Somerset Annual Report of the Director of Public Health 2023

Homes and Health

"Without housing, no one can have decent health."

Somerset Council

Foreword – *"Without housing, no one can have decent health."*

In my report this year, I will be considering housing, the places where people live and the relationship with our health. Our neighbourhoods, the quality of our homes, the type of home we have and indeed the very fact of having a home or not, profoundly affects our health and wellbeing.

This is my first report as Executive Director of Public and Population Health for a unitary local authority, but also as a joint post employed by the council and Integrated Care Board. This join-up means that in Somerset we have an unprecedented opportunity to improve housing and health together.

In particular, I hope this report sets the context and influences the opportunities presented by the new:

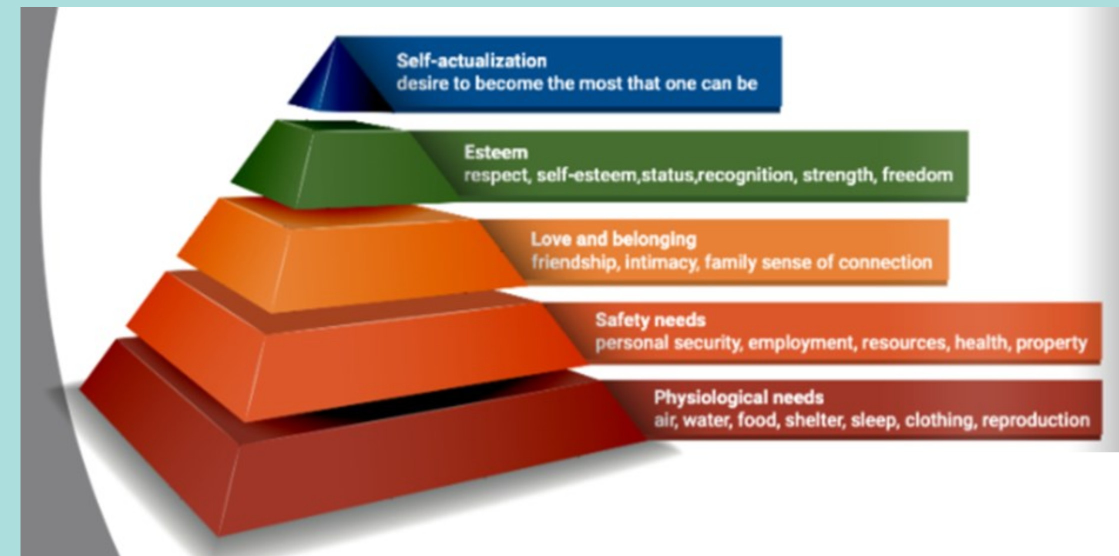
- **Somerset Homelessness and Rough Sleeper Strategy due in 2025**
- **Somerset Local Plan, due in 2028**

Professor Trudi Grant, Executive Director of Public and Population Health – Somerset Council/Somerset ICB

The title to this foreword is taken from words spoken over a hundred years ago by the MP Sir Christopher Addison, who was appointed as Joint Minister for Health and Housing. We have seen many reminders in recent years that our homes provide the foundations for health and wellbeing. For example, in our efforts together to ensure that children can achieve their potential, that adults can live independently, that people could stay well through a pandemic, cope with the cost of living crisis, and recover from the effects of the pandemic, housing has been foundational. Homes provide people with safety and security, demonstrated clearly by the thousands of Somerset residents who have welcomed Ukrainians into their homes to provide them with sanctuary at a time of need.

I have referred to Maslow's Hierarchy of Needs in previous Annual Reports and it is equally important in this one. Housing ("shelter") is a fundamental aspect of basic human need, but I want to show here how a health-driven approach to housing gives protective factors to the population well beyond simply keeping the rain off.

Housing is of concern to all of us; we all have an interest in ensuring people have healthy, affordable and suitable homes and neighbourhoods.



Introduction

Having a home that is affordable, good quality and meets our current needs provides us with the foundations for good health and wellbeing. More than that, it can positively enrich our lives, giving us a secure base from which to play an active role in our families and communities. Homes that are expensive to rent, buy or maintain can negatively affect health. If people are unable to maintain the house or live with hazards like damp and mould, this can lead to chronic stress which can have long-term effects on physical and mental health.

After the Second World War this country invested hugely in providing secure homes for all, and other protective factors such as transport and education which formed a safety net to prevent ill-health or people reaching crisis. Founding the NHS was only one part of this investment in population health and wellbeing. However, in the last 15 years investment in those protective factors for health has reduced significantly, and more people are now reaching crisis point as shown through increasing demand on high need services.

The overarching focus of this report is to consider what opportunities there are to improve health outcomes and reduce demand on services through the development of the Local Plan for Somerset and related Neighbourhood Plans.

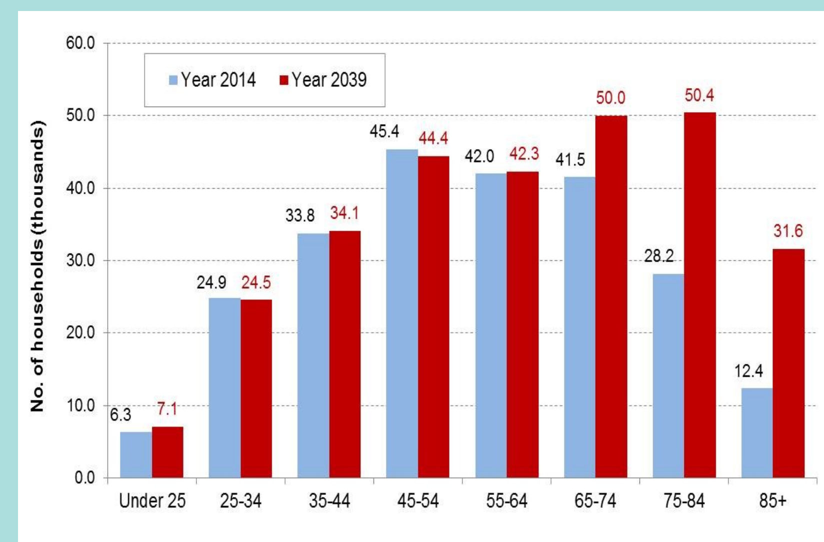
The Somerset Local Plan is currently in development and will be the first Plan for the county as a whole; it will supersede Plans from former district councils when published in 2028. It will guide decisions on future development proposals and address the needs and opportunities within Somerset. The Local Plan is the main vehicle for the Council and communities to identify where development should take place and areas where development should be restricted. The Local Plan can play a major role in reducing health inequalities, improving loneliness and mental wellbeing, and reducing lifestyle related disease risks.

