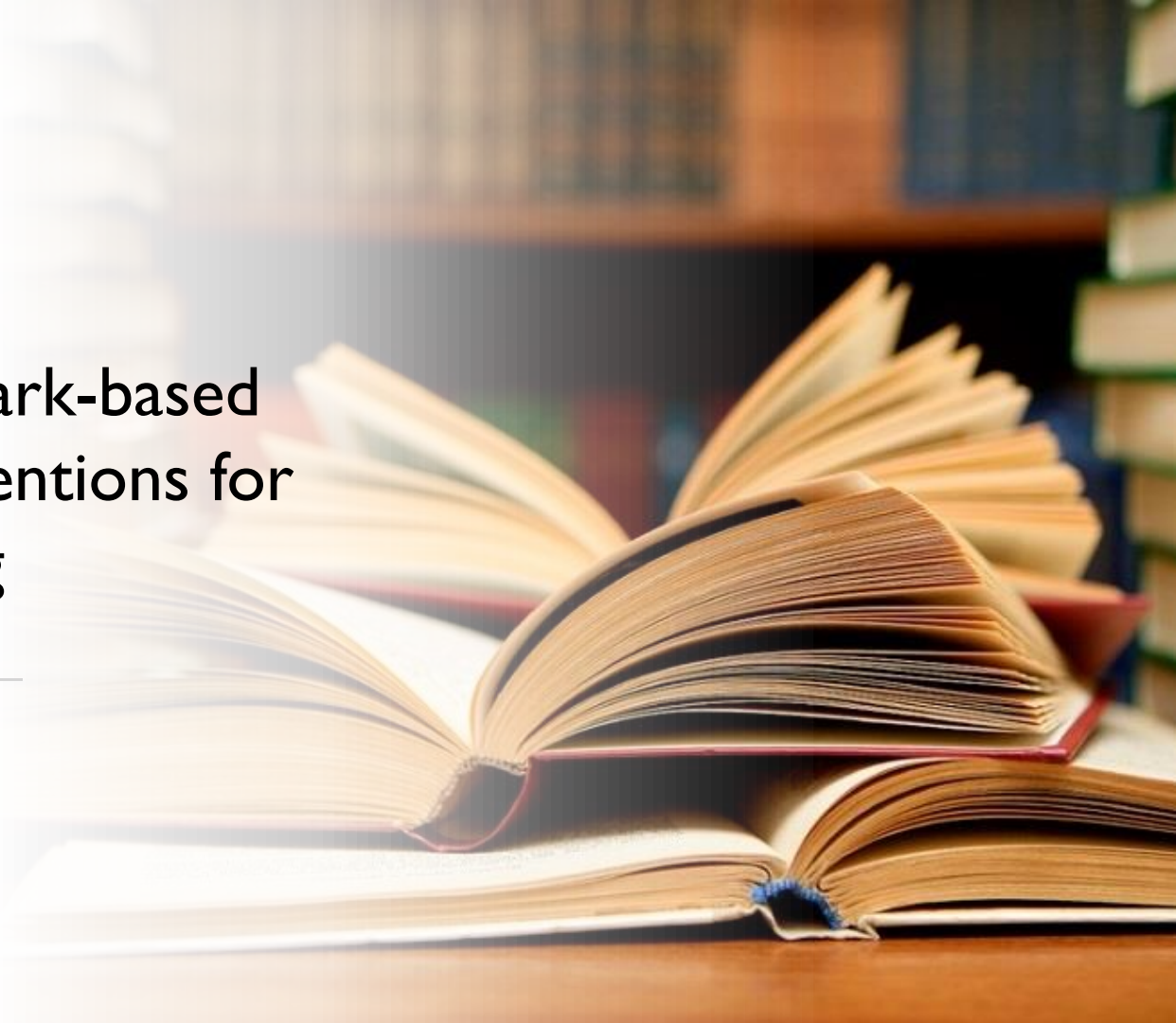
Bristol Future Parks:



Questions and Answers

Literature review: Park-based activities and interventions for health and wellbeing

Jane Powell and Sanda Ismail





Introduction

- Those who spend more time in parks and green spaces have improved:
 - Physical health
 - e.g. lower prevalence of high blood pressure and allergies
(Donovan *et al.*, 2018; Shanahan *et al.*, 2016)
 - Mental health
 - e.g. lower prevalence of depression and anxiety
(Cohen-Cline, Turkheimer and Duncan, 2015; Cox *et al.*, 2017)
 - Social wellbeing outcomes
 - e.g. social cohesion (Shanahan *et al.*, 2016)
- Dose-response relationship - staying longer in green spaces is better for health and wellbeing (Shanahan *et al.*, 2016)

Introduction: rationale for the literature review

Generally, there is reduced engagement with green spaces (Soga and Gaston, 2016)

Park and green space activities/ interventions can increase engagement

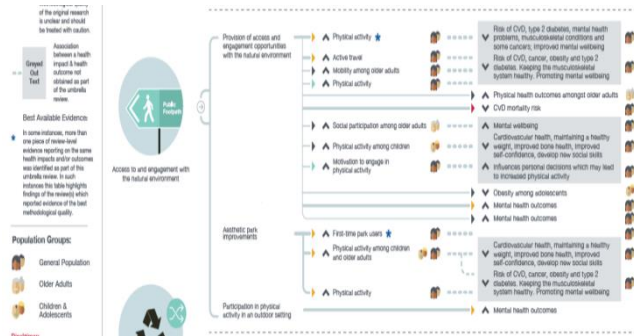
Several park-based interventions are being implemented in the UK

However, there is paucity of intelligence as to what specific health outcomes park-based interventions might achieve and for whom

Limits to leveraging ability of park-based interventions to improve health and wellbeing outcomes

Inefficient and ill-targeted investment decisions more likely

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Aim and Methodology

- To identify different forms of park-based interventions in the UK, the potential health and wellbeing outcomes and the target user groups
- Rapid, selective literature review
- Population – 3 main user groups
 - People who do not use parks (e.g. physically inactive, people living in deprived neighbourhoods)
 - People who need to use parks for health and wellbeing (e.g. people with chronic health or mental health conditions)
 - *People who use parks (e.g. regular runners/ walkers) – not talking about this group today*
- Focus on activities and interventions in parks and green-spaces excl. allotment gardens and interventions that create new green spaces
- Focus on UK-based studies and evidence reviews
- Sources of literature: academic databases (e.g. Scopus), Green Infrastructure Resource Library, websites (e.g. The Conservation Volunteers, Mind), SROI reports, references from other published work

Review still ongoing but some outputs so far...



Number of park and green space-based interventions identified

59



Year range of publications

2004-2020



Study designs used in evaluations

Cross-sectional studies

Case studies

Qualitative studies (ethnography, focus groups, interviews, observations)

Longitudinal studies

Controlled trials

Mixed methods

Natural experiments

Evidence reviews and meta-analysis



Park and green-space based activities and interventions

Programmes for engaging with park and green spaces

Modifying the park infrastructure to attract and promote use

Health interventions based in natural environment



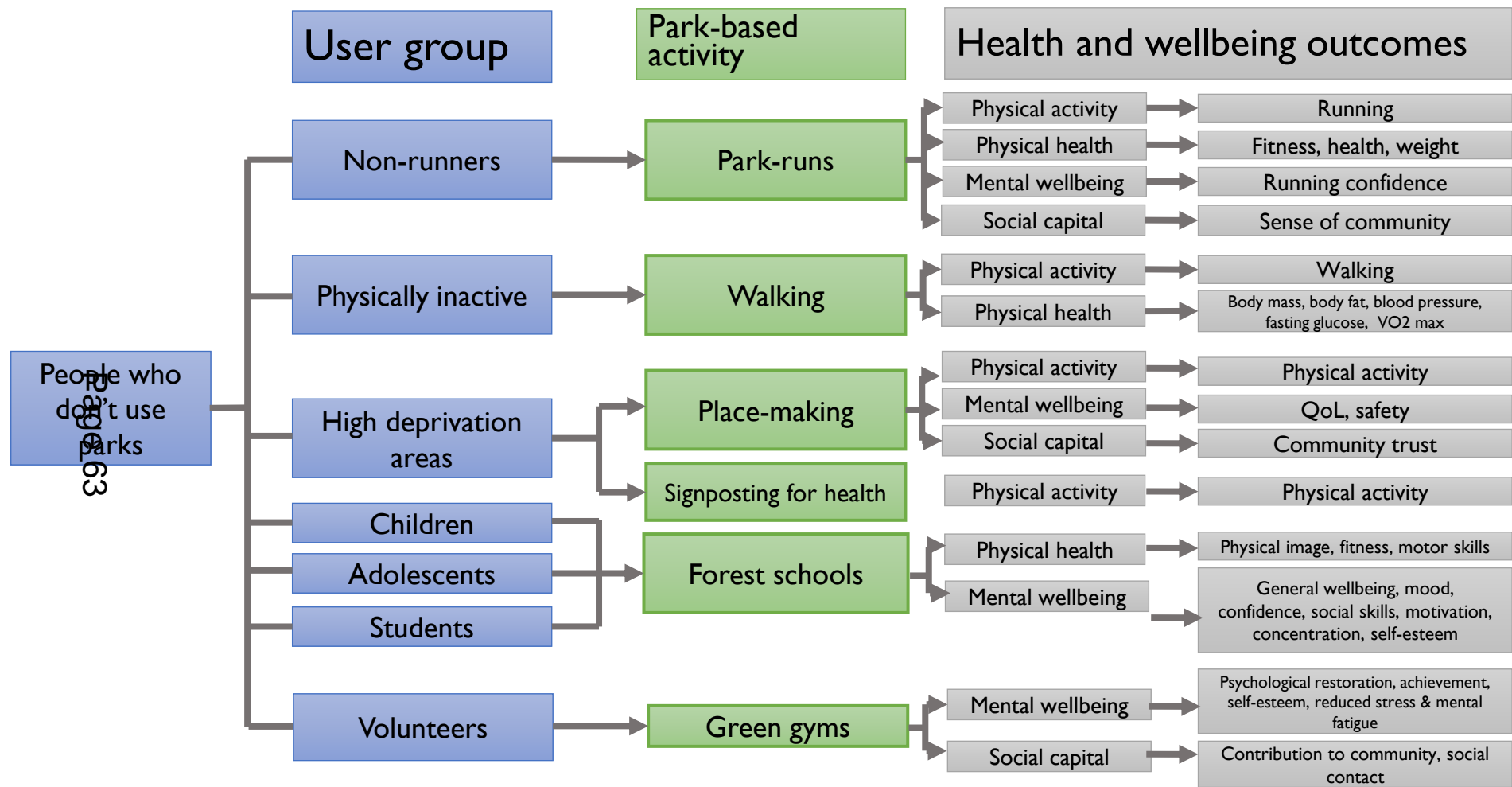
Health and wellbeing outcomes

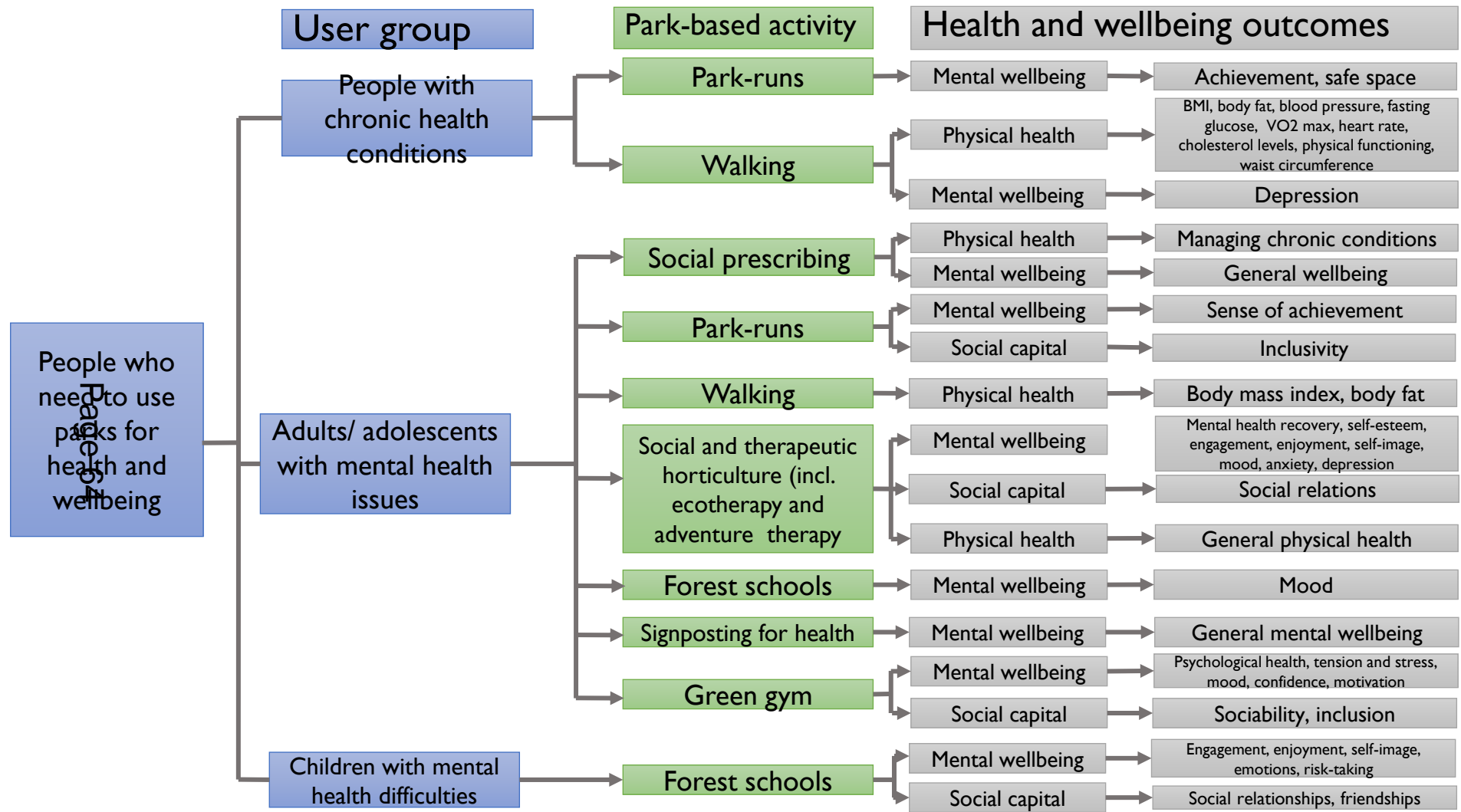
Physical health

Physical activity

Mental wellbeing

Social capital





Limitations and Conclusions

- No claim of literature review as exhaustive - work still ongoing
- Only UK-based studies and evidence reviews
- No focus on specific types of individuals – adults, older people, adolescents, children

