Somerset Council

Notice of Meeting of

EXECUTIVE

Monday, 10 July 2023 at 10.00 am

Luttrell Room - County Hall, Taunton TA1 4DY

To: The members of the Executive

Chair:	Councillor Bill Revans
Vice-chair:	Councillor Liz Leyshon

Councillor Adam Dance	Councillor Sarah Dyke
Councillor Val Keitch	Councillor Tessa Munt
Councillor Mike Rigby	Councillor Heather Shearer
Councillor Federica Smith-Roberts	Councillor Ros Wyke

For further information about the meeting, including how to join the meeting virtually, please contact Democratic Services democraticservicesteam@somerset.gov.uk.

All members of the public are welcome to attend our meetings and ask questions or make a statement **by giving advance notice** in writing or by e-mail to the Monitoring Officer at email: democraticservicesteam@somerset.gov.uk by **5pm on Tuesday, 4 July 2023**.

This meeting will be open to the public and press, subject to the passing of any resolution under the Local Government Act 1972, Schedule 12A: Access to Information.

The meeting will be webcast and an audio recording made.

Issued by (the Proper Officer) on Friday, 30 June 2023

AGENDA

Executive - 10.00 am Monday, 10 July 2023

Public Guidance Notes contained in Agenda Annexe (Pages 5 - 6)

Click here to join the online meeting (Pages 7 - 8)

1 Apologies for Absence

To receive any apologies for absence.

2 Minutes from the Previous Meeting (Pages 9 - 16)

To approve the minutes from the previous meeting.

3 Declarations of Interest (Pages 17 - 18)

To receive and note any declarations of disclosable pecuniary interests, other registrable interests and non-registrable interests in respect of any matters included on the agenda for consideration at this meeting.
(The other registrable interests of Councillors of Somerset Council, arising from membership of City, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes.)

4 Public Question Time

The Chair to advise the Committee of any items on which members of the public have requested to speak and advise those members of the public present of the details of the Council's public participation scheme.

For those members of the public who have submitted any questions or statements, please note, a three minute time limit applies to each speaker and you will be asked to speak before Councillors debate the issue.

We are now live webcasting most of our committee meetings and you are welcome to view and listen to the discussion. The link to each webcast will be available on the meeting webpage, please see details under 'click here to join online meeting'.

5 Director of Public Health Report (Pages 19 - 90)

To consider the report

6 Medium Term Financial Strategy 2024/25 to 2026/27 (Pages 91 - 120)

To consider the report

7 Transport and Fleet Policy Decisions (Pages 121 - 142)

To consider the report

8 Mendip Local Plan - variation to order of 16 December 2022

Report to follow

9 Executive Forward Plan

To note the latest Executive Forward Plan of planned key decisions that have been published on the Council's website – Executive Forward Plan.

Guidance notes for the meeting

Council Public Meetings
The legislation that governs Council meetings requires that committee meetings are held face-to-face. The requirement is for members of the committee and key supporting officers (report authors and statutory officers) to attend in person, along with some provision for any public speakers. Provision will be made wherever possible for those who do not need to attend in person including the public and press who wish to view the meeting to be able to do so virtually.
Inspection of Papers
Any person wishing to inspect minutes, reports, or the background papers for any item on the agenda should contact Democratic Services at democraticservicesteam@somerset.gov.uk or telephone 01823 357628.
They can also be accessed via the council's website on Committee structure - Modern Council (somerset.gov.uk)

Members' Code of Conduct requirements
When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: Code of Conduct

Minutes of the Meeting
Details of the issues discussed, and recommendations made at the meeting will be set out in the minutes, which the Committee will be asked to approve as a correct record at its next meeting.

Public Question Time
If you wish to speak or ask a question about any matter on the Committee's agenda please contact Democratic Services by 5pm providing 3 clear working days before the meeting. (for example, for a meeting being held on a Wednesday, the deadline will be 5pm on the Thursday prior to the meeting) Email democraticservicesteam@somerset.gov.uk or telephone 01823 357628.

Members of public wishing to speak or ask a question will need to attend in person or if unable can submit their question or statement in writing for an officer to read out, or alternatively can attend the meeting online.
A 20-minute time slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been agreed. Each speaker will have 3 minutes to address the committee.

You must direct your questions and comments through the Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish. If an item on the agenda is contentious, with many people wishing to attend the meeting, a representative should be nominated to present the views of a group.

Meeting Etiquette for participants
Only speak when invited to do so by the Chair.
Mute your microphone when you are not talking.
Switch off video if you are not speaking.
Speak clearly (if you are not using video then please state your name)
If you're referring to a specific page, mention the page number.
There is a facility in Microsoft Teams under the ellipsis button called turn on live captions which provides subtitles on the screen.

Exclusion of Press & Public
If when considering an item on the agenda, the Committee may consider it appropriate to pass a resolution under Section l00A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.
If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time, ask participants to leave the meeting when any exempt or confidential information is about to be discussed.

Recording of meetings
The Council supports the principles of openness and transparency. It allows filming, recording, and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting.

Microsoft Teams meeting

Join on your computer, mobile app or room device

Click here to join the meeting

Meeting ID: 376 677 147 223

Passcode: VrJLJ8

Download Teams | Join on the web

Or call in (audio only)

+44 1823 772277,,144681828# United Kingdom, Taunton

Phone Conference ID: 144 681 828#

Find a local number | Reset PIN

This page is intentionally left blank

Minutes of a Meeting of the Executive held in the Luttrell Room - County Hall, Taunton TA1 4DY, on Wednesday, 7 June 2023 at 10.00 am

Present:

Cllr Bill Revans (Chair)
Cllr Liz Leyshon (Vice-Chair)

Cllr Theo Butt Philip
Cllr Tessa Munt
Cllr Dean Ruddle
Cllr Ros Wyke
Cllr Sarah Dyke
Cllr Mike Rigby
Cllr Federica Smith-Roberts

In attendance:

Cllr Mandy Chilcott
Cllr Andy Dingwall
Cllr Val Keitch
Cllr Oliver Patrick
Cllr Faye Purbrick
Cllr Heather Shearer
Cllr Sarah Wakefield
Cllr Dixie Darch
Cllr David Fothergill
Cllr Frances Nicholson
Cllr Connor Payne
Cllr Leigh Redman
Cllr Fran Smith

Other Members present remotely:

Cllr Steve Ashton
Cllr Norman Cavill
Cllr Dawn Johnson
Cllr Marcus Kravis
Cllr Martin Lovell
Cllr Peter Seib
Cllr David Woan
Cllr Jason Baker
Cllr Habib Farbahi
Cllr Helen Kay
Cllr Tony Lock
Cllr Sue Osborne
Cllr Lucy Trimnell

8 Apologies for Absence - Agenda Item 1

Apologies were received from Cllr Adam Dance

9 Minutes from the Previous Meeting 10 May 2023 - Agenda Item 2

The minutes of the Executive meeting held on 10 May 2023 were agreed upon, and signed by the Chair.

10 Declarations of Interest - Agenda Item 3

To receive and note any declarations of disclosable pecuniary or prejudicial or personal interests in respect of any matters included on the agenda for consideration at this meeting. (The personal interests of Councillors of Somerset Council, Town or Parish Councils and other Local Authorities will automatically be recorded in the minutes.)

Members of the Executive declared the following personal interests in their capacity as a Member of a City/Town, or Parish Council:

Cllr T Butt Philip – Wells City Council
Cllr A Dance – South Petherton Parish Council
Cllr M Rigby – Bishop's Lydeard and Cothelstone Parish Council
Cllr D Ruddle – Somerton Town Council
Cllr F Smith-Roberts –Taunton Town Council
Cllr R Wyke – Vice Chair Westbury-sub-Mendip Parish Council

11 Public Question Time - Agenda Item 4

The Chair noted that there had been no public questions submitted by the published submission deadline.

12 Adult and Health Services Transformation - Agenda Item 5

The Leader of the Council, Cllr Bill Revans, invited the Lead Member for Adult Social Care, Cllr Dean Ruddle, to introduce the report.

The Lead Member for Adult Social Care, Cllr Dean Ruddle, introduced the report, highlighting: the Scrutiny Committee – Adults and Health consideration and feedback on the report; the requirement for and the opportunity to transform Adult Services; and achieving cost reductions in a timely manner.

At the invitation of the Lead Member the Executive Director, Adult Services, Mel Lock, proceeded to present the report, highlighting: Adult Services budget growth, including the complexity of need and associated cost of care, alongside

demographic growth within the county; the need to control the increased demand for services and improve people's independence; the diagnostic opportunities identified to change and improve Adult Services delivery and the three primary areas included - improving the environment within which practitioners operate, ensuring that the right care is available in the right place, at the right time, and optimising intermediate care, in particular the discharge to assess and the reablement service; the options available for the Council to proceed and deliver the transformational opportunities to realise the projected cost reductions and the improved outcomes; the key opportunities and improved outcomes, based on prevention, better use of communities and reabling people to maintain independence; the economic value of social care; next steps including setting milestones and targets; and the tracking of benefits and financial impact through that Transformation Board, the MTFP Board and Scrutiny Committees.

The Leader of the Council, Cllr Bill Revans, invited comments from other Members present, questions and points raised included: the risk sharing model and approach to drive transformation; the formal recording and reporting of learning, development, upskilling and use of performance tools; working with and the capacity of the voluntary sector across the county to deliver services, including the use of Local Community Networks; the Care Act assessments in supporting movements of individuals and use of legal advice and support; the work of Newton Europe in other Local Authorities; the contingency fee model based on core principles; the risk impact of the reduction of hours in the delivery model, including reablement and the use of technology to support people; the production of an Equality Impact Assessment; the use of earmarked reserves to fund the cost to engage Newton Europe; identified reductions, including during the current financial year and during 2024/25; the work to bring the five Councils accounts together as one organisation; the cost reductions built into the MTFP; the investment and uplift in care sector staff payments to continue as part of cost of care exercise; and the level of confidence that the savings outlined can be delivered.

The Executive proceeded to vote on the recommendations, which were agreed unanimously.

Following consideration of the officer report, PowerPoint presentation, appendices and discussion, the Executive agreed:

- **The aims and objectives of the next phase of the Transformation Programme for Adults Services.**
- **To engage Newton Europe as strategic change partner to work alongside the service to deliver these transformational objectives by implementing the opportunities identified in the diagnostic and support**

the delivery of identified reductions.

- **To fund the costs of the transformation programme of £3.5m each year for the next two years, initially from Earmarked Reserves and review the position later in the financial year once the 2022/23 statement of accounts from the predecessor Councils has been completed.**

ALTERNATIVE OPTIONS CONSIDERED: As set out in the officer report.

REASON FOR DECISION: As set out in the officer report.

13 Adoption of the Somerset Tree Strategy - Agenda Item 6

The Leader of the Council, Cllr Bill Revans, invited the Lead Member for Environment and Climate Change, Cllr Sarah Dyke, to introduce the report.

The Lead Member for Environment and Climate Change, Cllr Sarah Dyke, introduced the report, highlighting: that the Somerset Tree strategy had been developed over 10 months in partnership with a wide range of stakeholders across Somerset to shape the future of Somerset's treescapes, recognising the Council's supporting role and the twin crises of the climate change and biodiversity loss; the feedback and input incorporated into the report, including public consultation outcomes and following Scrutiny for Policies Environment Committee consideration; that the strategy contained three documents - Somerset Tree Strategy 2023-2033, Somerset Actions & Objectives 2023-2033 and Somerset Tree Strategy Evidence Document; funding from the Forestry Commission for the employment of three dedicated officers – a project officer, a community empowerment and a technical officer; and the ongoing development and fluidity of the document to sit and align with other documents as they are developed.

At the invitation of the Lead Member, the Climate Change and Resilience Officer, Jacob Hall, proceeded to present the report, sharing a video covering the concerns and how the strategy can help positively impact, make woodlands resilient, adaptable and well managed, and create a diverse treescape that connects rural woodlands to urban treescapes.

The Leader of the Council, Cllr Bill Revans, invited comments from other Members present, questions and points raised included: the high level strategy and the importance of working holistically and in alignment as part of a suite of strategies, including land mapping, planning, local nature recovery, biodiversity and land use; the welcome document structure to appeal to a wide public audience; the Somerset Wood project; working in collaboration with Children Services to develop a children

and young people's strategy and to work with forest schools; ash tree protection and replacement; housing developer landscaping conditions, including working with officers, local plans for tree planting, tree maintenance responsibilities, timeframes and statutory limits; informing communities of the tree strategy through Local Community Networks; the geographic comparison and achievable limits of land and tree management including AONB; the National Forest inventory 2023 map; improving engagement with young people; hedgerow data; the national planning policy framework regarding tree lining streets; the agricultural and environmental regulations, enforcement, compliance and the use of tree preservation orders; land management and importance of the right tree in the right place; tree supply and demand, including the importance of advance planning and cost effective purchasing; and community tree nurseries.

The Executive proceeded to vote on the recommendations, which were agreed unanimously.

Following consideration of the officer report, appendices and discussion, the Executive agreed:

- **To adopt the Somerset Tree Strategy with Somerset Council as the responsible body for delivery.**
- **To take appropriate action to develop and adopt a Council wide policy to implement and guide everyone on the objectives of the strategy, and to report back to the Scrutiny Committee – Climate and Place in 6 month's time.**

ALTERNATIVE OPTIONS CONSIDERED: As set out in the officer report.

REASON FOR DECISION: As set out in the officer report.

14 Early Careers Strategy - Agenda Item 7

The Leader of the Council, Cllr Bill Revans, invited the Lead Member for Transformation and Human Resources, Cllr Theo Butt Philip, to introduce the report.

The Lead Member for Transformation and Human Resources, Cllr Theo Butt Philip, introduced the report, highlighting: that the Early Careers Strategy (ECS) aims to establish Somerset Council as an employer of choice for young people across Somerset and in neighbouring counties; that bringing young people into the organisation has been a long-standing objective to counteract an ageing workforce within Somerset Council; the legacy of the predecessor Councils to build upon and

develop, maximising the opportunities to strengthen the workforce and recruit and retain apprentices, graduates and work experience students; and the potential to work with Somerset Council partners and beyond.

At the invitation of the Lead Member, the Senior Project Manager, Misha Liddiatt, proceeded to present the report, highlighting: that the ECS for Somerset Council had been created building upon the positive work of Somerset's five former Councils; the cross organisation representation, and consultation with key stakeholders; the support for the younger population; the ECS offer, including apprenticeships, work experience, the graduate scheme and internships; the potential expansion of opportunities, including a young employees network, pathway to employment budget, support of SMEs, improved work with the ICS, and relationships with local schools/colleges; and the next steps and ongoing work, including a launch of the updated graduate scheme, supported employment initiatives, continued support towards care leavers, large scale apprenticeships programmes and the work with government colleagues.

The Leader of the Council, Cllr Bill Revans, invited comments from other Members present, questions and points raised included: the recognition of the work completed across the HR service area; the experience that can be gained working for Somerset Council and the variety of careers available; the alignment of the strategy with the countywide skills agenda, other programmes and organisations; the potential benefits of work experience for lower age ranges; employers visiting schools to inspire children; the employment opportunities available to care experience and SEND children outside of pathways to employment; the Equality Impact Assessment and mitigation reporting; the strategy link to opportunities in the South West, including employment, organisational young people academies, care experience employment opportunities and the ability to encourage young people to stay in Somerset; the suggested introduction of detailed reporting measures, i.e. key performance indicators.

The Executive proceeded to vote on the recommendations, which were agreed unanimously.

Following consideration of the officer report, PowerPoint presentation, appendices and discussion, the Executive agreed:

- **To endorse the Early Careers Strategy and its roll-out across Somerset Council;**
- **To receive updates annually from the Organisational Development team on Early Careers activity across Somerset Council.**

ALTERNATIVE OPTIONS CONSIDERED: As set out in the officer report.

REASON FOR DECISION: As set out in the officer report.

15 Executive Forward Plan - Agenda Item 8

The Deputy Leader of the Council and Lead Member for Performance and Resources, Cllr Liz Leyshon, advised on the current work to update the forward plan.

The Executive noted the Forward Plan.

(The meeting ended at 12.00 pm)

.....

CHAIR

This page is intentionally left blank

SOMERSET COUNCIL

COUNCILLORS WHO ARE ALSO CITY, TOWN AND/OR PARISH COUNCILLORS

SOMERSET COUNCILLOR	CITY, TOWN AND/OR PARISH COUNCIL
Steve Ashton	Crewkerne Town Council / Hinton St George Parish Council
Suria Aujla	Bridgwater Town Council
Jason Baker	Chard Town Council
Lee Baker	Cheddon Fitzpaine Parish Council
Marcus Barr	Wellington Town Council
Mike Best	Crewkerne Town Council
Alan Bradford	North Petherton Town Council
Theo Butt Philip	Wells City Council
Simon Carswell	Street Parish Council
Norman Cavill	West Monkton Parish Council
Peter Clayton	Burnham Highbridge Town Council
Nick Cottle	Glastonbury Town Council / St Edmunds Parish Council
Adam Dance	South Petherton Parish Council
Tom Deakin	Taunton Town Council
Caroline Ellis	Taunton Town Council
Ben Ferguson	Axbridge Town Council
Bob Filmer	Brent Knoll Parish Council
Andrew Govier	Wellington Town Council
Pauline Ham	Axbridge Town Council
Philip Ham	Coleford Parish Council
Ross Henley	Wellington Town Council
Edric Hobbs	Shepton Mallet Town Council
John Hunt	Bishop's Hull Parish Council
Val Keitch	Ilminster Town Council
Andy Kendall	Yeovil Town Council
Jenny Kenton	Chard Town Council
Tim Kerley	Somerton Town Council
Marcus Kravis	Minehead Town Council
Tony Lock	Yeovil Town Council
Martin Lovell	Shepton Mallet Town Council
Mike Murphy	Burnham Highbridge Town Council
Graham Oakes	Yeovil Town Council / Yeovil Without Parish Council
Sue Osborne	Ilminster Town Council
Kathy Pearce	Bridgwater Town Council
Emily Pearlstone	Ilchester Parish Council
Evie Potts-Jones	Yeovil Town Council

Wes Read	Yeovil Town Council
Leigh Redman	Bridgwater Town Council
Mike Rigby	Bishop's Lydeard and Cothelstone Parish Council
Tony Robbins	Wells City Council
Dean Ruddle	Somerton Town Council
Peter Seib	Brympton Parish Council / Chilthorne Domer Parish Council
Heather Shearer	Street Parish Council
Gill Slocombe	Bridgwater Town Council
Brian Smedley	Bridgwater Town Council
Federica Smith-Roberts	Taunton Town Council
Jeny Snell	Yeovil Town Council / Brympton Parish Council
Andy Soughton	Yeovil Town Council
Richard Wilkins	Curry Rivel Parish Council
Dave Woan	Yeovil Town Council
Ros Wyke	Westbury-sub-Mendip Parish Council

The memberships of City, Parish or Town Councils will be taken as being declared by these Councillors to be other registerable interests in the business of the Somerset Council meeting and need not be declared verbally.

Monitoring Officer of Somerset Council

Decision Report - Executive Decision
Forward Plan Reference: FP/23/02/02
Decision Date –10 July 2023
Key Decision – yes

Annual Report of the Director of Public Health 2022/23 – Cardiovascular Disease

Executive Member(s): Cllr Adam Dance, Lead Member for Public Health, Equalities and Diversity
Local Member(s) and Division: All
Lead Officer: Professor Trudi Grant, Executive Director of Public and Population Health
Author: Dr Orla Dunn, Consultant in Public Health
Contact Details: Trudi.Grant@somerset.gov.uk; Orla.Dunn@somerset.gov.uk

Summary / Background

1. The production of an annual report is a statutory obligation for Directors of Public Health. It is an opportunity for the DPH to give an independent view of health and wellbeing priorities in the county.

2. The 2022/23 Annual Report of the Executive Director of Public and Population Health in Somerset covers the impact of cardiovascular disease (CVD). Cardiovascular diseases are a broad range of conditions that affect the heart and blood vessels. Each day in Somerset, approximately five people die from cardiovascular disease and one of them will be under 75, so it takes a long and healthy retirement away from many people. For this reason, this group of diseases present a significant public health concern in Somerset.

3. This year's report takes a cricketing theme, which was inspired by our discussions on what it is to have a good innings in life. We look at the impact of some of the wider determinants of health on cardiovascular disease such as where we live and work, our social networks.

4. We also look at factors which influence cardiovascular health and there are many parallels with factors for cricket team fitness. We look at the way we want to catch cardiovascular conditions early and cricket fielding tactics. Finally, we cover how COVID 'stopped play' for cardiovascular disease prevention and touch on

cardiovascular events and the end of the innings. We summarise with recommendations for a 'six' for Somerset to move us forwards in reducing the impact of cardiovascular disease.

Recommendations

5. The Executive is asked to note the 2022/23 Annual Public Health Report and support the recommendations to have a greater focus on preventing and addressing cardiovascular disease and reducing its impact on the Somerset population.

Reasons for recommendations

6. Although CVD does become more common with age, it should not be seen as inevitable. It is estimated that about 90% of CVD and 80% of premature deaths are attributable to modifiable risk factors. Within the challenge of preventing cardiovascular disease and addressing the risk factors, it is useful to think about them at different phases of the disease progression, ideally beginning before disease has even started.

7. As we emerge from the COVID pandemic, we have even more reason to focus on CVD. The pandemic has been a time of changed lifestyles and disrupted healthcare, with much of the CVD preventative measures being impacted. It is time for us to review the main risk factors and CVD outcomes so we can refocus our efforts to reduce the impact of CVD on Somerset's health and wellbeing.

8. Sadly, like many diseases, the impact falls unequally in society. We know that people living with many other challenges experience higher levels of CVD. This point is discussed in the report and the recommendations call for a renewed focus on preventing cardiovascular disease overall and the inequalities that people experience relating to the disease.

Other options considered

9. The report is a statutory responsibility so must be produced. Each year's topic is the personal choice of the Director of Public Health.

Links to Council Plan and Medium-Term Financial Plan

10. Evidence presented in the report suggests that investment in prevention can promote greater wellbeing in the population and financial sustainability in health and care services.

11. This decision is linked to the Council Plan as follows
    - A Healthy and Caring Somerset – Reducing the burden of cardiovascular disease in Somerset
    - A Fairer, Ambitious Somerset – Addressing inequalities in cardiovascular disease risk and outcomes and designing equitable services

Financial and Risk Implications

12. There are no direct financial implications. The report specifically seeks to reduce the risks from the impact of cardiovascular disease. CVD nationally costs our NHS £9 billion. It also costs a further £10 billion each year to the wider economy, causing significant costs in social care and lost working days, not to mention the significant impact it has on families.

Legal Implications

13. There are no direct legal implications.

.

HR Implications

14. There are no direct HR implications.

Other Implications:

Equalities Implications

15. The report does not require an Equalities Impact Assessment. The adverse impacts of cardiovascular disease are inequitably spread across our local population. The report outlines inequalities and mitigating suggestions.

Community Safety Implications

16. There are no direct community safety implications.

Climate Change and Sustainability Implications

17. There are no direct climate change or sustainability implications. The report recommends building a local environment which supports healthy lifestyles. This would include promotion of travel choices that do not rely on the car, including active, public and other modes of more sustainable transport.

Health and Safety Implications

18. The report promotes health and safety through the 'wider determinants of health' and also recognition of workplace and job characteristics which are linked to greater cardiovascular disease risk.

Health and Wellbeing Implications

19. The report covers key risk factors for cardiovascular disease and reviews local action which is taking place to support people with healthier lifestyles and early detection of disease. Six recommendations are presented which have potential to make a significant positive impact on health and wellbeing and preventing ill-health.

20. The report reviews factors which contribute to inequalities in cardiovascular disease risk. Cardiovascular disease is reasonably common but some population groups have a higher risks than others based on factors such as genetics, sex, age and ethnicity. Population groups such as those living in the more deprived areas of Somerset, and with other challenges such as serious mental illness or homelessness have much poorer outcomes. Understanding those in our population who are most at risk of CVD is important to enable us to focus our prevention activities to reduce these inherent inequalities in risk and ensure they get the best care possible.

Social Value

21. The report encourages community capacity to be involved in supporting health and wellbeing of local residents. Our areas of greatest need with highest levels of deprivation are highlighted along with current initiatives to reduce inequalities.

22. The report has a focus on reducing risk factors for cardiovascular disease and reducing inequalities in outcomes for local residents. We encourage our local population to 'know their numbers' so they understand their personal

cardiovascular disease risk and can be engaged in treatment options including lifestyle changes.

Scrutiny comments / recommendations:

23. The report was to be presented at Adults and Health Scrutiny Committee on 31/5/2023. Whilst it was not a report for approval or specific recommendations, the report had a positive reception and many supportive comments.

Background

24. The production of an Annual Report is a statutory requirement for all Directors of Public Health (DPH). It is the personal responsibility of the DPH, and an opportunity to give an independent view of the range of factors affecting health and wellbeing in the county.