As this report shows, we have a rapidly ageing population with more adults living alone, and more than half of homes in Somerset are now "very underoccupied". Many may value the option to move to a smaller home that is local to the area they live in. The high cost of housing in Somerset, compared to wages, also puts huge strain on household budgets and affordability, affecting young people and key workers in particular, both of which we would like to attract to the county. We therefore have twin problems; a shortage of affordable homes, and an abundance of underoccupied homes. We have a housing "shortage", particularly of smaller, affordable and lifetime homes, but we also have a housing distribution problem; we need the right type of housing in the right place.

In line with the Somerset population growth, there are projected to be substantial increases between 2014 and 2039 in households where the main representative is aged 75 or more. The number of households where the representative is aged 85 or more is projected to rise by more than 150% to 31,600 (Figure 1).

This report looks at three themes from the evidence for what makes a home a building block of good health, that it is: affordable and stable; good quality and suitable, and in a Healthy Neighbourhood. These themes structure this report, and topics have been chosen within each chapter that reflect some of our most urgent issues in Somerset.

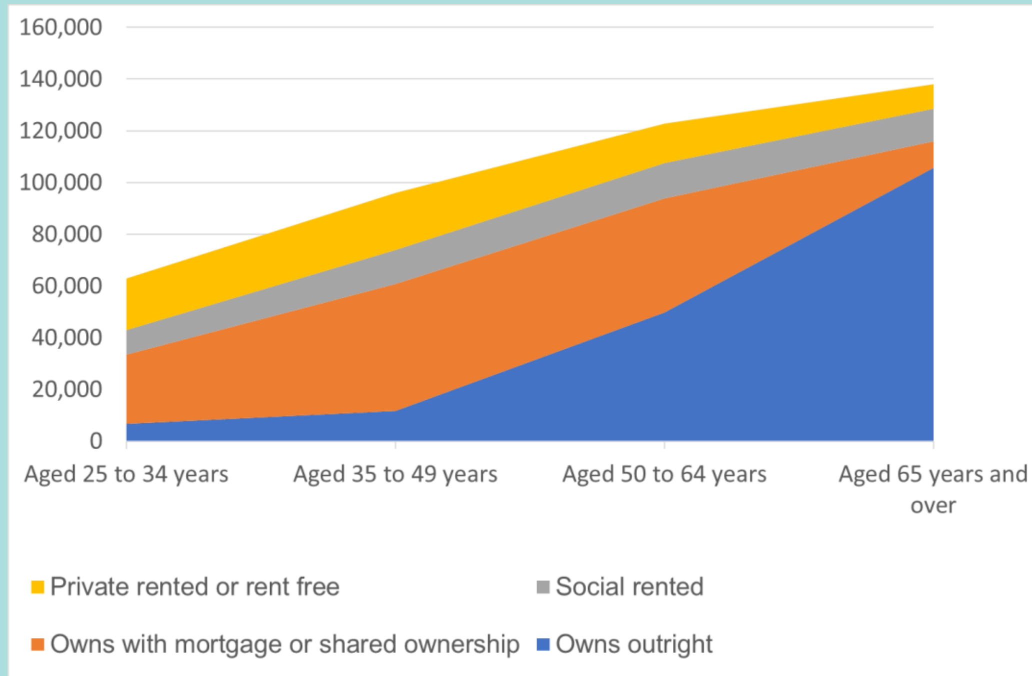
Figure 1: Projected households by Age of Household Representative (in thousands) Source: DCLG



Housing for Demographic Change

As shown in Figure 2, there is a striking pattern of changing housing ownership by age. This is most notable in terms of outright ownership, which makes up only 11% of 25–35 year olds (some of whom may live in their parents' homes), but 77% of those aged 65 and over. Private rented, by contrast, falls from 32% to 7% over the same age span. This contrast shows that inequalities by tenure are often also, in practice, inequalities by age.

Figure 2: Housing tenure – residents by age, Somerset

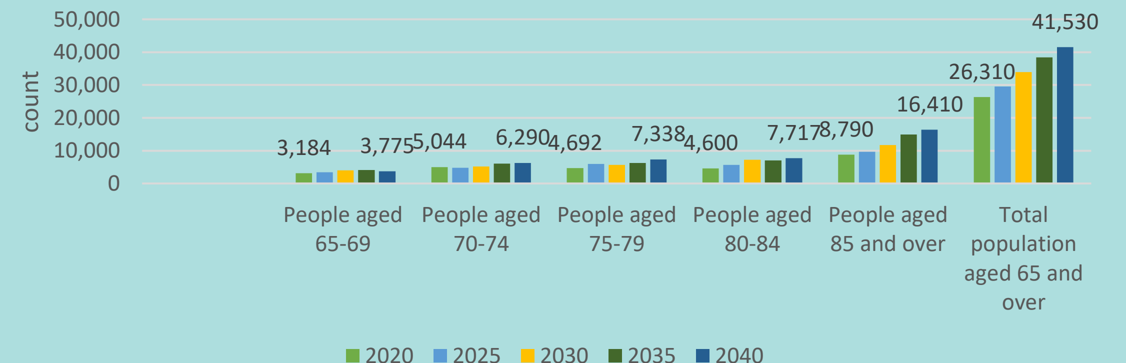


In Somerset, the population is ageing faster than average for England, with 25% of people aged over 65, compared with 19% in England. By 2040, over 33% of people in Somerset are expected to be over 65.