Some trends noted: although some common park-based activities are used for different groups, the achieved outcomes do vary sometimes

- Could help guide targeted investments in promoting park use
- Success of interventions would still depend on matching and adapting them to community needs and the existing infrastructure (Buchner and Gobster, 2007)

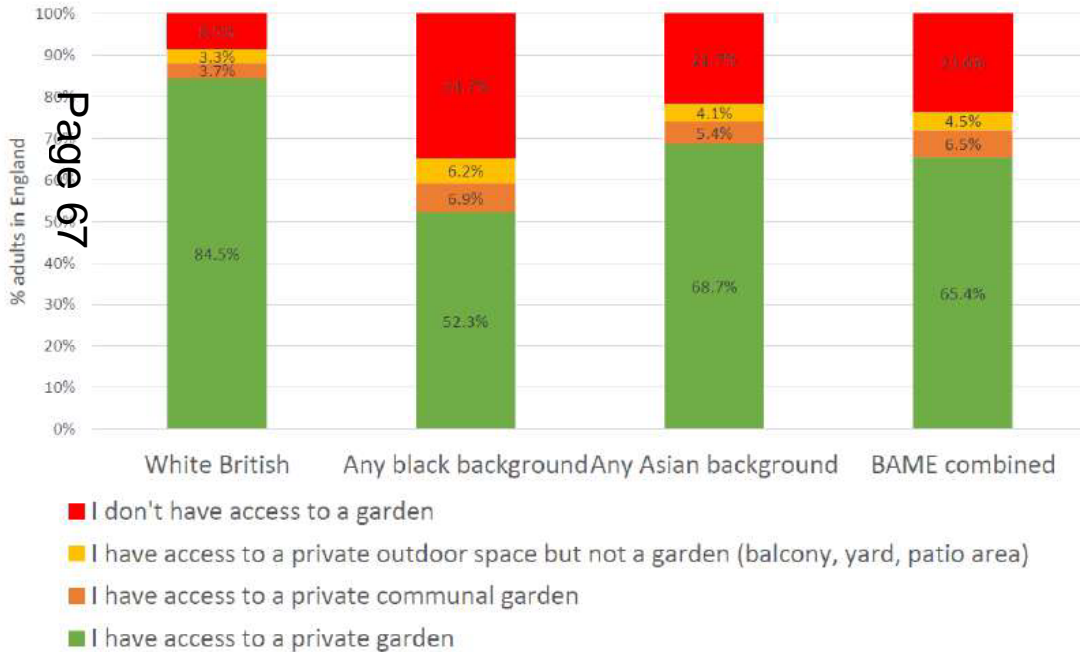
The Story of Health in our City

Page 66

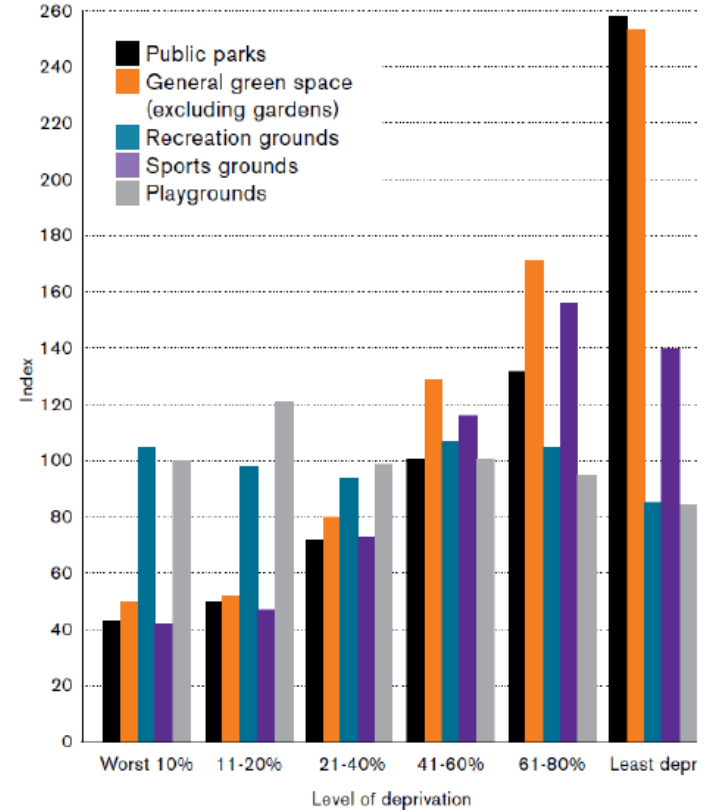
Mapping inequality - Hayley Ash

Not everyone has access to quality open space

Garden access - adults in England (MENE 2014-2019)



CABE 2010

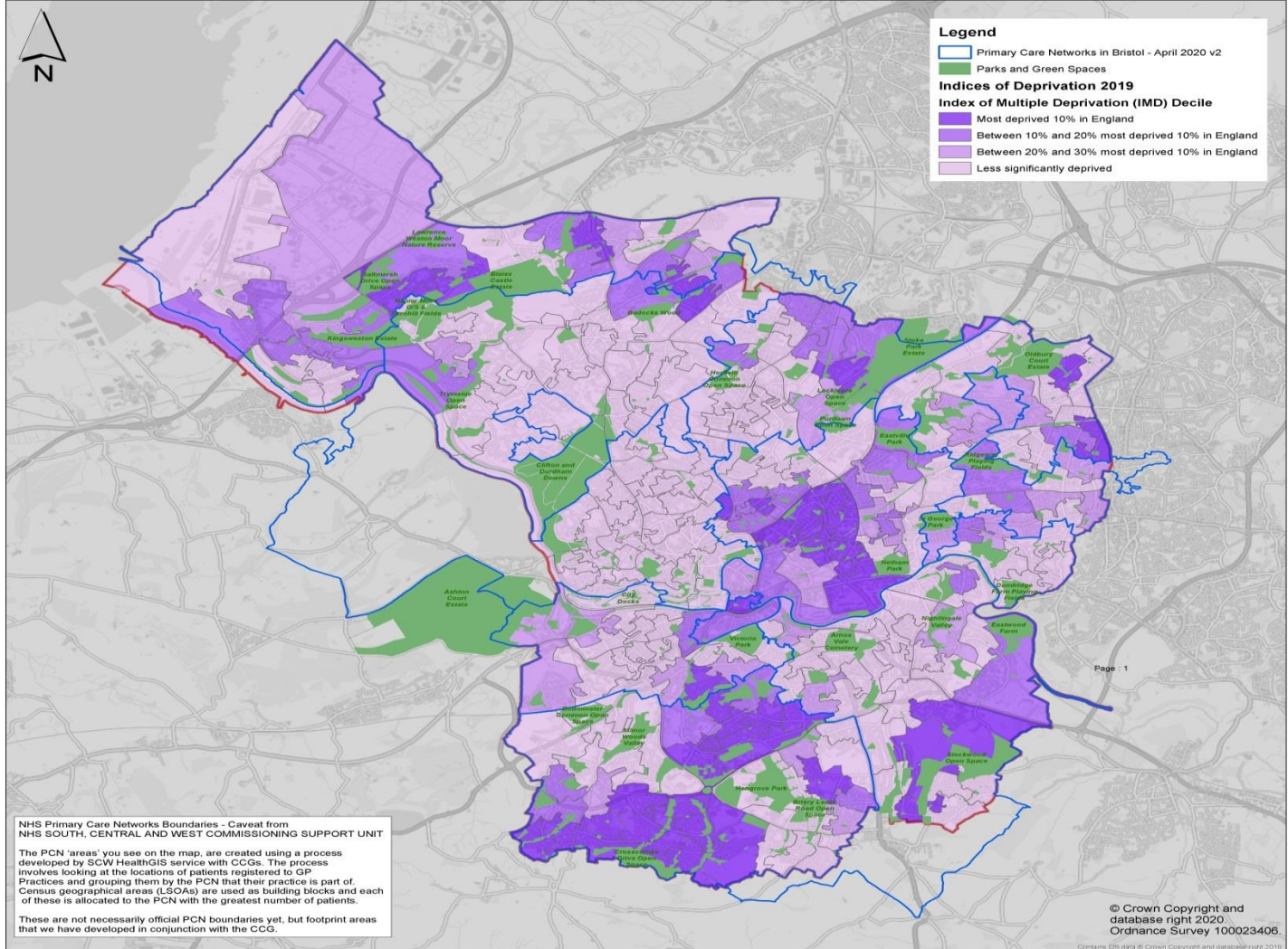


Indices of Deprivation 2019



LSOAs in

- Lawrence Weston
- Henbury Brentry
- Lockleaze
- Frome Vale
- Hillfields
- Ashely
- Easton
- Lawrence Hill
- Brislington West
- Stockwood
- Knowle West
- Filwood
- Hartcliffe and Withywood
- Hengrove and Whitchurch Park



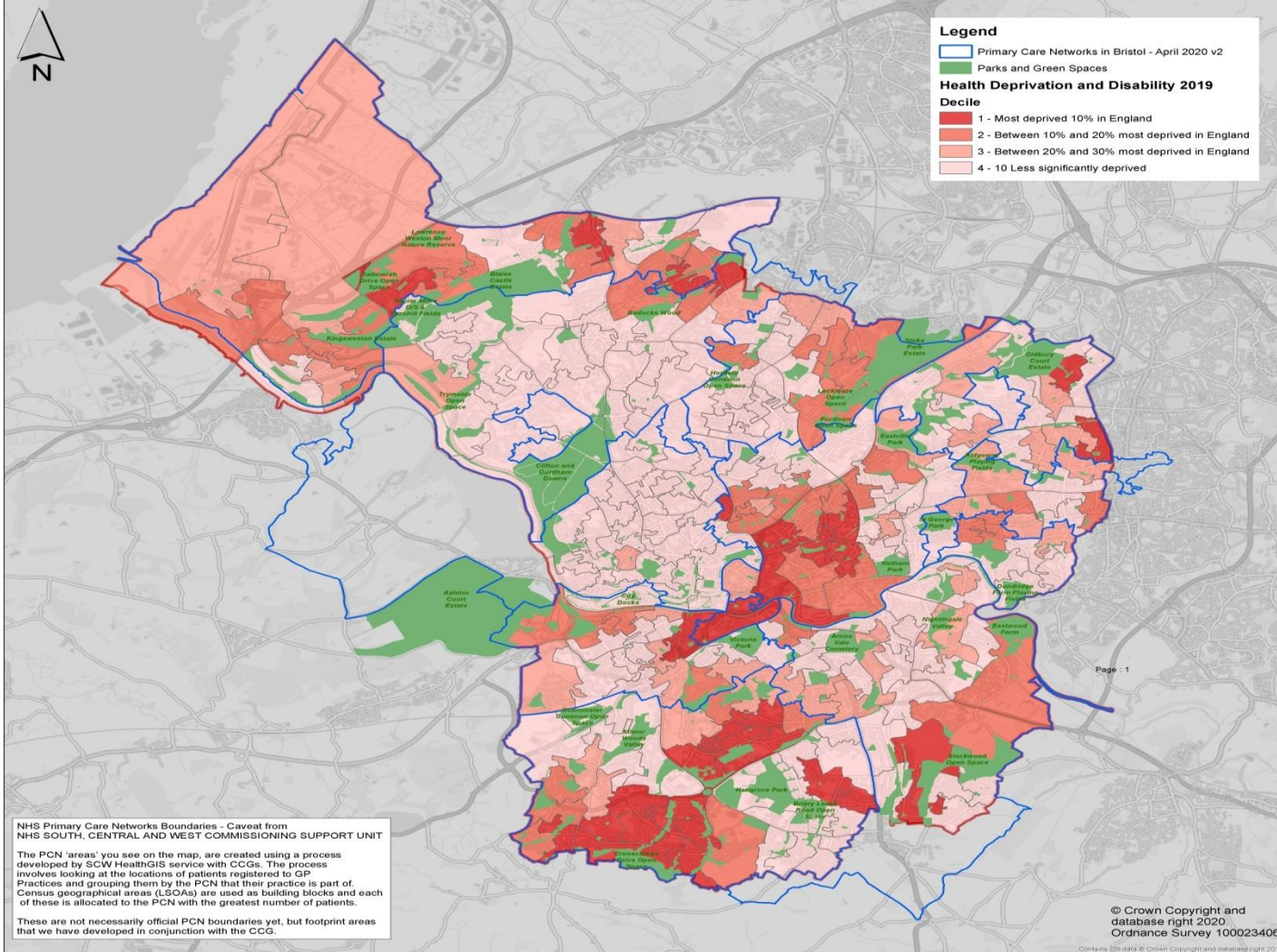
NHS Primary Care Networks Boundaries - Caveat from NHS SOUTH, CENTRAL AND WEST COMMISSIONING SUPPORT UNIT

The PCN 'areas' you see on the map, are created using a process developed by SCW HealthGIS service with CCGs. The process involves looking at the locations of patients registered to GP Practices and grouping them by the PCN that their practice is part of. Census geographical areas (LSOAs) are used as building blocks and each of these is allocated to the PCN with the greatest number of patients.