25. The report makes the following cricket inspired recommendations for 'a six' for Somerset:
    1) Good pitch preparation: We need to develop our environment with the purpose of improving health and environmental sustainability.
    2) Doing it off your own bat: Together with communities we need to re-invigorate efforts to promote, encourage and support people in Somerset to enjoy a healthy lifestyle and all the benefits that it brings.
    3) Working on the Ashes: Call for renewed action to meet the national challenge to reduce smoking rates to 5% or less by 2030.
    4) A good fielding system: A system-wide focus on finding and supporting those with high blood pressure
    5) Treatment delivery: Finding and sticking to the right treatments
    6) Keep an eye on the scoreboard: Improve data collection and use it to help predict risk of disease and diagnose and intervene early

Background Papers

- Cardiovascular Disease in Somerset. Annual Report of the Director of Public Health for Somerset 2022/23

Appendices

- None

Report Sign-Off

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	13/6/2022
Communications	Chris Palmer	20/6/2023
Finance & Procurement	Nicola Hix	N/A
Workforce	Chris Squire	N/A
Asset Management	Oliver Woodhams	N/A
Executive Director / Senior Manager	Trudi Grant	N/A Author
Strategy & Performance	Alyn Jones	21/06/2023
Executive Lead Member	Cllr Adam Dance	31/05/2023
Consulted:	Councillor Name	
Local Division Members	Not applicable	
Opposition Spokesperson	Cllr Lucy Trimnell	15/06/2023
Scrutiny Chair	Cllr Gill Slocombe	17/05/2023

Cardiovascular Disease in Somerset

Annual Report of the Director of Public Health for Somerset 2022/3

Director of Public Health Report

- The production of an annual report is a statutory obligation for Directors of Public Health
- It is an opportunity for the DPH to give an independent and personal view of health and wellbeing priorities in the county
- Acknowledge input colleagues across health system, Somerset County Cricket Club and Somerset Cricket Foundation

Professor Trudi Grant
Executive Director of Public and Population Health


THE COLIN ATKINSON PAVILION
MICHAEL SPIERS
THATCHERS


THATCHERS
THE MARCUS TREGOTHICK PAVILION
Life insurance
Health insurance

Cardiovascular disease in Somerset in 2023

Estimated **44%** aged 40-74 unaware of future CVD risk

900 Emergency admissions for heart attacks each year

5 deaths from CVD each day

Almost **2 in 3** adults are overweight or obese

100k known cases of high blood pressure & **50k** undiagnosed cases

Atrial fibrillation increases stroke risk **x5**

14k stroke survivors

3 in 4 people with diagnosed CVD still have high cholesterol levels

1 in 7 adults smoke

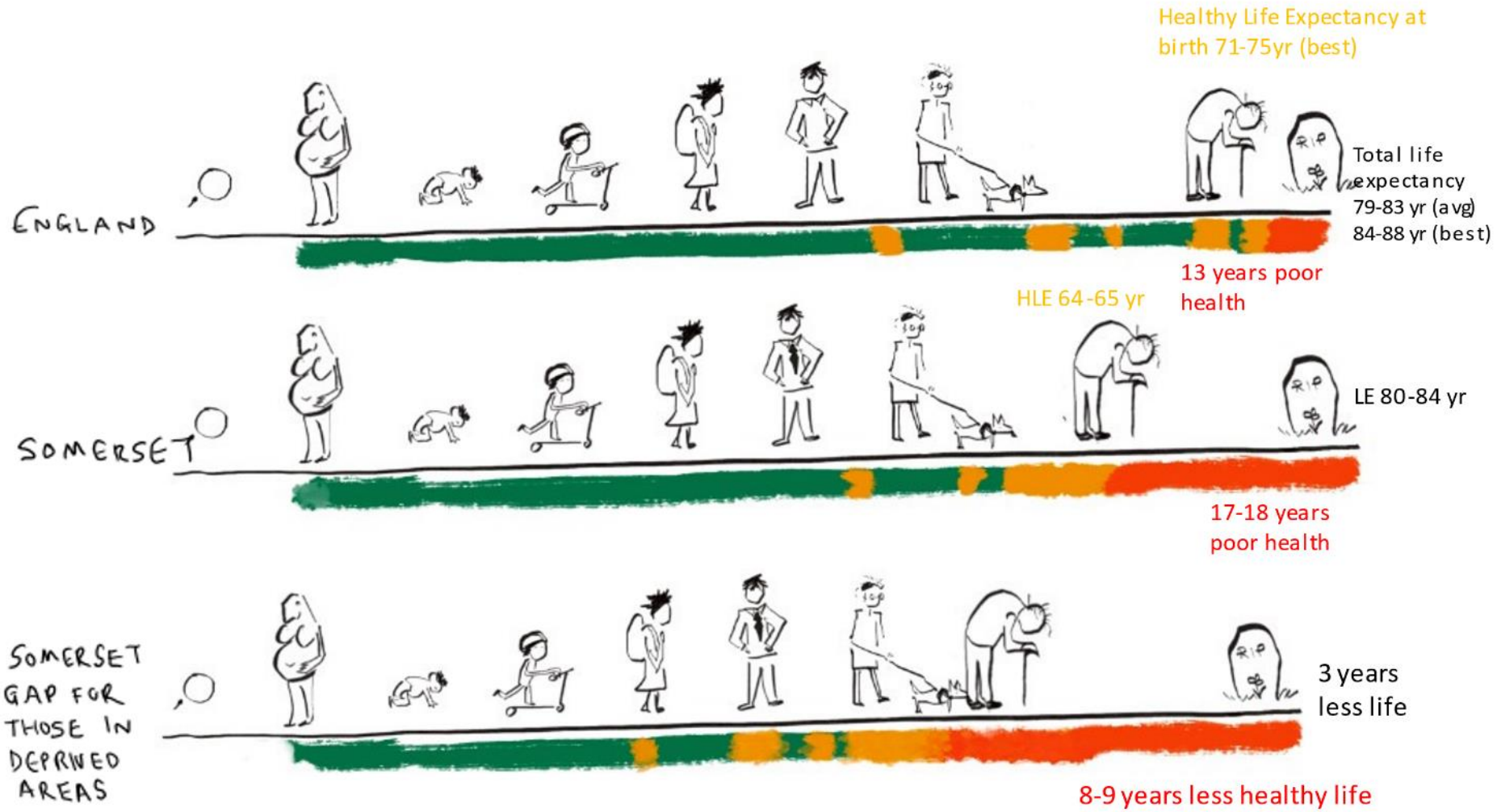
1 in 5 survive a ruptured aortic aneurysm

1 in 12 with diabetes by 2035

Hypertension is **#1** risk factor for kidney disease

Less than **1%** of people with familial hypercholesterolaemia aware of their high family risk of CVD

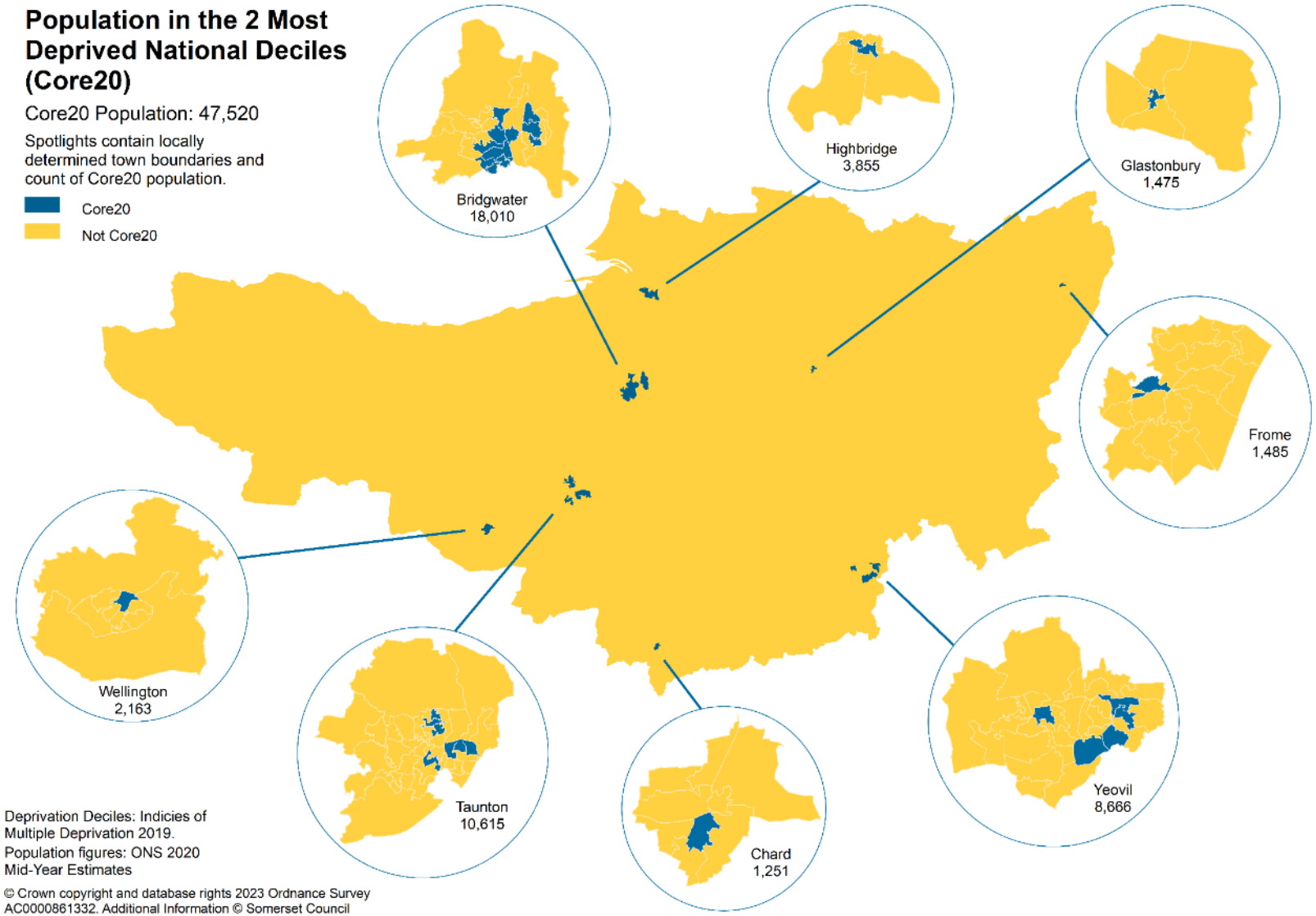
A good innings



2022/23 Cardiovascular Disease

- Why focus on CVD and impacts of inequalities?
- Playing conditions
- Team fitness
- Good catches and early detection
- COVID stops play
- Dismissal and end of the innings
- Six for Somerset – recommendations

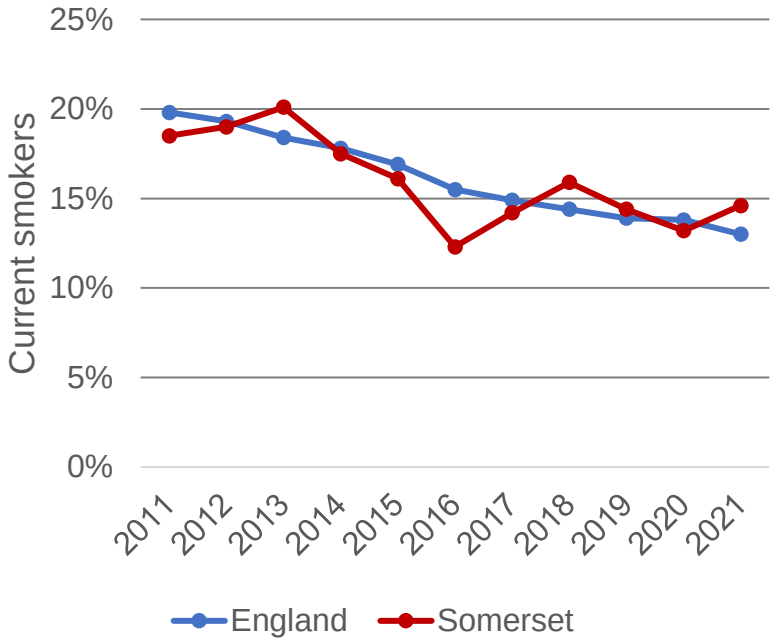
Playing Conditions



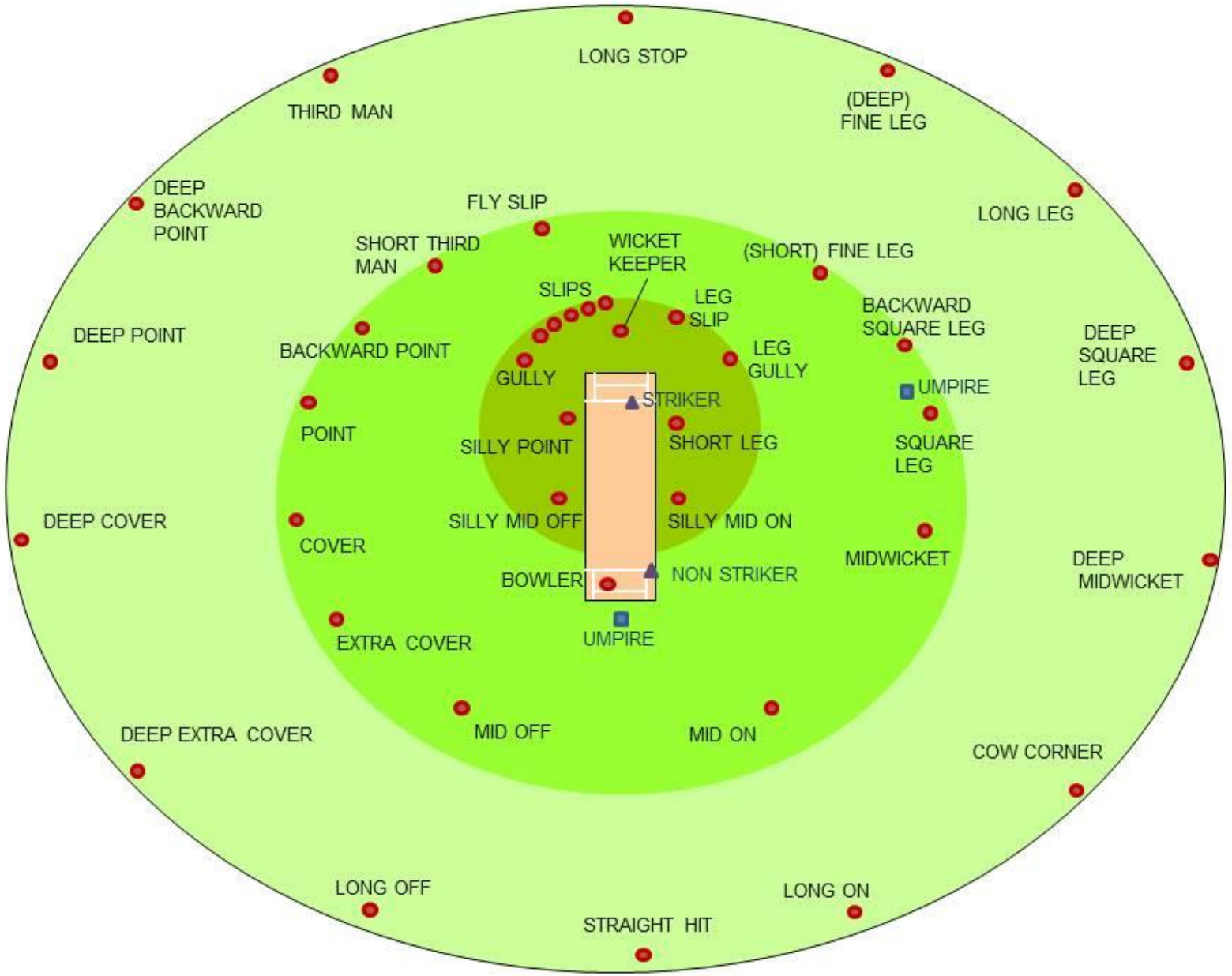
Team Fitness

Smoking as a risk factor for CVD

- Most influential risk factor on both life expectancy, early deaths, loss of quality of life and inequalities in these outcome
- About 14.6% adults are current smokers.
- About 60,000 smokers in Somerset.
- Almost 1 in 3 of those in routine and manual occupations smoke.
- About 1 in 4 of those with severe mental illness smoke
- About 6 in 10 of those homeless smoke



Fielding Positions



Good catches for CVD

High Blood Pressure
Obesity
High Cholesterol
Familial Hypercholesterolaemia
Atrial fibrillation
Kidney dysfunction
Aortic Aneurysm
Diabetes

QRISK: Ten year risk of heart attack or stroke

50y white female

50y white female +
Smoker, overweight and
Family history of CVD

qrisk.org

Recommendation 1

Good pitch preparation

We need to develop our environment with the purpose of improving health and environmental sustainability.

"A quality cricket surface allows players to express and develop their skills, ensures the cricketer has a rewarding experience and that the game of cricket can be enjoyed by players, and supporters alike across all levels of participation".

Pitch Preparation — The basic fundamentals

Recommendation 2

Doing it off your own bat

Together with communities we need to re-invigorate efforts to promote, encourage and support people in Somerset to enjoy a healthy lifestyle and all the benefits that it brings.

Recommendation 3

Working on the Ashes

Call for renewed action to meet the national challenge to reduce smoking rates to 5% or less by 2030.

Recommendation 4

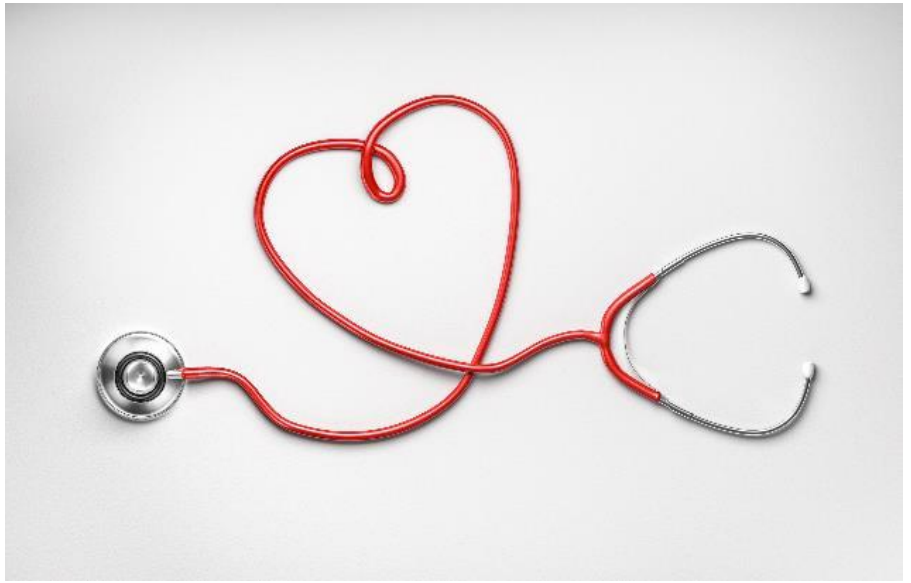
A good fielding system

A system-wide focus on finding and supporting those with high blood pressure

Recommendation 5

Treatment delivery

Finding and sticking to the right treatments



Recommendation 6

Keep an eye on the scoreboard

Improve data collection and use it to help predict risk of disease and diagnose and intervene early

Questions and Comments

Trudi.Grant@somerset.gov.uk
Orla.Dunn@somerset.gov.uk

Cardiovascular Disease in Somerset
Annual Report of the Director of Public Health for Somerset 2022/3

Somerset
Council

Dedication

I would like to dedicate this report to our dear friend and colleague Louise Finnis who sadly passed away suddenly from a cardiovascular event in 2022. She worked tirelessly in public health for many years and left an indelible impression on the health and wellbeing of the people of Somerset, as well as all those who had the pleasure to know and work with her. Gone too soon.

Contents

Foreword
Howzat? Cricket & Cardiovascular disease

Whilst we sadly can't claim to have invented cricket in Somerset, it is a strong part of our culture. Many people in our county enjoy the sport and those that play regularly will undoubtedly feel the health benefits and experience a lower risk of cardiovascular disease as a result of regular exercise.

In this report, I consider the health of the Somerset population with a particular focus on cardiovascular disease…just for fun we will try and keep the cricket theme going throughout!

Put simply, cardiovascular diseases (CVD) are a broad range of conditions that affect the heart and blood vessels. Each day in Somerset, approximately five people die from cardiovascular disease and one of them will be under 75, so it takes a long and healthy retirement away from many people. For this reason, this group of diseases present a significant public health concern in Somerset.

CVD nationally costs our NHS £9 billion. It also costs a further £10 billion each year to the wider economy, causing significant costs in social care and lost working days, not to mention the significant impact it has on families.

As we emerge from the COVID pandemic, we have even more reason to focus on CVD. The pandemic has been a time of changed lifestyles and disrupted healthcare, with much of the CVD preventative measures being impacted. It is time for us to review the main risk factors and CVD outcomes so we can refocus our efforts to reduce the impact of CVD on Somerset's health and wellbeing.

Sadly, like many diseases, the impact falls unequally in society. We know that people living with many other challenges experience higher levels of CVD. This point will be discussed in the report and the recommendations will call for a renewed focus on preventing CVD overall and the inequalities that people experience relating to the disease.

Professor Trudi Grant

Executive Director of Public and Population Health

What is cardiovascular disease?

Cardiovascular disease (CVD) is a broad term used to describe a range of diseases affecting the heart and blood vessels and can affect all organs of the body.

Fatty deposits, plaques, build up in our blood vessels in the same way water pipes can rust up. The older your pipes are, in general, the more furred up they will be – and in the same way age is one of the main factors for cardiovascular disease.

However, if we have high cholesterol levels, then our pipes are in the equivalent of hard water areas, and this can increase the rate at which deposits build up. As deposits build up, they narrow the space for blood to flow and also pieces may break off and travel through the body where they may lodge in other smaller blood vessels causing a blockage.

Loss of blood supply deprives the affected tissues of oxygen and this can cause temporary or permanent damage to body organs and this set of disease processes lie behind many of the cardiovascular events we can experience. These are most noticeable where lack of oxygen affects the brain or the heart but peripheral arterial disease can cause loss of blood supply and damage to muscles and organs throughout the body.

In the heart, sudden reduction in oxygenated blood supply can cause the pain of angina and if prolonged cause death of parts of heart muscle, affecting the ability of the heart to beat and causing a heart attack.

Temporary loss of blood supply in the brain can lead to what are often termed as mini strokes (transient ischaemic attacks) and again if this is prolonged then there may be permanent death of brain tissue which can be seen dramatically in effects of a stroke but on a more insidious level is the same process which causes vascular dementia.

High blood pressure increases cardiovascular disease risks putting the cardiovascular system under strain and making it more likely that any plaques may be dislodged.

Other cardiovascular events can be caused due to a blood vessel bursting, as occurs in aortic aneurysm or in some strokes.

Atrial fibrillation is a disorder of the heart rhythm and can in itself disrupt the ability of the heart to beat effectively. It can also increase the risk of small clots developing which in turn increase the risk of blockages if they move elsewhere in the circulation.

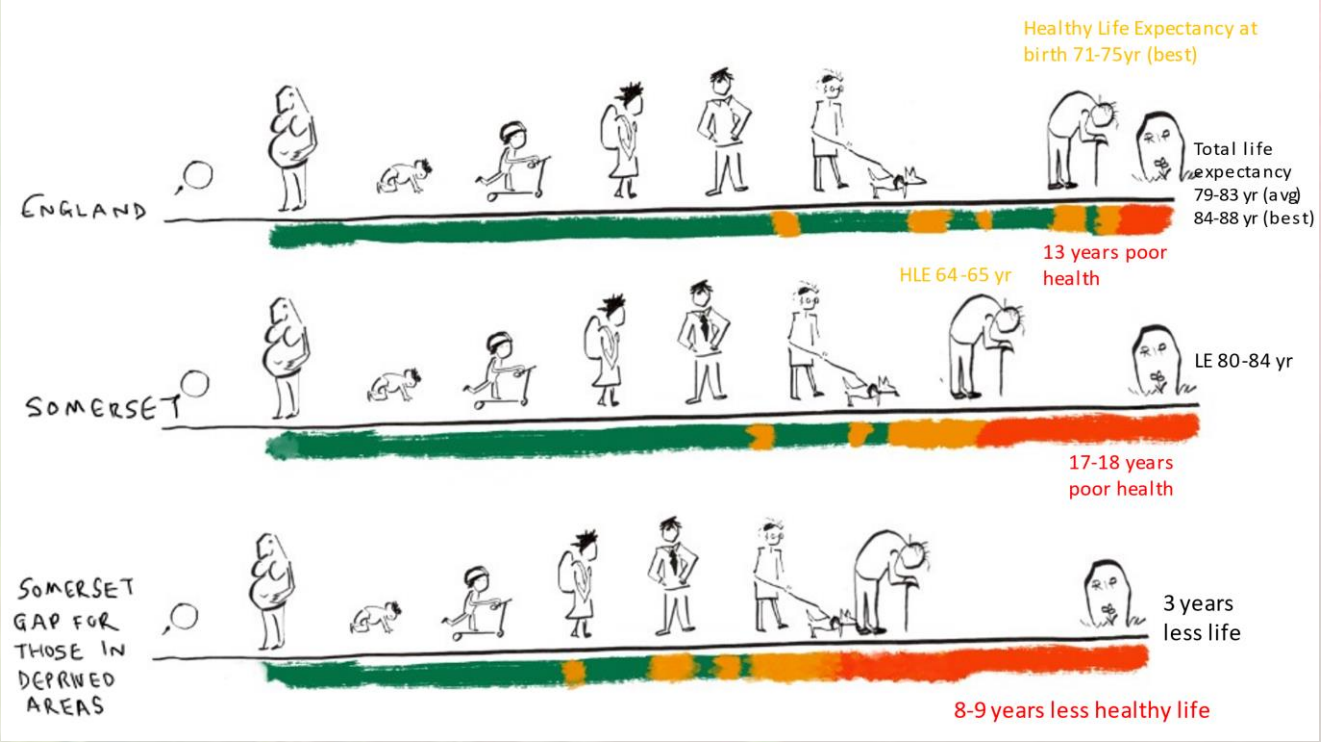
More gradual loss of heart function leads to heart failure where the heart slowly loses the ability to pump blood effectively around the body.

A good innings

When in bat in cricket, you want to be scoring a lot of runs – aspiring to a century even! Life is like that too, we all want a life full of good shots, well taken and enjoyed.

But what is a good innings in life? For many years we have focussed on issues which shorten life in a reasonable goal to avoid premature mortality – statistically considered a death before the age of 75.

However increasingly now we are focussing on the issues which shorten healthy life and the issues which cause greatest inequalities in healthy life expectancy.



In Somerset, average healthy life expectancy at birth is a bit above the England average 64-65 years – not even enough to see some of us to retirement.

However, life expectancy in Somerset is good and quite a bit above the England average. Paradoxically this means that we also spend more years in poor health in Somerset than average. Sadly, the extra life expectancy in Somerset does not translate into the extra years of healthy life which so many of us want. Whilst no one generally wants to die prematurely, people are a lot more ambivalent about the value of living a long life in ill-health.

How much better would our quality of life be if we could gain years of healthy life?

Preventing cardiovascular disease

Although cardiovascular disease does become more common with age, it should not be seen as inevitable.

It is estimated that about 90% of cardiovascular disease and 80% of premature deaths are attributable to modifiable risk factors.

Within the challenge of preventing cardiovascular disease and addressing the risk factors, it is useful to think about them at different phases of the disease progression, ideally beginning before disease has even started.

Focusing efforts on the pre and early disease stages also makes sense as taking action gets increasingly more difficult, expensive and becomes less successful the further we progress along the disease pathway. Anyone who has tried to quit smoking, adopt a healthier diet or increase their exercise levels will agree it is hard. Arguably, it would be a lot easier if we were able to avoid developing any of our less healthy habits and just saw healthy options as the norm.

Once conditions like obesity or high blood sugar levels are established it is important to identify them early to avoid further damage to the cardiovascular system.

Treatments to keep blood pressure low, cholesterol levels in check and the risks of atrial fibrillation at bay can have side effects. However often there are various options and a number of medications can be tried to try and find the right fit. We need to support people to find the most appropriate treatment for them and not just to give up on treatment due to initial unpalatable side effects.

Modifiable risk factors are often seen as those relating to behaviours which we know increase risk of CVD like smoking, excess alcohol consumption, high salt consumption and a lack of exercise. However we know that whether someone develops one of these risk factors is far from random.

Many of the behavioural risk factors for CVD like smoking or alcohol consumption may also be used as methods of stress reduction. Lack of ability to eat sufficient fresh food may be a result of limited income or time to cook more complicated meals. More risky health behaviours are often seen in those living in areas with greatest challenges and in groups experiencing burdens of other kinds like mental illness or homelessness. If we don't shift some of the factors which influence the health behaviours that put us more at risk of cardiovascular disease then we will probably never be able to improve cardiovascular health in Somerset.

So when considering the factors which result in a good innings, whilst it is clear that some individual characteristics and behaviours can increase the risk of cardiovascular disease, it is probably even more important to understand what are sometimes called "*the causes of the causes"* or wider determinants of health.

In cricket terms, it's a bit like the way the crowd, the pitch and weather all contribute to the play of the game. Even the best cricketers are not going to be able to play well, or possibly at all, on a poor pitch, with the crowd against them and in poor weather conditions.