Many older adults in Somerset live healthy and independent lives and play an active and vital role in their families and communities well into advanced years. However, as we age, we are more likely to have additional needs that impact normal daily "mobility activities", such as getting dressed or moving from a chair to a bed. In Somerset we face an increase in adults with care needs due to both a rise in long-term medical conditions and an ageing population. In 2020 approximately 18% of the population 65 and over in Somerset were unable to manage at least one "mobility activity" on their own. This is projected to increase to 20% by 2040. Combined with the ageing population, the number of people aged 65+ unable to manage at least one mobility activity is projected to increase 58% to 41,530 by 2040 in Somerset (see figure 3). In addition, the number of people living with dementia is expected to increase by 67% from 5,132 to 8,570 people in the same time period. These projections will have huge implications for the need for accessible housing and care provision.

It is essential that we start building homes, and designing places, which enable people of all ages to lead healthy, active and independent lives for as long as possible. This means increasing the number of houses built to "lifetime" homes standards, involving communities in how we set standards for the design of neighbourhoods, and considering the type and location of housing we will need both now and in the future.

Figure 3: Projected number of people aged 65 and over with impaired mobility - unable to manage at least one activity on their own in Somerset



Homes and Health Inequalities

Good and secure homes are an essential foundation for good health and for the opportunity to make healthy choices in life. As such, people who live in unstable, unaffordable and/or poor-quality homes are at higher risk of physical and mental health problems.

Disabled people of all ages often face challenges accessing the right housing and support for their needs. They are also often disadvantaged in both education, employment and other opportunities, leading to lower income and higher rates of poverty. This reduces the likelihood of being able to afford appropriate and good quality housing. Local data shows that disability and poor health are frequently cited reasons both for applying for social housing and being at risk of homelessness, among all age groups. Disabled people are almost three times more likely than non-disabled people to live in social housing in South West England (15.5% vs 5.5% respectively). Meanwhile, housing and accommodation issues are contributing to **difficulties recruiting and retaining the workforce needed to care for an ageing population in Somerset,** both in health and social care. All of these factors put increasing pressure on unpaid carers, many of whom are older adults.

Gypsy, Roma and other traveller people, including "van dwellers", make up perhaps 0.2% of the Somerset population – although almost by definition they and their needs may be under-represented in the statistics. Conventional health services are generally not designed to reach this population group.

There are also **people in all age groups who are affected by multiple disadvantages** and for whom poor quality and insecure housing has contributed to this, and who are more at risk of exploitation, living in poor housing, and of having less secure housing.

Younger adults are at higher risk of homelessness. Almost half (46.3%) of the main applicants owed a homelessness prevention or relief duty in Somerset were aged 16-34 in 2022/23, which includes households with children. This can have long-term mental and physical health implications, as well as driving outward migration and increasing the ratio of older to working age adults in the county.

The majority of homelessness is hidden, masked by people staying with family or "sofa surfing" in unstable or unsuitable accommodation, yet in September 2022 there were 89 people found to be sleeping on the streets, with 57 counted on one night as part of the national count. Rough sleepers' health outcomes are strikingly poor. Many of these people have mental ill-health and substance misuse needs, physical health needs, and will have experienced significant trauma in their lives.

A recurring theme of conversations with colleagues in housing and support services is that to address the range of housing-related health challenges we face in Somerset, we require joined up, multi-agency working across the health, care and housing systems, as well as with community and voluntary, community and faith sector partners – of which we have some excellent examples to build upon in Somerset and which are highlighted in this report.

RECOMMENDATION 1:

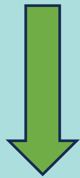
Maximise opportunities to join up and integrate commissioning and delivery of supported housing and support services to better serve people with multiple complex needs.

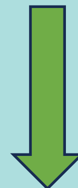
The remainder of this report is structured around three key themes taken from the evidence relating to homes and their impact on health:

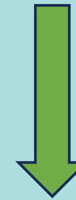
Affordable and Stable Homes

Good Quality and Suitable Homes

Healthy Neighbourhoods







Enable people to live healthy independent lives for longer

- Affordability
- Security of tenure
- Homelessness and Rough Sleeping

Photo by Mark, Creative Commons

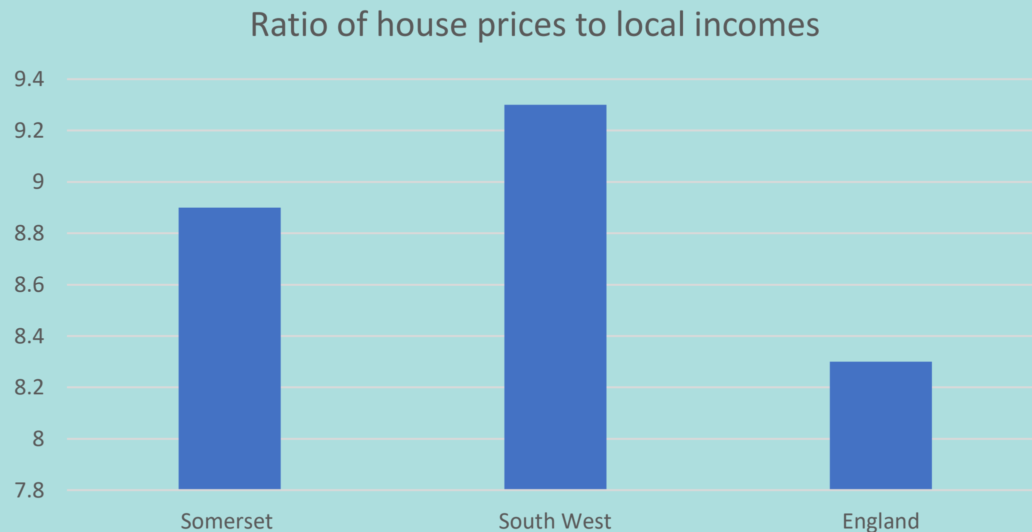
Photo by Ed Webster

Housing Affordability

For many, particularly younger households, buying in Somerset is simply not an option. Average house prices are 8.9 times the average (median) income in Somerset and more than 9 times in some areas, which is less affordable than the England average of 8.3 times median incomes but slightly more affordable than the South West as a whole (Figure 4).

The impacts of this are significant, placing high demand on private and social rented homes and driving up the cost of renting. Housing availability and affordability is undoubtedly a contributing factor in for people considering coming to work in Somerset.

Figure 4: Ratio of Median House Price to Median Gross Annual Earnings, Somerset, South West region and England, 2022



"The only way I'll own my own house is through inheritance."
Rurality JSNA - Engagement with young people

Key Worker Housing:

It is well recognised that high housing costs relative to local incomes are one factor contributing to young people choosing not to live in Somerset and subsequently the related difficulty in recruiting key workers to health and social care roles. There is a risk to the health and care system if we are unable to attract, recruit and retain the future workforce required. At a minimum, about 300 workers are to be recruited internationally to work in the NHS and Local Authority in Somerset in 23/24, with many more likely to be recruited to the independent social care provider market.

Additional pressure is placed on the housing stock by inward investment in major infrastructure such as Hinkley Point C, where the expected workforce is anticipated to be 12,000 by mid-2024, with the majority of these workers needing to live in reasonable proximity to the site.

To address the challenges of key worker housing, new Key Worker Housing Hubs are being established by Somerset Integrated Care Board in two locations to provide support and advice on how to find the right home for different households moving to work in Somerset

Housing Stability

Having a house is better than not having a house, but fragile and uncertain access to accommodation has its own problems. Central to this is the issue of affordability.

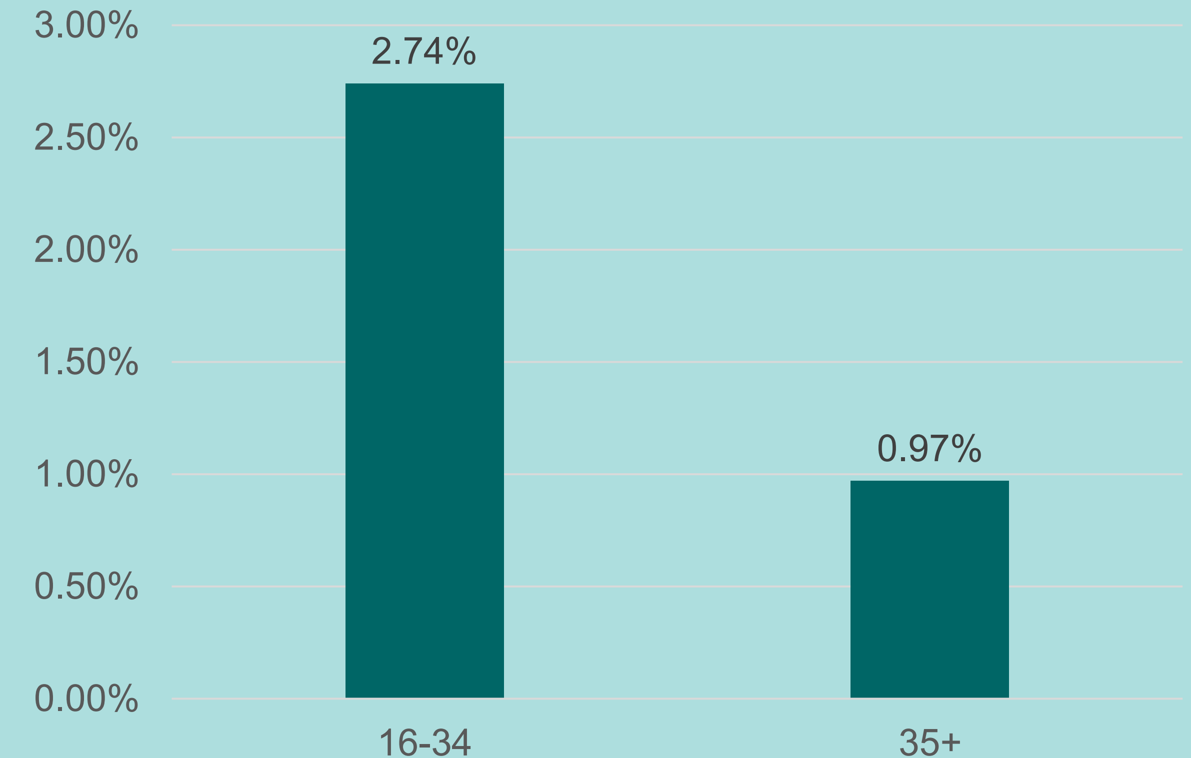
High rents and lack of affordable housing options often leave people living in unsuitable, poor quality and insecure homes. Uncertainty in itself has been shown to cause stress and ill-health. This causal link is shown most clearly in the private rented sector where levels of uncertainty are especially high.

The rental sector makes up about 32% of the housing stock in Somerset – 14% is social housing, and 18% private rented homes. Private renting is typically very insecure, with the highest costs and the lowest quality of housing. As younger adults are much more likely to live either in the private rental sector or with family, people under 35 in Somerset are almost three times more likely than those over 35 to apply for social housing in the county (Figure 5).