These are not necessarily official PCN boundaries yet, but footprint areas that we have developed in conjunction with the CCG.

Health Deprivation and Disability 2019

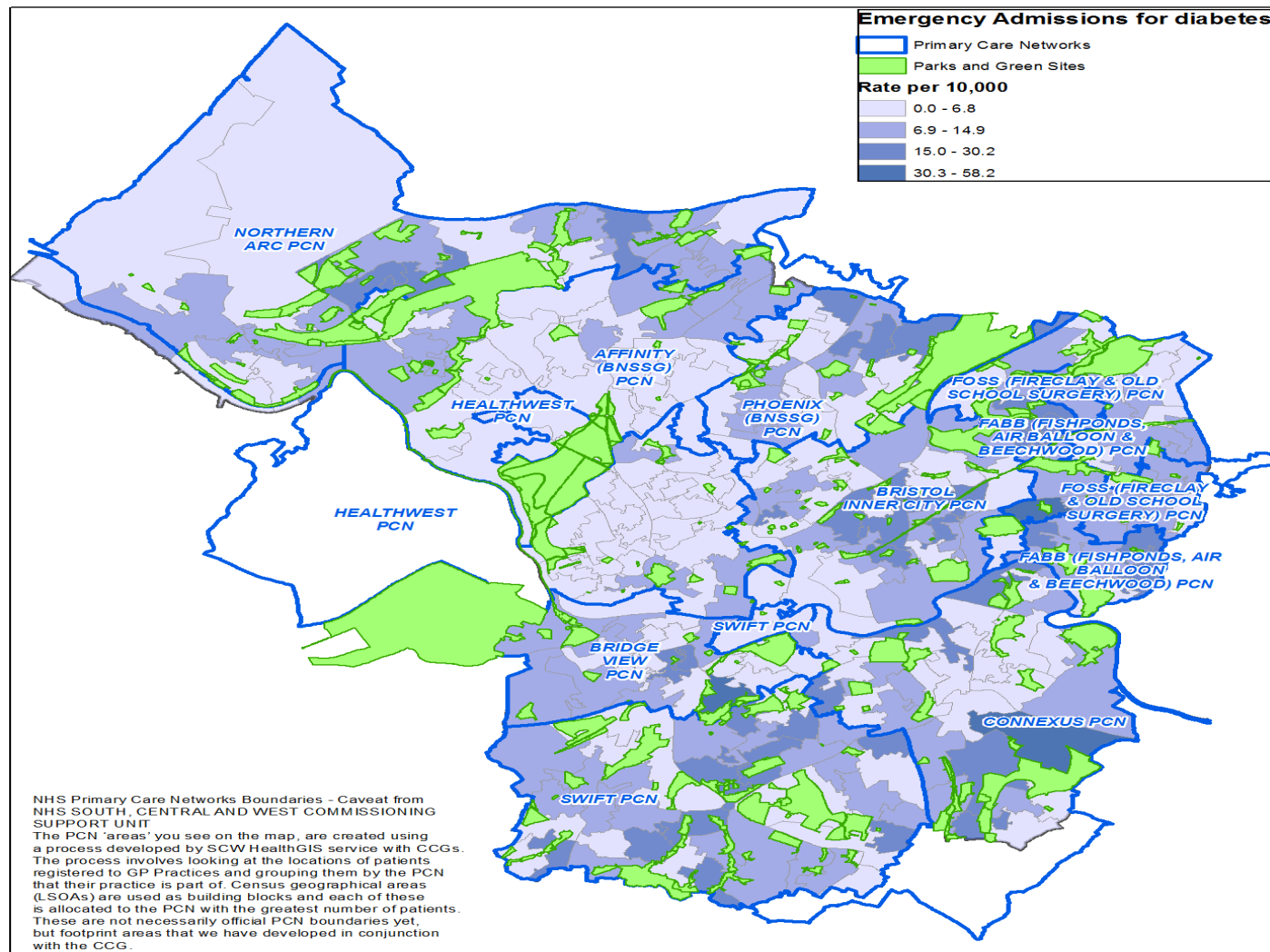
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Diabetes

Admissions due to diabetes - rate per 10,000 population

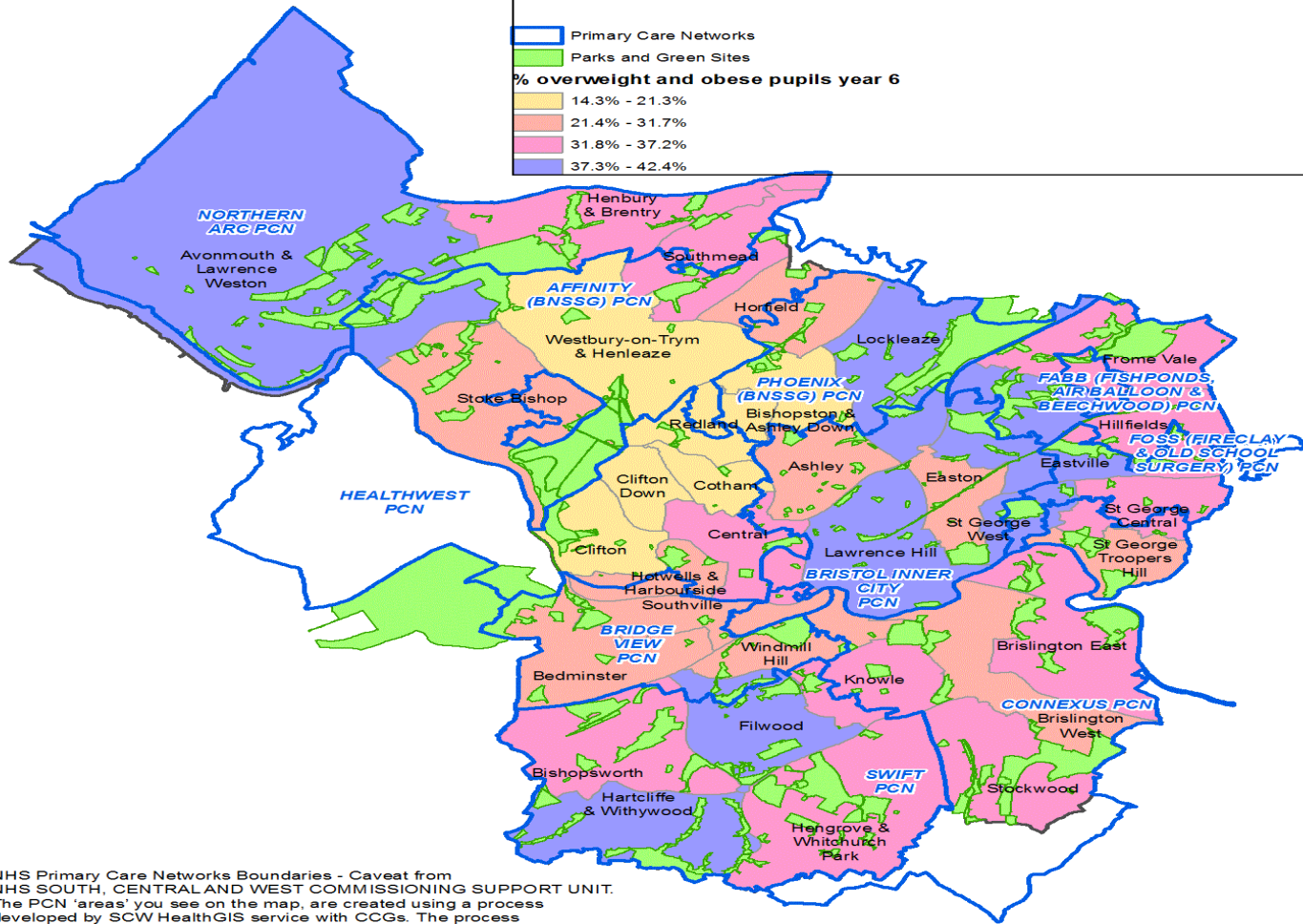
Source: NHS Digital Hospital Episode Statistics. Emergency hospital admission episodes with the primary diagnosis of diabetes
Bristol residents, 2015/16 to 2019/20.



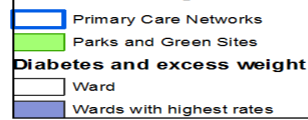
Prevalence of excess weight in year 6 pupils by ward of residence, 2016/17-2018/19 - Bristol schools only

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Source: NCMP data collated by Bristol City Council (Public Health)

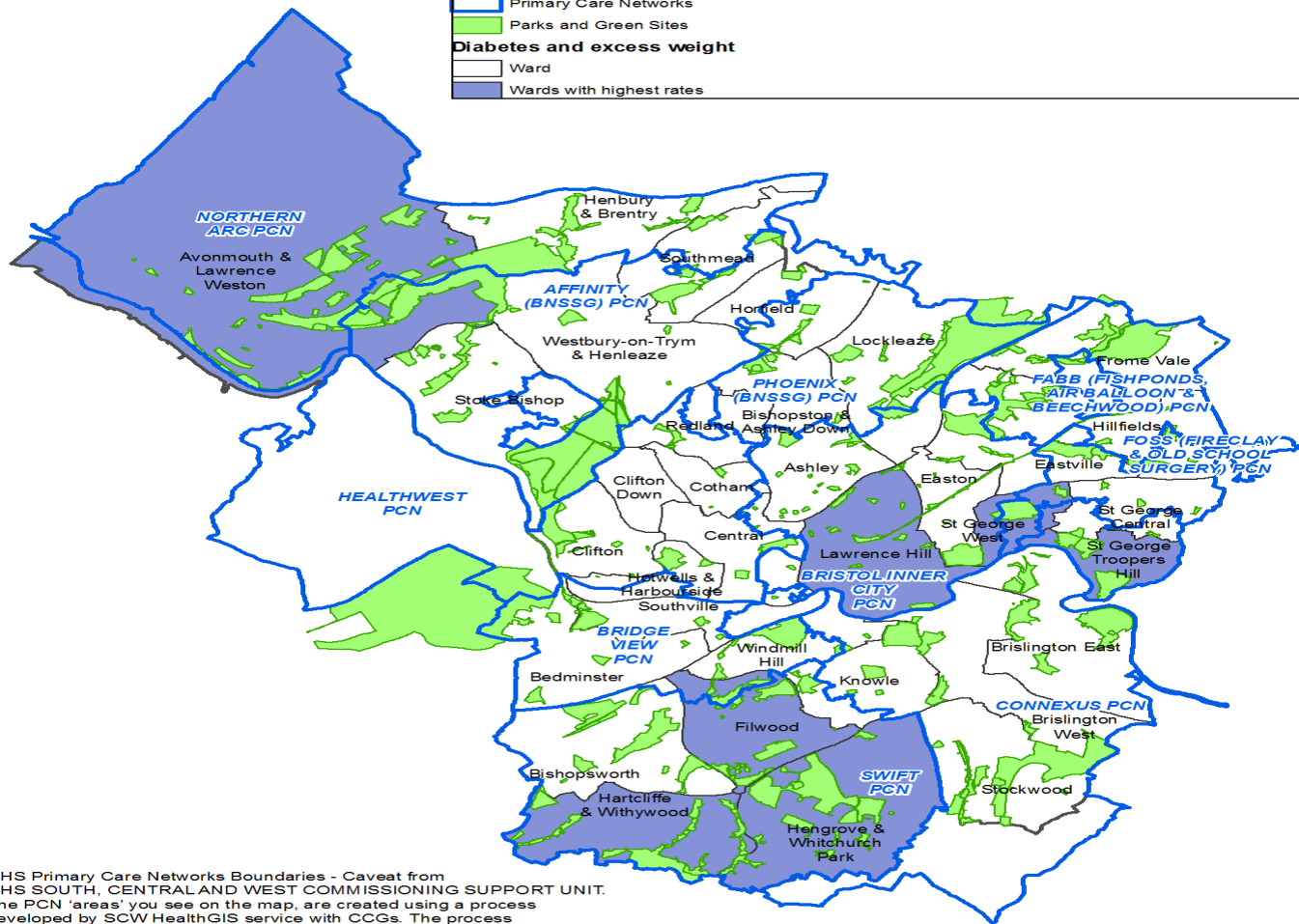


NHS Primary Care Networks Boundaries - Caveat from NHS SOUTH, CENTRAL AND WEST COMMISSIONING SUPPORT UNIT. The PCN 'areas' you see on the map, are created using a process developed by SCW HealthGIS service with CCGs. The process involves looking at the locations of patients registered to GP Practices and grouping them by the PCN that their practice is part of. Census geographical areas (LSOAs) are used as building blocks and each of these is allocated to the PCN with the greatest number of patients. These are not necessarily official PCN boundaries yet, but footprint areas that we have developed in conjunction with the CCG.