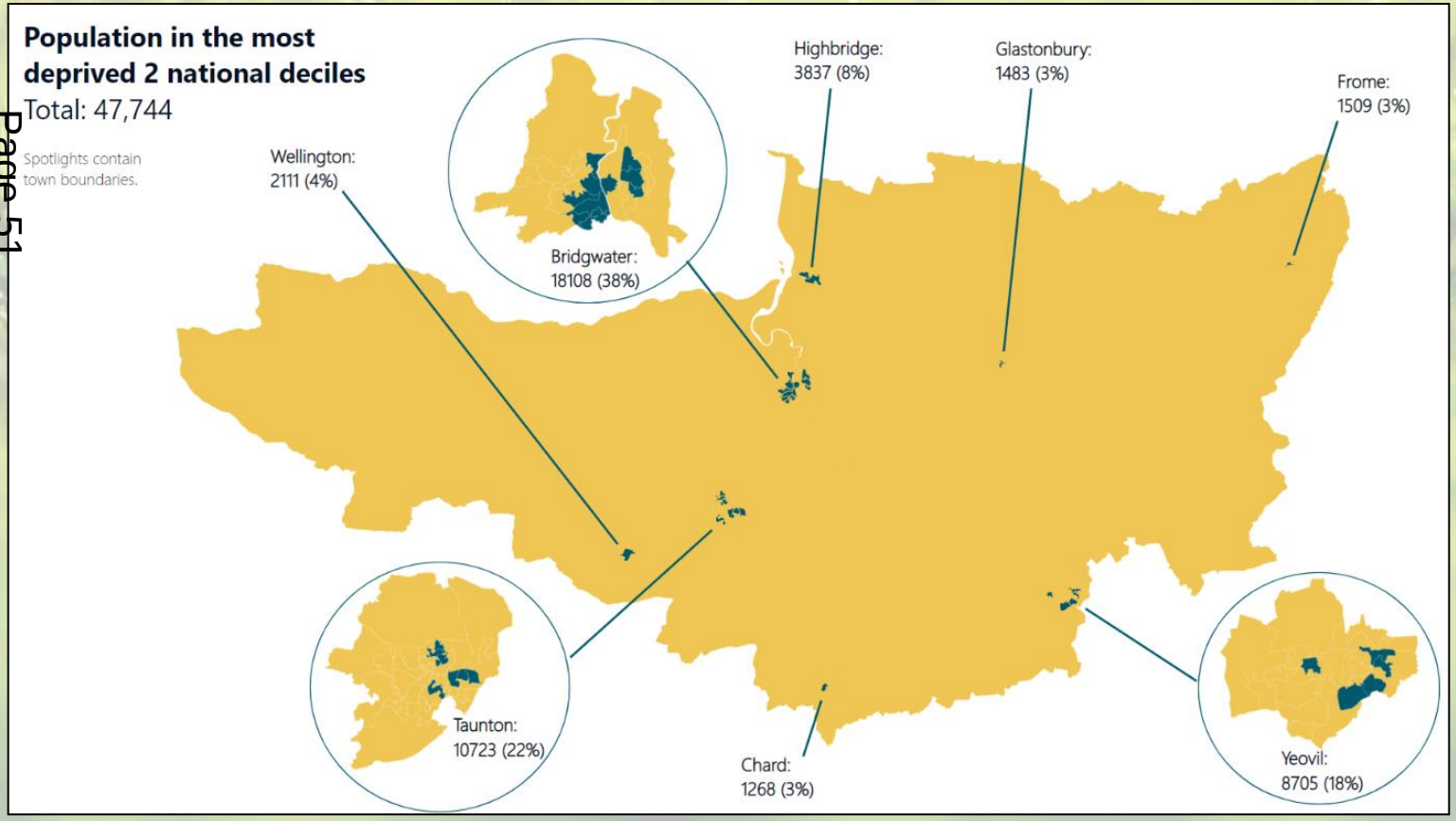
Playing conditions: The Pitch – impact of deprivation

In cricket terms, one of the most influential factors on the play of the game is the quality of the pitch. For CVD probably the most important ‘pitch’ on which we play is where we live, and this can also have a critical impact on health.

One way in which we can measure the ‘quality of the pitch’ and the challenges of living in a specific geographic area is through the Index of Multiple Deprivation.

The Index of Multiple Deprivation takes into account local levels of income, employment, education, health, risk of crime, accessibility of good housing, access to services and the quality of the local environment.

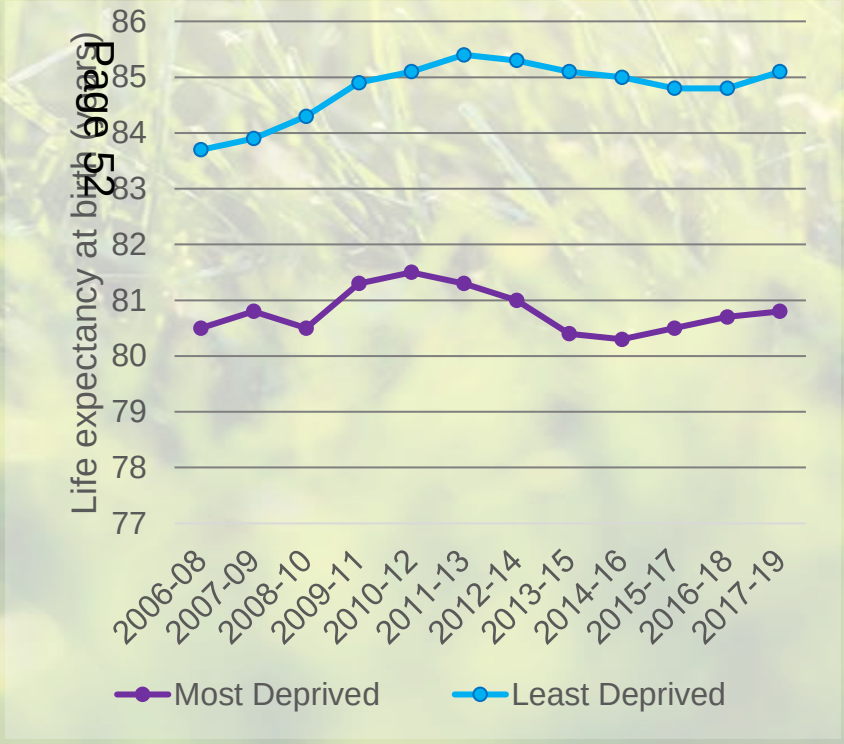
On average in Somerset about 48,000 people live in areas with deprivation scores which fall in the 20% highest levels of deprivation in England, known as the CORE20. Our most deprived areas tend to be found in parts of our larger towns as shown in the map.



Inequalities in cardiovascular health outcomes

People living with the greatest challenges, in the 20% most deprived parts of Somerset, can experience the impact of these poorer conditions in many aspects of their lives and their health.

If we compare people who live in the 20% most and least deprived areas of our county, as shown in the graph, we can see there is a gap of about five years in life expectancy at birth. In line with the rest of England, poorer CVD outcomes are the most important reason for this gap in life expectancy in Somerset.



Overall, in Somerset rates of premature mortality (deaths under age 75) due to cardiovascular disease are lower (and therefore this is better) than in the rest of England. However, this generally good picture hides some inequalities. Rates of premature mortality due to cardiovascular disease for those with severe mental illness are four times higher than in the background population and Somerset has one of the worst outcomes in England for this measure.

We know that people living in the more deprived areas nationally are four times more likely to die prematurely (before age 75) from cardiovascular disease than in the least deprived areas. The Index of Multiple Deprivation is averaged across small areas where about 1500 people live, so even within each area there will be high and low spots and exceptions to the general pattern.

Research data shows that deaths due to cardiovascular disease in those who are homeless can be two to three times higher than in the background population.

We are addressing some of these impacts with specific initiatives which focus on those living in CORE20 areas as well as other vulnerable groups, such as those homeless or with mental illness, and seeking to further understand local inequalities in outcomes for other vulnerable groups.

Other important life circumstances that are associated with increased CVD risk include our level of education and working environment. Job characteristics like shift work and low levels of control over our job have long been linked to poorer cardiovascular health.

Playing conditions:
Wider determinants of health and social environment

One of the key wider determinants of health is the social network which surrounds us. Our family generally provide the first models of many behaviours and strongly influence eating habits, exercise behaviours and attitudes to smoking and alcohol use.

Our social network has a major impact on lifestyle behaviours. For example, if your friends and family smoke, then it is very likely that you will also smoke. On the other hand, family and social networks can also be influential in supporting people to make positive changes to their health behaviours.

Our social network can also provide a point of reference and prompt us to seek help for symptoms which may hasten diagnosis.

Our social networks provide us with a sense of belonging and are especially a support during stressful times.

Any sportsman knows the impact a supportive crowd can have in the likelihood of winning the game. In parallel, having a strong sense of social connection, such as being in a relationship, being part of a club, having a faith and feeling part of your local community are all associated with better health. They are what we call 'protective factors' and they play a beneficial effect on our physical and mental health.

'Social isolation' – a small number of social relationships and 'loneliness' – the feeling that ones social relationships are deficient, have both been associated with poorer cardiovascular outcomes.

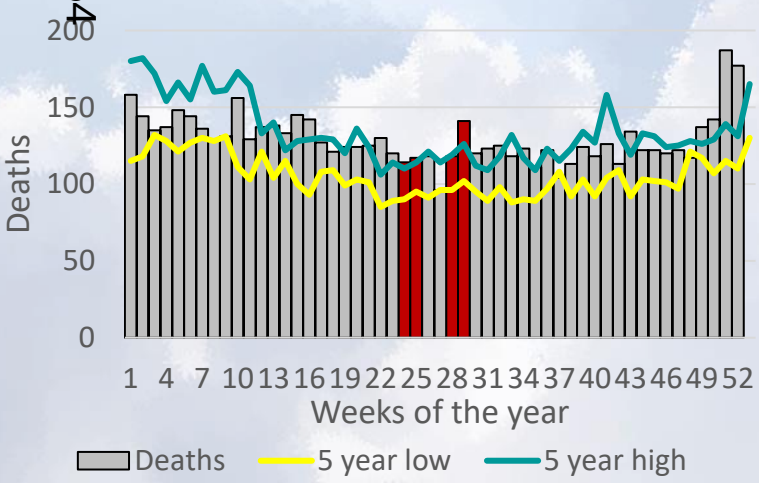
In the Active Lives Adult Survey, levels of loneliness reported by people living in Somerset (those aged 16+) are similar to those in the rest of England, with approximately 22% of people stating they feel lonely always, often or some of the time.

Living in a more sparsely populated rural county can magnify the impact of social isolation through lack of proximity, public transport and poor digital connectivity in some parts. On the plus side, for some it can also be a positive influence. Somerset has many areas with a strong community spirit and many opportunities for volunteering and contributing to a vibrant community life.

Playing conditions: The Weather

Typically, it is rain which stops cricket! But both high and low temperatures can increase risk of cardiac events. Risks are higher for those in the youngest and oldest age groups and those with pre-existing CVD. For both hot and cold weather extremes, public health messaging can support protective actions for services and individuals.

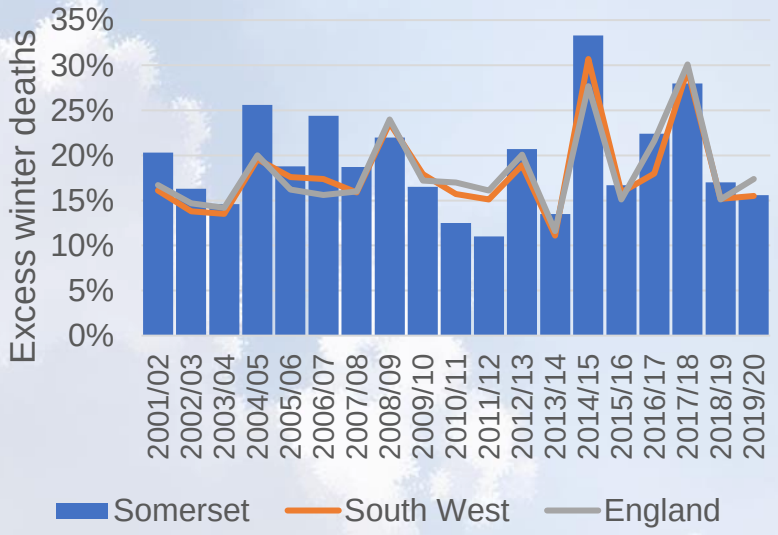
The year 2022 has been notable for periods of very high temperatures. Somerset was spared some of the extremes seen in other parts of the country, but still saw record breaking high temperatures. The first heat wave in mid-June, spread over two recording weeks, showed little impact on death rates. However, the cumulative impact of the more intense two July weeks can be clearly seen in the graph below with above average deaths.



Deaths occurring each week in Somerset residents 2022, heatwave weeks shown in red

Low temperatures are a greater risk for deaths than high temperatures. The impact of cold in causing extra respiratory and circulatory disease deaths is shown in the Excess Winter Death Statistic. This shows how much higher average winter deaths (Dec-Mar) are compared to the other seasons. Generally, Somerset follows the national trend with similar rates to England.

Although we did not have a particularly cold winter in 2022/23, the cost-of-living crisis is likely to have impacted on the ability of people to heat their homes and so the effects may be more profound.



Excess winter deaths in Somerset 2001-2020

Team fitness

So on to the team!

Cardiovascular disease is reasonably common and we all need to be aware of our risk but, as already mentioned, some population groups have a higher risks than others based on factors such as genetics, sex, age and ethnicity. These are often considered non-modifiable factors but actually if you dig deeper, the reasons why these groups are at higher risk is often their experience of preventative healthcare.

Understanding those in our population who are most at risk of CVD is important to enable us to focus our prevention activities to reduce these inherent inequalities in risk and ensure they get the best care possible.

Some single genes can increase risk of CVD, for example the one for familial hypercholesterolaemia (high cholesterol). A family history of close relatives who have experienced heart attacks or stroke before the age of 60 may indicate an increased genetic susceptibility to high cholesterol. Although we can't do much at present to change our genes, we can look to detect this condition early so that effective treatment can be given and other close members of the family who may share the same genes can be tested.

The risk of CVD increases with age and is also greater for males compared to females. In Somerset, we have a larger proportion of people in the older age groups than in the rest of England. In the ONS 2021 census the Somerset population has a median age of 47 compared to 40 for England and Wales. This means cardiovascular disease is likely to become more common as most of the predicted population growth will be in older age groups.

Newly released data from the 2021 census shows that approximately 3% of the Somerset population are people in Black ethnic groups and or South Asian ethnic groups. These ethnic groups have a higher risk of some cardiovascular conditions. Some of this increased risk is likely to be due to untreated clinical risk factors and it is imperative we improve our recording of ethnic group in health care to improve risk stratification and outcomes for all people.

In the next few pages we outline how healthy our Somerset population are in regards to the key risk factors for cardiovascular disease. We also show how we are supporting our local population to address some of the behaviours which increase CVD risk as well as many other risks.

Smoking

At a population level, smoking status is the single most influential risk factor on both life expectancy, early deaths, loss of quality of life and inequalities in these outcomes. Stopping smoking is acknowledged as the most effective intervention to reduce CVD risk.

Within Somerset smoking, is estimated to cause about 92 deaths per year through contribution to CVD. It is also estimated that each year smoking costs Somerset over £100m in lost productivity due to increased illnesses in smokers, about £20m in increased health care costs, £15m in increased social care costs and about £5m to deal with smoking related fires.

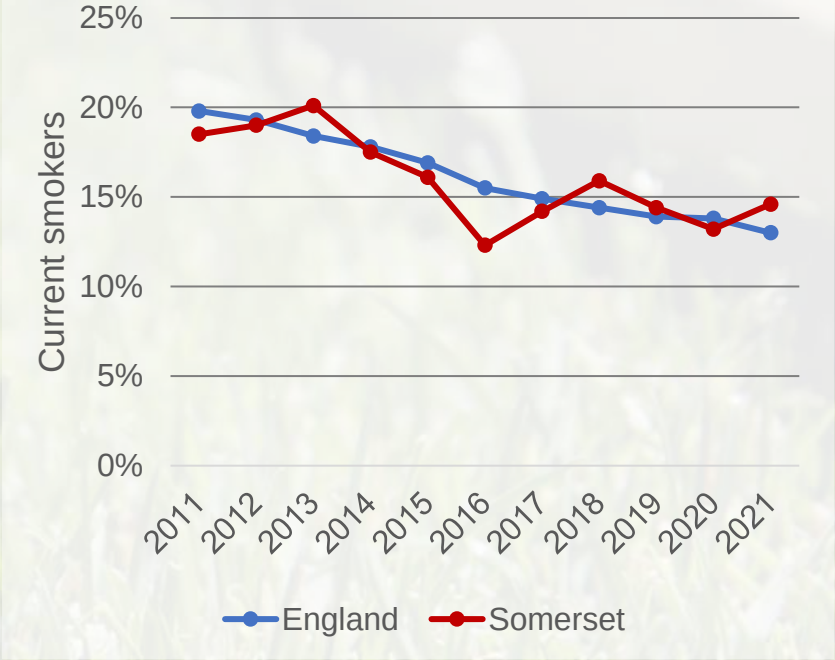
The number of active smokers in Somerset has been declining over time and undoubtedly the more widespread availability of vaping kits has enabled people to move away from the more damaging habit of smoking.

However, Somerset has a greater proportion of smokers compared to England with about 14.6% adults being current smokers. This means there are about 68,000 smokers in Somerset.

There are significant inequalities in smoking rates. Rates are more than double in those with severe mental illness and in routine and manual occupations compared to technical or managerial occupations. We estimate that rates are about four times higher in those who are homeless.

Smokers' risk of high blood pressure is double that of non-smokers. It is also associated with increased development of atherosclerosis where fatty deposits build up in blood vessels and impact on the development of clots in the blood system. Stopping smoking significantly reduces the risk of a cardiovascular event and benefits can be seen in months.

Even in those who have had a heart attack, there is a reduced risk of a second event for those who give up smoking compared to those who continue.



Prevalence of smoking among persons 18 years and over
Annual Population Survey (APS)

What are we doing:
Supporting Somerset residents to stop smoking

To address inequalities, targeted work takes place with groups known to have higher rates of smoking and greater lifestyle challenges to quit.

Somerset has established a multi-partnership Tobacco Control Alliance in 2022. This group has a priority to reduce some of the inequalities due to smoking with a particular focus on harm to children and young people and smoking in pregnancy.

Just over 70% of our smokers aged 15+ in Somerset have a recorded offer of support to quit in the past two-year period. Smokefree Somerset is the key offer of stop smoking support in Somerset. It offers a 12-week quit programme. The service has continued through the pandemic, adopting a flexible model including telephone based support, groups and use of a 1:1 digital app. Nicotine replacement therapy is provided through direct supply and via pharmacies. The service also offers carbon monoxide monitors which can be borrowed.

In 2022, the Smokefree service supported 1264 people to set a quit date for smoking, 916 people, (72%) of these maintained their quit at 4 weeks (compared to the national average of 55% 2021/2022 data) and of these 701 (76%) of people maintained their quit at 12 weeks. The service have also introduced new harm reduction approaches supporting people with their readiness to quit when don't feel ready to quit smoking at referral.

SmokeFreeLife Somerset presents "Your personal nicotine monster" – YouTube

The Somerset, 'Your personal Quit Monster' is a friendly an supportive campaign which has integrated pathways with Smokefree Somerset.

The regular Stoptober campaign has been focussed on NHS and social care staff support pathways. In March 2023, Somerset has launched a new hospital based smoking service with all smokers approached with an offer of support whilst in hospital to stop smoking. On discharge patients are referred to the community Smokefree Somerset offer.

Physical activity

Whilst a good batting team has to be physically fit, interestingly, it is the fielders not the batting side, who cover the most ground during a match. Fast bowlers cover about 23km per day in a match at international level and even the ‘less’ active wicket keepers still cover about 17km per day.

Cricket like many sports is great for encouraging physical activity. Not surprisingly currently playing cricketers are more likely to be meeting physical activity recommendations than the general population.

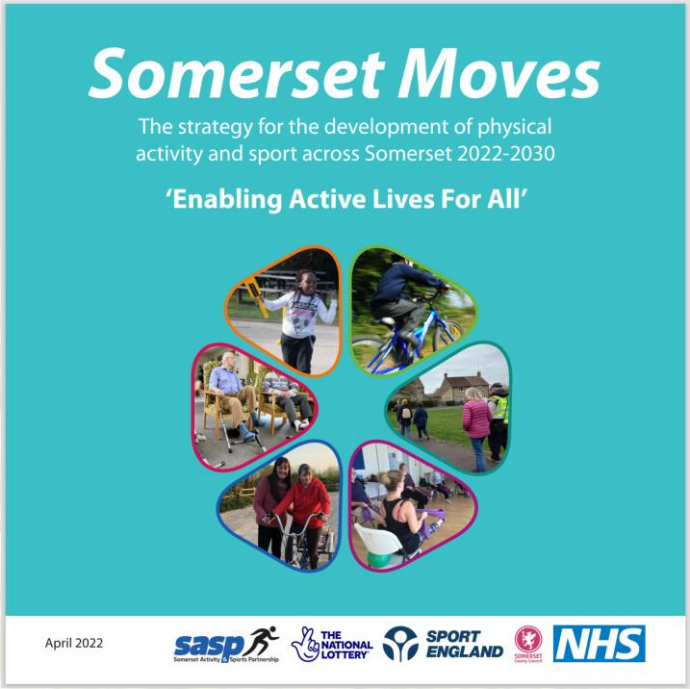
Exercise has a key value in the prevention of cardiovascular disease. Exercise appears to promote development of new blood vessels in the heart which increases the resilience of the blood supply should minor blockages occur. It also appears to improve the lipid profile, decreasing levels of ‘bad’ cholesterol.

According to the annual Active Lives Survey 2021/22, the number of people who are active (meeting the recommended 150 minutes or more of activity a week) in Somerset is 63% compared to England average of 61.4%. Males are slightly more likely to be active than females. The proportion of active people peaks in the 35-54 age group at 70.3% and then reduces in older age groups with only 41.9% of those in the 75+ age group being active.

The many opportunities to enjoy our wonderful Somerset countryside probably contributes to overall levels of physical activity. However, there are still clear social inequalities in levels of of exercise with about 20% fewer people who are in more routine occupations or not working, in the active category, compared to those in managerial occupation categories.

Somerset Moves is a whole system physical activity strategy developed in 2022 with partnership from across all sectors in Somerset. It has six key priority areas

- Positive experiences for children and young people,
- Increasing community activity,
- Connecting with health and wellbeing,
- Developing more active environments,
- Supporting and motivating people to move,
- Developing leadership and workforce partnerships



What are we doing: Getting Somerset moving!

During lockdown the public health funded multi-partnership campaign ‘Get Outside in Somerset’ promoted safe physical activity options.

As we emerge from the challenge of COVID we have seen a general deconditioning impact of pandemic with some people being less active overall. As part of our COVID recovery programme, funding has been used to expand falls prevention support, and a fund for care settings to expand moving more options e.g. walks, swimming, gardening, activity groups.

The Exercise referral and health walks for those aged 16+ has been recommissioned in 2022 with a revised and enhanced target of 2500 people engaged each year. Health walks is co-ordinated countywide by SASP the active partnership for Somerset since April 2022.

During October to December of 2022, 50 walks were available across the county, with over 3100 walkers taking part. The walks are led by volunteer walk leaders. There are exciting plans for more walk leaders, walks in new areas and at various levels (no matter what the weather!) to support any ability.

To promote active travel, Somerset has invested in Modeshift stars and Beat the Street. Beat the Street Yeovil ran in May 2022 and engaged over 7000 people with 94,303 miles covered.

Somerset Cricket Foundation is pivotal in encouraging the love of cricket in the county including different ages and abilities. For example, Walking cricket clubs are billed as the same sport but at a slightly slower and gentler pace. Participants have spoken about the benefits to them of taking part.

“Enables me to have exercise as well as playing cricket which thought I would never be able to play again and mentally being in a group that enjoys having a laugh and really having fun.”

“Amazing how many steps, bending, stretching, throwing etc you do but in gentle ways. Good fun, social atmosphere with like minded people. We can adapt for different abilities too which ensures inclusion.”

“I am diabetic and needed to lose weight so the physical exercise is good for me”

“I have met new people and expanded my social circle”

Healthy eating

And after all that exercise, on to the famous cricket tea break! Cricket has a tradition of good tea breaks. However, as cricketers have noted, over-indulging in tea breaks doesn't always make for a good game.

Food related risks with the strongest association to CVD include high sodium, high red meat, low grains and low fruit consumption. However, we know that these food characteristics are often seen in low-cost calorie dense food diets.

There is a lack of Somerset level data on levels of healthy eating. Our healthy eating initiatives therefore address a wide range of factors and focus on food production and cooking healthy meals.

The Somerset Community Food initiative has enabled a range of projects to support health eating with over 50 food growing projects involving over 12,000 people across the county. Projects supported have ranged from cooking training, community supported agriculture, community allotment groups, orchards, gardens and fields, social and therapeutic horticulture projects, and school educational gardens.

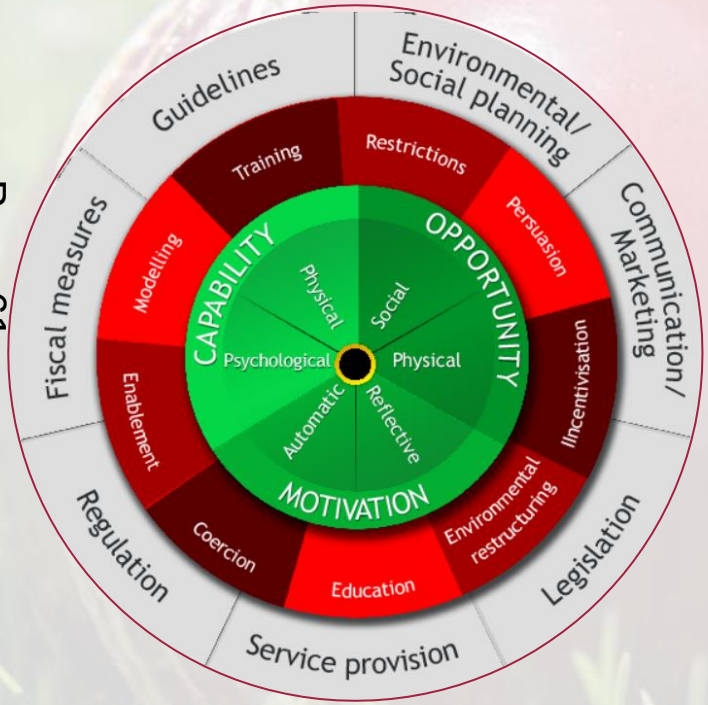
Healthy eating habits are established early in life. Whole family after school cookery clubs have encouraged development of basic skills of healthy meal production. School water campaigns have encouraged consumption of water and avoiding high empty calorie drinks.

As we recover from the challenges of the pandemic, we need to turn our attention to supporting our communities with the cost-of-living crises which can often limit affordability of healthy food choices. We have supported five local food pantries which address food waste and good value healthy foods.

Somerset Community Food

Applying behavioural science to public health campaigns

Somerset County Council has established a Behavioural Science Unit which applies evidence-based theories and techniques to understanding behaviours, using an approach similar to the Behaviour Change Wheel framework (West et al, 2020) to inform different health promotion campaigns throughout the Public Health team.



The Behaviour Change Wheel, West et al. 2020

Taking this approach means firstly identifying the target behaviour and the target population of the campaign. This ensures clarity in what the behavioural outcome is, for example ‘contacting Smokefree Somerset to quit smoking’; it means there is a clear view in terms of what the campaign is asking people to do and what it is aiming to achieve. Equally important is selecting a population group to target. Demographics are often used to segment populations and can assist in the selection of appropriate communication methods.

The next step is understanding what is influencing the target behaviour. The Unit uses the COM-B model of behaviour change (Michie, van Stralen & West, 2011) to understand the extent to which capability, opportunity, and motivation are influencing the behaviour. To understand the barriers and facilitators of the target behaviour, various methods are used: conducting primary research such as focus groups or surveys, conducting a literature review to find published and unpublished studies, or using professional judgement from topic experts and stakeholders.

The method selected depends on capacity, resources, and deadlines but each can add valuable contribution to understanding the target behaviour of the campaign.