This particularly affects urban areas such as Taunton and Bridgwater, where the average private rent has risen to £750 per month. The impact this has on housing security has translated into increasing numbers of households in Somerset in temporary accommodation, which stood at 240 households in December 2023, compared with fewer than 100 in April 2023.

Difficulty affording private rental accommodation can affect the disposable income needed to afford other essentials such as transport, heating and food. If unaffordability requires households to move, this can disrupt family life, work, education, and neighbourhood links and particularly affects children in poverty, who are almost twice as likely to have moved three or more times.

Figure 5: Percentage of Somerset population who had made Homefinder applications by age cohort, Jan 2022-Jan 2023



Renting privately is the most precarious form of tenure, and the end of a private rented tenancy accounted for 49% of 972 households owed a homelessness prevention duty in 2022/23. Most worryingly, more than one in four of these households included dependent children.

Unsurprisingly, private renters and social housing tenants are far more likely to go to Citizens Advice for support than owner occupiers. In the year 2022 to Sept 2023, 68% of people who asked for advice in Somerset were renting, homeless or staying with friends and relatives, and 57% of people who presented with threatened homelessness to Citizens Advice were private tenants, whilst only 8% were home-owners. Figure 6 shows the tenure of people seeking housing-related advice from Citizens Advice relative to the number of households of that tenure in Somerset, and the relative low level of need from owner occupiers compared with renters.

People with a history of offending are 50% less likely to reoffend if they have stable accommodation. However, they face additional barriers in accessing housing. In addition, difficulty in gaining employment, and living "chaotic" lifestyles, makes it difficult to retain tenancies.

New evidence suggests that the precariousness of private renting (versus living in another sector) has a greater impact on ageing than being unemployed (versus employment) or being a former smoker (versus never smoking). Encouragingly, though, the ageing effects are reversible with access to more secure accommodation.

Figure 6: Tenure and housing related enquiries to Citizens Advice, 2023-2024

RECOMMENDATION 2:

Ensure the new Local Plan and local Neighbourhood Plan give significant attention to current and future demographic trends and the related housing needs. Innovate solutions to the development of more one and two bedroom homes, affordable homes, housing stability and homes built to accommodate future health needs are required.

Homelessness and Rough Sleeping

I have recently published a detailed Health Needs Assessment on homelessness.

As this report says, homeless people:

"…often suffer multiple disadvantage, experiencing a combination of problems including substance misuse, contact with the criminal justice system and mental ill-health. They often fall through the gaps between services and systems, making it harder to address their problems and lead fulfilling lives. Solutions to improve the health and wellbeing of the homeless population require both a system-wide commitment and well-coordinated local services."

Homelessness is a highly complex issue, with ill-health both a contributory factor and an effect. No two individuals have exactly the same story.

At its most visible and extreme, being homeless may mean rough sleeping. Numbers of people sleeping rough in Somerset are difficult to ascertain and vary but in September 2022, there were 89 people found to be living on the streets, with 57 counted on one night as part of the national count.

The health outcomes for people who sleep rough are strikingly poor. Nationally, the average age of death within the homeless population in 2021 was 45 for men and 43 for women, and homeless people were up to six times more likely to die than their contemporaries in the same age groups. Often, this is due to co-occurring mental ill-health and substance misuse needs, physical health needs, and many homeless people having experienced significant trauma in their lives.

Not all people who are homeless are sleeping on the street. In addition to the 100 or so rough sleepers, there are perhaps another 500 who are "vulnerably housed". This may mean relying on temporary accommodation, such as staying with friends or requiring frequent moves. There is much movement between these two groups, and with the more settled population. The Council receives on average 700 homelessness applications each month.

Somerset Council has a statutory duty to help prevent homelessness and provide accommodation for those at risk. The cost of living crisis has meant more people have sought help and the cost of providing temporary accommodation has increased significantly

Since the formation of a unitary council, these statutory duties are now covered by a joined-up Housing Options team, leading to a more consistent approach across the county, through for example a single case-management IT system.

Nevertheless, too many people who face the most acute housing needs face multiple barriers to finding a suitable home that meets their own expressed needs. Some people face multiple disadvantages that impact on their ability to live independently and maintain a home and tenancy. Their current circumstances are often based in long-term experiences of poverty, deprivation, trauma, abuse and discrimination. These people are considered to have "multiple complex needs", which often result in being at increased risk of poor mental health, substance misuse, homelessness and contact with the criminal justice system, as well as long-term health conditions or disability and shorter life expectancy.

People who are less able to navigate multiple service pathways for different needs are at risk of experiencing poorer outcomes. A person with multiple complex needs may only meet the threshold of need for one or two services that they require, and yet without holistic support will be unable to resolve their issues. Alternatively, they may be unable to access some services they need because of addiction, a criminal record or challenging behaviours.

Many of these people have significant health need, but can benefit considerably from a preventative, Public Health approach to their welfare, helping strengthen the protective factors that can keep them from falling into greater need, and helping them get back on their feet.

I am incredibly proud of the pioneering work that Somerset has done in such "Inclusion Health". The Inclusion Health Service is a nationally recognised initiative that recently won an NHS Parliamentary Award for services for action on health inequalities. The innovative and multidisciplinary approach taken to inclusion health is captured in this case study.

RECOMMENDATIONS 3 and 4:

That the Council and Integrated Care Board prioritise collaborative work to address the needs of people who experience multiple disadvantages.

It is recommended that the Integrated Care Board continues to develop the Inclusion Health Service and develops an overarching Somerset Inclusive Health Strategy.

Case Study: Somerset's Inclusion Health Service

About half of Somerset's homeless people are in contact with health services, although the proportion should probably be much higher. This group is socially excluded, typically experiencing multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This complexity cannot be dealt with by looking at symptoms individually.