Wards with highest diabetes hospital admissions and excess weight rates.

Bristol residents, 2015/16 to 2019/20



Page 72

Source: NCMP data collated by Bristol City Council (Public Health), NHS Digital Hospital Episodes Statistics, Bristol Quality of Life Survey 2019

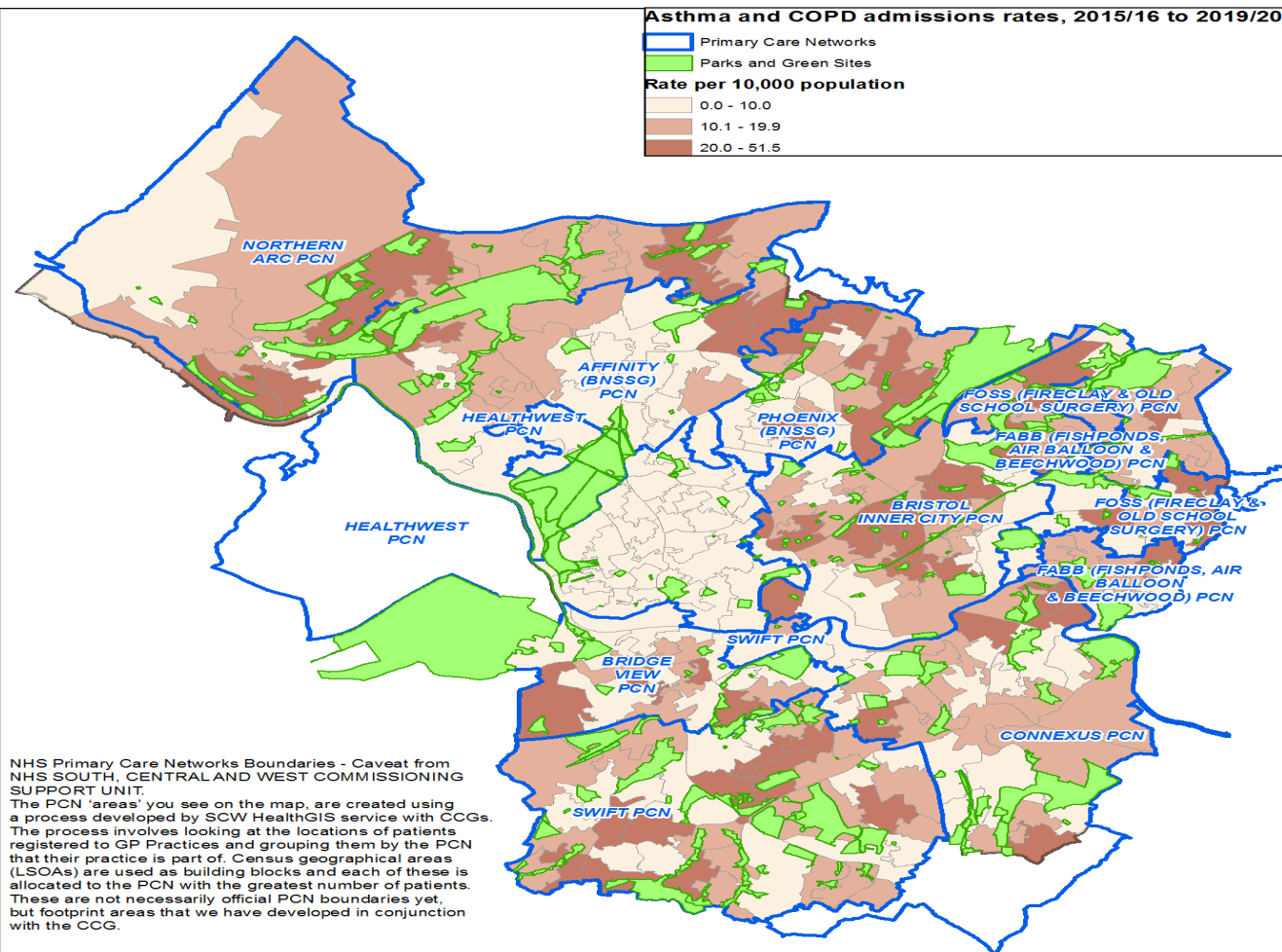
NHS Primary Care Networks Boundaries - Caveat from NHS SOUTH, CENTRAL AND WEST COMMISSIONING SUPPORT UNIT. The PCN 'areas' you see on the map, are created using a process developed by SCW HealthGIS service with CCGs. The process involves looking at the locations of patients registered to GP Practices and grouping them by the PCN that their practice is part of. Census geographical areas (LSOAs) are used as building blocks and each of these is allocated to the PCN with the greatest number of patients. These are not necessarily official PCN boundaries yet, but footprint areas that we have developed in conjunction with the CCG.

Asthma and COPD

emergency admissions
- rate per 10,000
population

Source: NHS Digital
Hospital Episode
Statistics. Emergency
hospital admission
episodes with the
primary diagnosis of
asthma or COPD
Bristol residents,

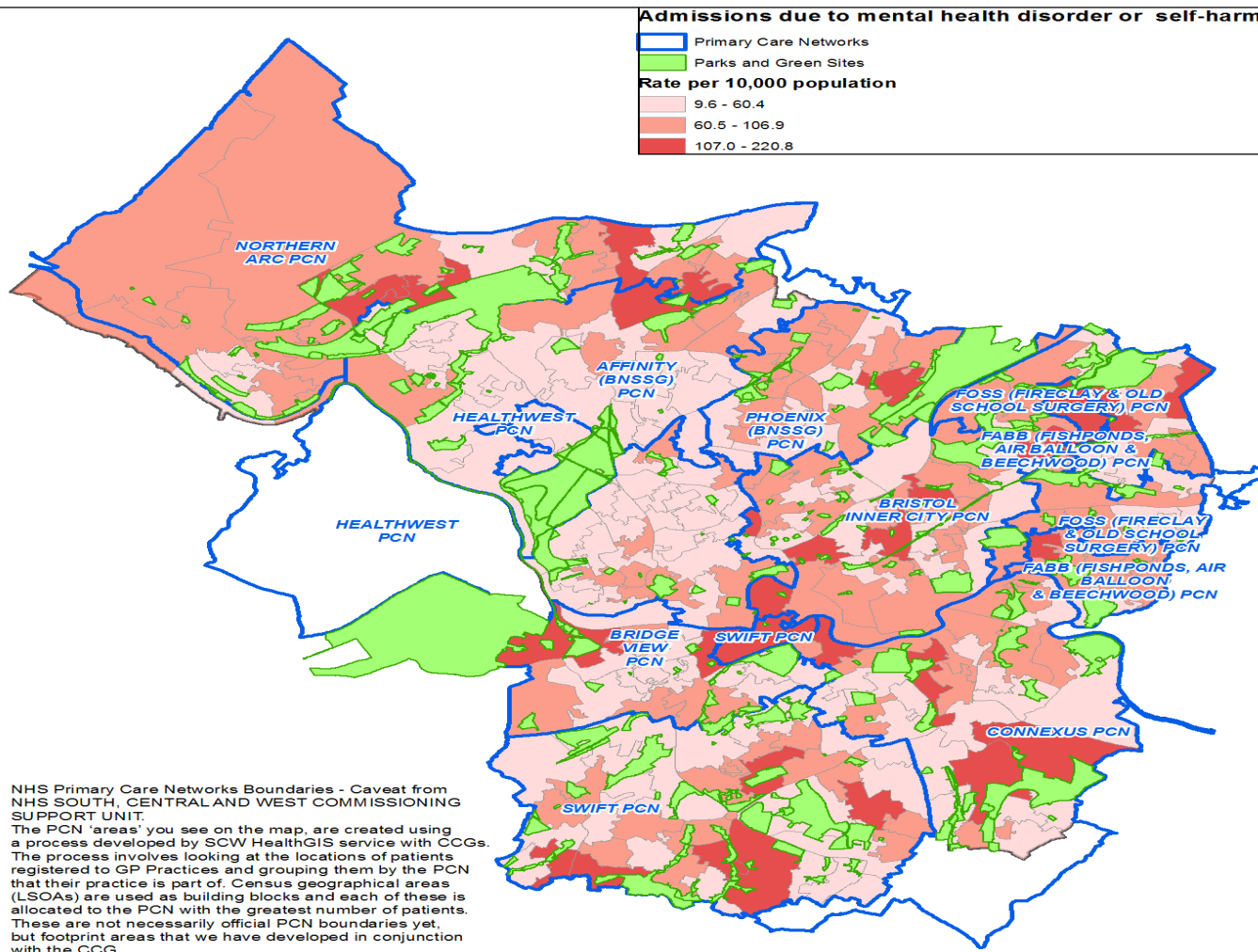
2015/16 to 2019/20.



Mental Health and Wellbeing

Admissions due to mental health disorder or emergency admissions for self-harm - rate per 10,000 population

Source: NHS Digital Hospital Episode Statistics. Emergency hospital admission episodes with the cause code of self-harm, Bristol residents, 2015/16 to 2019/20.

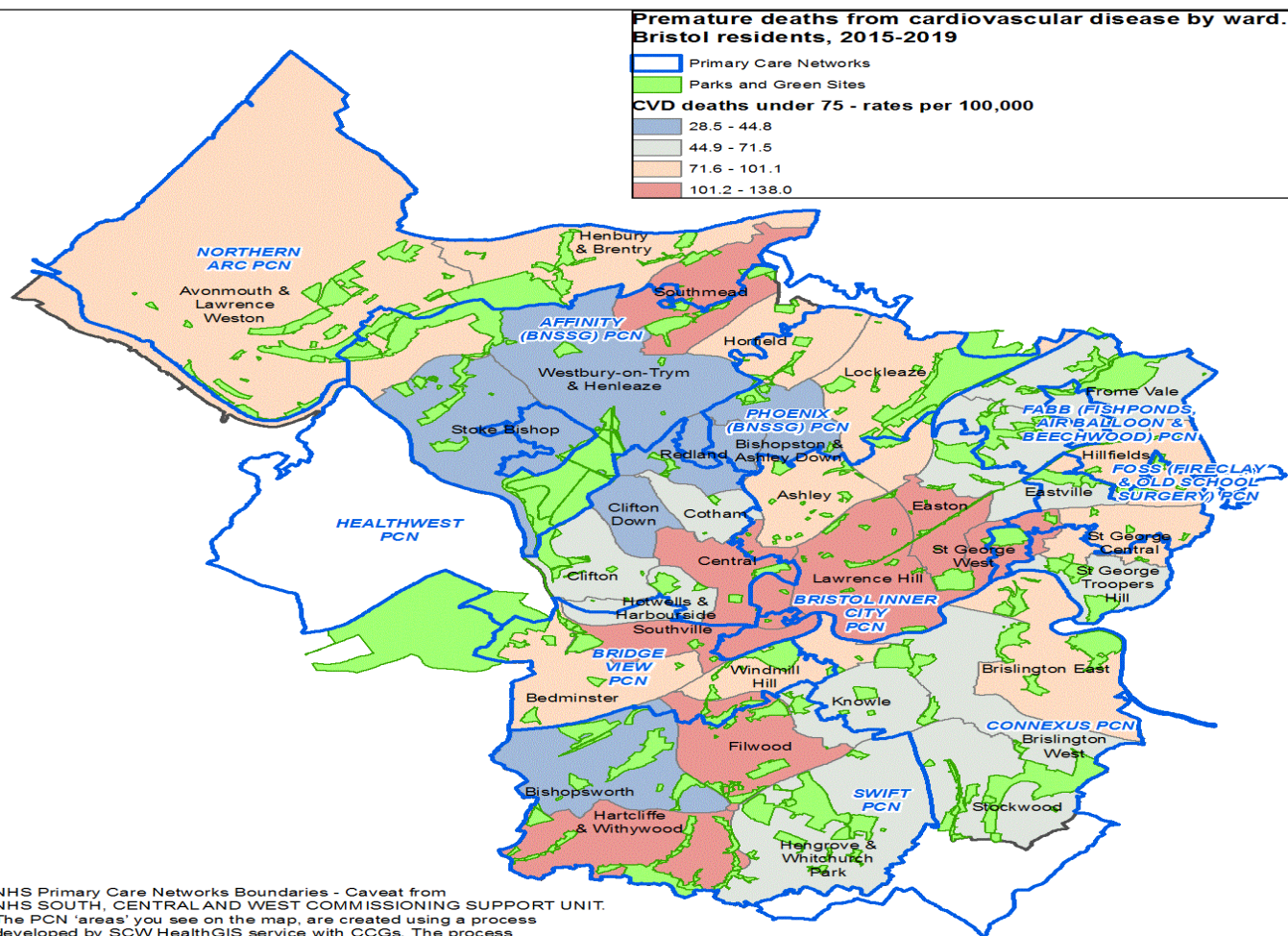


Premature deaths from cardiovascular disease

by ward.