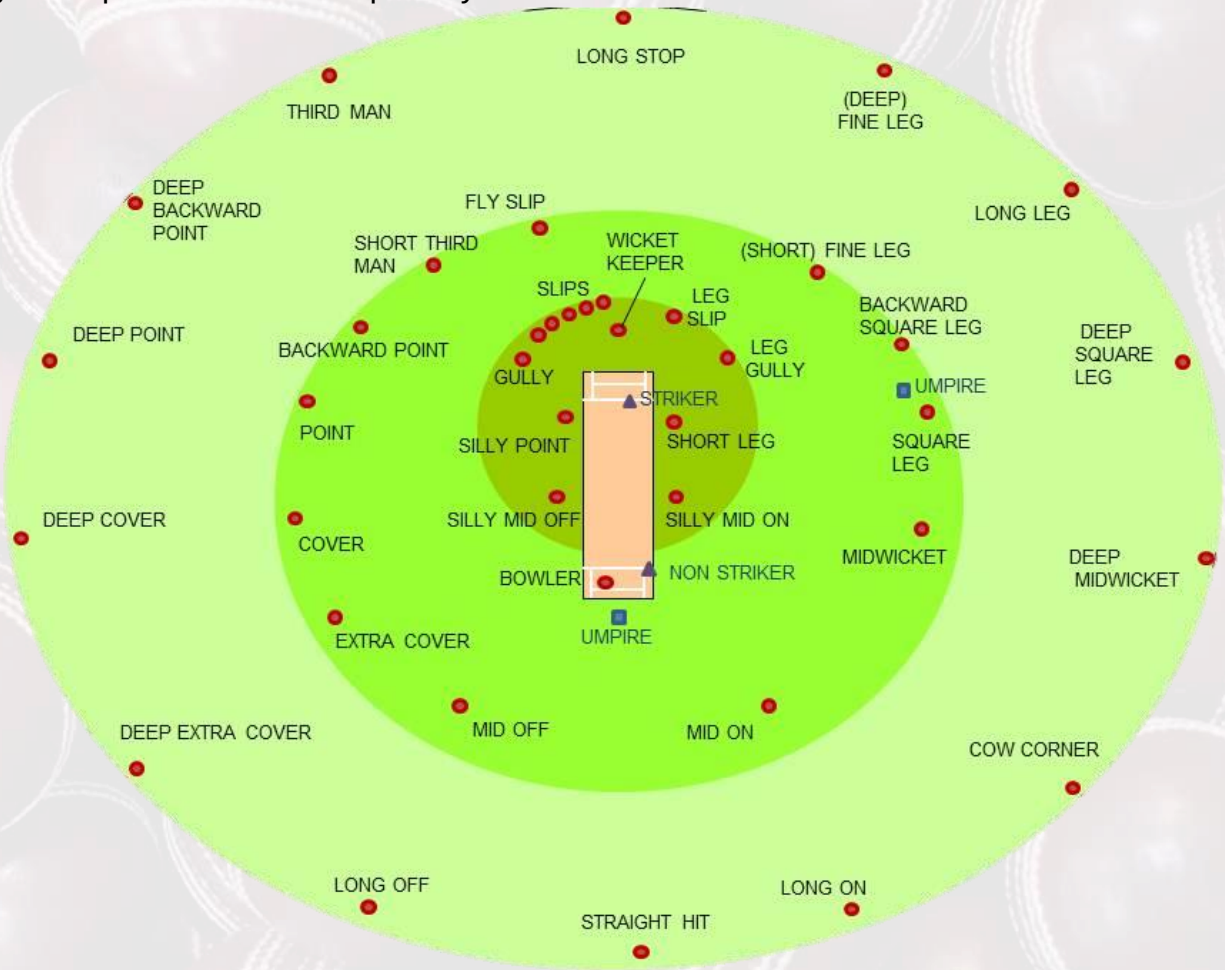
The final step is selecting evidence-based techniques to address the barriers and facilitators of the target behaviour. These techniques can be used to inform the content of the campaign, ensuring that there is a behavioural rationale for why particular content has been developed and what behavioural constructs key messages are targeting.

Fielding positions in cricket

When you look at the possible fielding positions on a cricket pitch you can see potential layers of fielders who back each other up within fielding areas, e.g. silly point, point and deep point. A good fielding side is built around a skilful wicket-keeper.

The wicket keeper for cardiovascular disease is undoubtedly our general practice and wider primary care services.

General Practices and wider primary care services are the first line within the healthcare system and are responsible for catching some of the early clinical risk factors for cardiovascular disease. However, they need to be backed up by a wider set of fielders (and stretching our analogy a little), occasionally a few catches taken by the crowd…we all have a role to play!



Fielding tactics and good CVD catches

Within the context of CVD, there are a number of clearly identified points at which you can 'catch' the disease (or early signs of relevant disease) in an effort to avoid more serious life-threatening outcomes such as heart attack, stroke and dementia. These risk factors include:

- ♥ High blood pressure (hypertension)
- ♥ High cholesterol (hypercholesteremia)
- ♥ Atrial fibrillation (disrupted heart rhythm)
- ♥ High body mass index
- ♥ High blood glucose levels and or diabetes
- ♥ Kidney dysfunction
- ♥ Abdominal aortic aneurysm (bulge/swelling in the aorta blood vessel)

Public Health England (now taken forward by the Office of Health Improvement and Disparities) set ambitions for detection and treatment of three of the key CVD risk factors; atrial fibrillation, hypertension and cholesterol. In this next section we assess our position with regard to early detection and optimising treatment for these conditions.

Public Health England 10 Year CVD Ambitions

Addressing Atrial Fibrillation:

- ♥ 85% of the expected number of people with atrial fibrillation are detected by 2029
- ♥ 90% of those with atrial fibrillation who are known to be at high risk of stroke to be adequately anticoagulated by 2029

Addressing High Blood Pressure:

- ♥ 80% of the expected number of people with high blood pressure are diagnosed by 2029
- ♥ 80% of the total number of people diagnosed with high blood pressure treated to NICE Guideline targets by 2029

Addressing High Cholesterol:

- ♥ 75% of people aged 40-74 have a primary care recorded CVD risk assessment in the last five years by 2029
- ♥ 45% of people aged 40-74 with a 20% or greater 10-year risk of developing CVD are treated with statins by 2029
- ♥ 25% of people with familial hypercholesterolaemia are diagnosed and treated optimally by 2024

What are we doing: Risk stratification in primary care

As well as finding new cases of people with cardiovascular disease and/or risk factors, as a system we have work to do to ensure that known cases receive sufficient input so that their risk factors for disease are as well controlled as possible.

In Somerset we are promoting and trialling use of risk stratification tools which identify patients who need the most urgent input. The capacity for GPs to take an overall proactive care approach is limited and so stratifying patients by risk is helpful to identify which patients require most urgent review.

Other work on the management of medicines can send safety alerts of patients with non-optimal treatment indicators.

The UCL Proactive Care Framework provides searches and other resources to risk stratify patients who have clinical records which indicate further action is required. UCL Proactive Care Frameworks currently exist for:

- Atrial Fibrillation
- Hypertension
- Lipid management inc. Familial Hypercholesterolaemia
- Type 2 diabetes

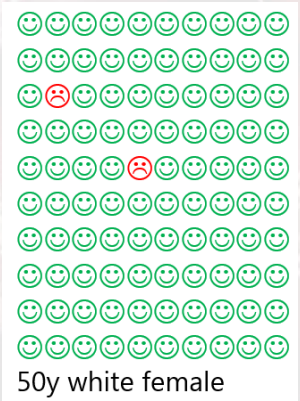
https://uclpartners.com/our-priorities/cardiovascular/proactive-care/

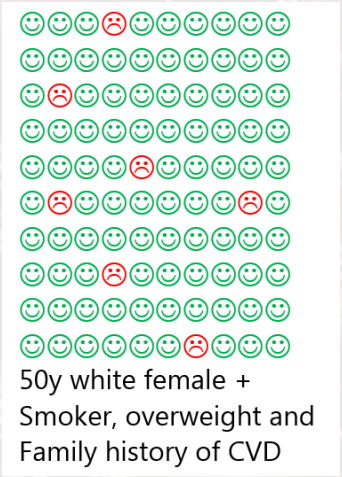
QRISK is a way of representing risk of future cardiovascular disease. The current edition is QRISK3 and anyone can access this to calculate their risk https://qrisk.org/three/

The example below shows the risk for a 50-year-old, white, female with no specific risk factors is 2.1% of a heart attack or stroke in the next 10 years.

So, in a room of 100 people with those same characteristics, 2 would be expected to have a heart attack or stroke in the next 10 years. However, if that person smokes, is obese and has a family history of heart disease, that risk more than triples to 6.9%, so 7 people in the room would be expected to experience a heart attack or stroke.

Anecdotally, we know that people find this visual representation of risk helpful to understand their personal risk of cardiovascular disease and the factors which increase it.





Ten-year risk of stroke or heart attack

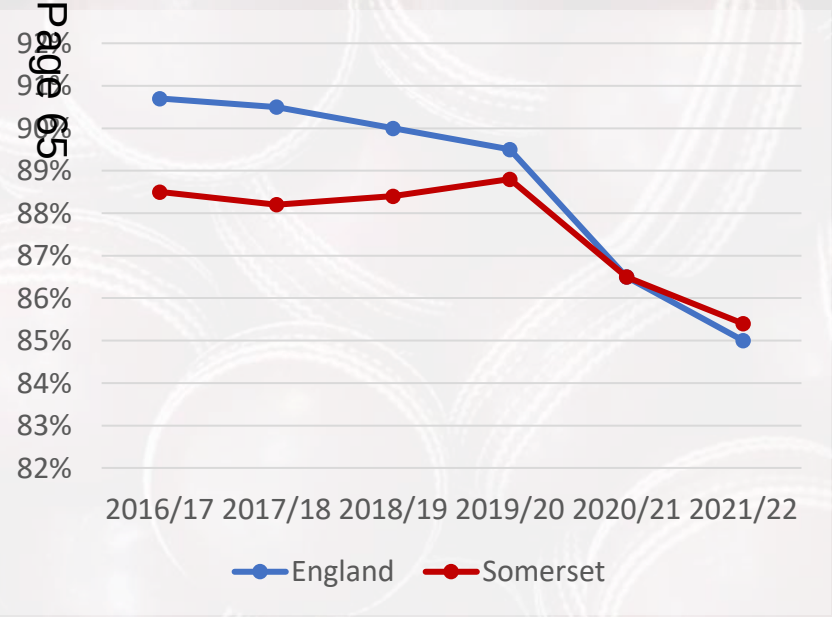
High Blood Pressure

High blood pressure (hypertension) is a potent risk factor for all cardiovascular diseases. It was estimated in 2019 that about a third of the people in Somerset with hypertension do not know they have it (about 50,000 people) and so receive no treatment to reduce the impact of this risk factor.

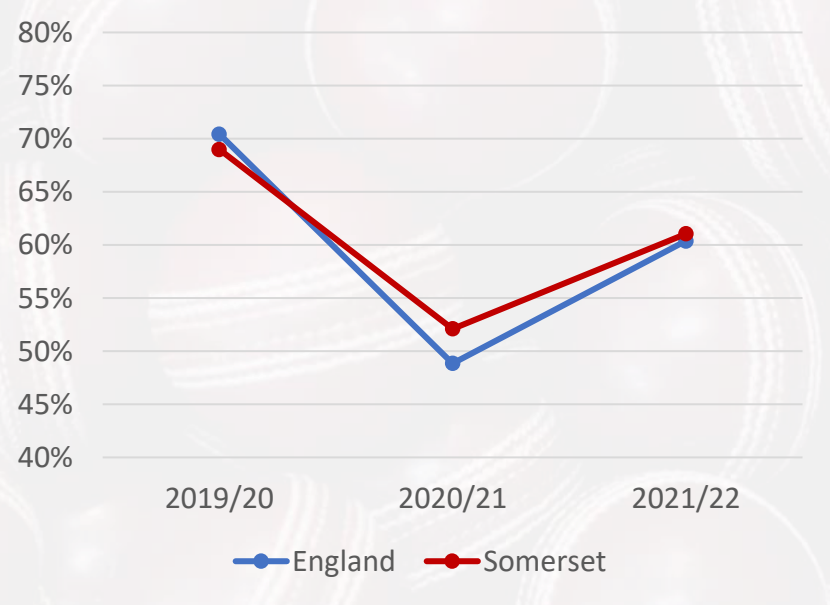
The pandemic lockdown and other system pressures, reduced opportunities for blood pressure monitoring, especially for those not already diagnosed with CVD. Our local data shows younger males, those in Black and South Asian origin ethnic groups are less likely to have a recent record of blood pressure.

There are about 100,000 people diagnosed with hypertension in Somerset. Lifestyle changes are the recommended as a first approach for hypertension, e.g. reducing sodium in the diet, stop smoking, reducing BMI and alcohol consumption.

The numbers of those diagnosed who have a record of making lifestyle changes and being treated with medication which brings their blood pressure down to a healthy level for their age has also dropped during lockdown. There are signs of this improving but not yet to pre-pandemic achievement. To reach the ambition of 80% of people with expected hypertension being diagnosed by 2029 we are going to need significant action right across Somerset.



Patients, aged 45+, who have a record of blood pressure in the last 5yrs (QOF)



Patients diagnosed with hypertension who are treated to target. (QOF)

What are we doing:
Blood pressure monitors in our libraries

Somerset is one of the first local authorities in England to roll out widespread availability of blood pressure monitors in local libraries. There are over 250 blood pressure monitors available to borrow across Somerset. On average about 30 monitors are loaned every week and this is growing over time.

Borrowers are encouraged to complete a monitoring sheet and send a week's worth of readings to their GP along with demographic information. Libraries are great locations to loan blood pressure monitors from and are perfectly set up to promote return of the monitors so they can have a wide population impact.

Somerset libraries have been the setting for other health initiatives with co-location of heath coaches, free standing blood pressure and BMI machines and a whole host of books encouraging healthy lifestyle with staff trained and able to signpost people to resources.

User experience of someone who was prompted to visit their GP due to high readings on library-based machines is seen below:

"I have continually checked it by borrowing the blood pressure monitors from the library so that I could keep an eye on it and within 4 days it dropped down to 124/74 and then continued to decrease.

I also gave up crisps and peanuts and reduced my caffeine intake to one a day so that really helped. Then because of the high blood pressure, blood samples were taken with an ECG and everything was ok apart from my cholesterol.

I didn't want to go on statins until I'd tried reducing the fat in my diet so kept to a strict diet of no cakes, biscuits, pastries, peanuts, crisps, cheese, coleslaw, mayonnaise, and creamy puddings… even over Christmas and it paid off as it reduced (my cholesterol) to 4.1 which also helped my blood pressure.

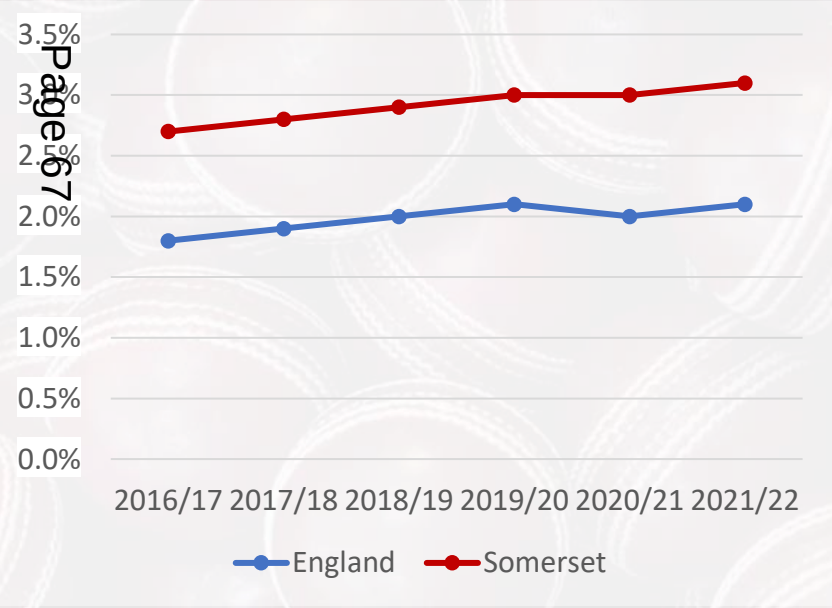
So I'm now tablet free but I will continue to monitor my BP so I don't go high again, especially as I am allowed to add a few of the nice things back into my diet.

A big shout out for raising awareness of High Blood Pressure for people with no symptoms and who weren't overweight!"

Atrial Fibrillation

Atrial fibrillation (AF) is a heart rhythm disruption which causes 1 in 5 strokes. It is slightly more common in males and also increases with age.

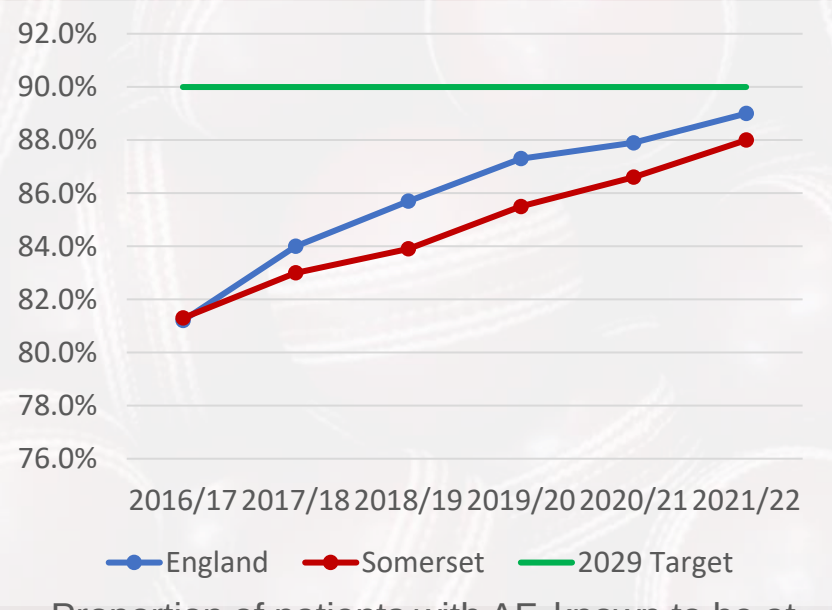
Prior to COVID in 2019, Somerset was doing well detecting AF with an estimated 90.3% of AF cases diagnosed against an ambition of detecting 85% of the expected rates. The proportion of patients with a diagnosis has been increasing and although the increase took a slight plateau during the pandemic, there are signs this is continuing to improve.



Atrial fibrillation: prevalence in GP records (QOF)

People who have signs of AF and who are at high risk of stroke may benefit from taking anti-coagulant medication as this reduces the risk. For some more serious cases AF may be treated with a pacemaker.

A starting point for adequate treatment is an anticoagulant prescription and Somerset is moving towards a goal of at least 90% of people with diagnose AF receiving anticoagulants. This fantastic performance is testament to a lot of hard work and a focus, particularly from general practice and other parts of primary care. Further data will enable us to identify where current anticoagulant treatment requires adjusting to optimise results for people.



Proportion of patients with AF, known to be at high risk of stroke who are anti-coagulated.(QOF)

What are we doing: NHS Health Check Programme

The NHS Health Checks programme is a good example of secondary prevention. It incorporates a range of checks which offer an opportunity to detect many risk factors for cardiovascular disease at an early stage.

The programme is offered to those aged 40-74 who do not already have a diagnosed cardiovascular condition like hypertension. An NHS Health Check is recommended every five years and results are forwarded to the person's GP.

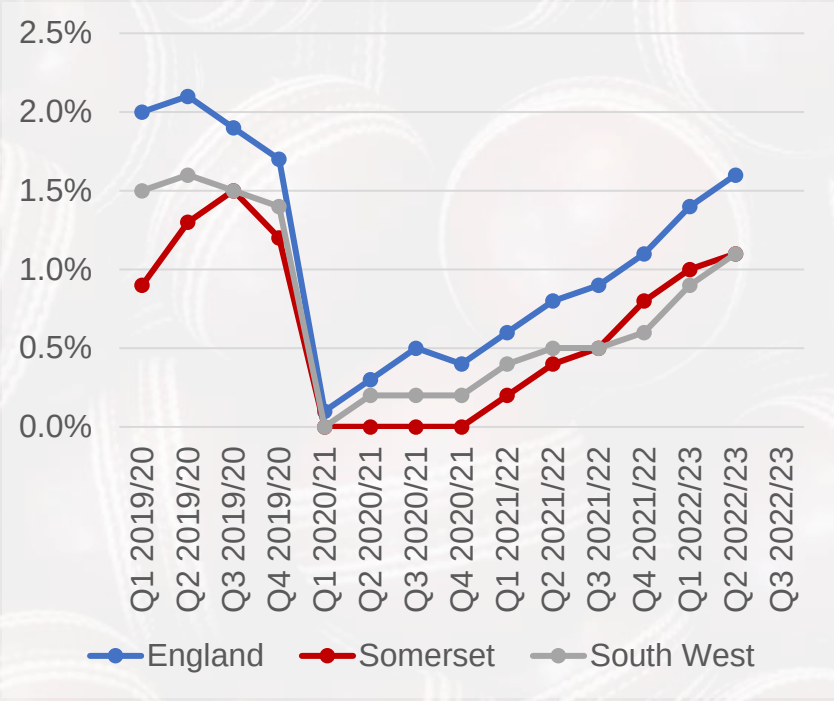
The Somerset NHS Health Check comprises of measurements, advice and referral to further support if required for the following:

- ♥ Sex, age, ethnicity and family history of CVD
- ♥ Height and weight to calculate Body Mass Index
- ♥ Blood pressure and heart rhythm check
- ♥ Cholesterol blood profile
- ♥ Blood sugar (if meeting risk filter)
- ♥ Risk of cardiovascular disease calculation
- ♥ Risk of depression (local additional assessment)
- ♥ Calf pain (local additional assessment)

Before the pandemic approximately 8500 health checks were delivered each year with 25.3% of the eligible population having been reached in the previous five-year cycle. This is lower than the England average of 41.3%.

The NHS Health Checks programme was severely disrupted due to pandemic demands, lockdowns and pressures on GP and pharmacy to support the COVID vaccination programme.

In Somerset, due to the pandemic, we estimate that up to the end of 2022, about 17,000 NHS Health Checks have been missed compared to delivery levels at the end of 2019.



NHS Health Checks Delivered to Eligible Population

Results and coverage of our NHS Health Check

The Somerset NHS Health Check supports the local population and system with early disease detection. In 2022/3, the programme is almost back to pre-pandemic delivery levels with 8535 receiving a check.

We detected high blood pressure in 2231people. This was 35% of males and 21% of females checked. There were 143 people considered to have an irregular pulse which may indicate atrial fibrillation. One person had their check halted and was told to seek immediate medical help due to their irregular pulse.

About half of participants were referred for further checks of their cholesterol levels. Of these, 148 people had a high total cholesterol of 7.5 mmol/L or greater.

Checks found 162, people with a raised blood sugar levels indicative of pre-diabetes risk, 33 people had a high result indicating actual undiagnosed diabetes and 2 people a very high result showing really uncontrolled diabetes requiring urgent attention.

About 2 in 5 people were overweight and 1 in 5 were obese. Only 8% said they were current smokers. Alcohol consumption was raised in 15% of those checked. All received lifestyle advice and offers of further referrals if desired.

Overall, 3830 (45%) people checked were referred to see their GP with 225 told to see their GP within two days for urgent follow-up, and 5 requested referral to other specialist services.

Comments from feedback questionnaires:

"A very informative session and can truthfully say has changed my lifestyle"

"Great service... Found out I had high blood pressure and now carrying out some further tests."

"Efficient, friendly and have recommended a friend goes and has hers."

As of January 2023, the NHS Health Checks programme in Somerset is offered from over 48 regular locations and employers in 36 locations. We have increased locations in more deprived areas and to workplaces therefore widening access to those of working age.

In 2022/3, of the 8535 checked, 62% were females and 38% males which, as males are at greater risk of cardiovascular disease is a gap we need to address.

Our age coverage has a bias towards those at the younger end of the age range for the programme and is a deliberate strategy, as the greatest public health gain is to focus on those who are able to benefit from early detection for longer.

We have similar proportions of people receiving a health check in each ethnic group. We are reaching fewer of those living in more deprived areas than we need to. This inequality has worsened since lockdown and is partly a function of the locations which have recovered delivery fastest.

In the health checks sample, 616, 7%, received a high or very high QRISK score ≥20%. This compares to an expected population rate of just over 10%. To make our programme more effective we would like to increase our reach to those in higher risk groups.

Cholesterol

Non HDL (High Density Lipoprotein) cholesterols, including LDL (low density lipoprotein), sometimes called ‘bad cholesterols’, are some of the main building blocks for the process of atherosclerosis where fatty deposits clog up our blood vessels.

Reducing saturated fat in the diet, increasing exercise, stopping smoking and drinking alcohol in moderation, are all lifestyle changes which can help lower ‘bad’ cholesterol levels.

Lipid lowering drug treatment is recommended for all those with a 10% or greater 10-year risk of developing CVD. In Somerset, about 1 in 5 people with diagnosed CVD are not on a lipid lowering therapy at all.

In Somerset, approximately 55% of people with 20% QRISK are on statins and 44% of those with a 10% QRISK. This is exceeding the 10-year cardiovascular ambition but still leaves a large proportion of the population at risk and about 3 in 4 are not reaching target cholesterol levels.

Although more novel lipid lowering therapies are available, these frequently need specialist clinical input. At the end of 2022, current waiting times for a referral to secondary care for lipids in Somerset was approximately 82 weeks, although there is now welcome additional investment to bring this down.

Familial Hypercholesterolaemia (FH) is a genetic condition which results in much higher than usual levels of LDL cholesterol and these high levels develop at a much earlier age. CVD risk is much higher and it is not uncommon for people with FH to have CVD events like a heart attack or stroke in their 20s or 30s.

When treated with lipid lowering therapies and alongside lifestyle changes, this reduces CVD risk of FH to usual population levels. FH has its impact from birth and children as young as ten may benefit from treatment.

FH may be suspected based on pattern of cholesterol, other blood results and family history of early CVD events, but genetic testing is required for definitive diagnosis. Following detection of a case of FH, family cascade testing is offered. It is likely that half of the first-degree relatives of a case will also be at high risk. So detecting just one person with FH has the potential for positive impact on many lives.

FH is estimated to affect about 1 in 250-500 people, making the likely population in Somerset approximately 1160 - 2320.

As of 2021 in Somerset there are less than 20 people diagnosed using genetic tests and the system to follow-up family members is very under-developed.

Diabetes

Diabetes occurs when the insulin produced by the pancreas is insufficient for the body's needs or does not work as well to control blood sugar levels.

Type 1 diabetes is primarily an autoimmune disorder. About 90% of people with diabetes have Type 2 where increasing demands for insulin due to a larger body size due to becoming more overweight drives the greatest risk. Other risk factors include poor diet, inactivity, smoking and high blood pressure. It is also more common with increasing age, in Black or South Asian ethnic groups and in those with a family history.

Somerset has about 36,000 people who are living with diabetes, a likely 10,000 undiagnosed and 35,000 who have warning signs of raised blood sugar. About 2000-2500 people are newly diagnosed with Type 2 diabetes each year in Somerset. People who are on the way to developing type 2 diabetes (prediabetic) often have raised blood glucose levels for years.

The National Diabetes Prevention Programme which identifies and supports people with this diabetes risk has been found to reduce the immediate risk of developing diabetes by 30-60%. The Diabetes UK Know Your Risk assessment offers a self-referral route into the programme where appropriate. We need to encourage greater awareness of diabetes risk and uptake of prevention programmes in Somerset.

For those who develop Type 2 diabetes, this used to be thought of as a permanent condition, but evidence is building that many cases can be reversed with weight loss. The low-calorie diet is one of the newer interventions for diabetes and available in Somerset.

For those newly diagnosed with Type 2 diabetes, education can help people to manage their diabetes more effectively. In Somerset during lockdown, the DESMOND education programme paused its face-to-face offering and has still not recovered to pre-pandemic levels of delivery. In Somerset only about half of newly diagnosed diabetics are referred for education programmes – with welcomed active review of current education provision.