Instead, Somerset has engaged specialist outreach GPs in Taunton, Yeovil and the Mendips, outreach clinics in churches, hostels and day drop-in centres, and a Homeless and Rough Sleeper Nursing Service to address both the physical and mental health of these vulnerable people.

Each former Somerset district has an inclusion health and homeless GP surgery or hub, who collectively in the year to April 2023, provided over 2,000 appointments either as outreach or by phone to the target group of people. Meanwhile the homeless health nursing service is a multi-disciplinary team of mental health and adult nurses, paramedics, and peer support workers, who provide health checks, wound care, blood tests, and advice and advocacy, as well as helping people to register with a GP. The service has received over 900 referrals since it began in 2021 and held 4469 appointments between March 2021 and June 2023.

Complex problems require multidisciplinary solutions. One hundred new patient appointments at the Gateway in Yeovil identified 121 different problems, such as domestic violence, mental health issues, physical injuries and illnesses, sexually transmitted infections, dental health and confidential advice and advocacy.

The close work between Public Health, the NHS, accommodation providers and the voluntary, community and faith sector has resulted in an exceptional health and wellbeing offer for this incredibly vulnerable cohort of adults in Somerset.

Good Quality and Suitable Homes

- Fuel poverty
- Damp and mould
- Preventing hazards in the home

Vicars Close, Wells, Credit: Stewart Black

Simply having a roof over your head is not enough. Many dwellings contain hazards that can affect health. We spend on average 90% of our time indoors[1], and for people who are more vulnerable – the very young, elderly or ill - a higher share of this is often spent in the home. However, Somerset has higher rates of housing hazards than the national average, with more than one in seven homes estimated to have a Category 1 housing hazard, meaning it poses a serious and immediate risk to health and safety.

Fuel Poverty

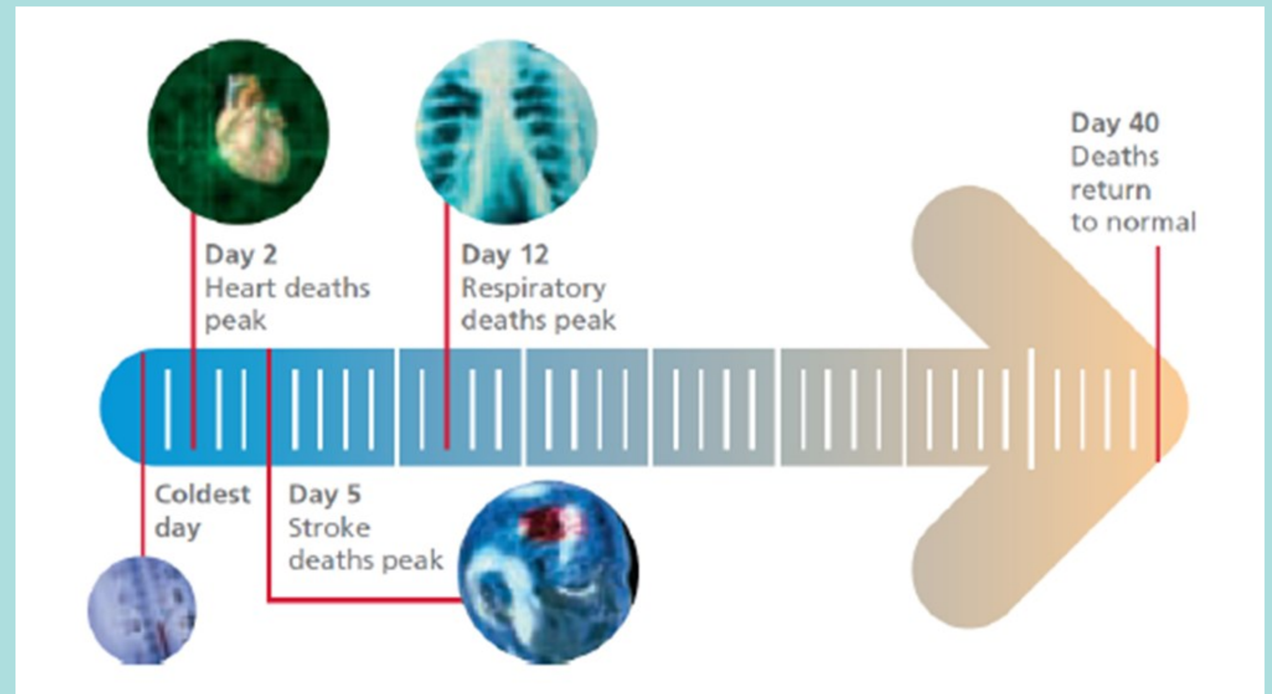
Fuel poverty has direct negative health impacts via its effects on respiratory, cardiovascular and mental health, in particular in people with pre-existing vulnerabilities, such as young children and older adults.

The impacts on health are not immediate and so not always obvious, with deaths from respiratory causes peaking 12 days after a very cold spell, whilst cardiac deaths peak earlier (Figure 7).

Fuel poverty has further indirect health effects due to its impact on disposable income for other essentials. Three factors lie behind fuel poverty: the cost of fuel, household income, and the efficiency of dwellings in maintaining warmth. For most, who are dependent on oil, gas and electricity, the first is set by global markets (albeit with national government support in the last year), and the second is a key component of inequality, underlying much discussion in Public Health (such as my report in 2015).