Age standardised rate per 100,000 population. Bristol residents, 2015-2019

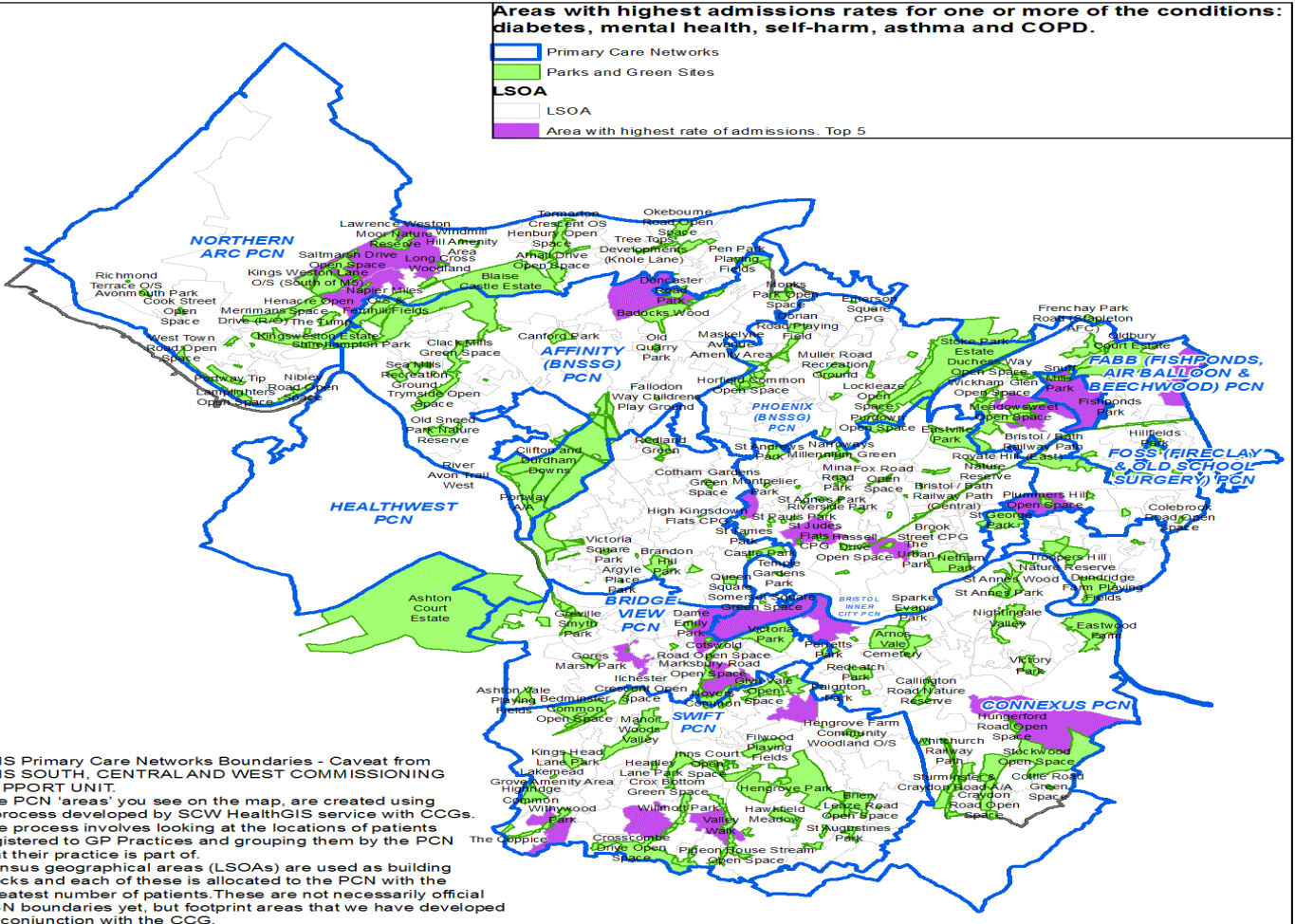
Source: NHS Digital Primary Care Mortality Database



NHS Primary Care Networks Boundaries - Caveat from NHS SOUTH, CENTRAL AND WEST COMMISSIONING SUPPORT UNIT. The PCN 'areas' you see on the map, are created using a process developed by SCWV HealthGIS service with CCGs. The process involves looking at the locations of patients registered to GP Practices and grouping them by the PCN that their practice is part of. Census geographical areas (LSOAs) are used as building blocks and each of these is allocated to the PCN with the greatest number of patients. These are not necessarily official PCN boundaries yet, but footprint areas that we have developed in conjunction with the CCG.

Areas with highest admissions rates for one or more of the conditions: diabetes, mental health, self-harm, asthma and COPD.

Rates per 10,000 population
 Source: NHS Digital Hospital Episode Statistics. Bristol residents, 2015/16 to 2019/20.



NHS Primary Care Networks Boundaries - Caveat from NHS SOUTH, CENTRAL AND WEST COMMISSIONING SUPPORT UNIT. The PCN 'areas' you see on the map, are created using a process developed by SCW HealthGIS service with CCGs. The process involves looking at the locations of patients registered to GP Practices and grouping them by the PCN that their practice is part of. Census geographical areas (LSOAs) are used as building blocks and each of these is allocated to the PCN with the greatest number of patients. These are not necessarily official PCN boundaries yet, but footprint areas that we have developed in conjunction with the CCG.

Questions and answers

Bristol Future Parks:

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Comfort break

rethink, invest, regenerate

BRISTOL
FUTURE PARKS

Mitigating health inequalities in parks: Case studies

Jane Powell and Sanda Ismail



Case Study

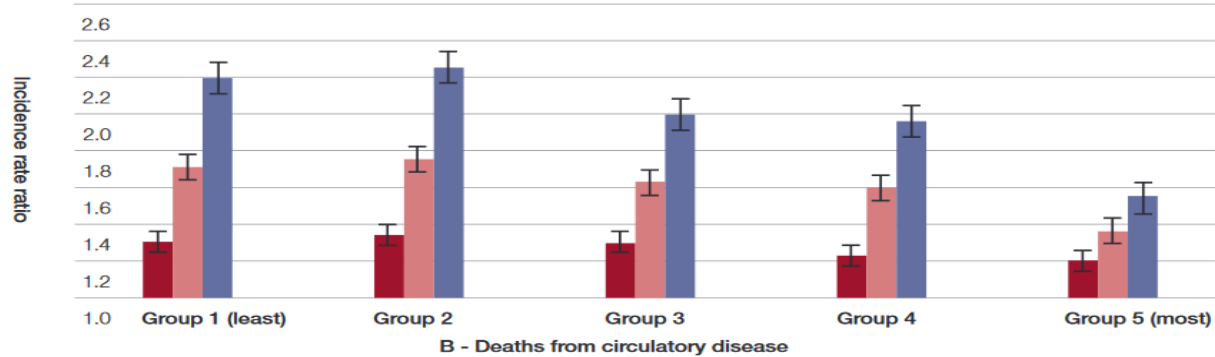
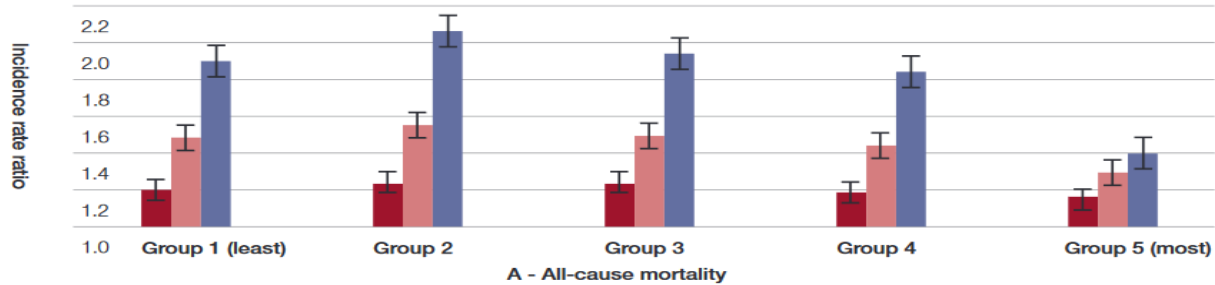
Introduction

- Difficulties of generating funding for green spaces in Britain
- Nevertheless, some projects:
 - have successfully improved green spaces;
 - encouraged much greater use of them by all sections of the community;
 - contributed to local health and wellbeing

Aim of this presentation:

- To show some case studies to describe what has been achieved in some places
- How the work was done
- Hopefully, inspire audience
- *How do we focus on investment carefully to practically enable people to use and benefit from our parks and green spaces?*

Context: Green space and health inequalities



Income group 2 Income group 3 Income group 4

Exposure to green space

(Balfour and Allen, 2014)

Context: Who are less likely to use green spaces and why?

Who?

- Female
- Older people
- People in poor health
- Lower socioeconomic status
- Ethnic minority groups
- Relatively deprived areas with less neighbourhood greenspace

Why?

- Too busy at work
- Poor health
- Too busy at home
- No particular reason
- Old age
- Bad/Poor Weather
- A physical disability
- Not interested
- Too expensive
- No access to a car

Context: Green spaces and health: influence of inequalities

- Availability, proximity and use of green space improves mental health irrespective of socio-economic or socio-demographic status
- Socio-economic variables (e.g. income, deprivation or education) confound the green space–health–outcome relationship for outcomes such as overweight or birth outcomes
- Green spaces can mediate the socio-economic inequality in health outcomes

(Kabisch *et al.*, 2019)

Case Study I: Walker Park Green Exercise programme

- Located at Walker, Newcastle-upon-Tyne
- Underwent a £2.5 million restoration project in 2015/16
 - Parks for People application grant by the Heritage Lottery Fund = £1.8 million grant
 - Newcastle City Council, Walker Ward Committee and Your Homes Newcastle contribution = £1.2 million
- A 9-month project
- Engaging hard to reach groups in green exercise activities through local partnerships



Case Study I: Walker Park Green Exercise programme

- Target group: people disconnected from green space and who did not take regular physical activity
 - black and minority ethnic groups
 - young people
 - people with learning difficulties
 - overweight and obese adults
 - people suffering from mental health problems
 - people with specific health conditions, such as heart conditions
 - people living in deprived areas
 - older people

Case Study I: Walker Park Green Exercise programme

Interventions took place in eight different regions

Region	Project	Host partner	Target groups
South East	Get Active in Milton Keynes	Parks Trust	sedentary population, mental health service users, BME groups, women and girls and those with learning disabilities.
South West	3G Woodland games	Swindon Borough Council	children and young people, in particular those at risk of disaffection and exclusion from school or with learning difficulties; the families of the above; older people.
East of England	Youth Outdoor Experience	Suffolk Wildlife Trust	girls aged 13-16; Girls and boys aged 11-18. (particularly those who are inactive and lack confidence and /or social skills).
East Midlands	East Lindsay Active/East Lindsay goes green	East Lindsay District Council	older people 55s+; children under 16; women 16 – 24; families ie, grandparents and grandchildren; obese clients with a BMI >30; diabetic groups; mental health clients.
West Midlands	Walk to Water	Staffordshire Moorlands District Council	Individuals and families living on a local estate; people with mental ill health; teenagers including the local youth club and college; older people; a local community group and volunteers.
Yorks & Humber	Walk 4 Fun /first steps to an active life	North Lincolnshire District Council	year 6 primary school children; overweight /obese adults.
North West	Wheels for All	Cycling Projects	GP Referral clients; Cardiac Rehabilitation; Adult Mental Health; those with disabilities and differing needs; ethnic community members.
North East	Greenways to health	Groundwork	young people (aged 11 -16), identified as physically inactive who live in the top 25% most deprived wards.