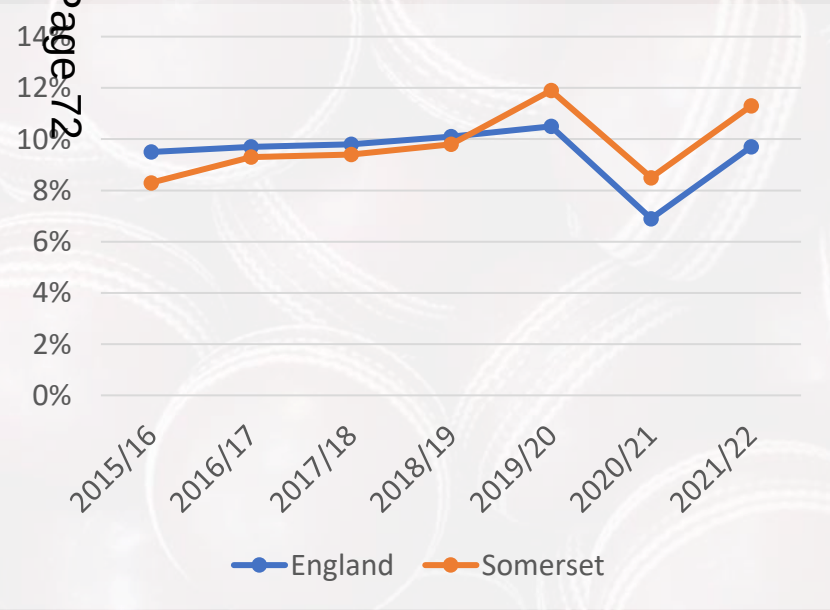
Overall diabetes reduces life expectancy by more than fifteen years for Type 1 and 10 years for Type 2. Diabetes accounts for about 10% of the national NHS budget and about 90% of this cost is to treat complications of diabetes. Complications can be reduced by meeting treatment targets for blood sugar levels, blood pressure and cholesterol. Checks of eyes, feet, kidney function, blood and BP can pick up complications at a stage they can be more easily treated.

Somerset performs below average for numbers of people with diabetes supported to meet advised treatment targets. In Somerset, about half of people with diabetes receive eight care processes checking for early damage, which is better than England average but still leaves many people at risk. Somerset has a level of major lower-limb amputation slightly better than the England average but has the highest rate in England for minor lower limb amputations despite reasonable levels of foot checks occurring.

Overweight and Obesity in Somerset

As our bodies get larger, they put more strain on our CVD system. Obesity is both a direct risk factor for development of CVD and also contributes to risk of other conditions like diabetes, high cholesterol, hypertension and sleep disorders which can independently worsen CVD risk.

In Somerset, rates of adult obesity are rising and are worse than the England average. Abdominal obesity as measured by waist circumference and waist to height are recognised as a separate risk factor to overall Body Mass Index and maybe an easier measure to take and understand.



Percentage of adults (aged 18+) classified as obese (QOF)

Recognising you if are obese should not really be a surprise to most people. There are some signs however that as society norms shift and we become more used to seeing people who are above a healthy weight, recognising that current weight levels are a problem is even more difficult and people do not recognise when they are overweight at a stage when it might easier to take action. However, unlike some of the other clinical risk factors, the equipment to monitor risk, scales or tape measures, is present in most homes so we should be able to encourage greater awareness.

The National Childhood Measurement Programme was necessarily scaled back during times when COVID disrupted school attendance. Our 2021/22 programme, which has run at full capacity, has however given us a good opportunity to take stock of the present Somerset position

In 2021/22, the proportion of Somerset children in reception class who were overweight or obese, 21.8% was similar to the England average of 22.3%. In Year 6, 2021/22 data shows 34.6% Somerset children are overweight or obese compared to 37.8%England average. However, this still means that about 1 in 3 children this age are overweight now compared to 1 in 6 children in 1990.

This increase in childhood overweight and obesity is storing up problems for the future.

What are we doing: Healthy weight services

Somerset has developed a system wide approach to obesity. We have established an obesity multi-partnership board and funded a healthy weight co-ordinator post within the ICB to drive a system wide approach forwards. Initial priorities are to integrate work with diabetes pathways and the national diabetes prevention programme.

Somerset is reviewing evidence for compassionate approaches to healthy weight for local implementation. So that conversations about weight can be more attuned to the reality for people with limited resources to address their weight. We have undertaken a pilot with care settings for those with learning difficulties providing staff training, menu analysis and resource development.

We are focusing on early years to provide supportive interventions to build healthy habits long term so children can grow into a healthy weight.

We are currently evaluating the content of our NCMP feedback letters to parents to ensure messages are clear and delivered in a sensitive manner to facilitate action. An NCMP steering group is working on enhanced training for school nurses, and an online offer for families to access support.

Healthy weight services are traditionally split into tiers which increase intensity as the factors relating to overweight become more complex and as the degree of overweight increases.

Tier 1 universal services are available to all to encourage healthy eating, exercise and healthy weight. Examples include leisure centres, commercial lifestyle programmes, Health walks, exercise on referral, Man v Fat and various food projects. Within the NHS, GP based lifestyle / health coaches can also offer advice.

Tier 2 services aim to provide more targeted, structured lifestyle and weight management services including short courses. Somerset is a pilot area for the secondary care National Digital weight management programme. This is a 12 week on-line digital programme accessed by GP or pharmacist referral and is designed for adults with a BMI 30+ who also have diabetes and or hypertension. We are hoping to develop more support in this area for people looking to manage their behaviours around their weight.

For children a key resource is the HENRY (Health, Exercise, Nutrition Really Young) training for all early years practitioners.

Tier 3 services for adults provide specialist provision via multi-disciplinary clinical input from dietitians, endocrinologist and psychologists although it is recognised this service is very under pressure. For under 5s and their families, the Splash programme provides multi-disciplinary input and links to community offers for family activity and cookery programmes.

Tier 4 services are in the main surgical and include bariatric surgery.

Kidney dysfunction

The kidneys are an often overlooked but important part of the cardiovascular system. These two organs which are placed either side of the lower spine, usually act as the body's filters, removing waste products and excess fluid from the blood and enabling them to be excreted in urine.

Chronic kidney disease is another condition which can be present for many years at a symptomless level. However, if kidney function starts to fail then toxins are no longer able to be effectively excreted and this can cause feelings of tiredness, reduced urine production, itching, and headaches and other symptoms.

There are just over 20,000 adults in Somerset with recorded mid to late-stage kidney disease (G3a-G5), who have less than 60% of normal kidney function. Stage 5 is kidney failure where less than 15% of normal function remains and people require either a kidney transplant or dialysis or to stay alive. Dialysis is a treatment which replaces the function of the kidneys but it requires hours of attachment to a filtration machine.

The key risk factors influencing kidney disease are high blood pressure and diabetes. If uncontrolled then the higher levels of blood sugar which can be seen with diabetes can damage the kidneys. High blood pressure can also damage the delicate kidney blood vessels.

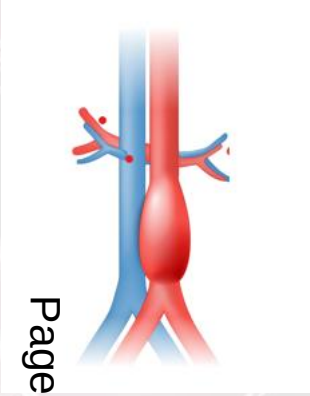
Nationally we know that those from more deprived living areas and also ethnic minority groups are at greater risk of kidney disease and also less likely to receive a kidney transplant.

As high blood pressure is such a risk for kidney disease and also a marker for kidney disease progression, many of the initiatives to diagnose the estimated 50,000 in Somerset who are unaware of their hypertension risk will also benefit those at greatest risk of worsening kidney disease.

Somerset has been trialling work to send patients home based tests to measure their Albumin Creatinine Ratio (ACR) from a simple urine sample. To date, the work has identified over 300 new cases of kidney disease, in some cases picking up people who had not engaged with previous test offers for 15 years. The challenge now is to engage these people with actions to slow progression of their kidney disease.

Abdominal Aortic Aneurysm

The abdominal aorta is the major blood vessel which takes blood from the heart, running down the abdomen. An abdominal aortic aneurysm (AAA) is a weakness which can be seen as a bulge in the vessel, as shown in the picture below.



The weak area can be prone to bursting. If this happens blood flow is disrupted and this is a serious medical emergency requiring urgent surgical treatment.

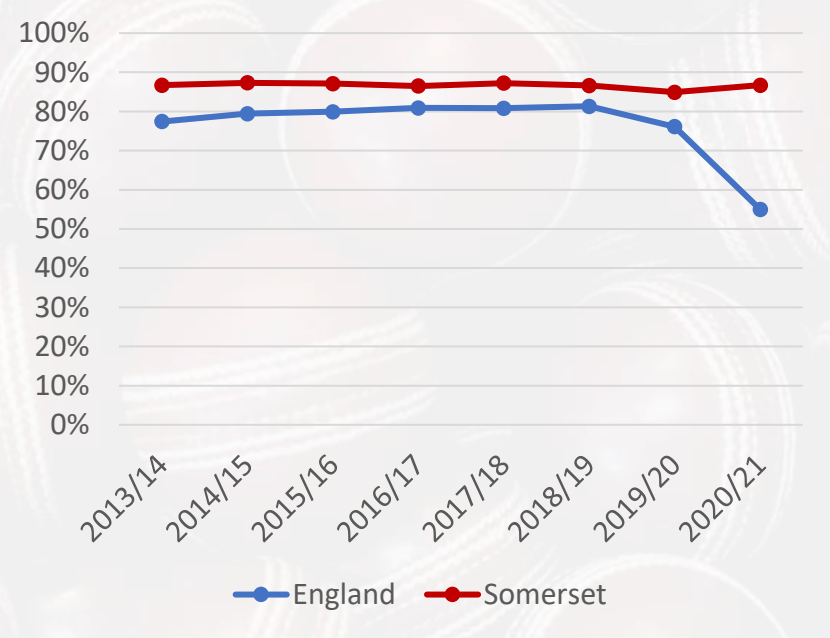
Only 1 in 5 people will survive a burst aortic aneurysm.

Aortic aneurysms generally give no symptoms prior to rupture, so screening is absolutely key to risk reduction. Risk of aortic aneurysm is increased in males and also increases with age. About one in a thousand males have the most severe level of aneurysm.

Somerset runs a national screening programme for Abdominal Aortic Aneurysm. This is offered to males aged 65 and involves an abdominal ultrasound to check the size of the abdominal aorta and indicate any weaknesses.

Dependent on the size of any aneurysm detected then further screening and or surgery may be recommended. Healthy lifestyle advice is also given which if followed can help to avoid increasing the size of aneurysm and the strain it is under.

Somerset has one of the top three best performing AAA screening programmes in England, reaching almost 90% of those eligible and screening about 3000 a year. The screening coverage levels have been maintained throughout the pandemic.



Proportion of males aged 65 eligible for AAA screening who are successfully screened each year

COVID stops play

To state that the COVID pandemic stopped play is a under-statement. The normality of everyday life came to a crashing halt for the vast majority of people with the start of lockdown in March 2020.

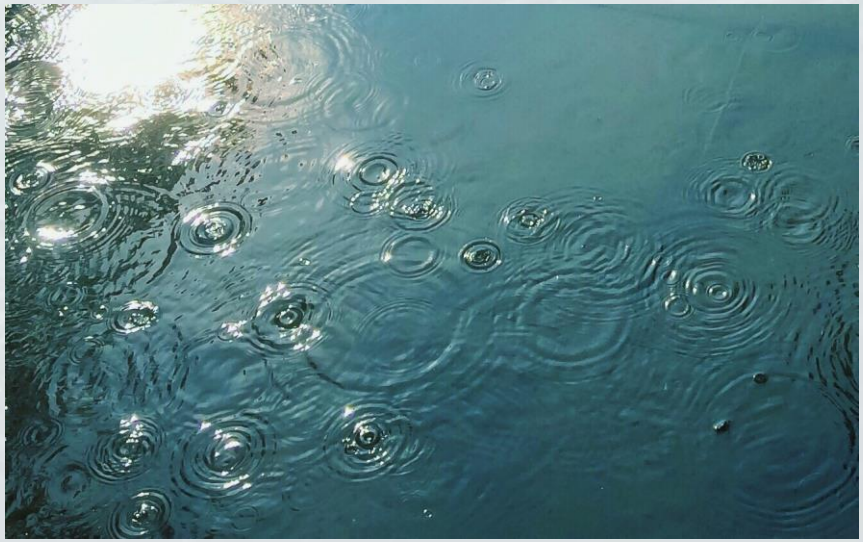
In our past two Annual Director of Public Health reports, we have tracked the acute impact of COVID on the health and wellbeing of the Somerset population.

Many of the risk factors for CVD, like smoking and obesity, are also risk factors for other causes of death like cancer. It is now clear that they are also factors that worsen COVID infection outcomes. We know COVID infection was more serious for those with pre-existing CVD. In the first UK COVID wave, people with diagnosed CVD had a 3.9 times greater risk of a severe infection and 2.7 times greater risk of death.

Overall Somerset emergency hospital admissions fell by about 20% with the start of lockdown. However, a similar dramatic drop was not really seen for emergency admissions for circulatory diseases – rates in 2020/21 remained fairly stable and were similar to previous years. This is probably not surprisingly given the (eventual) severity of a major cardiovascular event and the usually unambiguous signals that emergency care is required and can't be ignored.

The heroic input of general practice and pharmacy colleagues to the challenges of the pandemic has necessarily reduced capacity to focus on the CVD risk factor detection which usually occurs in primary care. The NHS Health Check programme was also brought to a half in 2020/21 and severely reduced in 2021/22. The impact of this disruption to cardiovascular disease prevention is just starting to be calculated.

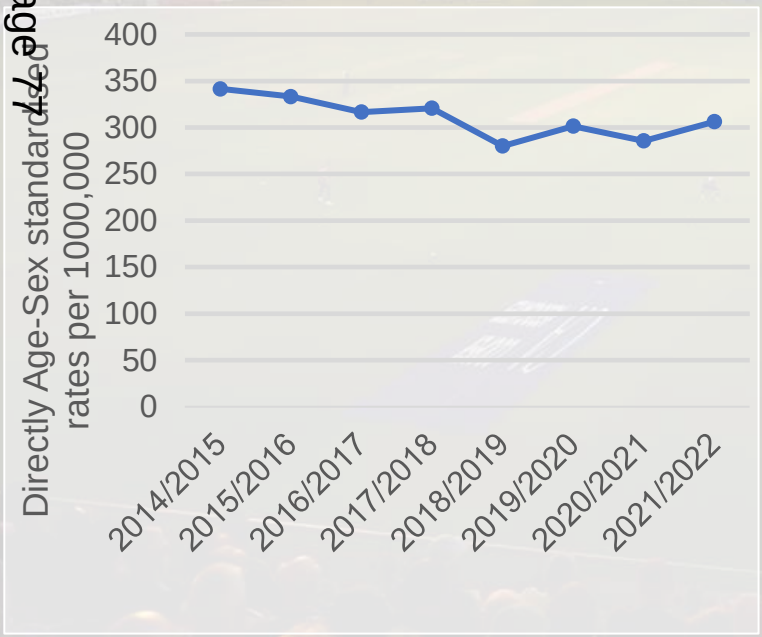
For example, given disruption to hypertension care, if the reduction in recorded numbers of patients treated to target is taken at face value, in Somerset alone this is likely to result in approximately 252 extra heart attacks and strokes in the next three years. We suspect the actual risk is probably less than this due to changes in recording during the pandemic, but this still means COVID will leave us with a legacy of increased CVD.



Dismissal and the end of the innings: Cardiovascular events

In 2021 there were 6,182 deaths of Somerset residents, and 1,547 of these deaths had circulatory diseases stated as an underlying cause. Therefore, for every 100 deaths about 23 are due to cardiovascular disease. Of these 23, about 5 are due to stroke, 3 to heart attack, 1 ruptured aortic aneurysm, 1 heart failure and the rest a mix of less common CVD causes.

Overall, there is good news as the rate of deaths due to CVD has been dropping for the last 70 years. Rates of CVD deaths in Somerset are proportionately lower than the rest of England. However, CVD still remains one of the leading causes of death for our county and we are still monitoring to see if COVID is going to cause rates to rise significantly.



Somerset Deaths due to CVD

Pre-diagnosis, many CVD risk factors do not have a strong impact on quality of life as they remain mostly symptomless until the point of a cardiac event. This means that an event like a heart attack or stroke can often appear to come out of the blue with little warning.

At the time of an acute cardiac event, it is critical that early signs are recognised as the important warning they are. Further medical attention should be immediately sought so that specialist medical interventions can be accessed as quickly as possible.

For stroke, the 'FAST' campaign has greatly increased awareness of early stroke symptoms. Similar campaigns exist to raise awareness of less well-known heart attack symptoms like sweating and unease.

In the case of a heart attack which occurs out of hospital, bystander first aid whilst awaiting an ambulance can double survival rates.

For survivors of an acute cardiac event, this often results in disruption to daily life and starts the challenge of recovering as far as possible back to match fitness.

A six for Somerset! Getting over the boundary on cardiovascular disease prevention

There is a lot of good work going on across the Somerset system to promote healthy lifestyles, detect cardiovascular risk factors and promote appropriate lifestyle and pharmaceutical treatments. However, it is also clear there are areas where we perform below the England average, miss some of our most vulnerable populations or despite an above average performance in a poor field leave many at risk.

All of our systems have limited capacity, so we need to focus our efforts wisely rather than spread too thinly.

We also need actions which can be completed outside of the traditional health service to boost capacity and relieve pressure. However, we also need to push our boundaries so we can make a real difference to cardiovascular disease prevention.

In the spirit of exceeding our current boundaries, we are suggesting six goals for Somerset:

- ♥ Pitch preparation
- ♥ Working on the Ashes
- ♥ Doing it off your own bat
- ♥ A good fielding system
- ♥ Treatment delivery
- ♥ Keeping an eye on the scoreboard

The Laws of Cricket

19.7 Runs scored from boundaries

19.7.1 A Boundary 6 will be scored if and only if the ball has been struck by the bat and is first grounded beyond the boundary without having been in contact with the ground within the field of play.

Recommendation: Good pitch preparation

“A quality cricket surface allows players to express and develop their skills, ensures the cricketer has a rewarding experience and that the game of cricket can be enjoyed by players, and supporters alike across all levels of participation”. Pitch Preparation — The basic fundamentals

We need to turn our gaze back to the ‘playing conditions’ for those who live in Somerset. We want to ensure that we live in communities that are as conducive as possible to living a healthy lifestyle.

We know in Somerset that whilst we enjoy relatively long lives, we know that some sections of our community struggle to live a healthy lifestyle resulting in large inequalities in life expectancy, healthy life expectancy and premature mortality for some communities and population groups.

We need to work with our communities and specific groups of the population to understand what would help them to live healthier lifestyles.

Recommendation 1:

We need to develop our environment with the purpose of improving health and environmental sustainability.

The local authority has a key role to play in putting health and tackling inequalities into all policies. Focussing our efforts on active choices for transport and ensuring major planning developments are putting the health and wellbeing of residents at the centre are good examples of how, with a specific focus, we could make the healthier choices the easier choices.

Recommendation: Doing it off your own bat

Pressures on health and social care services following the pandemic have been considerable. Many people have experienced a deterioration in their health and wellbeing, either through lack of social contact, inability to conduct activities of normal living or due to disruption within health services which has meant that people with long term conditions or specific health needs have not necessarily had some of the proactive and preventative care they would have received prior to the pandemic.

We all have a role to play in taking responsibility for our own health and wellbeing and that of the people around us. The initial prevention of cardiovascular disease (called primary prevention) predominantly lies with us. The lifestyles that we lead have a significant impact on our risk of cardiovascular disease. It is a health condition, but it is largely preventable and, for most of us, within our own control.

In recommendation 1 we have talked about setting the right environment for the healthy behaviours to be the easier ones. This second recommendation is focused on those individual lifestyle behaviours and the need for us all to take responsibility for:

- ♥ participating in regular physical activity,
- ♥ eating a healthy diet and maintaining a healthy weight
- ♥ staying within sensible alcohol levels
- ♥ being a non-smoker
- ♥ keeping stress levels manageable

Recommendation 2:

Together with communities we need to re-invigorate efforts to promote, encourage and support people in Somerset to enjoy a healthy lifestyle and all the benefits that it brings.

Improving your lifestyle isn't easy as most of us know, it often takes small steps over a long period to time. New healthier habits need to be formed.

Where people are able to use them, we need to use some of the technological solutions that are now available to help us form these new habits and keep track of our progress, backing this up with face to face where its needed.

For some people challenges in the rest of their lives mean living a healthier lifestyle is more difficult. Some people will need support, others could take more responsibility themselves.

Recommendation: Working on the Ashes

In Affectionate Remembrance
OF
ENGLISH CRICKET,
WHICH DIED AT THE OVAL
ON
29th AUGUST, 1882,
Deeply lamented by a large circle of sorrowing friends and acquaintances.

R. I. P.

N.B.—The body will be cremated and the ashes taken to Australia.

In 1882 a mock death notice for English Cricket was placed in The Sporting Times following Australia's victory over England that year.

Following England's victory the following year in Australia, a small urn of ashes was presented to the English team, jokingly dubbed the ashes of Australian cricket – and so the joke triggered the establishment of the annual tournament where the 'ashes of cricket' are fought over each year. This remains one of the greatest challenges in cricket.

Recommendation 3:

Call for renewed action to meet the national challenge to reduce smoking rates to 5% or less by 2030.

Smoking is still the number one modifiable risk factor for CVD and health inequalities and supporting people to stop smoking needs to remain a key priority.

Despite clear reductions in smoking over recent years, there remains an estimated 68,000 smokers in Somerset. Smoking is a significant driver of health inequalities with smoking rates twice as high persisting in those in routine and manual occupations compared to managerial and professional occupations.

We have a strong community stop smoking service and have also just established a hospital-based service to address smoking for hospital in-patients.

We need to think creatively as a system about how we can have an even more effective approach to stop smoking, particularly targeted to the needs of those people who remain regular smokers.

Recommendation: A good fielding system

A good fielding team will anticipate the game well and will post their fielders strategically across the field, ideally to catch the ball or at least to prevent too many runs.

A good fielding system is needed for cardiovascular disease. We need to identify disease early and, once diagnosed, we need to act early (catch it). Preventing the progression of disease once it has been identified is called ‘secondary prevention’. In some instances, such as when someone has been identified as prediabetic, it is possible to reverse the disease with a healthy lifestyle.

To concentrate our efforts in Somerset we will be focussing on high blood pressure (hypertension). There are estimated to be around 50,000 adults in Somerset who do not realise they have high blood pressure therefore we have a major opportunity to improve public health.

High blood pressure often has no symptoms therefore we need to work hard to find those undiagnosed 50,000 cases. This is action we can and must take both inside and outside of the health system. It will need to be mindful that risk of high blood pressure is associated with inequalities, there are groups of the population that are at higher risk.

Recommendation 4:

A system-wide focus on finding and supporting those with high blood pressure

We should build on the excellent work we have done with our libraries and provide monitoring opportunities into new locations so that we can reach people who are less likely to engage with traditional health services.

A concerted effort to find cases of high blood pressure also means we need to look carefully at how we provide support and treatment to these people

We will need to look at new models of care and put in place solutions that can scale up our response to high blood pressure – all the while making sure we address the inequalities that exist in the diagnosis and treatment of it.

Recommendation: Treatment delivery

Local data shows that many people within our system are known to have risk factors for disease but are not receiving optimal lifestyle support or treatment.

For example, three quarters of people with known CVD do not have cholesterol levels treated to an ideal level. Ten percent of those with atrial fibrillation and a high risk are not treated with anticoagulation drug treatment. About a half of those with diabetes are missing treatment targets. And a third of those with hypertension still have blood pressure which is higher than healthy for their age.

We need to think creatively about how we can lever in capacity to be able to move to proactive care as opposed to the reactive care our system too frequently finds itself in now.

We can widen opportunities for making sure people are receiving the optimum care, as long as its done appropriately. This could be achieved by several parts of the health and care system. The public can also have an important part of play by monitoring their own health and wellbeing and feeding back their data.

There is potential for sensible diversification for the workforce to improve access to services and ensure we are making the best use of the skills and capabilities we have in Somerset.

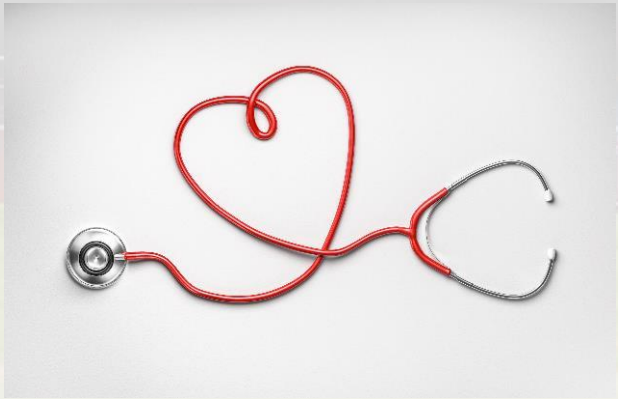
Recommendation 5:

Finding and sticking to the right treatments

Where it is required, finding and taking the right level of medication is fundamental to reducing the risk or progression of disease once it has already been diagnosed.

Patients need to be fully engaged in treatment decisions so they are more likely to take it and gain the health benefits. We need to understand the factors which mean that many people do not persevere with treatments despite the health benefits.

In some cases, people may not be able to take specific medications, or the patient may have made an informed choice not to take medication. However, people often stop medication if they find the side effects intolerable. If medication is the required course of action, there needs to be a joint concerted effort to find the right type and level of medication to encourage people to continue with the treatment.



Recommendation: Keep an eye on the scoreboard

Keeping a careful score and changing tactics accordingly is what cricket is all about.

Cardiovascular disease is an area that lends itself to what in the NHS is termed a ‘Population Health Management Approach’. This is a methodology that brings together health-related data to identify specific populations that may be at increased risk and could be prioritised for particular services.

This methodology could be employed for example to help us to identify people who may be in that group of 50,000 with undiagnosed high blood pressure. However, this approach is relatively new and does require development in it’s use across Somerset.

One aspect of that development is the improvement of data collection and the ability to bring it together and use it to develop more targeted patient care. When you play cricket you look at all kinds of data, player statistics, time, overs, even the weather. They all play a part in assessing the risk of winning or losing.

Bringing data together to benefit a patients health is no different; it looks at a number of different parts of the data and puts it together to give us a better idea of risk for an individual. Importantly, it also allows us to undertake equity audits. These look at the types of people that are accessing support and services so we can make sure services are meeting the needs who need them most.

Recommendation 6:

Improve data collection and use it to help predict risk of disease and diagnose and intervene early

Somerset has agreed to developing integrated data to improve individual patient care and look to detect and prevent ill health to a greater extent in the future. Prevention is far better than treatment for everyone.