The third is a characteristic of the dwelling. This is very evident in Figure 8, on the following page, where the highest proportions of households in fuel poverty are in rural areas of Somerset. Housing in these areas is often detached, with more outside walls to lose heat. They also tend to be older housing stock, without the benefits of damp courses and built-in insulation as in more modern homes. It is estimated that over 65% of the housing stock across Somerset was built pre-1945. Rural areas are also likely to rely on oil or LPG heating, which is more expensive than the gas in most urban areas. The recent rise in home energy prices is estimated to have increased rates of fuel poverty in Somerset from 11.6% of households in 2015 to 19.1% in 2023; with more than one in four households fuel poor in some rural communities. [1].

Figure 7: Time lag between cold weather and health Impacts in England (source: Cold Weather Plan for England)



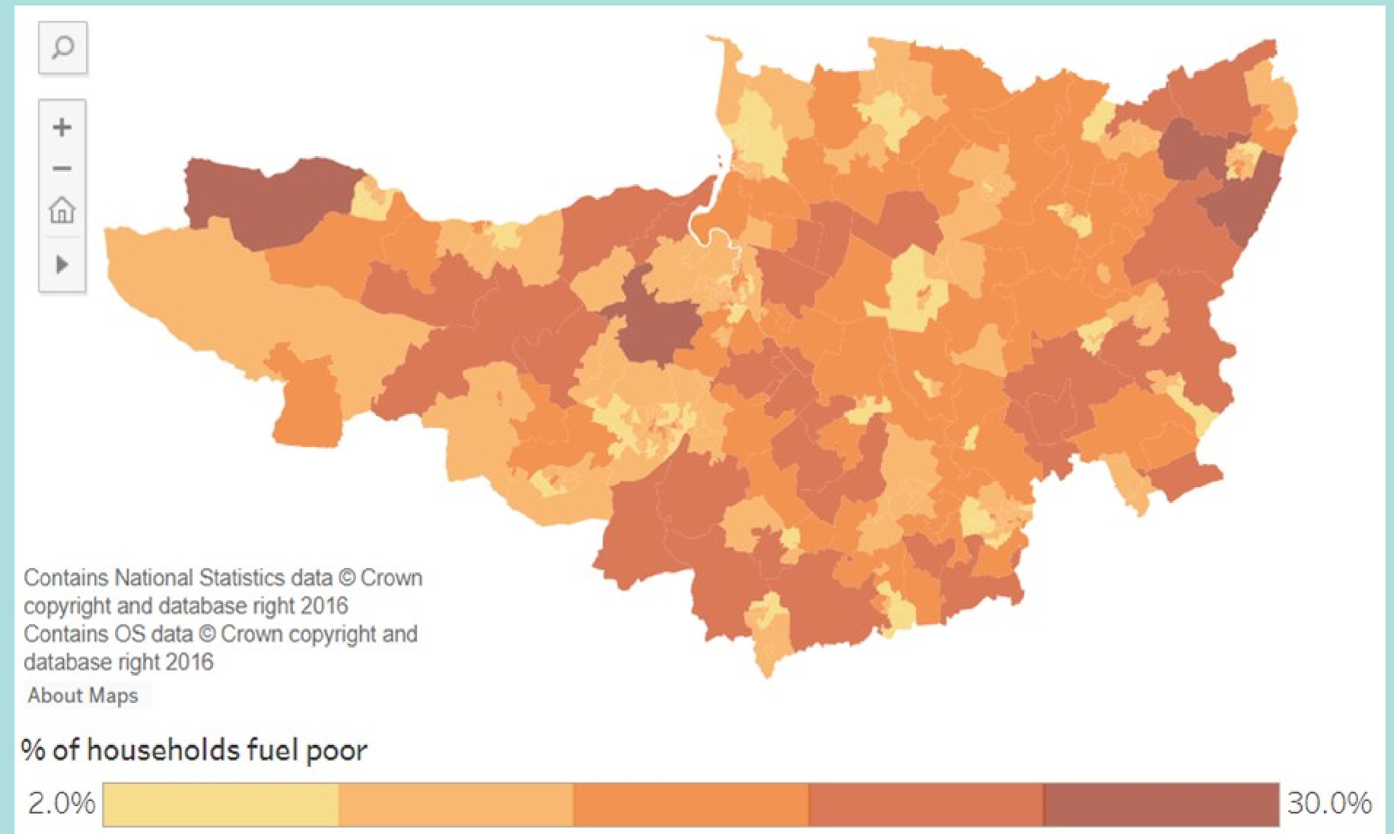
Damp and mould

Cold, damp and mould are often found together. Mould thrives in the damp, and moisture persists where heating and ventilation are poor. The harmful health effects are particularly on the respiratory system, exacerbating conditions such as asthma and Chronic Obstructive Pulmonary Disease (COPD).

Overcrowding is also likely to make damp and mould problems worse, with more people, more cooking and more clothes to dry. Damp, mould and cold can be found in all tenures of house but are disproportionately found in the private rented sector. It is important that Environmental Health Officers work with landlords to reduce the risk of damp and mould. In severe cases Environmental Health Officers can prevent the property being occupied until improvements are made.

Citizens Advice Somerset saw almost a 300% increase in reports of damp, mould and condensation in the year to Sept 2023. This may be due to rising costs of home energy to stay warm and free of damp but may also be driven by increased awareness of the health harms and importance of addressing them.

Figure 8: Proportion of Households in Fuel Poverty, Somerset, 2015



Disease conditions associated with exposure to cold, damp and mould

Our GP QOF (Quality Outcomes Framework) data for Somerset shows the prevalence of disease conditions. Here we show four of the main conditions that we know are made worse by exposure to cold, damp and mould. For each of these we can see that the situation in Somerset is getting worse over time and is worse compared with the national average. Only some of this disease prevalence will be due to poor quality housing but it is important to do all we can to address all causes of ill-health.

Chronic Obstructive Lung Disease (COPD) is a long-term condition where lungs that struggle to move air effectively, resulting in frequent chest infections. It affects 2.2% of our population, a total of 13,128 people, compared to the England average rate of 1.8%. (Figure 9).