Case Study I: Walker Park Green Exercise programme



Conservation tasks



Cycling



Walking programmes



Woodland games



Case Study I: Walker Park Green Exercise programme

Impacts

- Increased access to parks and green spaces by hard to reach groups
- Perceived positive experiences of the programme by participants
- Learning and development (such as improved social skills, confidence, work experience and knowledge about green spaces)
- Increased levels of physical activity
- Self-reported improvements in wellbeing
- Community cohesion and community participation

Hynds, H. (2010) *Green Exercise Programme Evaluation*. Natural England Research Reports. Number039

Case Study 2: Active England – the woodland projects

- Established in 2003
- Funded by Big Lottery and Sport England = £94.8 million
- To increase participation in sport and physical activity of local residents across England
- Targeted groups:
 - People under-represented in sporting activities (women and girls, disabled people, people from BAME backgrounds)
 - Under-16s
 - Over-45s
 - People on low incomes



Five three-year projects developed in woodland areas of Kent, Devon, Derbyshire, Wiltshire and Nottinghamshire



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Case Study 2: Active England – the woodland projects

- Activities included:
- Installing new infrastructure including paths, catering facilities, visitor centres, outdoor furniture, and climbing walls
- Buying new equipment, including laser quest and archery equipment
- Special events like fun runs, craft fairs, cycle events, activity days, and tree festivals
- Staff-led activities such as health walks, cycle rides, and nature walks
- Transport facilities, to and from sites



Case Study 2: Active England – the woodland projects

Impacts

- Over 75% increase in total number of visitors between 2006-07 and 2007-08
- Significant increased visitor numbers for BAME, female, people aged 16-44 and families
- Increased participation in physical activities

O'Brien L, Morris J. (2009) *Active England: The Woodland Projects*

Case study 3- Nature4health



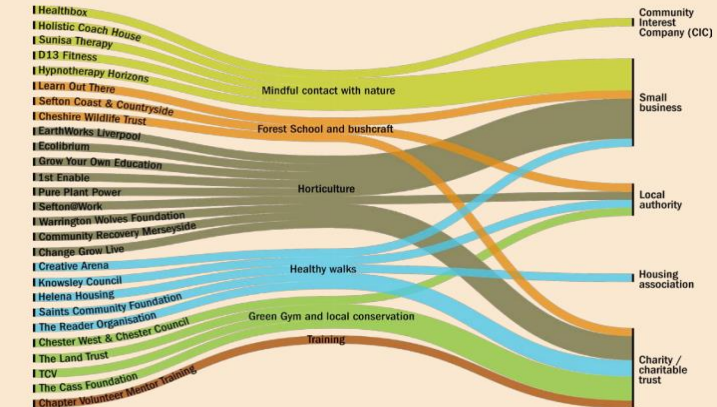
- Managed by The Mersey Forest
- Created to demonstrate how structured activities in green spaces can be provided to boost health and wellbeing
- 3-year £420,000 project funded by The Big Lottery's Reaching Communities Programme to tackle health inequalities in targeted communities across The Mersey Forest
- Provided five different evidence-based activities
- Activities provided in twelve week blocks, with tailored sessions targeted at adults, children and young people
- Some sessions were targeted at those with particular needs (e.g. young women) or health conditions (e.g. adults with dementia)
- 27 local partners across six local authorities to enable 1,936 participants to take part in activities during the programme

rethink, invest, regenerate

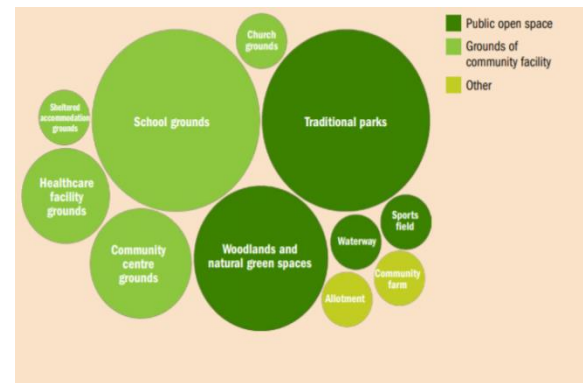
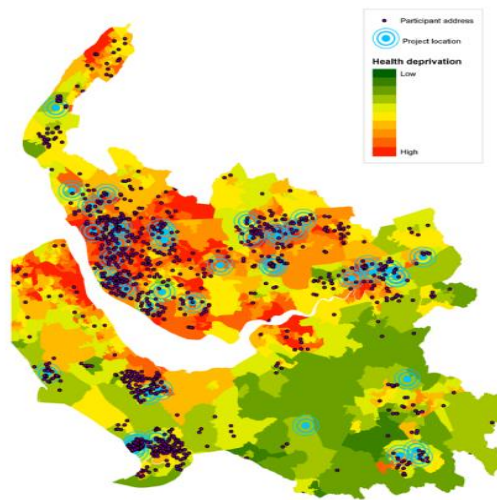
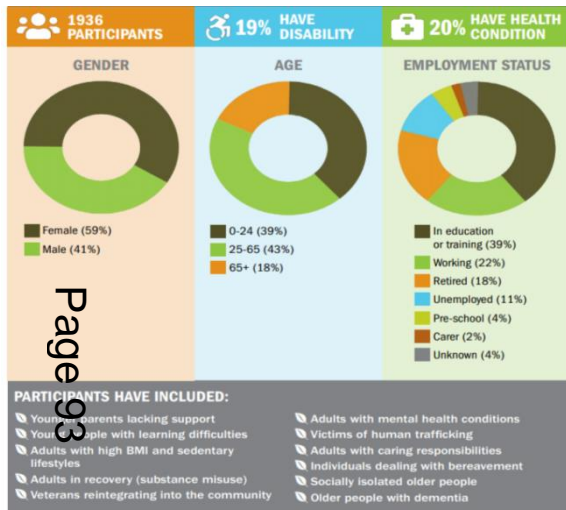
FIGURE 1: THE FIVE NATURE4HEALTH ACTIVITY PRODUCTS



FIGURE 2: OUR DELIVERY PARTNERS:



Case study 3- Nature4health



Participants

Project location

Type of green space

Case study 3- Nature4health

Impacts

Improved physical activity and fitness

Improved mental wellbeing

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**WALKING
ACTIVITY**

↑ **36%**

Before:
63.0 mins per day
(208 MET minutes)

After:
85.5 mins per day
(282 MET minutes)



**MODERATE
ACTIVITY**

↑ **35%**

Before:
20.5 mins per day
(82 MET minutes)

After:
27.7 mins per day
(111 MET minutes)



**VIGOROUS
ACTIVITY**

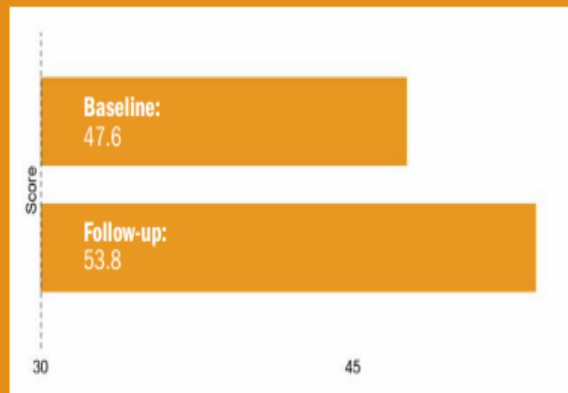
↑ **12%**

Before:
8.4 mins per day
(67 MET minutes)

After:
9.4 mins per day
(75 MET minutes)

**WEMWBS
AVERAGE SCORES**

↑ **6.2 points
(13%)**



Case study 4: Get Active



BetterPoints

BetterPoints Lifestyle

PEGI 3

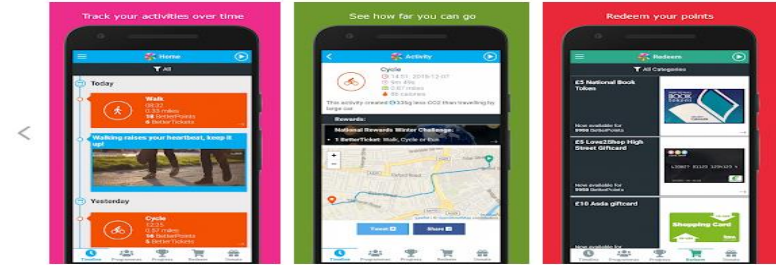
This app is compatible with all of your devices.

Add to wishlist

- Launched on 21st March 2018
- An initiative to address high childhood obesity and type 2 diabetes using a smartphone app
- App introduced to people as they move into new homes, to help them establish active routines, use green spaces and make social connections through joint activities such as walks
- In partnership with Ebbsfleet Garden City's Healthy New Towns project
- Open to residents and workers in Ebbsfleet Garden City, Dartford, Gravesham and Swanley
- Earn BetterPoints for walking, running and cycling that can be swapped for vouchers to use in local shops or donate to charity

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rethink, invest, regenerate



Get Active in Ebbsfleet



Case study 4: *Get Active*

Impacts

- Better mental health and wellbeing reported outcomes, incentivised through commuting by bicycle instead of car, or walking for at least 150 minutes a week
- Within first seven weeks of programme launch, 450 users had:
 - Cycled more than 2,000 miles
 - Walked more than 7,000 miles
 - Run more than 500 miles.
- Target was to have 1,000 participants by March 2019

Case Study 5 Glasgow Health Walks

- Glasgow has very high levels of health inequality and the lowest life expectancy in the UK
- Project implemented to address inequality and life expectancy issues and improve physical activity levels and quality of life for the city's residents
- Working with local organisations
- Aim of project was to establish and support local health walks
- Free, gentle and friendly walks of up to 2 miles
- Walks are facilitated by trained coordinators
 - develop connections with organisations
 - work directly with communities and help them to build support and community capacity to carry out the walks



Case Study 5: Glasgow Health Walks

Impacts

- 33 open walk projects delivered between Apr 2011 and Mar 2012 open to the general public
- 26 closed walk projects restricted to clients from certain groups such as hospital in-patients
- Positives outcomes reported by participants:
 - feelings of improved fitness and physical health
 - improved confidence
 - increase in social contacts
 - reduction in social isolation
- **Cost–benefit ratio = £8 in benefits for every £1 invested**



Case Study 6: Almondvale Park

- Located in Livingston, Scotland
- Part of the main green corridor in the town
- Transformed in 2015/16
- Total investment in park transformation = £1.2 million
- Funders
 - West Lothian Council
 - Section 75 contributions from nearby housing developments
 - Public art grant,
 - Sustrans Scotland's Community Links (50%) funded by Transport Scotland

Case Study 6: Almondvale Park

How was the urban green space improved?



Old Amphitheatre



New adventure playground



Before



Welcoming artwork on underpass

Case Study 6: Almondvale Park

How was the urban green space improved?



Before



New stone seating bed, with open sightlines, and accessible path



Before



Artwork under bridge and thinned vegetation

Case Study 6: Almondvale Park

How was the urban green space improved?



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Before



Artwork under bridge, upgraded path, new lighting and Sustrans signage

New features

Entrance signs, paving and seating



Wildflower meadows



Sustran's National Cycle Route Milepost



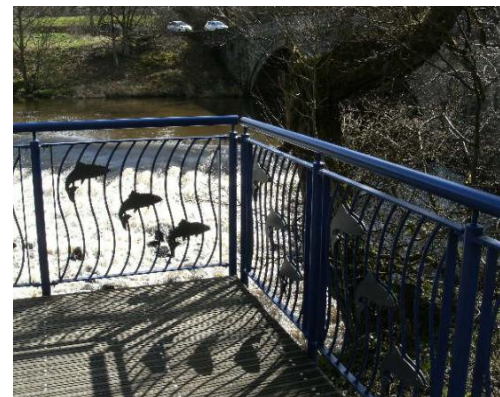
Health walk/ parkrun signage, tree thinning and spring bulbs



Wildlife information and viewing platform

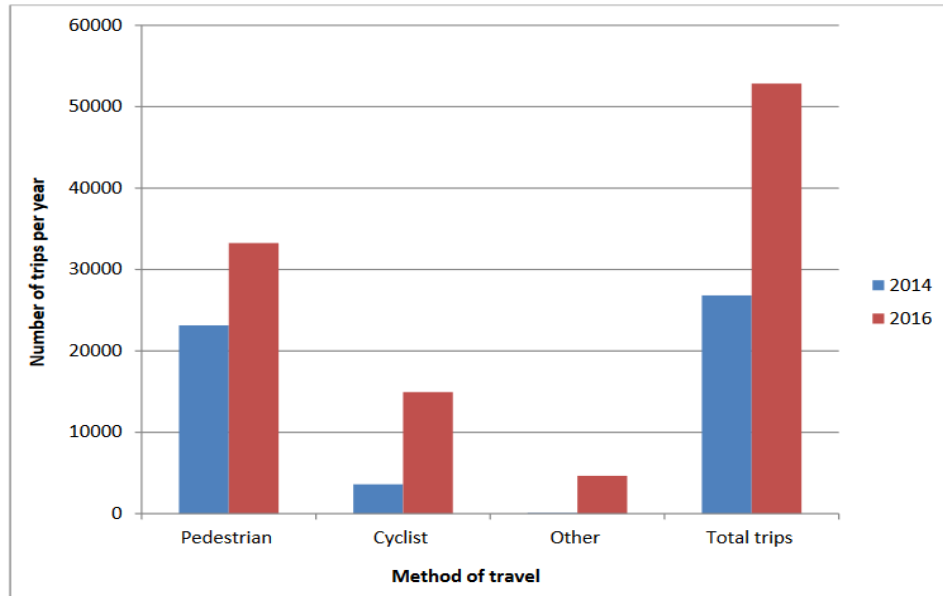


Viewing platform by Howden Bridge weir



Almondvale Park – impacts

Number of trips through Almondvale Park before and after improvements



Number of trips by pedestrians, cyclists and others doubled post developments

Bristol Future Parks:

Discussion

Interventions and activities for improving health and wellbeing



Bristol Future Parks:

Planning an approach for Bristol

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rethink, invest, regenerate



BRISTOL
FUTURE PARKS

Bristol Future Parks:

Feedback session and Next Steps

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rethink, invest, regenerate

BRISTOL
FUTURE PARKS



Bristol Health and Wellbeing Board

Title of Report:	Community and cross-sector approach to tackle hate crime
Author (including organisation):	Mark Parry Bristol City Council
Date of Board meeting:	28 October 2020
Purpose:	oversight / information and discussion (delete as appropriate)

1. Executive Summary

To update the Health and Wellbeing board on progress against the theme in the One City plan: 2020 One City Plan – An updated community and cross-sector approach to tackle hate crime has been adopted across the city to help agencies coordinate prevention activities and reduce hate crime.