References and Data Sources

Title page: Photo courtesy of Somerset Cricket Club

Dedication: Photo of Louse Finnis by Rachael Parker

Foreword: Background photo courtesy of Somerset Cricket Club

- CVD statistics https://www.nomisweb.co.uk/ Deaths based on local authority: district / unitary (as of April 2021) = Mendip, Sedgemoor, Somerset West and Taunton, South Somerset, ICD Causes A00-R99,U00-Y89 All causes, all age v. I00-I99 IX Diseases of the circulatory system
- National costs of CVD https://www.bhf.org.uk/-/media/files/for-professionals/research/heart-statistics/bhf-cvd-statistics-uk-factsheet.pdf

A good innings:

- Statistics on life expectancy, healthy life expectancy https://fingertips.phe.org.uk/search/life%20expectancy#page/1/gid/1/pat/15/ati/502/are/E06000066/iid/90362/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1
- Illustration Dr Rachel Handley

Preventing cardiovascular disease:

- Statistics on modifiable risk factors. Berry et al (2012). Lifetime Risks of Cardiovascular Disease. New England Journal of Medicine, 366:321-329. https://www.nejm.org/doi/full/10.1056/NEJMoa1012848
- Cricket playing conditions https://www.cricindeed.com/england-pitch-and-playing-conditions/

The Pitch – impact of deprivation: Map, Public Health, Somerset Council

Inequalities in cardiovascular health outcomes: Life expectancy at birth Somerset, Public Health Team, Somerset Council

Wider determinants of health and social environment: Photo courtesy of Somerset Cricket Club

- Statistics on levels of loneliness https://fingertips.phe.org.uk/search/lonely#page/4/gid/1/pat/15/ati/502/are/E06000066/iid/93758/age/164/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

The Weather:

- Somerset deaths, Public Health, Somerset Council
- Excess winter death statistics, https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/excesswintermortalityinenglandandwalesreferencetables

Team fitness: Picture courtesy of Somerset Cricket Foundation

- 2021 census data Median age and ethnicity in Somerset https://www.ons.gov.uk/visualisations/censusareachanges/
- Ali et al. (2022). Ethnic disparities in the major causes of mortality and their risk factors. https://www.gov.uk/government/publications/the-report-of-the-commission-on-race-and-ethnic-disparities-supporting-research/ethnic-disparities-in-the-major-causes-of-mortality-and-their-risk-factors-by-dr-raghib-ali-et-al

Physical activity:

- Distance covered by bowlers etc Petersen, C J. et al (2010) Movement patterns in cricket vary by both position and game format. *Journal of Sports Sciences*, 28(1), 45–52. https://www.tandfonline.com/doi/abs/10.1080/02640410903348665
- Panagodage-Perera NK et al (2021). Physical activity and sedentary behaviour in current and former recreational and elite cricketers: a cross-sectional study. BMJ Open, 11:e052014. https://dx.doi.org/10.1136/bmjopen-2021-052014
- Statistics on physical activity in Somerset – Active Lives Survey, Sport England 2021/22 Data. https://www.sportengland.org/research-and-data/data/active-lives
- Somerset moves strategy https://www.sasp.co.uk/uploads/somerset-moves-strategy-final.pdf?v=1652377186

References and Data Sources - continued

Getting Somerset moving!:

- Photo courtesy of Somerset Cricket Foundation
- Exercise on referral activity data www.proactivesomerset.co.uk
- Beat the streets Yeovil statistics https://www.sasp.co.uk/beat-the-street

Healthy eating:

- Somerset Community Food Initiative https://www.somersetcommunityfood.org.uk/

Applying behavioural science to public health campaigns

- West et al. (2020). Achieving behaviour change; A guide for national government. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/933328/UFG_National_Guide_v04.00__1___1_.pdf
- Michie, S. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science, 6(42) https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-6-42

Fielding positions in cricket:

- Diagram used under creative commons licence. Author y0alb https://en.wikipedia.org/wiki/Slip_%28cricket%29#/media/File:Cricketfieldingpositions.jpg

Fielding tactics and good CVD catches:

- Public Health England 10 Year CVD Ambitions https://www.gov.uk/government/publications/health-matters-preventing-cardiovascular-disease/health-matters-preventing-cardiovascular-disease

High Blood Pressure:

- Estimates of undiagnosed people with hypertension Cardiovascular disease (CVD) Prevention Pack: Supporting data for Somerset STP February 2021. Public Health England https://fingertips.phe.org.uk/static-reports/cardiovascular-disease-prevention/E54000038.pdf
- Patients, aged 45+, who have a record of blood pressure (last 5yrs) (denominator incl. PCAs) https://fingertips.phe.org.uk/search/record%20blood%20pressure#page/4/gid/1/pat/223/par/E40000006/ati/221/are/nE54000038/iid/91262/age/251/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
- Numbers of people on hypertension register https://fingertips.phe.org.uk/search/hypertension#page/4/gid/1/pat/223/ati/221/are/nE54000038/iid/219/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
- Patients diagnosed with hypertension who are treated to target. (QOF) https://fingertips.phe.org.uk/search/Last%20bp%20reading%20with%20hypertension

Smoking:

- Costs of Smoking to Somerset ASH Ready Reckoner 2022 https://ash.org.uk/resources/view/ash-ready-reckoner
- Estimates of numbers of current smokers (in graph) Prevalence of smoking among persons 18 years and over Annual Population Survey (APS) https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132885/pat/6/par/E12000009/ati/402/are/E10000027/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
- Inequalities in smoking rates Somerset Tobacco Control Profile https://fingertips.phe.org.uk/profile/tobacco-control/data#page/1/gid/1938132900/pat/6/par/E12000009/ati/402/are/E10000027/yrr/1/cid/4/tbm/1
- Homelessness: Somerset CVD Dashboard, Public Health, Somerset Council

References and Data Sources - continued

Supporting Somerset residents to stop smoking:

- Record of offer of support to quit smoking https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/15/par/E92000001/ati/221/are/nE54000038/iid/90619/age/188/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
- Smokefree Somerset activity statistics. Public Health, Somerset Council

Cholesterol:

- Data on those on lipid lowering therapy in Somerset https://www.cvdprevent.nhs.uk/data-explorer?period=7&area=8035
- Edwards, R. (2021). Finding Familial Hypercholesterolaemia (FH) in Somerset: A primary care approach to detection, diagnosis and management, SW AHSN

Diabetes

- National Diabetes Prevention Programme evaluation https://www.england.nhs.uk/diabetes/diabetes-prevention/
- Low-calorie diet https://www.england.nhs.uk/diabetes/treatment-care/diabetes-remission/
- Referral of newly diagnosed diabetics to education https://fingertips.phe.org.uk/search/diabetes#page/4/gid/1/pat/223/par/E40000006/ati/221/are/nE54000038/iid/91238/age/187/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
- Care processes https://fingertips.phe.org.uk/search/care%20processes#page/1/gid/1/pat/15/ati/167/are/E38000150/iid/92872/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
- Treatment processes https://fingertips.phe.org.uk/search/treatment%20targets#page/1/gid/1/pat/15/ati/167/are/E38000150/iid/92874/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
- Amputation rates https://fingertips.phe.org.uk/search/amputation#page/1/gid/1/pat/15/ati/167/are/E38000150/iid/93047/age/187/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

Overweight and obesity

- Powel-Wiley, T. et al (2021) Obesity and Cardiovascular Disease: A Scientific Statement From the American Heart Association. *Circulation*, 143(21). https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000973
- Percentage of adults (aged 18+) classified as obese (QOF) https://fingertips.phe.org.uk/search/obesity#page/4/gid/1/pat/15/par/E92000001/ati/167/are/E38000150/iid/92588/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
- NCMP Reception: Prevalence of overweight (including obesity) https://fingertips.phe.org.uk/search/prevalence%20of#page/4/gid/1/pat/15/ati/502/are/E06000066/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
- NCMP Year 6: Prevalence of overweight (including obesity) https://fingertips.phe.org.uk/search/prevalence%20of#page/4/gid/1000042/pat/15/par/E92000001/ati/502/are/E06000066/iid/20602/age/201/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Healthy weight services

- www.healthysomerset.co.uk

Kidney dysfunction

- CKD QOF prevalence (18+ yrs) https://fingertips.phe.org.uk/search/kidney#page/4/gid/1/pat/223/ati/221/are/nE54000038/iid/258/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Abdominal aortic aneurysm AAA survival stats,

- Proportion of males aged 65 eligible for AAA screening who are successfully screened each year https://fingertips.phe.org.uk/search/aortic#page/4/gid/1/pat/15/ati/501/are/E06000066/iid/92317/age/94/sex/1/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

References and Data Sources - continued

COVID stops play

- PHE. (2020). COVID-19: review of disparities in risks and outcomes. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf
- Somerset Emergency Admissions Emergency Admissions, directly age-sex standardised rates per 100,000 by cause Local analysis by Public Health, Somerset Council.
- Somerset. BP Optimisation to Prevent Heart Attacks and Strokes at Scale - UCL Partners. (2022). Size of the Prize. https://s42140.pcdn.co/wp-content/uploads/Somerset-Size-of-the-Prize-2022.pdf

Dismissal and the end of the innings

- Early help for heart attacks https://www.england.nhs.uk/2022/02/nhs-launches-lifesaving-campaign-to-tackle-heart-attack-myths/

A six for Somerset!

- The Laws of Cricket. (2017). Marylebone Cricket Club. https://www.lords.org/mcc/the-laws-of-cricket/boundaries

Recommendation 1: Good pitch preparation:

- Pitch Preparation — The basic fundamentals. New Zealand Cricket. https://www.nzc.nz/media/10250/pitch-prep_p4_digital.pdf

Recommendation 2: Doing it off your own bat: Photo courtesy of Somerset Cricket Foundation

Recommendation 3: Working on the Ashes:

- In affectionate remembrance… The Sporting Times London, issue dated September 2nd 1882, referring to the 'death' of English cricket at the match between England and Australia at the Oval on the 29th August 1882. Public domain.
- Prevalence of smoking among persons 18 years and over Annual Population Survey (APS) https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132885/pat/6/par/E12000009/ati/402/are/E10000027/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0
- Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS) https://fingertips.phe.org.uk/search/smoking#page/4/gid/1/pat/15/par/E92000001/ati/502/are/E06000066/iid/92445/age/183/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

Recommendation 4: A good fielding system:

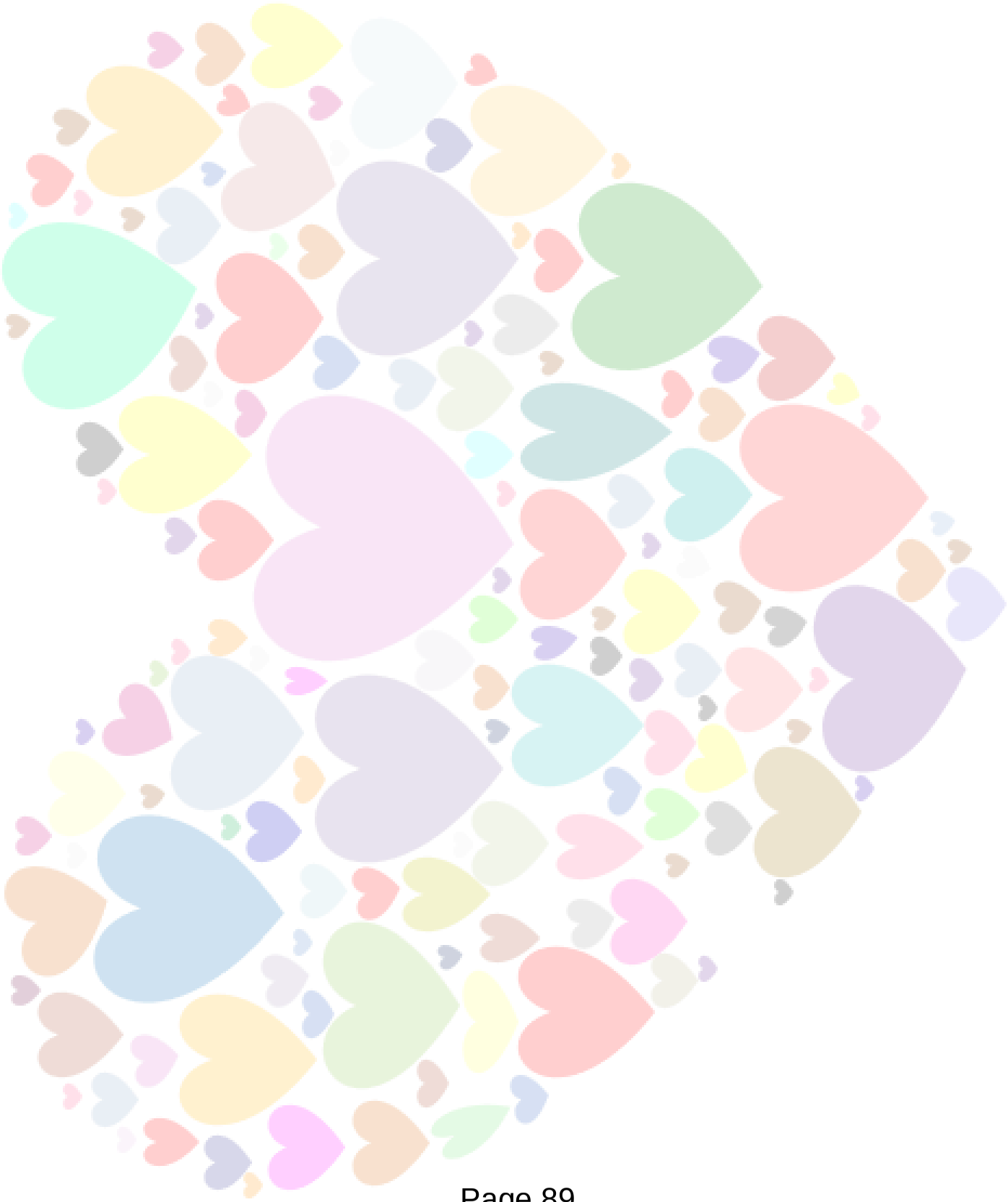
- Cardiovascular disease (CVD) Prevention Pack: Supporting data for Somerset STP February 2021. Public Health England https://fingertips.phe.org.uk/static-reports/cardiovascular-disease-prevention/E54000038.pdf

Recommendation 5: Treatment delivery Statistics on treatment of CVD to healthy targets:

- Cholesterol https://www.cvdprevent.nhs.uk/data-explorer?period=7&area=8035&indicator=30
- Atrial Fibrillation https://www.cvdprevent.nhs.uk/data-explorer?period=7&area=8035&indicator=7
- High Blood pressure https://www.cvdprevent.nhs.uk/data-explorer?period=7&area=8035&indicator=32

Recommendation 6: Keep an eye on the scoreboard Photos courtesy of Somerset County Cricket Club

All other background and other images from stock catalogues or courtesy of Somerset County Cricket Club.



This page is intentionally left blank

Decision Report - Executive Decision
Forward Plan Reference: FP/23/05/08
Decision Date – 10 July 2023
Key Decision – Yes

Medium Term Financial Strategy (MTFS) 2024/25 to 2026/27

Executive Member(s): Cllr Liz Leyshon Deputy Leader of the Council and Lead Member on Resources and Performance
Local Member(s) and Division: All
Lead Officer: Jason Vaughan, Executive Director - Resources & Corporate Services
Author: Jason Vaughan, Executive Director - Resources & Corporate Services
Contact Details: Jason.vaughan@somerset.gov.uk

Summary

1. The Medium-Term Financial Strategy (MTFS) provides a strategic financial framework and a forward-looking approach to achieving financial sustainability for the Council. The 2023/24 Financial Strategy was approved in July 2022 and was used as the framework within which the current year's budget was. This report provides an update to that and is central to the delivery of the Council's priorities in an affordable and sustainable way over the medium term. It aids robust and methodical planning as it forecasts the Council's financial position, taking into account known pressures, major issues affecting the Council's finances, including external economic influences as well as local priorities and factors. It helps the Council to respond, in a considered manner, to pressures and changes as a result of many internal and external influences. This is particularly important during a period when the Council faces considerable pressures and challenges, such as those relating to the cost-of-living crisis and increased demand for social care. The MTFS recognises the key role that financial resources play in the future delivery of priorities and in enabling the effective planning, management, and delivery of services. The approach concentrates on the principles that will provide a strong direction for the medium term.

2. The key overriding aim of the MTFS is therefore:

> "To provide a financial framework within which financial stability can be achieved and sustained in the medium term to deliver the Council's key strategic priorities and sustainable services."

3. The six key objectives of the MTFS are to:

- Provide financial parameters within which budget and service planning should take place;

- Ensure that the Council sets a balanced and sustainable budget;

- Focus and re-focus the allocation of resources so that, over time, priority areas receive additional resources. Ensuring services are defined on the basis of clear alignment between priority and affordability;

- Ensure that the Council manages and monitors its financial resources effectively so that spending commitments do not exceed resources available in each service area and where ring-fenced government funding is reduced the service area takes action to reduce expenditure accordingly;

- Plan the level of fees, charges and taxation in line with levels that the Council regard as being necessary, acceptable and affordable to meet the Council's aims, objectives, policies and priorities; and

- Ensure that the Council's long term financial health and viability remain sound.

4. The MTFS enables integrated service provision and financial planning over the medium term, using a business planning approach. The resulting Medium-Term Financial Plan (MTFP) provides the framework within which decisions relating to future service provision can be made. The detailed budget, taking account of constantly changing circumstances, will continue to be kept under review over the period and the Council will need to set the level of council tax on an annual basis. The Council's budget setting process centres around the organisational goals contained within the Council Plan to ensure resources are directed towards agreed priorities.

5. The key priorities within the Corporate Plan are:
   - A greener more sustainable Somerset
   - A healthy and caring Somerset
   - A flourishing and resilient Somerset
   - A fairer ambitious Somerset

Recommendations

6. The Executive approves the Medium-Term Financial Strategy (MTFS) for 2024/25 to 2026/27 and the approach for the medium term of the following proposals:

    - An early review of 17 key areas that are the main building blocks of the budget and financial framework (as outlined in table 1).
    - A three-year approach and framework for balancing the budget to develop the Service Budget Options (outlined in paragraphs 28 to 30).
    - Reviewing and challenging all MTFP assumptions as outlined in paragraph 27.
    - A review of the capital programme as outlined in paragraph 54.
    - The criteria for any new schemes as outlined in paragraph 56.
    - Note that the reserves position for the Somerset Council has not yet been completed pending finalisation of all five authorities Statement of Accounts.

Reasons for recommendations

7. To request members endorsement of the approach to financial planning and balancing the budget in the medium-term for the next three years.

Other options considered

8. Other options considered were whether to look at the budget for 2024/25 in isolation, and or to allocate targets to all services. This approach was rejected as is it doesn't fit with best practice for a council to plan its resources over the medium term.

Links to Council Plan and Medium-Term Financial Plan

9. The MTFP will link pressures, growth, and savings to the delivery of the Council's key priorities within the Council Plan.

Financial and Risk Implications

10. The MTFP forecast in February 2023 outlined a budget shortfall of nearly £42m for 2024/25. There is a significant risk that this figure is likely to increase given the continued level of high inflation and demand for services requiring additional savings needing to be identified and delivered.

11. The 2023/24 Budget report identified 14 risks out of which 3 were Red and 9 were Amber and two were green. This assessment has been updated along with new and emerging risks are outlined in table 8 of this report.

Legal Implications

12. The legal implications will be assessed as part of the overall budget process that will conclude in February 2024.

HR Implications

13. Any HR implications will be reviewed as part of the budget process.

Other Implications:

Equalities Implications

14. This report is a high-level plan of how the short and long-term budget will be approached. The equalities implications will be assessed as part of the final budget proposals and considered before any final decision is made.

Community Safety Implications

15. There are no community safety implications arising from this report.

Climate Change and Sustainability Implications

16. Somerset Council have declared both a Climate and Ecological Emergency. Climate Change activities will be linked through the Corporate Plan.

Health and Safety Implications

17. There are no health and safety implications arising from this report.

Health and Wellbeing Implications

18. There are currently no implications.

Social Value

19. There are currently no implications.

Scrutiny comments / recommendations

20. The 2024/25 budget preparations and proposals will be considered by the Councils Scrutiny Committees in December 2023.

Background

21. The well documented national issues around local audit means that there are a number of statement of accounts from the predecessor councils for prior years that are still outstanding, and this means that some of the information for Somerset Council such as the 2022/23 outturn, reserves position, and capital position are still being finalised.

22. The 2024/25 budget will be challenging given that the Council is still restructuring post Local Government Reorganisation, as well as the national economic outlook with impact of high inflation, rising interest rates and levels of demand for services especially in Adults and Childrens Services.

23. The MTFP in February 2023 outlined a forecast budget gap of £100m over the next three years to 2026/27. These forecasts need to be updated to take account of the latest service demand forecasts and cost increases. The MTFP included an increase in Council tax of 4.99% in 2024/25 and most of the Government grant increases have been factored in as they were announced in December 2022 as part of the settlement.

24. When the 2023/24 budget was set the expected budget gap for 2024/25 was expected to be c£40m. However, continuing high inflation, rising interest rates, and demand in Adults and Childrens Services means that the gap is expected to be considerably higher than this.

25. The first three tiers of the staffing restructuring have taken place providing savings of £2.6m of the £9.4m overall target and completing this across the Council will take up considerable resources over the next two years. Part of the finance settlement for local government announcement in December 2022 provided outline details of the various government Grants including the Social Care Grant, Revenue Support Grant, and Rural Services Delivery Grant for 2024/25. The various funding reforms previously proposed by the government are on hold and not likely to be implemented in this parliament. The MTFP will be updated to take account of this.

26. With the financial challenges outlined in this paper the Council needs to move at pace to deal with the very difficult financial situation that the council now faces.

The 2022/23 Outturn Position for Somerset

27. The Statement of Accounts for the 2022/23 financial year of the five predecessor councils are being finalised and show that the overall outturn position will be a c£20m overspend. This will need to be funded from reserves and reducing the Councils ability to manage issues in this financial year and flexibility in budget planning and sustainability. Over the summer there will be a full review of reserves once the overall outturn position is confirmed to ensure that Somerset Council has sufficient reserves to meet risks.

Medium-Term Financial Strategy

28. Overall, the gap outlined in February 2023 for the next three years was a predicted shortfall between the resources available and cost of current service of c£100m in 2025/26 prior to further savings being identified. In addition to the pressures on the General Fund, there are also pressures within the Housing Revenue Account (HRA) and Dedicated Schools Grant (DSG). The DSG is of particular concern given that the overall deficit on it is now £20.7m with the High Need Block (HNB) part of this being in deficit by £29.8m and is forecast to rise substantially over the next 3 years to be circa £70m deficit if planned mitigations are insufficient to address increasing demand. The statutory override provided by government ends on 31 March 2026 at which time this will revert to being set against the councils' other reserves and combined with all the other pressures on the Council resources raises the very real prospect of a Section 114 notice. The DfE is continuing to work with councils on a national programme to address the deficits in the HNB block but given the very substantial figures are unlikely to resolve the issues. However, analysis from the DfE's Delivering Better Value for SEND programme suggest that the cumulative impact of these mitigations is likely to be between £10.4 million and £22.7 million by the end of 2026/27, which means that these initiatives are unlikely to resolve the issues entirely.

29. Given the level of required savings, the known pressures within the current year's budget and the relatively low level of reserves, it is imperative that action is taken to identify significant savings. With the need to take decisive action combined with limited staff resources it is proposed to take a targeted approach with three key elements, which are: -

- Targets Areas – An early focus on 'big ticket' items that are some of the key building blocks of the budget. The table below identifies 17 key areas for early review.

- Review of MTFP assumption – Challenging and reviewing of the identified cost pressures to try and reduce them down which would reduce the MTFP gap. Also reviewing all the funding streams in the light of deferral by government of the funding reforms

- Service Budget Options - All Service Directors will be reviewing their services and identifying Budget Options for members to consider. This will help form the basis of a transformation pipeline of savings over MTFP over the next three years.

Table 1 – Targeted Areas for early focus

Ref	Key Area	Detail	Lead Member	Lead Officer
1	Adults Services	Implementing opportunities identified in the Diagnostic of Adults by Newton. Prior to this work the MTFP assumed cost reductions of £10m split equally over 2023/24 and 2024/25. The detailed diagnostic work has identified a different profile of savings and opportunities more than those built into the MTFP in future years.	Cllr Dean Ruddle, Lead Member for Adult Services	Mel Lock, Executive Director Adult Services

Ref	Key Area	Detail	Lead Member	Lead Officer
2	Childrens Services	Implementing the opportunities identified in the Diagnostic by Impower which identified potential, cumulative cost avoidance and savings ranging from £4.9m and £8.1m over three years. This includes developing new sufficiency strategies for placements and edge of care services to inform the transformation plan for Children Looked After. Transformation will include Homes & Horizons, recommissioning 16+, market development, reducing unregistered placements, and work with Impower consultancy to improve internal fostering and step-across options for children and young people.	Cllr Tessa Munt, Lead Member for Children, Families, and Education	Claire Winter, Executive Director – Childrens, Families & Education
3	Schools – High Needs Block	Delivering Better Value (DBV) in SEND Programme with Newton Europe & CIPFA which identified potential cumulative cost avoidance and savings ranging from £10.4m to £22.7 m over three years.	Cllr Tessa Munt, Lead Member for Children, Families, and Education	Rob Hart, Service Director Inclusion

Ref	Key Area	Detail	Lead Member	Lead Officer
4	Review of School Transport	Implementing the recommendations and opportunities identified in the report from the Edge Public Solutions report that identified saving of £0.6m in year 1, £2.4m in year 2 rising to £2.6m in year 3.	Cllr Tessa Munt, Lead Member for Children, Families, and Education	Rob Hart, Service Director Inclusion and David Carter, Service Director, Infrastructure & Transport
5	Schools Capital Programme	Review of capital programme for schools considering maintenance backlog, current schemes, future requirements with revised pupil numbers forecast & estimated academisations	Cllr Tessa Munt, Lead Member for Children, Families, and Education	Amelia Walker, Service Director Education Partnerships & Skills and Oliver Woodhams, Service Director – Strategic Asset Management
6	School Balances	There are a significant number of schools setting deficit budgets for 2023/24 which projected forward would see a significant reduction to the current £20m surplus in school balances. This would include a programme to identify some of the themes within school budgets to target support in the most effective way, and to lobby government if appropriate	Cllr Tessa Munt, Lead Member for Children, Families, and Education	Amelia Walker, Service Director Education Partnerships & Skills

Ref	Key Area	Detail	Lead Member	Lead Officer
7	Staffing Establishment Control	Management control of vacant posts, temporary posts, agency staff etc in order to minimise redundancy costs and help deliver the staff savings in the LGR business case.	Cllr Theo Butt, Lead Member for Transformation and Human Resources	Chris Squires, Service Director - Customers, Digital & Workforce and Nicola Hix – Service Director of Finance & Procurement
8	Commercial Investments	Review of the current portfolio and identification of opportunities for disposals and reduction of risks	Cllr Ros Wyke, Lead Member for Economic Development, Planning, and Assets	Oliver Woodhams, Service Director – Strategic Asset Management
9	Review of Assets	Review of assets and identification of pipeline of disposals including council office rationalisation	Cllr Ros Wyke, Lead Member for Economic Development, Planning, and Assets	Oliver Woodhams, Service Director – Strategic Asset Management
10	Business Rates & Council Tax	Review of business rates and council tax following the creation of the new unitary and the financial impacts this has on funding forecasts and collection fund positions	Cllr Liz Leyshon, Deputy Leader of the Council and Lead Member for Resources and Performance	Nicola Hix – Service Director of Finance & Procurement

Ref	Key Area	Detail	Lead Member	Lead Officer
11	Review of Capital Programme	Reduce number and costs of all existing capital schemes & restrict funding for new capital schemes to urgent Health & Safety schemes or schemes that are 100% externally funded.	Cllr Liz Leyshon, Deputy Leader of the Council and Lead Member for Resources and Performance	Nicola Hix – Service Director of Finance & Procurement
12	Reserves	Review the reserves from across the five councils, amalgamate them and ensure sufficient General Fund Reserves are set aside. The risk-based assessment of reserves identified that General reserves should be in the range £30m to £50m.	Cllr Liz Leyshon, Deputy Leader of the Council and Lead Member for Resources and Performance	Nicola Hix, Service Director - Finance & Procurement
13	Capital Receipts	Review capital receipts available along with the commitments in the capital programme and disposal programmes. Identify and recommend the most effective use within the MTFP	Cllr Liz Leyshon, Deputy Leader of the Council and Lead Member for Resources and Performance	Nicola Hix, Service Director - Finance & Procurement
14	Treasury Management	Review of the Borrowing & Investments portfolio. Identify a strategy of rationalisation of investments that takes account of future needs and interest rate forecasts.	Cllr Liz Leyshon, Deputy Leader of the Council and Lead Member for Resources and Performance	Nicola Hix, Service Director - Finance & Procurement

Ref	Key Area	Detail	Lead Member	Lead Officer
15	Grants	Review the grants provided by the 5 Councils. Understand the source of the grants and the priorities within the Council Plan and rationalise.	Cllr Theo Butt, Lead Member for Transformation and Human Resources	Alyn Jones, Executive Director – Strategy, Workforce & Localities
16	Transformation Programme	Outline the pipeline of transformation projects that deliver on-going savings / reductions in cost over the MTFP.	Cllr Theo Butt, Lead Member for Transformation and Human Resources	Alyn Jones, Executive Director – Strategy, Workforce & Localities
17	Financial Resilience & Sustainability Review	Complete a financial sustainability and resilience review for Somerset Council in the light of the 2022/23 outturn from the 5 predecessor councils.	Cllr Liz Leyshon, Deputy Leader of the Council and Lead Member for Resources and Performance	Jason Vaughan, Executive Director – Resources & Corporate Services

30. In addition to looking at these key elements, all Service Directors are reviewing their services and identifying Budget Options for members to consider. This will help form the basis of a transformation pipeline of savings over MTFP over the next three years.