2. Purpose of the Paper

To update the Board on the work of the Strategic Partnership Against Hate Crime (SPAHC). Outline its history and to inform the Board of the work carried out by the Bristol City Council funded service - Bristol Hate Crime & Discrimination Service (BHC&DS). We are seeking support from the Board for continuation of the BHC&DS grant funding through the Council's Impact fund or alternative funding opportunities and support the continued development of SPAHC

3. Background and evidence base

The One City Plan objective: *Our strong communities will be formed of resilient and independent people. Our people will live healthier for longer and live happier lives in Bristol.*

Since 2009 Bristol City Council has coordinated the Strategic Partnership Against Hate Crime (SPAHC). SPAHC has continued to meet to the present day. Its remit has evolved over time following the introduction of Equalities Act in 2010 and updated legislation. A 'hate crime' can include verbal abuse, intimidation, threats, harassment, assault and bullying as well as damage to property. The perpetrator can also be a friend a carer or an acquaintance who exploits their relationship with the victim for financial gain and/or some other criminal purpose. The term 'hate crime' can be used to describe a range of criminal behaviours where the perpetrator is motivated by hostility or demonstrates hostility towards the victim's disability, race, religion, sexual orientation or transgender identity. These aspects of a person's identity are known as 'protected characteristics'.

What has we been doing to support victims of Hate Crime and what do we continue to do to work towards in support of victims and challenge those who commit hate crime in the city?

- SPAHC meets quarterly each year and is made up of partner agencies working in Bristol and includes membership from the Police, BCC Housing & Estates, Avon Fire Service Crown Prosecution Service, Probation Services, BHCDS partners, other housing providers, adult social care, NHS Bristol etc.
- SPAHC workplan is refreshed every year and is set for three-years. The former, Safer Bristol Partnership and SPAHC previously developed a strategic hate crime assessment and action plan until a few years ago when it was replaced with a joint OPCC and Bristol Crime Plan.
- A Hate Crime case review panel (CRP) sits fortnightly to review any high-risk cases and to discuss other options of safeguarding or additional involvement to support victims and to reduce impact of hate crime. The CRP also undertakes additional work to identify perpetrators and interventions to reduce hate crime.
- In April 2013, Safer Bristol Partnership grant funded four local community organisations for three years to form a collaboration partnership to deliver a community-based hate crime support service to victims of hate crimes in the city. Bristol Hate Crime Services (BHCS) were subsequently born. Previously to this arrangement, BCC grant funded three community-based organisations on an ad hoc basis, to offer support to victims of hate crime covering strands of protected characteristics

including race, disability and sexual orientation (LGBT). Partners were SARI, Brandon Trust, LGBT Bristol and Bristol Mind.

- In July 2017 an enhanced partnership was formed building on the previous hate crime service with an expanded remit to include discrimination services and restorative justice practices as part of the expanded collaboration. The partners of the current service are: SARI, Off the Record (OTR) replacing LGBT Bristol very recently, Brandon Trust, Bristol Mind, Bristol Law Centre and Community Resolve. Bristol City Council fund this new service for four years from the Impact fund. The current grant funding is due to end on 31st March 2021.

It is evident that being a victim of crime can result in significant psychological and emotional harm for individual who experience it. The impact can be particularly damaging when acts of violence and/or aggression are directed towards a person because of who they are or how they appear. An [academic research](#) review in 2006 'A systematic review of empirical research on self-reported racism and health' by Yin Paradies highlights the more someone feels targeted by racist actions and behaviours, the greater the damage to their mental health. This includes an increased likelihood to develop chronic depression, anxiety and/or psychological disorders. There is also evidence of detrimental physical health effects for those who experience hate crime, such as obesity and cardiovascular problems. Citizens who experience hate crime and incidents can suffer from stress, feelings of anger and distress for far longer than a crime that is unrelated to their personal characteristics.

Survivors are also more likely to feel more vulnerable after the experience and see the world as more dangerous, unpredictable and hostile. Increased isolation and possible withdrawal from community activities and a reduction in resilience also feature as a result of continued hate crime victimisation.

4. Community engagement

- Bristol City Council and Bristol Public Health will be undertaking a hate crime needs assessment from November 2020.
- Avon and Somerset Police are currently undertaking a Bristol Hate Crime problem profile and the results of this will be used to refresh the current SPAHC action plan.
- Provider forums are delivered four times a year with each session covering a chosen hate crime topic. For example, as part of the national hate crime awareness week in October 2019, BHCDS held an event to discuss disablist hate crime and mate crime. Other topics discussed have been based on LGBTQ+, racist and religious hate crimes. These sessions were used to up-skill community members and staff from community organisations so they can gain a better understanding of hate crime and the support services that are available assist then in signposting those in need of support.
- National Hate Crime Awareness Week runs in October each year and SPAHC, BHCDS and other agencies collaborate to deliver a range of information and activities to raise the awareness of hate crime.
- A 'Hidden Voices' day occurs every two years when victims of hate crime are encouraged to share their stories and experiences and explore how organisations have supported them. They also reflect on how partner agencies like the Police, the NHS, the CPS and council services, can improve their service delivery to victims of hate crime.

5. Recommendations

- To support the development of the hate crime needs assessment.
- To offer access to professionals for advice when working with high risk and complex hate crime cases that feature either victims or perpetrators with mental health problems.
- To support with efforts to secure future funding to enable the continuation of services for victims of hate crime in Bristol.
- To support SPAHC with attendance of professionals from health and wellbeing services in the city.

6. City Benefits

- A more cohesive city.
- Vibrant and diverse communities across the whole of the city rather than pockets that exist now.

- A more caring and supportive community with people looking out for one another.
- Builds more resilient and stronger independent people.
- People will live healthier for longer and live happier lives in Bristol.

7. Financial and Legal Implications

N/A

8. Appendices

The following data is taken from the Community Safety survey for England and Wales 2018 to 2019. Since 2011-2012 Hate Crimes have more than doubled

- 103,379 Hate Crimes recorded by Police
- 78, 991/ 76% Race Hate (up 11%)
- 14,491/ 14% Sexual Orientation (up 25%)
- 8,566/ 8% Religious based (up 3%)
- 8,256/ 8% Disablist (up 14%)
- 2,333/ 2% Transgender (up 37%)

Avon and Somerset Police 2018-2019 (Bristol)

- 1782 – total Hate Crimes
- 96 – Disability (6%)
- 145 – Gender (9%)
- 1176 – Race (77%)
- 81 – Religion (5%)
- 192 - Sexual Orientation (12%)
- 27 – Transphobic (2%)
- 255 – Other



Bristol Health and Wellbeing Board

Title of Report:	Migrant/refugee and asylum seeker health
Author (including organisation):	Anne James – Commissioning Manager Refugees Bristol City Council
Date of Board meeting:	28 October 2020
Purpose:	Oversight and assurance

1. Executive Summary

The term 'migrants' includes economic migrants, family reunion migrants and asylum seekers and refugees. The key issue is inclusion and accessibility. COVID-19 has added an extra layer of complexity to service pathways which migrants find additionally difficult to navigate. Charging patients for NHS service is currently a blunt tool, with the onus being on the migrant to prove they are not responsible for the considerable bills they are sent. The report makes a number of recommendations: to improve information, to review how charging is delivered and to consider additional funding to ensure equal access to services.

2. Purpose of the Paper

The BAME COVID 19 Steering Group have identified that charging migrants for health care is a COVID risk for migrants in Bristol who may be reluctant to use health services for fear of charging. This report looks at health charging issues for migrants and wider health issues for refugees and asylum seekers.

3. Background and evidence base

Inclusion and accessibility

Migrants and refugees and asylum seekers are unaware of what services are available and how to access them. Asylum seekers and refugees (AS&Rs) struggle to understand primary care and how to navigate pathways into support. There is a need for translated information and advocates who can support them to access services. Asylum seekers and refugees may have no fixed address which is problematic when registering for a GP or seeking support with community and secondary care services such as maternity services. It is important for health providers to signpost people and not turn people away; the Haven can support with registering with GPs and Project Mama can support AS&Rs who are pregnant.

Social workers and foster carers support unaccompanied asylum seeking children and young people (UASC) but they may not know what is available and may struggle to navigate services if the asylum seeking young person has complicated health needs. There is a need for translated information and information for professionals who support AS&Rs to navigate health provision.

There is also an issue of co-ordination. The refugees on the Vulnerable Person's Resettlement programme have high health needs. The support worker brings together consultants and GPs to help the patient to understand their holistic health needs or to organise EHCPs. Outside of the resettlement scheme AS&Rs don't have advocacy or help with co-ordinating their health issues and a patient with complex needs would struggle to understand the varying diagnoses and treatments.

Language barriers

People with English as an additional language struggle with GP triage services. The patient may have bilingual support present when phoning the GP reception, but when a doctor returns the call later in the day, this bilingual support may not be present. Many AS&Rs speak little or no English and struggle with GP triage services. With limited income they may not have enough phone credit to remain on hold long enough to speak to a receptionist. They often rely on bilingual friends, if available, to book appointments for them; having to compromise their privacy. In Bristol the GP will use interpreting for the GP appointment if one is made; language support is needed during the booking process as well.

These issues are exacerbated by COVID social distancing regulations. AS&Rs don't know whether the GP is open, struggle to talk to a doctor on the phone and when they go to the surgery to make an appointment, are sent away. The VPRS support workers are making doctor's appointments for 90 households, many of whom could make appointments for themselves before COVID. There is a need for advocacy as it is harder to get a GP appointment at the moment due to COVID,

Charging

There are numerous anecdotes in Bristol of vulnerable migrants receiving enormous bills for treatment they have received. A number of individuals have received support to challenge these bills from the VPRS team SARI, BCC Asylum Team and others, which has often resulted in the bills being cancelled. There is also anecdotal evidence that vulnerable migrants in Bristol are deterred from seeking healthcare due to fears of charging. Unpaid NHS bills can negatively affect migrants' applications for Leave to Remain. Incorrect charging exacerbates anxiety, creates additional work for professionals and can affect future immigration status.

The Overseas office at Southmead hospital issues letters to charge patients for services received. There is a need for better co-ordination within this team. The service should not send out letters unless they have checked the person is not entitled to health services, at the moment the onus is on the patient to refute the letter. It is also important for people to know that communicable diseases such as TB and COVID are not chargeable but it is difficult to attain these diagnoses without first seeking medical care, leaving them in a catch-22 situation.

Equal Access

The nasal spray flu vaccination offered free to children up to and including year 7 includes gelatine. There is a halal option but the child must be 'vulnerable' to receive this vaccination. Non vulnerable children can pay £14pp for the halal vaccination. This inequality is based on religion rather than migrant status, but many AS&R are Muslim and have limited access to funds and so this issue is being raised within this report.

During the COVID crisis there is ongoing provision of mental health support for looked after AS&R children (i.e. those in social care) through Thinking Allowed. ARC, the equivalent service for AS&R children living with their families, was minimally funded prior to the COVID pandemic and since it's onset all services to non-looked after children has been suspended. This has left many young, traumatised children without access to any psychological support during this period of unprecedented stress and upheaval.

Access to dentistry is particularly problematic for migrants. The dentist requires an interpreter for initial appointments and most follow up appointments. Some dentists do not accept telephone interpreting. The dentist does not provide nor pay for the interpreting. For AS&Rs who arrived in Bristol in early 2020, they have been unable to register with an NHS dentist to date. Using the 111 service is very difficult to navigate for a migrant who does not have an advocate.

COVID Response Update

The key issues for AS&Rs since March 2020 are isolation, deterioration of mental health and homelessness. Since the beginning of the crisis, food poverty has subsided thanks to the enormous efforts of the VCS networks within Bristol but mental health remains a key issue. The barriers clients face to accessing services include language issues, tech poverty, and accessibility changes. The Bristol Refugee Forum meets with homelessness services fortnightly to discuss hotel and move on provision and has distributed translated public health information to AS&Rs in the city. The refugee drop-in services remain closed with the VCS offering socially distanced services in the main. The VPRS offered face to face support where needed throughout the lockdown. Public health is supporting Ready Homes to develop best practice COVID procedures and outbreak plans.

4. Community engagement

This report has been co-produced with Anne Gachango and Dr Caroline Crellin Crentsil from the Haven; The Asylum and Refugee Health Service, Dr Mary Griggs from the Traumatic Stress Service, Angela Evans from the BCC Asylum Team, Liz Small from Barnardos and David Barclay from the City Office. Bristol Refugee Forum have been invited to make raise issues vis the Public forum

5. Recommendations

1	For public health to set up a task and finish group to develop <ul style="list-style-type: none">• information for professionals and supporters including information on needs in the JSNA• good translated information explaining how primary care services work• Provide ESOL for Health courses• to support the use of community champions and ambassadors to assist with sharing public health messages to specific refugee communities• Organise Community Health Workshops for migrants to learn about specific health issues, e.g Vitamin D deficiency, managing diabetes
2	To develop a shared policy between Bristol's NHS Trusts in regards to migrant healthcare charging which would include have data sharing agreement to prevent the production of charging letters to people who are not required to pay for health services
3	For the Board to engage with national-level campaigns which are advocating for a change in the rules on migrant healthcare charging.
4	For the CCG to purchase <ul style="list-style-type: none">• sufficient trauma informed psychological support to AS&R children living with their families• sufficient halal flu vaccinations as an alternative to the nasal spray flu vaccination

6. City Benefits

Across Bristol and in our many different neighbourhoods, residents are working to build communities and secure futures for all of us and our children. We celebrate that it is this hard work that makes us a caring and vibrant city which is greater than the sum of its parts. We also recognise that sharing, taking care of each other, and giving people the support we all need and a home to go to will make a great city even better.

For AS&Rs not supported by the VPRS scheme, the bulk of the burden of responding to the COVID-19 crisis has been borne by exceptional VCS organisations. Without them, services such as The Haven would have struggled to cope with the increased need in the AS&R community at this time. With increased funding, the VCS network will be able to deliver programmes to meet some of the above recommendations. However some of the health specific recommendations in this report are best met by statutory agencies given their public health impact.

7. Financial and Legal Implications

If the Board supports some or all of the recommendations, the team who have put together this report would be pleased to submit costings.

Migrant Healthcare Charging

The Policy Context

The [Immigration Act 2014](#), which came into force in 2015, saw the expansion of pre-existing [charging regulations for 'overseas visitors'](#) using the NHS. This included broadening the group of people who are chargeable, introducing an 'immigration health surcharge' for those seeking visas to enter the UK, and up to 150% charge for treatment in secondary care.

In October 2017, these [regulations were once again expanded](#). Now, charging has been introduced into some community services, NHS Trusts have a duty to check the eligibility of all patients before providing treatment in secondary care, and, for certain treatments, patients may be asked to pay upfront or risk being turned away.

Charging occurs in secondary care, including hospitals and community services provided by both NHS and non-NHS funded providers. Most primary care, including accessing a GP is still free for everyone. Treatment in A&E, urgent care centres, and walk in centres is also still free.

The way that charging happens works differently in different Trusts. Due to the extension of the 2015 Charging Regulations in October 2017, patients may be charged upfront for the full cost of secondary care, or a proportion of the treatment and charged the rest retrospectively. If treatment is deemed to be 'immediately necessary' or 'urgent', patients may be charged or billed retrospectively. Some Trusts are implementing payment plans on a variable basis, which means that patients may be able repay a small amount on a monthly basis toward the cost of their treatment.

There can be confusion about the charging regulations and who is eligible for free treatment. This confusion comes from the duty for health professionals to identify eligibility for treatment on the basis of the treatment required, the patient's residency and immigration status and the urgency of the treatment.

[There are a number of exemptions to the charging regime](#), including:

- Asylum seekers
- Refugees
- People with leave to remain in the UK (indefinite, temporary)
- Those who have paid the immigration health surcharge with their visa application
- EEA nationals in possession of EHIC or Provisional Replacement Certificate
- Failed asylum seekers with a fresh application for asylum, humanitarian protection or temporary protection recorded by the Home Office
- Looked After Children (LAC) or children with no parental responsibility
- Victims of Modern Day Slavery, or decision of this pending, or if treatment commenced prior to decision was made
- Those in receipt of support under Section 95 of the Immigration & Asylum Act 1999
- Failed asylum seekers and their dependents in receipt of support under s4(2) of 1999 Act, or those in receipt of support from local authority under Part 1 (care and support) of the Care Act 2014, or s35 or 36 of the Social Services and Well-Being (Wales) Act 2014, by provision of accommodation
- Prisoners and immigration detainees
- Those in receipt of compulsory treatment under a court order or detained under the Mental Health Act at the time of treatment

There are also a number of treatments which are exempt from charging, including:

- Family planning (excluding termination of pregnancy)
- Diagnosis and treatment of specified infectious diseases
- Diagnosis and treatment of sexually transmitted infections

- Palliative care services provided by a registered palliative care charity or community interest company
- Services provided as part of NHS111 telephone advice line
- Treatment required for a physical or mental condition caused by:
 - Torture
 - Female genital mutilation
 - Domestic violence
 - Sexual violence

Problems with Migrant Healthcare Charging

Healthcare workers have a primary duty of care to patients. These regulations place a difficult burden on healthcare workers, with individuals making subjective decisions about whether a patient is eligible for treatment that may put patients' health at risk further down the line.

Charging deters people from seeking care or attending screening. This has already been [documented amongst migrants living with HIV](#), despite the fact that HIV treatment is exempt from charging. [Research by Doctors of the World](#) shows that 2 in 3 pregnant women who attend their clinic have not had an antenatal appointment by the recommended 10 weeks, and 1 in 4 haven't been seen at all by 18 weeks. Considering BAME women face significantly higher rates of maternal and infant mortality in the UK, placing further barriers to accessing antenatal care such as fear of being charged risks the health of pregnant women.

Receiving bills for treatment (which can be as high as £20,000) can cause enormous stress and mental health challenges.

Migrant Health Care Needs

Anne James - BCC

Anne Gachango - Sirona

Dr Carolyn Crellin - Sirona

Dr Mary Griggs - AWP

David Barclay – City Office

Liz Small - Barnardos

Why do people come to the UK?

Immigration statistics for the year ending June 2020

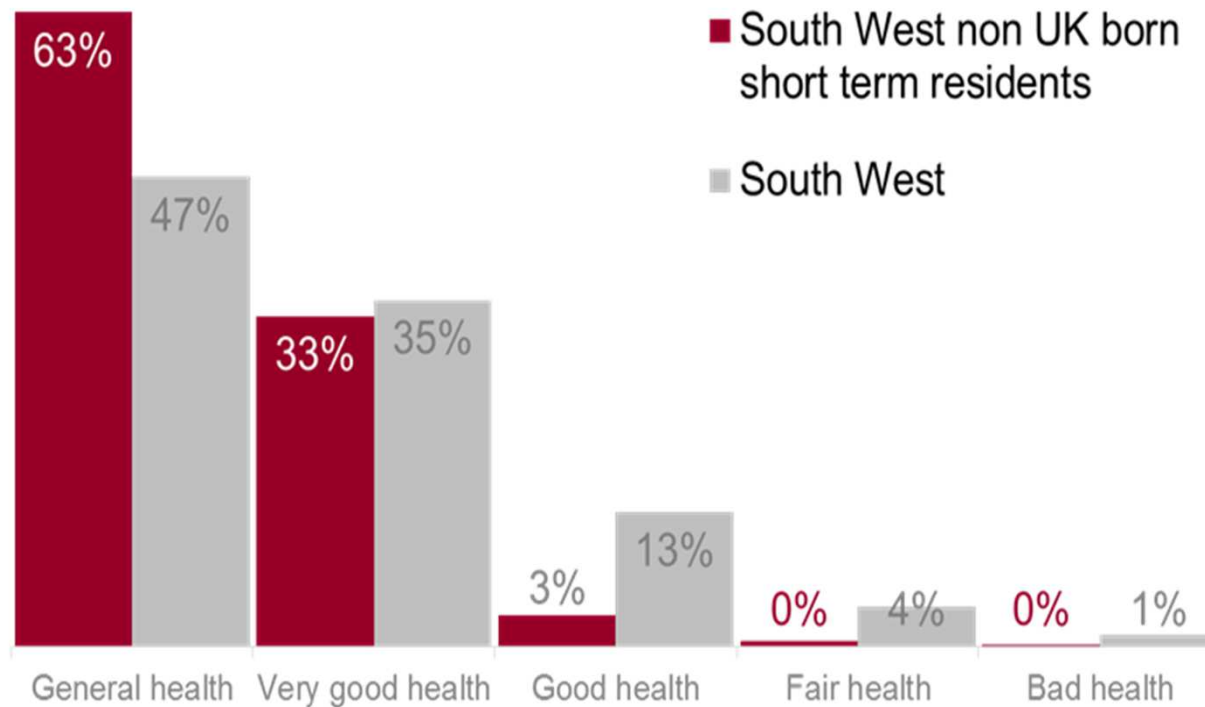
- **Work-** There were 144,938 work-related visas granted
- **Study** - 255,776 Sponsored study (Tier 4) visas granted
- **Protection** - There were 32,423 asylum applications, 53% of applications, at initial decision, resulted in grants of asylum, humanitarian protection or alternative forms of leave
- **Resettlement** The Vulnerable Person Resettlement Scheme (VPRS) resettled 19,768 refugees in the UK from 2015-June 2020.

How many refugees and asylum seekers live in Bristol

- Each quarter, about 225 asylum seekers are housed in dispersed accommodation and about 20 people receive subsistence support
- Additional 116 asylum seekers into city centre accommodation
- In any one year, there are at least 259 people eligible for a 'within one year of status' service from the Bristol Red Cross.
- From March 2016 – March 2020 VPRS resettled 381 people. .

Different levels of needs across groups

Census 2011, South West



www.nomisweb.co.uk/census/2011/uk_migration

Inclusion and Accessibility

Good practice Information, Advice and Guidance	Good practice Advocacy
<p>In Bristol, all asylum seekers and refugees (AS&R) can be referred to the Haven, who will register AS&Rs with a GP and undertake initial checks for physical and mental health needs and immunisations.</p> <p>The Traumatic Stress Service commissioned translated videos explaining mental health pathways in Bristol and the service provides interpreters.</p>	<p>The Vulnerable Person's Resettlement Scheme (VPRS) offers support workers for each resettled family who support the family for five years.</p> <p>Barnardo's befrienders can support unaccompanied asylum seeking young people to support them to have their health needs met.</p>

Advocacy

- Case study 1 :
- A 67 year old refugee who arrived in the UK in March 2020 had three hospital admissions for breathlessness and heart palpitations. In September 2020, his support worker asked the GP surgery for a referral for an OT assessment and wheelchair services. The surgery refused a GP appointment, referring the refugee to the Red Cross for a wheelchair

Case Study 2 :

A child with acute disseminated encephalomyelitis has seven consultants

An adult with tetraplegia is supported by a specialist unit in Salisbury, an OT and three consultants.

An adult with liver failure has 3 consultants

Parents of a child with kidney failure need to learn how to deliver home dialysis

Dentistry

Case Study 3. A refugee had tooth ache for 2 weeks and then asked to see a dentist.

- Day 1 – Support worker phoned 111 @8.00am and had four way conversation the client and organised for an interpreter to be on the line. Awaiting triage from local dentist
- Day 5 – Triage/Local dentist phoned the refugee and used telephone interpreting.
- Day 6 – Refugee took a taxi to the emergency appointment at Charlotte keel(organised by triage). At this appointment necrotic pulp was identified and the dentist prescribed antibiotics and pain meds
- Day 10 - The refugee took a taxi to South Bristol Hospital for a tooth extraction

Charging

- Over a third of Doctors of the World patients affected by NHS hospital charging have been deterred from getting care, including heavily pregnant women and people suffering from cancer, diabetes and kidney failure, according to new studies. Research, conducted by post-graduate students at Kings College London reports NHS patients being charged up to £80,000 for their treatment. This often left vulnerable people with debts they were unable to clear, even years later.

Charging

Case Study 4

- All refugees on the VPRS arrived in the UK with national insurance numbers and ID cards evidencing their refugee status and entitlement to free health services. However every family has received at least one charging letter. These letters are extremely upsetting; the bills are often for thousands of pounds

Case Study 5:

- The BCC Asylum Team support people with no recourse to public funds who have rights under the Children Act or Care Act. Their clients receive very large bills which are written off because the clients have no ability to pay as they receive subsistence from the local authority.

Recommendations

1	<p>For public health to set up a task and finish group to develop</p> <ul style="list-style-type: none">• information for professionals and supporters including information on needs in the JSNA• good translated information explaining how primary care services work• Provide ESOL for Health courses• to support the use of community champions and ambassadors to assist with sharing public health messages to specific refugee communities• Organise Community Health Workshops for migrants to learn about specific health issues, e.g Vitamin D deficiency, managing diabetes
2	<p>To develop a shared policy between Bristol's NHS Trusts in regards to migrant healthcare charging which would include have data sharing agreement to prevent the production of charging letters to people who are not required to pay for health services</p>
3	<p>For the Board to engage with national-level campaigns which are advocating for a change in the rules on migrant healthcare charging.</p>
4	<p>For the CCG to purchase</p> <ul style="list-style-type: none">• sufficient trauma informed psychological support to AS&R children living with their families• sufficient halal flu vaccinations as an alternative to the nasal spray flu vaccination