31. A framework for the development of options to balance the budget within the MTFP is set out in the diagram below:

32. With the context of only being a new unitary since April and recognising both the time and staffing resources constraints that we currently face, balancing the 2024/25 budget is focused upon the following activities:

- **Efficiency Savings** – Savings from LGR (being 1 council rather than 5), changes in demand, innovation & procurement. Specific tasks are:

  - Delivering the LGR Business case savings of £18.5m
  - Review of contracts as part of combining the five contracts registers into one
  - Reviewing and challenging demand and inflationary requirements

- **Service levels** – Changing service levels - Gold, Silver, or Bronze standard or stopping the service altogether if it is not statutory as follows:

  - Use of benchmarking information to inform the cost of services of comparable unitary councils
  - Consideration of service levels and what discretionary services are provided

- **Alternative Service Delivery** – Providing the same service in a different way e.g., transformation savings, through a partner or VCFSE sector and specifically:

- To transform services as they are joined together maximising the use of digital technology and new ways of working to maximise efficiency

- **Asset Management** – different use of assets, purchase, and disposal of assets as follows:

  - Rationalisation of the corporate estate to reduce running costs and generate potential capital receipts or rental income.
  - Minimise new capital bids by only considering fully externally funded schemes and those where there is a legal requirement (such as critical condition schemes to manage Health and Safety risks or maintain operations), and those where there is a robust and compelling invest-to-save business case, generating revenue savings.
  - Reviewing the portfolio of commercial investments

- **Financing of Activities** – Capital, Revenue & Reserves as follows

  - Review of current capital programme to deal with the impacts of inflation and focus on priority areas
  - Reviewing options around the Flexible use of Capital Receipts for appropriately qualifying spend
  - Review of Treasury Management activities covering both investment and borrowing activities
  - Reviewing the use of reserves to smooth out the MTFP and delivery of savings.

- **Income Generation** – Grants, business rates, council tax and fees & charges.

  - Increase income from a review of all fees and charges including further alignment of charges from the 5 councils
  - Reviewing the finance settlement in terms of council tax, business rates, and other grants

Medium Term Financial Plan

33. The Medium-Term Financial Plan in February 2023 outlined the expected General Fund budget gap over the next three years as follows:

Table 2 – General Fund Budget Gap 2024/25 to 2026/27

MTFP	Forecast Budget 2024/25	Forecast Budget 2025/26	Forecast Budget 2026/27
	£m	£m	£m
Net Budget Requirement	**539.6**	**569.2**	**633.7**
Financing:			
Revenue Support Grant	(8.5)	(33.6)	(33.0)
Business Rates Income	(130.1)	(124.0)	(126.7)
Council Tax	(357.4)	(366.4)	(375.5)
Contributions to & from Reserves	(2.0)	0.3	0.3
Total Financing	**(498.0)**	**(523.7)**	**(534.9)**
Accumulative Budget Gap	**41.6**	**45.5**	**98.8**

34. In the current financial year, we have already identified a number of 'emerging issues' that are creating budget pressures and are likely to have also impact on the 2024/25 budget and future years. Directors are currently working to mitigate these pressures, but it is likely given the rate of inflation and demand that the overall accumulated gap will be higher than estimated in February 2023.The various funding reforms proposed by government have all stalled and no significant changes are expected in this parliament. The finance settlement in December 2022 did provide some guidance on government funding for 2024/24 which has been reflected in the MTFP but with the funding reforms being delayed the MTFP assumptions on funding will be reviewed.

Council Funding

Government Grants

35. The Government announced a Local Government Finance Policy 2023/24 and 2024/25 setting out funding principles followed by the Provisional Finance Settlement on the 19 December 2022. The grants and forecasts are outlined below but will need to be reviewed and updated in the light of delays to the funding reforms.

Table 3 – Government Grants to 2026/27				
Grant	Actual 2023/24 £'m	Forecast 2024/25 £'m	Forecast 2025/26 £'m	Forecast 2026/27 £'m
Revenue Support Grant - Government Grant Distributed based on need.	7.9	8.5	33.6	33.0
Rural Services Delivery Grant - Government Grant to support the increased costs of delivering services in rural areas.	3.2	3.2	3.2	3.2
New Homes Bonus - is an incentive-based grant to increase the number of new homes built and reduce the number of empty properties. This is currently being phased out.	3.8	3.8	-	-
Services Grant - A once-off grant to support Local Government Services (the funding is ongoing but the mechanism for distribution is once-off)	3.2	3.2	-	-
Social Care Grant - A Government Grant to support the cost pressures in both Adult and Children's social care.	39.2	45.1	88.6	93.8
Specific Grants Included Within Adult Services or Public Health				
Market Sustainability and Improvement Funding - Government grant toward improvement in Adult Social Care	5.8	8.8	-	-
Discharge Fund – Government Grant to support hospital discharges	3.3	5.5	-	-
Better Care Fund - Grant from the ICB for the integration of health and social care.	14.7	14.7	14.7	14.7
Improved Better Care Fund - Government Grant to support local authorities to meet adult social care costs, reduce pressures on the NHS and support the social care market	23.4	23.4	23.4	23.4

Public Health Grant - Ringfenced Government funding to improve health in the local population	22.6	22.9	23.0	24.2
Total	**126.4**	**138.6**	**186.5**	**192.3**

Business Rates

36. The review of Business Rates and baseline reset is likely to be delayed further and therefore the MTFP assumes that the review will now occur in 2025/26.

Table 4 – Business Rates Assumptions

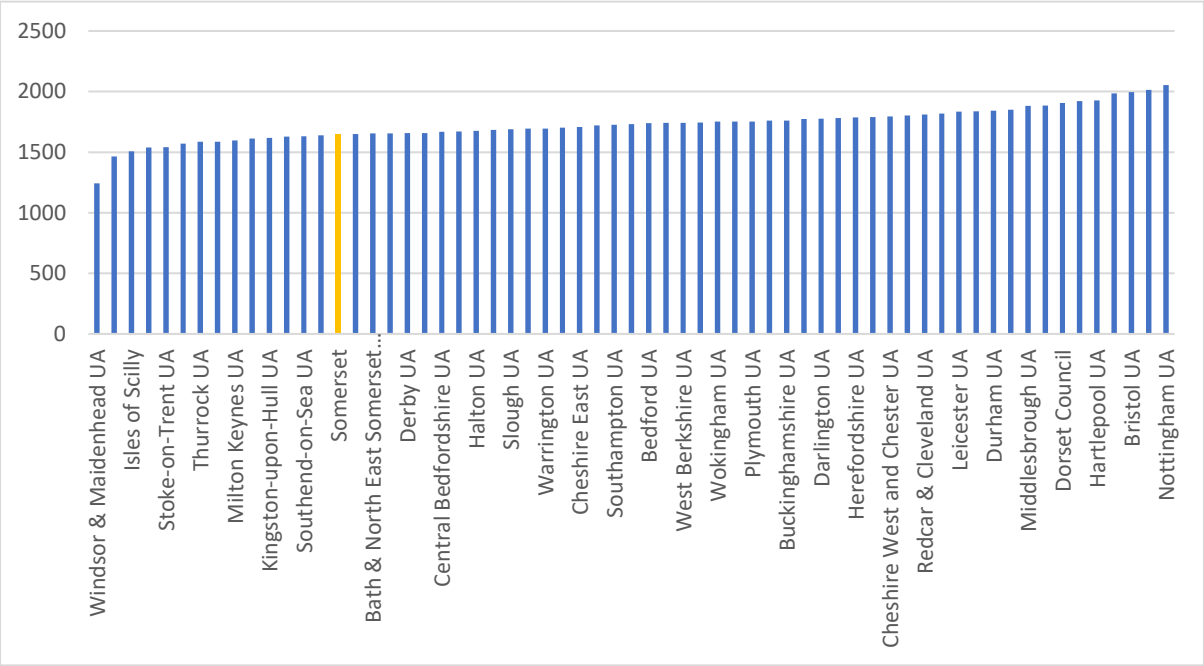
	2023/24	**2024/25**	**2025/26**	**2026/27**
Income £'m	£122.2m	£130.1m	£124.0m	£126.7m
Increase/(decrease) %	2.99%	6.5%	(4.7)%	2.2%

37. Income to Somerset is higher than the baseline need of £84.5m and therefore demonstrates how much growth has been retained. The table above shows the adjustment that is expected once the baseline is reset. It remains a risk that Somerset could suffer further loss of that growth once the reset takes place.

Council Tax

38. The 2023/24 council tax for the new authority for an average Band D of £1,646.03 (not including special rates) was approved at full Council in February 2023. The following table shows a comparison of Somerset Council to other Unitary Authorities for 2023/24

Table 5 – Average council tax for the authority including adult social care, excluding parish precepts (Band D) in 2023/24



39. The average council tax of unitary authorities in 2023/24 was £1,733 compared to Somerset £1,646. Referendum limits for 2023/24 and 2024/25 were agreed by central government.

40. The following table shows the current assumptions for the taxbase increases currently included within the Medium-Term Financial Plan (2023/24 is shown for comparison purposes):

Table 6 – Tax Base Assumptions

	2023/24	2024/25	2025/26	2026/27
Tax base (Band Ds)	205,674	206,702	207,736	208,775
Tax base increase %	2.45%	0.50%	0.50%	0.50%

41. Band D Council Tax increases currently included within the Medium-Term Financial Plan are as follows:

Table 7 – Council Tax Increase Assumptions

	2023/24	2024/25	2025/26	2026/27
Average Band D £'s	£1,646.03	£1,728.17	£1,762.56	£1,797.64
Increase %	4.99%	4.99%	1.99%	1.99%

Note the above has been used for planning purposes but are not approved.

Housing Revenue Account

42. The Housing Revenue Account is ringfenced and the Council approved the HRA business plan in February 2023. Inflation is also impacting on the HRA through pay, contracts, and materials but rent increases have been capped to 7%. Work has started to refresh the 30-year business plan for 2024/25.

Schools and DSG

43. Schools are funded by the Dedicated Schools Grant (DSG) which is initially allocated to the Council by the Department for Education (DfE). The DSG supports all expenditure in schools (who set their own budgets) and the activities that the Council carries out directly for schools. It does not cover the statutory responsibilities the Council has towards parents. These responsibilities are funded through the Councils main revenue funding and included as part of the proposed Budget.

44. Currently 51% of mainstream schools are academies (Primary 44%, Sec/Middle 89%). It is expected that 15 schools will convert to academies over the next 12 months leaving 118 schools as LA maintained schools. As at 31/3/22 the reserves of all LA maintained schools, including Specials and PRUs, was £19.8m (mainstream schools were £17.1m). This is expected to drop this year and move into a deficit position during 2024/25.

45. With the introduction of the National Funding Formula (NFF) the DSG was ring-fenced for schools from 2018/19 making the LA responsible for the demographic pressures being observed in the SEND / High Needs element of the DSG (although schools can contribute up to 0.5% of the ringfenced sum if agreed by the Schools Forum). However, local authorities cannot contribute to any deficit. The DSG deficit at the end of 2022/23 was £20.7m with the High Needs Block deficit reaching £29.8m and this is expected to increase to £70m by the end of 2025/26 without a change in policy or further funding when the statutory override

ends. This could mean that the negative balance would have to be found by the Council with a disastrous impact on reserves.

46. There have been two key programmes of work to address this challenge. The specialist capital programme began in 2019, supported by investment from the local authority, to expand and improve Somerset's specialist estate. This has resulted in an increase of 361 additional places in specialist SEND provision across the county to date. In 2022, the Council received a £10.1 million DfE high needs capital grant, which is being used to fund further increases in specialist SEND capacity, through development of special school satellites, enhanced learning provisions in mainstream settings, and therapeutic education provision. In addition, the Council has successfully bid for two new Special Free Schools, which the DfE is responsible for delivering. The first was due to open in September 2022, but has been delayed and is now expected to open in September 2024. This will ultimately provide 120 new places. The second is due to open in 2027 and will provide a further 64 places.

47. Since April 2022, the service has been working with IMPOWER Consulting to identify further opportunities to improve outcomes for children and reduce pressures on high needs budgets. This work has focused on improving early identification and support and led to the set-up of a dedicated advice line for schools to support earlier intervention, as well as a trial of the Somerset Inclusion Tool (Valuing SEND) to improve planning around transitions for children with SEND. This is helping to identify children who can remain in mainstream settings with the right support, who might otherwise have moved into more specialist settings.

48. Following on from this, in summer 2022, Somerset was invited to participate in the DfE-led Delivering Better Value programme. This is aimed at 55 local authorities with significant high needs deficits, but not the 20 areas with the biggest deficits (who access a different "safety valve" programme). During autumn 2022 the service worked with Newton Europe and CIPFA to develop an improved understanding of our demand and financial trajectories in relation to high needs, as well as identify opportunity areas where improvements and efficiencies could be made. This has resulted in the award of a £1m grant from DfE to support transformation and test and learn activity.

49. Newton's analysis has suggested that there are opportunities for reducing high needs expenditure, which could realise a £1.05m benefit by the end of 2024/25, and a cumulative benefit of £7.93m by the end of 2027/28. However, based on Newton's model, it is still expected that the cumulative deficit will continue to

grow each year, unless there were to be significant changes to SEND policy or funding at a national level. Newton have reported that in each of the local authorities they have worked with, they are projecting that deficits will continue to grow, so Somerset is in line with other areas in this respect.

50. The Department for Education still requires the Local Authority to produce a DSG Deficit Management Plan to evidence how it will reduce the in-year deficit to zero by 31st March 2026 when the statutory override expires. The activities and opportunities identified through the work with IMPOWER Consulting and the DBV SEND programme are included in Somerset's DSG Deficit Management Plan with further mitigating actions being developed.

51. The key risks in the High Needs Block are:

- Increased demand for education, health and care (EHC) plans
- Sufficiency of provision of Social, Emotional and Mental Health (SEMH) support

52. In July 2023, the DfE will publish provisional allocations for the schools, high needs and central services blocks. Final allocations are expected in mid-late December and will be based on pupil numbers from the October 2022 school census. Schools funding across England is expected to increase by 2.6% overall in 2024/25, through the NFF. Based on this level of increase, the provisional allocation expected for Somerset Schools Block is an increase of £9.7m. There is no further information on High needs funding for 2024/25. Nationally central schools services funding will continue to decrease by 20% for historic commitments, which is approximately £0.5m in 2024/25. Some early help services are currently funded by this block and will be impacted by the reduction in funding.

Capital Strategy

53. The Prudential Code for Capital Finance in Local Authorities was updated in December 2021. The objectives of the Prudential Code are to ensure that the capital expenditure plans of local authorities are affordable, prudent, and sustainable and that treasury management decisions are taken in accordance with good professional practice and in full understanding of the risks involved. It requires authorities to look at capital expenditure and investment plans in the light of overall organisational strategy and resources and ensure that decisions

are made with sufficient regard to the long-term financial implications and potential risks to the authority.

54. The update to the Code includes a clear statement that local authorities must not borrow primarily for financial return. Somerset Council holds £289m of investment properties that would be designated as being held for financial return. The Code outlines that authorities are not required to immediately sell these investments. However, Authorities which have an expected need to borrow should review options for exiting their financial investments for commercial purposes in their annual treasury management or investment strategies. The options should include using the sales proceeds to repay debt or reduce new borrowing requirements. It also states that authorities should not take on new borrowing if financial investments for commercial purposes can reasonably be released instead, based on a financial appraisal of financial implications and risk reduction benefits.

55. It was expected under current rules that borrowing long term or refinancing these commercial properties where the property was purchased after November 2020 that the Council could not finance these from the PWLB (Public Works Loans Board). However, in discussions with central Government, and as a result of Local Government Reorganisation this will not apply to Somerset Council.

56. Under these rules the Council cannot purchase properties for financial gain and therefore this pushes the Council into a more passive approach to managing this portfolio. A review of the portfolio is being undertaken to look at the borrowing costs of each property compared to yields and as required by the prudential code to decide whether to divest rather than borrow. This could be used to reduce the Council's costs of borrowing through lower Minimum Revenue Provisions and interest costs (which in essence reduces the revenue costs to the Council). However, the loss of rental income will also impact the MTFP and therefore a complete overview will be required with careful consideration of the borrowing costs, loss of income, length of lease, the capital receipt, as well as any future capital commitments that will be required to maintain the property.

57. The Council currently has a CFR (Capital Funding Requirement) of £1.2bn and almost 11% of the net budget is required to repay debt (this includes Minimum Revenue Provision and interest). There is a need to review the capital programme as soon as slippage/ reprofiled schemes are incorporated within the capital programme to review and reduce this requirement. It will be necessary to review the relative priorities of each individual schemes with an approach of limiting any

impact upon the MTFP by expecting that additional costs will be found from removing lesser priority schemes rather than additional borrowing.

58. Borrowing costs for the general fund are made up of MRP (Minimum Revenue Provision) which in essence is set aside to reduce debt and interest costs. The current MRP policy is a mix of the previous five authorities and needs simplifying. Work on this will begin once the capital programme is updated when the final year end positions are known.

59. With the current MTFP position any funding for new Capital schemes will be very limited and focused upon

- Schemes that are fully externally funded: &
- Where there is a legal requirement such as Health & Safety Needs

60. Other methods of funding the capital programme include:

- Third Party Contributions -Only Third-Party contributions received or formally agreed are used to fund the programme.

- Capital receipts - will be reviewed as part of the overall funding requirements of both revenue and capital. The authority has some flexibility in the use of capital receipts and the Capital Receipts Flexibility Strategy was approved as part of the 2023/24 budget. The Strategy specifically outlined the implementation costs (where they meet the criteria) of LGR would be funded from the flexibility. Other projects and programmes may be added for 2023/24 and/or 2024/25 but will require full Council approval. It is key that all means of financing remain as flexible as possible as a means of supporting the authority's long-term viability and sustainability. This may mean that some capital receipts currently earmarked to fund the capital programme are replaced by borrowing.

- Revenue contributions to capital – any remaining contributions will be reviewed to ensure that financial resources are utilised as part of the assurance process to maintain the Councils' ongoing sustainability.

- CIL (Community Infrastructure Levy)/S106 - the Capital Programme will include allocations of CIL and S106 funding to ensure that the capital programme shows an accurate picture of overall funding requirements. It will also show the timing

differences where schemes require upfront funding that will be repaid in future years as CIL and S106 payments are received.

Reserves

61. The Council holds three types of reserves:

- **General Fund Unallocated Reserves** – the level of requirement for General Fund Reserves is assessed on a risk-based approach that reviews the risks to the authority and the mitigations including earmarked reserves and contingencies in place to meet those risks. The budget setting report in February 2023 assessed the requirement for Somerset Council to be within the range of £30-£50m. Once the final outturn and preserves position is known of all five legacy councils a full review of reserves will be carried out.

- **Earmarked Reserves** – these can be reserves that are held for specific purposes, such as a reserve to fund elections or insurance risks as well as being held for issues such as budget volatility.

- **Reserves Held on Behalf of Others**- these are reserves that the Council holds as the accountable body so an example would be the LEP Reserve that is held on behalf of the partnership.

All reserves (except than those held on behalf of others) will be reviewed as soon as the five authorities accounts are closed. It is worth noting that £10m of reserves were set aside to support the 2023/24 budget plus the expected 2022/23 overspend of c£20m. If there is an overspend in the current financial year this will cause further stress on the levels of reserves required to meet risks as well as supporting the MTFP for future years.

Links to Other Strategies

62. There are several other related strategies that link to and supplement the Financial Strategy. These include: -

- The Council Plan
- Treasury Management Strategy Statement
- Non-Treasury Investment Strategy
- Flexible Capital Receipts Strategy
- Asset Management Plan

Risks

63. The table below sets out the main risks associated with the 2023/24 budget, who the risk owner is and how the risk will be managed.

Table 8 – Risks

Risk	Rag Rating (R/A/G)	Risk Owner	Comments, Management and Mitigations
National pay award will be higher than estimated	R	Executive Director of Resources & Corporate Services	The pay award for 2022/23 was agreed at a flat rate of £1,925. A 5% increase was built into the budget for 2023/24. This has not been accepted within negotiations to date. Only 2% has been budgeted for 2024/25 and with inflation currently running at 8.7% this will need to be reviewed.

Continuation of high levels of inflation impacting on the cost of services and pay budgets	R	Executive Director of Resources & Corporate Services	The CPI inflation rate was 10.4% in February and now has decreased to 8.7%. This is expected to decrease to around 5% later this year and possibly 2% by late 2024. Inflationary increases are built into some of our major contracts and therefore the timing of inflationary reductions will need to be monitored as part of the MTFP.
Changes to Government Policy that affects future funding (Social Care)	R	Executive Leadership Team	Further funding for social care was made in the Provisional Settlement but funding still remains lower than demand and inflationary pressures within the service. Fair Cost of funding has now been delayed until 2025 and with the funding being given to local authorities for current pressures it remains to be seen how this will be funded in the longer term
Continuation of high interest rates impact on borrowing costs	R	Service Director – Finance and Procurement	The base rate of interest is currently 5%. There are predictions that they could yet peak at 6%. The Council will need to review and reduce its capital programme to ensure that it is sustainable and affordable.
Economic downturn impacts on income	A	Relevant Service Director	This will continue to be reviewed as part of budget monitoring

Increasing demand due to external factors	A	Relevant Service Director	There is a risk that the cost-of-living crisis and reducing budgets in partner organisations have a significant impact on demand including the number of children requiring support, or the complexity of need, and therefore the cost of services. Due to the complexities of families and communities and their resilience it is unclear when this risk might occur.
Unforeseen events outside Somerset Councils control	A	Relevant Director	Events such as extreme weather, increases in fuel and utility costs (currently a major issue) and changes in recycling material values are outside our direct control. These will need to be monitored and the MTFP updated as necessary.
The Government announces further cuts in local government funding	A	Executive Leadership Team	The Provisional Settlement outlined most of the funding for 2024/25. The risk is that funding does not keep in line with inflation as well as a push from Government to reduce the cost of public services through further efficiency targets
Reserves are not sufficient to meet the risks facing the Council including the possibility that the deficit on the High Needs Block could have to be financed from other reserves once the statutory override ends	A	Executive Director of Resources & Corporate Services	A full review of reserves will be carried out as soon as the Statement of accounts are completed for all five authorities to free up reserves where possible. Need to continue to press Government to address the issues around high needs and how deficits will be financed

Timetable

64. The high-level timetable is as follows:

July 2023

- Medium Term Financial Strategy presented to Executive.

September 2023

- Budget data collected for the MTFP and capital bids received.

December 2023

- Updated Medium Term Financial Plan (MTFP) to the Executive
- Executive review the budget proposals as the basis for consultation.
- Scrutiny review the proposals and public consultation commences.

February 2024

- Executive review all proposals and consultation and recommend budget to full Council.
- Council reviews and approves the 2024/25 budget and council tax.

Background Papers

65. 2023/24 Budget report to February 2023 Council and 2023/24 Financial Strategy report to July 2022 Executive.

Report Sign-Off

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	20/06/2023
Communications	Chris Palmer	20/06/2023
Finance & Procurement	Nicola Hix	20/06/2023
Workforce	Chris Squire	20/06/2023
Asset Management	Oliver Woodhams	20/06/2023
Executive Director / Senior Manager	Jason Vaughan	20/06/2023
Strategy & Performance	Alyn Jones	20/06/2023
Executive Lead Member	Liz Leyshon	21/06/2023
Consulted:		
Local Division Members		
Opposition Spokesperson	Councillor Mandy Chilcott	21/06/2023
Scrutiny Chair	Councillor Bob Filmer	22/06/2023

This page is intentionally left blank

Decision Report - Executive Decision
Forward Plan Reference: FP/23/05/11
Decision Date – 10 July 2023
Key Decision – Yes

Transport and Placemaking Policy Principles

Executive Member(s): Cllr Mike Rigby Executive Lead Member for Transport and Digital, and Cllr Ros Wyke Executive Lead Member for Economic Development, Planning and Assets.
Local Member(s) and Division: All
Lead Officer (s): David Carter Service Director for Infrastructure and Transport, and Paul Hickson Service Director for Economy, Employment and Planning.
Author: Mike O'Dowd-Jones, Strategic Manager Highways and Transport, and Alison Blom-Cooper, Assistant Director Strategic Place and Planning.
Contact Details: mike.odowdjones@somerset.gov.uk, alison.blomcooper@somerset.gov.uk

Summary

1. The purpose of this paper is to agree a set of policy principles for Somerset Council which will inform the development of the new Local Transport Plan (LTP), the new Local Plan, and our overall approach to transport planning, development management/consideration of planning proposals and other relevant policies and plans. The principles are intended to achieve a vision-led approach to planning and delivery which will promote high quality design, create better places, reduce transport carbon emissions and include a move away from increasing highway capacity for private cars which until recently has been the prime focus of much of our transport planning activity. This will support the Council's declaration of a climate and ecological emergency and promote the transition to increased number of journeys by way of sustainable modes of transport e.g. walking and cycling.

2. Emerging Government policy and guidance for Local Transport Authorities (LTAs) has been directed towards modal shift and increasing active travel, however, capital funding for active travel, public transport and electric vehicle charging infrastructure continues to be significantly less than that for road building and road improvement in England. This is mirrored by advice on plan

making and decision making for development proposals set out in the National Planning Policy Framework 2021.

3. As a large rural county Somerset has many challenges including a large rural road network which people are reliant on to access basic services and widely dispersed communities, meaning that there is a heavy reliance on car travel to enable people to meet basic needs. In our more rural areas roads are often narrow, and there are frequently no pavements. This makes our decarbonisation challenge that much harder than in more urban areas, but creates an opportunity to be at the forefront of the development of rural solutions. Much of the Government's transport policy and funding has been directed at urban solutions, however we understand that a future of mobility rural strategy is likely to be released from Government soon which we hope will start to redress the balance of investment. Rurality will be a thread running through all our policy development.

4. This paradox presents an opportunity for Somerset Council to take a bold approach to changing travel behaviour by seeking an ambitious devolved long-term funding settlement with Government to deliver a range of interventions. This paper is the starting point of our conversations to achieve our ambitions, and detailed proposals will develop over time.

5. It is intended that the draft vision and placemaking and movement principles set out in Appendix A of this paper will be subject to further analysis and consultation prior to adoption as a material planning consideration for the preparation of masterplans, pre-application advice, assessing planning applications and any other development management purposes. It seeks to ensure that there is a consistent approach by the Local Planning Authority and Local Highway Authority on the approach to development proposals and their implementation. Both the new Local Plan and LTP will have to be iteratively developed to ensure they join up, as well as address the legacy of car dominated development across Somerset.

Background

Overview of Local Transport Plan and Quantified Carbon Reduction Guidance

6. The DfT has announced the requirement for authorities to renew their LTP and have developed new LTP guidance, expected to be published in Summer 2023. In the interim, they are gathering intelligence to understand where local authorities are in their LTP journey. Currently, the DfT is asking LTAs to publish

(at the very least) their high-level LTP vision and objectives, underpinned by a list of interventions, in Summer 2024. This will be followed by the adoption of a full plan by the end of 2024/2025. We are on track to deliver this within the timescales.

7. A key driver behind the requirement is the summer 2024 spending review. It is understood that DfT will use the evidence base supplied by LTAs to seek a multi-year funding package from Treasury which might cover a 3-5 year period; and to understand the potential carbon impacts of the funding programme. Funding allocations have yet to be considered and will be dependent on the outcome of the LTP process. There is a suggestion that allocations could focus on core funding and additional funding for carbon ambition. In the meantime we have been successful in securing capital and revenue funding to deliver bus service improvements (through the bus service improvement plan), and active travel (through Active Travel England's funding programme) which we are now implementing; and we have also secured an indicative funding allocation for Electric Vehicle charging infrastructure.

8. We are still waiting for the publication of Quantified Carbon Reduction (QCR) guidance from Government which will set out how the carbon impacts of proposed LTP programmes are to be measured and reported. This will also set out the legal status of the carbon reduction evidence base prepared by local authorities and how this might impact on other infrastructure providers such as National Highways and Network Rail.

9. Somerset has commissioned a technical study (in conjunction with the regional modelling work led by Peninsula Transport) which will enable an evidence-led approach to setting our decarbonisation pathway, while at the same time making it clear that it is not a statutory carbon budget.

Department for Transport and Somerset Vision, Priorities and Alignment

10. The DfT have set three strategic priorities which Somerset's LTP will need to consider:
    - Grow and level up the economy – improving connectivity and growing the economy by enhancing the transport network
    - Improve Transport for the user – improving users' experience, ensuring the network is safe, reliable and inclusive
    - Reduce environmental impacts – tackling climate change and improving air quality by decarbonising transport

11. Within this strategic context, there is a national shift away from the 'predict and provide' approach of increasing capacity in the network to accommodate forecast future growth – a concept that is now being challenged because more capacity generally leads to more traffic, not less. In its place, a more vision -led "decide and provide" paradigm is being championed by the DfT. It is an approach that enables authorities and decision makers to set a clear vision and 'decide' on the preferred future and 'provide' the means to work towards that vision. It prioritises place-shaping, sustainable mobility and accessibility, rather than focusing on peak commuter traffic.

12. A vision-led approach should allow us to develop a transport strategy which more fully reflects the needs of a large rural county and be more responsive than we have been to our wider priorities such as health, wellbeing and sustainable access to services. Whilst this paper highlights a key change in our strategic direction in relation to carbon, it is the start rather than the conclusion of this process. It deliberately provides an opportunity to shape the direction of travel before it is set in stone whilst marking a step-change from our approach to date. The aim is to ensure this new approach is embedded in all relevant policies, be it in transport policy (including safety, parking, freight management, public transport, changes to the road network etc), planning policy, economic growth strategy and our climate and ecological policies.

Key Policy Areas

Local Transport Plan

13. The LTP will communicate Somerset's vision for 2050 and set the high-level pathway to achieving that vision between now, 2030 and 2050. There are opportunities for alignment between policy areas such as planning, economic development, infrastructure, transport, active travel, parking, public health and climate mitigation/ resilience.

14. LTPs will need to reference a range of sub-strategies, some mandatory (Bus Service Improvement Plans, Local Cycling and Walking Infrastructure Plans and Electric Vehicle Charging Strategies) and others based on mode or activity. It has been stated in current guidance that if there is no LTP policy, it is unlikely that authorities will receive significant funding.

Development Plan Documents

15. Development Plan Documents (including the Local Plan) set out the vision and framework for the future development of the area – it is a statutory requirement for the Council to have a development plan. There are different types of documents including the Local Plan, Minerals and Waste Plans and Neighbourhood Plans. The scope and timeline for the preparation of development plan documents will need to be agreed by the Executive and set out in a published Local Development Scheme and will be the subject of a future report. Until such time as a new local plan for Somerset is adopted, existing development plans will remain in place for the former District areas. We are considering the potential for specific planning polices in the shorter term to ensure that our planning and transport policies align and reflect our climate and ecological emergencies (e.g. our recently agreed tree strategy). The current position is set out on the Council's website at Planning and Policy Statement

16. The development of a local plan for Somerset will address the needs and opportunities in relation to housing, the economy, community facilities and infrastructure as well as a basis for conserving and enhancing the natural and historic environment, mitigating and adapting to climate change, and achieving well designed places. The National Planning Policy Framework 2021 sets out the Government's planning policies for England and how these should be applied. It provides a framework within which plans are produced. Section 9 'promoting sustainable transport' provides advice that transport issues should be considered from the earliest stages of plan making so that amongst other issues opportunities to promote walking cycling and public transport use are identified and pursued; the environmental impacts of traffic and transport infrastructure are identified and patterns of movement, streets, parking and other transport considerations are integral to the design of schemes, and contribute to making high quality places. Paragraph 105 states that the planning system should actively manage patterns of growth and significant development should be focused on locations which are or can be made sustainable, through limiting the need to travel and offering a genuine choice of transport modes.

17. Planning policies should be prepared with the active involvement of local highways authorities and provide for attractive and well-designed walking and cycling networks with supporting facilities such as secure cycle parking (drawing on Local Cycling and Walking Infrastructure Plans). As a new unitary council with the planning and highway authorities part of the same organisation it will be possible to get much closer alignment on these matters than we have previously been able to. It is within the context of the national guidance and the

consideration that should be given to development proposals as set out in paragraph 112 of the framework that the planning and highway teams of the Council have jointly developed a draft vision and placemaking and movement principles (Appendix A). This will ensure a consistent approach by the Local Planning Authority and Local Highway Authority to the consideration of proposals including the preparation of masterplans, pre-application advice, assessing planning applications and other development management purposes.

Placemaking and movement principles

18. A draft set of policy principles have been developed for Somerset Council (see Appendix A) which will inform the development of the new Local Transport Plan (LTP), the new Local Plan, and our overall approach to transport planning, development management/consideration of planning proposals and other relevant policies and plans. The principles proposed in this paper are those which are necessary to inform the immediate policy needs and reflect the fact that most of the development on allocated sites is in or close to existing settlements; and will be further evolved as wider rural policy needs are developed. The principles have been developed in recognition of the vital role of street and highway design in the wider design of high quality, attractive, healthy and sustainable places. This is an important step forward from street/highway design focussing on the function of streets to facilitate movement. Agreement is sought in this report for the Council to consult with key stakeholders before finalising and adopting the principles.

19. Good street design can promote community cohesion, contribute to healthy lifestyles and an attractive environment. Designed well and as part of a wider, holistic approach to the design of high-quality places, they can be an important component of public space and as such contribute to community cohesion and well-being. The development of these principles departs from streets being designed principally as a means of moving motorised vehicles which are increasingly associated with negative impacts upon health, well-being, poorer air quality and reduced social connectivity. In contrast the vision led approach to the design of streets as places around people, promotes better air quality, a more attractive environment within which it is safer for people to walk, cycle and spend leisure time.

20. Through taking a vision-led approach to planning and delivery, high quality design is promoted, creating better places, reducing transport carbon emissions and moving away from increasing highway capacity for private cars which until recently has been the prime focus of much of our transport planning activity.

This supports the Council's declaration of a climate and ecological emergency and promotes the transition to increased number of journeys by way of sustainable modes of transport. It is recognised that there are a different set of challenges in more rural parts of Somerset compared with our urban areas. These include a sparsity of public transport options, poor physical connectivity including cycle and walking routes and poorer digital infrastructure. Substandard rural roads combined with greater distances between facilities act to reduce connectivity between rural services and communities. Per mile travelled, rural roads are the most dangerous for all kinds of road user. Application and interpretation of the placemaking and movement principles will take into account these variations between urban and more rural areas and where applicable, design codes will be used to provide additional guidance.

21. The Town and Country Planning Association is considering implications for rural areas, and once published, the Government's future of mobility rural strategy will also provide a much-needed framework for rural policy development. We will take account of best practice and experience in developing policy and guidance.

Decarbonisation

22. The LTP and QCR process will help establish a local transport decarbonisation pathway, quantifying the likely carbon impacts across different intervention and policy options, which will help the council choose appropriate interventions with which to form the new plans. Typical interventions to be considered will be those that reduce the need to travel in the first place by co-locating homes and employment, shops, healthcare facilities etc and designing development which is not car-dependent (e.g. interventions related to the planning system); those which enable travel by active modes (walking and cycling), public transport or multi-modal travel; those which seek to reduce demand for travel (such as parking restrictions, fees and charges, or re-allocating road space); and those which provide for alternative fuelled vehicles.

23. A key recommendation of this paper is to make reducing transport carbon emissions a key priority for the LTP, aligning with Somerset's Climate Emergency Strategy. Monitoring and evaluation methods will develop overtime to help quantify the impact of transport interventions and demonstrate our effectiveness to Government.

Electric Vehicles

24. The Somerset Electric Vehicle Charging Infrastructure Strategy was approved by the Somerset Councils in 2020/21. It assessed the current infrastructure and uptake in Somerset and an indication of future demand. The strategy included proposals for fleet review, charge point installation at council premises, on street, workplaces, destinations and public car parks. Several delivery models were considered exploring private sector delivery and the role of the Council in facilitating delivery.

25. An Implementation Support document and Trailing Cables Review have also been developed, and an addendum that focuses on new developments and the highways impacts of EVCI for adopted highways is due to be published later this year. Our practical guidance for those wishing to charge their vehicles on-street can be accessed from https://www.somerset.gov.uk/roads-travel-and-parking/electric-vehicle-charging-cables/

26. We will publish an updated EV Charging Infrastructure Strategy in 2024 in line with Government requirements for a statutory strategy, and will ensure this aligns with our rural needs, our parking strategy and provision of services such as car clubs.

27. We are to be allocated capital funding for EV infrastructure delivery through the Governments LEVI fund and are waiting to hear if we will receive funds in 2023/24 or 2024/25 having expressed an interest in being part of the first tranche in 2023/24 focussing on gaps in market provision. We have carried out some initial soft market testing to inform our sourcing strategy, specification, and approach to the market.

28. A more detailed update on EV infrastructure and associated recommendations is set out in Appendix B.

Parking Policy

29. Parking and Parking Policy have been identified as one of the key tools to help deliver the decarbonisation and placemaking aspirations. The current Parking Policy does not fully support these aspirations and it is intended to review and update the Policy in 2024.

30. The current parking policy includes flexibility in applying parking standards for new development, allowing fewer spaces for developments near urban centres

accessible by alternative means of travel to the private car. Standards allow more parking in rural areas where accessibility by other modes is more difficult. Standards are agreed on a case-by-case basis, and it is likely that this flexibility will continue. The design and management of parking within new development will be a key issue recognising that household composition is changing, sometimes leading to multi-generational car ownership within individual properties. Careful design, location and management of parking space will be needed within new development to ensure car dependency is not perpetuated and avoid situations where narrow streets become impassable due to inappropriate parking.

31. It is recommended that in the interim and then outlined in the new Parking Policy that parking interventions are appropriately used as a means of traffic management.

Road Safety Policy

32. The current Road Safety Strategy (2017) adopted a Safe System to road safety management; using the broadest possible foundations of work across many sectors to reduce collisions. Detailed implementation plans have been in development over the last few years. Somerset Council now needs to develop its own Safe Systems road safety strategy, alongside the development of the LTP, to reduce the number of people hurt in collisions, especially those killed and seriously injured, and adopt appropriate indicators to monitor progress.

33. A programme of highway engineering works targeted at improving highway safety is likely to continue to form part of the safe system approach, subject to agreement through the medium-term financial planning process and pressures on the capital programme; particularly in more rural areas where higher speed collisions can lead to more severe injuries.

Highway Lighting Policy

34. Highway lighting has a significant impact on energy consumption, carbon emissions, and cost; and can have adverse environmental effects such as light pollution and glare which can impact on people's quality of life, wildlife biodiversity and the night sky. The presence or absence of highway lighting is inconsistent across similar types of roads around the County depending on when the road was built, and the standards applied at the time.

35. The Council is developing a highway lighting policy that creates a default preference for part-night lighting, dimming and user activated lighting; seeking to progressively convert our existing lighting stock to part night in all areas where there are no safety critical issues, and to dim some systems of lighting after peak usage (e.g. isolated road junctions and roundabouts). This would also create a default of part-night lighting for new development and give the option for developers to choose not to have street lighting. Further consideration will be given to how to incorporate these objectives into planning conditions reflecting the rural feel of the countryside.

Rights of Way Policy

36. It is a statutory requirement to have a Rights of Way Improvement Plan (RoWIP) that is reviewed every 10 years. Somerset is now on its second plan which was published in 2015. The statutory guidance for RoWIPs encourages their integration with LTPs - Somerset's RoWIP will be an appendix to the new LTP.

37. Improving the rights of way network aligns with LTP objectives, including decarbonisation and active travel. The new LTP will support and refer to improving the walking, cycling and equestrian access network, much of which is provided for by public rights of way. It is important that the LTP looks at Somerset's non-motorised transport network in the round. It is recommended that the rights of way network should be a primary consideration for how movement within, and between, communities can be made more accessible to all users.

Outline Programme and Milestones

38. **Local Transport Plan Outline Programme:**

- Summer 2023: Initial member and key stakeholder engagement.
- Autumn 2023: High-level transport vision
- Summer 2024: Quantification of future policy impacts and potential costs Supply evidence base to Department for Transport
- Winter 2024/ Spring 2025: Adoption of new Local Transport Plan
- Consultation and Engagement at key stages.

39. **Local Plan Outline Programme:**
The structural change order establishing Somerset Council requires the Council to have in place a new Local Plan within 5 years of 1 April 2023 i.e. by 1 April 2028. Work is underway to scope this and to develop a Local Development

Scheme for agreement by the Executive. There are a number of stages for the development of the Plan:

- Agree Local Development Scheme
- Agree Statement of Community Involvement (a draft Statement of Community Involvement was agreed by the Council for consultation and is programmed to be adopted at a future Executive meeting)
- Regulation 18 consultation – Draft Plan
- Regulation 19 publication of the Submission Plan
- Submission for Independent Examination by a Planning Inspector
- Adoption by the Council
- Consultation and Engagement throughout the plan making process

40. Recommendations

40.1 That the Executive agree to endorse and adopt the following set of guiding principles to inform the development of statutory policies and our overall approach to transport planning and development planning challenges and opportunities:

a. Reducing carbon emissions will be the key priority for the transport and development plans including adoption of a transport decarbonisation pathway.

b. We will adopt a holistic approach to policy and strategy development, working beyond just transport. We will ensure that all our policies are rural-proofed and will continue to build relationships with public health, education services, adults and children's social care and others within the organisation to deliver co-benefits.

c. We will adopt a vision-led 'decide and provide' or 'vision and validate' approach to new development whereby a strong vision for great places to live with a reduced need to travel is agreed. This will involve co-locating housing and other facilities to create neighbourhoods where the natural first choice is to walk or cycle to access work, education, learning and healthcare etc.

d. We will endorse the vision led approach to street and highway design as part of wider high quality placemaking; and agree the vision and principles as set out in Appendix A for consultation with key stakeholders. Having taken into account comments received authority is given to the Service Directors in conjunction with the Executive Lead Members to adopt the vision and principles as a material planning consideration for the preparation of masterplans, pre-application

advice, assessing planning applications and any other development management purposes.

e. Subject to detailed analysis, priority policy interventions will be related to reducing the need to travel and promoting sustainable travel (active travel for shorter distances, e-bikes and micro mobility for slightly longer distances, shared transport, bus, demand responsive transport, and rail for longer distances; and policy interventions such as parking management that aim to reduce demand for travel by private car).

f. We will expect developers to provide high quality active travel and public transport networks within and accessing new development areas, to ensure new development does not create significant additional congestion, rather than creating additional highway capacity for private car traffic. We will expect developers to implement high-quality sustainable travel plans which include a wide range of measures and incentives to enable active travel.

g. Increasing highway capacity will only be considered as a last resort and in exceptional circumstances. We will continue to complete highway capacity improvements that are already in the pipeline as funded schemes but it is likely that we will not be seeking Government funding for improvements that increase capacity for private car travel beyond the current pipeline.

h. We will build on the successful community -led approach to constructing rural multi-user paths between settlements and will co-develop a proposed network for community-based delivery. We will also consider how to create an improved environment for pedestrian movement in more semi-urban, rural locations where the environment can be dominated by high-speed traffic.

i. We will aim to secure a devolved Government funding package to implement an ambitious sustainable transport programme, building on our current success with Bus Service Improvement Plan funding and Active Travel funding.

j. We will oversee delivery of a comprehensive charging network for electric vehicles and will appoint a private sector delivery partner to ensure that public funding is only used where necessary to address market failure in a similar way to that adopted for Broadband rollout. EV recommendations are set out in Appendix B.

k. The Council's own vehicles up to and including 3.1 tonnes GVW and those of our contractors will be electric vehicles as soon as this can be realistically, and cost effectively achieved; and we will adopt alternative fuels such as hydrogen for larger vehicles at the earliest opportunity in line with the evolution of emerging technology.

l. We will work with bus operators to agree the most appropriate alternative fuels pathway for public transport operations and support them in implementing this.

m. We will develop a new policy seeking greater consistency in highway lighting, creating a default preference for part-night lighting, dimming and user activated lighting.

n. We will examine the implications of incorporating explicit requirements for carbon reduction and reduced travel across all the Council's services, including carbon reduction targets within our contracts with suppliers, with a view to implementing changes to our procedures at the earliest opportunity.

40.2 And the Executive agree to consult key stakeholders on the Vison and Principles to Placemaking as set out in Appendix A;

40.3 And taking all feedback received into account, Executive agree to delegate to the Service Directors for Infrastructure & Transport, and Economy, Employment & Planning in consultation with the Lead Members for Transport & Digital and Economic Development, Planning and Assets the adoption of the Vison and Principles to Placemaking as a material planning consideration.

Reasons for recommendations

41 To agree the principles upon which to base detailed development of statutory policies over the next few years and to inform our overall approach to transport planning and development planning.

Other options considered

42 The principles have been established via a dialogue between officers, directors and executive lead members. Detailed options for statutory policies will be developed and consulted on as part of the due process associated with the relevant area of policy development.

Links to Council Plan and Medium-Term Financial Plan

43 The recommendations will help achieve the Council Plan 2023-27 vision and priorities, in particular the priority for a greener, more sustainable Somerset which notes the importance of reducing carbon emissions from transport.

44 The principles will inform detailed development of policies and programmes in due course, and individual interventions will need to be costed and considered within the Medium Term Financial Plan process at the appropriate time once they have been developed. At this point in the process the detailed financial implications of the policy principles have not been established but they do set a clear direction of travel to enable the necessary detailed work to take place over the next few years.

Financial and Risk Implications

45 The immediate financial implication from adopting these principles will be to ensure that during the policy development period sufficient resources are allocated for robust policy and programme development, and development of sustainable transport networks. The detailed financial implications will be quantified as an outcome of the policy and delivery programme development process and will be considered as part of the process of adopting the new statutory policies in due course. It is likely that over time the Council's resources will need to be re-directed towards delivery of programmes aimed at reducing carbon emissions.

46 The keys risks in not adopting these principles are as follows:

- Failure to maximise the opportunity to attract future grant funding for transport measures.
- Policies and programmes which continue to perpetuate the 'predict and provide' approach to planning, leading to continued growth in car traffic.
- New development which is car-dependent and designed around space for car traffic rather than being great places to live.
- Failure to address the need to reduce carbon emissions at the pace necessary to meet the Government's binding targets to achieve net-zero emissions by 2050.

Likelihood	**4**	**Impact**	**3**	**Risk Score**	**12**

Legal Implications

47 There are no immediate legal implications in adopting a set of broad guiding principles. The development of policies and programmes such as the transport plan and development plans will each be subject to appropriate statutory and legal processes in due course.

HR Implications

48 There are no immediate HR implications in adopting a set of broad policy principles.

Other Implications:

Equalities Implications

49 An initial Equality Impact Assessment has been undertaken and is appended to the report. This is a very high-level initial assessment since it only relates to broad guiding principles, and individual policy documents will be subject to detailed evidence-based equality impact assessments as part of their development in due course.

50 The initial assessment concludes that the guiding principles are likely to lead to positive benefits in respect of Age since they are designed to provide an improved environment for vulnerable members of our communities who may be older or younger people. For example improved access to local facilities and a safer environment for movement.

51 The initial assessment concludes that the guiding principles are likely to lead to positive benefits in respect of Disability since they are designed to provide an improved environment for people with disabilities. For example improved layout of new development and a safer environment for movement.

52 The guiding principles recognise that greater attention is needed within our future policy development in respect of challenges and opportunities in rural areas.

Community Safety Implications

53 The policy principles are likely to generally improve community safety as this is a core objective or co-benefit of most of the principles being agreed. The principles should lead to safer places with reduced traffic speeds, improved facilities for walking and cycling and reduced conflict between people and traffic.

Good design should also lead to reduced crime through thoughtful design of public space and lighting etc recognising that issues and solutions will vary between rural and urban areas.

Climate Change and Sustainability Implications

54 The policy principles are specifically targeted at addressing climate change mitigation and adaptation, and to create more sustainable places and transport systems in the future.

Health and Safety Implications

55 There are no specific health and safety implications for the organisation in adopting a high-level set of policy principles to inform future detailed policy.

Health and Wellbeing Implications

56 The policy principles are likely to generally improve health and wellbeing as this is a core objective or co-benefit of most of the principles being agreed. The principles should lead to better places to live places with reduced traffic speeds, improved facilities for active travel which has specific health benefits, and improved resilience to the health effects of climate change (such as an improved tree canopy to reduce the heat island effect in streets).

Social Value

57 The decision is not related to a procurement process.

Scrutiny comments / recommendations:

58 The proposed decision has not been considered by a Scrutiny Committee but the policy development processes that will be developed in due course will involve appropriate involvement of Scrutiny Committees.

Background Papers

59 None

Appendices

- Appendix A: Placemaking Principles.

- Appendix B: Electric Vehicle Recommendations

Report Sign-Off

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	22/06/23
Communications	Chris Palmer	26/06/23
Finance & Procurement	Nicola Hix	26/06/23
Workforce	Chris Squire	26/06/23
Asset Management	Oliver Woodhams	26/06/23
Executive Director / Senior Manager	Mickey Green	16/06/23
Strategy & Performance	Alyn Jones	26/06/23
Executive Lead Member	Cllr Mike Rigby Cllr Ros Wyke	19/06/23 29/06/23
Consulted:		
Local Division Members	All	
Opposition Spokesperson	Cllr Diogo Rodrigues Opposition Spokesperson for Transport and Digital Cllr Mark Healey MBE Opposition Lead Member for Prosperity, Assets and Development	Sent 29/06/23 Sent 29/06/23
Scrutiny Chair	Cllr Martin Dimery Chair of Scrutiny Committee – Climate and Place	Sent 29/06/23

Appendix A – Placemaking and movement principles

Vision Statement

Streets and spaces will be designed to be attractive, pleasant and inclusive places that accommodate all users and feel safe for use by all walking and wheeling users. They should prioritise active travel and public transport, maximising connectivity, and permeability not only within the site itself, but also providing for wider connectivity. Crossings and junctions should always prioritise pedestrians in residential areas. Streets and spaces should also be designed to reflect a hierarchy where movement is related to land use and character.

Principles

- Reduce need to travel via private car (internal trips) by ensuring key facilities and services, existing and proposed, are within a 20-minute walking or wheeling time. Streets should link to existing roads and local services, ensure permeability, connectivity and not turn their backs on neighbours.
- In towns and more urban areas reduce parking provision in combination with hard and soft travel plan measures and include the provision of car/bike clubs, EV bikes/scooters, EV charging and public transport provision. Incorporate a mobility hub approach with mobility and non-mobility components as suitable for the site. The vision in these areas is for low car ownership and ambitious modal shift enabled by an increase in multimodal travel measures.
- Design parking to be unobtrusive in the public realm, avoiding dominance in the streetscene. Allow for the future phasing out of parking to reduce carbon emissions as ownership levels reduce. Prioritise car ports over garages. Secure cycle parking / infrastructure is to be provided with well-designed storage facilities either on street or within the property street frontage. Public cycle repair facilities should be incorporated into the scheme.
- Design an attractive and high-quality environment where streets incorporate trees in the highway and green spaces, avoiding large expanses of asphalt. Wherever possible streets should make positive use of existing natural features. Highway trees should be provided in tree pits rather than planters. The design should build in opportunities for biodiversity net gain, green infrastructure, surface water management (permeable surfaces, swales, SUDS) and opportunities to contribute to phosphate mitigation.
- Design using natural traffic calming to achieve speeds less than 20mph. Buildings and footways should be located to define junctions. Junction and

vehicle movement geometry, sightlines and tracking should be tightened to reduce vehicle speeds with priority given to pedestrians and cyclists.

- Careful consideration should be given to how children and parents are to access schools without reliance upon private cars, instead encouraging walking, cycling and public bus use. The design approach to school parking will reflect the desire to maximise active travel movements to school.
- Material palettes are to be simple, take the local context into account (not just black top). Material attractiveness, reducing carbon emissions as well as durability and ease of maintenance are to be considered.
- Design should seek to minimise street clutter and keep footways and cycleways clear of infrastructure. Lighting, signage and public EV charging should, where possible, be fixed onto a structure.
- Consider services and lighting at an early design stage to avoid impact on placemaking features like street trees and the quality of the movement network. Consider whether lighting is required (dark skies). Undefined strips of land should be eliminated at the design stage by fully allocating land to private ownership, highway adoption or stewardship with clear definition of public and private land.
- Consideration should be given to incorporating waste storage facilities to ensure sufficient storage capacity, convenient access and design solutions that complement the wider development.
- Within rural areas, the importance of safe connectivity within and between communities and facilities/services will be recognised whilst taking into account factors including landscape, character, appearance and ecology.

Interpretation

1. Ensure early engagement with and input from people with responsibility for approvals throughout the whole planning and delivery process.

Appendix B – Electric Vehicle Recommendations

Summary of the Local Electric Vehicle Infrastructure (LEVI) fund

Somerset Council are to be allocated £3.7m of capital funding via the LEVI fund, we have submitted our expression of interest to be entered into tranche one (2023/24). Our EOI is currently being reviewed and we hope to hear the outcome in early July. If approved for tranche one, we are required to submit our business case and draft tender documentation to LEVI in November 2023. Once approved 90% of our funding will be released (March 2024) and we can open procurement for a provider. The final stage is a contract review to determine whether the commercial arrangement meets the fund criteria. Once the criteria have been met, we will receive approval to sign contracts and the final 10% funding will be paid.

We have carried out some initial soft market testing to inform our sourcing strategy, and specification, we have also been looking at the frameworks available and the approach to the market and have not yet determined the specific framework we will use.

We will use our LEVI funding to leverage private investment into the less profitable and more rural areas of somerset.

Recommendations

To adopt the principle of ‘right charge point, right location’.

To acknowledge new chargepoint power outputs definitions.

Low speed	0 - < 3.7 kW
Standard	3.7 kW - <8 kW
Fast	8 kW – 49 kW
Rapid	50 kW – 149 kW
Ultra-rapid	150 kW and over

Summary of new regulation related to contactless payment

Following a consultation, the government is now regulating and requiring contactless payment at new chargepoints that are 8kW and above, along with new and existing rapid chargepoints that are 50kW and above.

Subject to parliamentary passage, these public chargepoint regulations will be laid out in the coming months. The requirement for contactless payment capability at all new chargepoints 8kW and above will come into effect one year after the regulations begin.

All chargepoints installed through local electric vehicle infrastructure (LEVI) funding and the on-street residential chargepoint scheme (ORCS) must adhere to these regulations when they come into effect.

Recommendations

To future proof the LEVI investment we will include the requirement for contactless payment in our draft tender documentation, aligning with the new regulation when it comes into effect.

EVCP Webpage

We are creating a specific EV Charging Infrastructure webpage which will include Government policy, our existing Somerset Council EV strategy, programmes of work and links to EV charging location data and funding opportunities. The webpage will evolve and be developed over time. We will also use it to interact with our residents, business owners, as well as parish and town councils.

This page is intentionally left blank