Coronary heart disease (CHD), which causes heart attacks, affects 3.8% of our population, a total of 22,751 people, compared to the England average of 3.0%. (Figure 10).

Clinical depression is only one marker of poor mental wellbeing, but it affects 16.1% of our adult population, a total of 78,667 people, compared to the England average of 13.2% (Figure 11).

Asthma is particularly susceptible to cold, damp and mould. Out of everyone in Somerset who is over the age of 6, 7.3% have asthma, a total of 41,327 people, compared to the England average of 6.5% (Figure 12).

Figure 9: COPD prevalence (all ages)

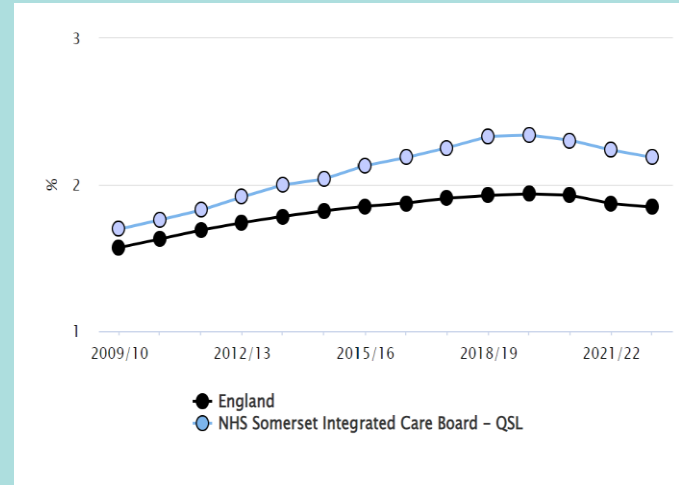


Figure 10: CHD prevalence (all ages)

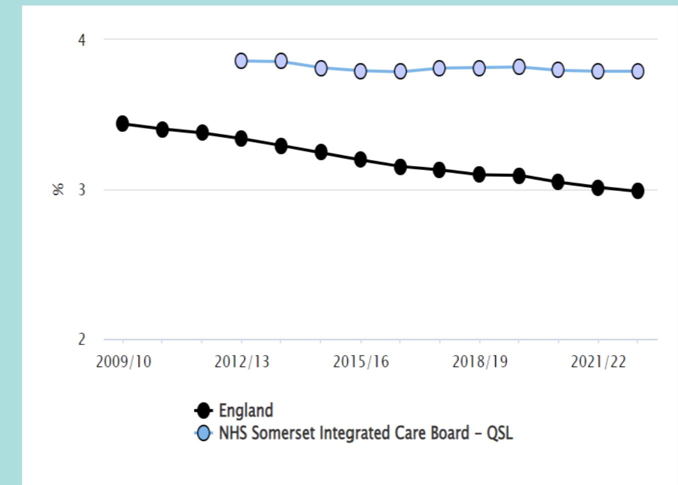


Figure 11: Depression prevalence (18+)

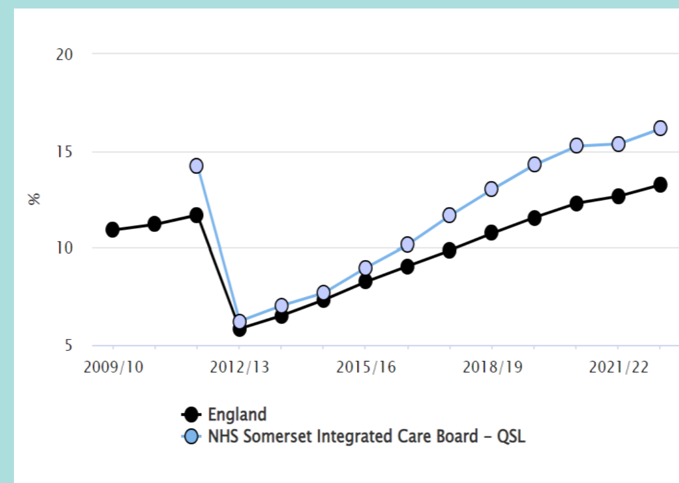
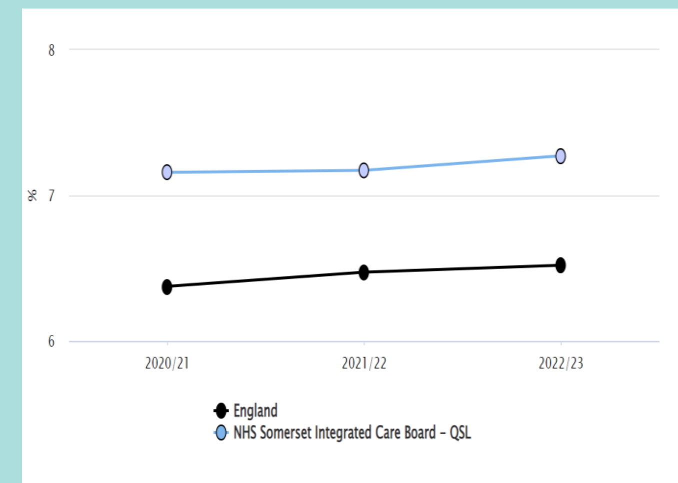


Figure 12: Asthma prevalence (6+)



Cold, Damp, Mould - What are we doing about it in Somerset?

In Somerset, we recognise that housing standards regarding cold, damp and mould can only be effectively identified and reduced through working across different agencies. A multi-agency group has agreed a new pathway for families with children to escalate concerns about damp and mould affecting their health.

This begins with behavioural advice to minimise sources of damp build up and progresses to inspection and interventions to the fabric of the building to be undertaken by the landlord. There is also an option of removal of tenants from unsafe properties if a child with diagnosed asthma is living in a home with ongoing damp and mould.

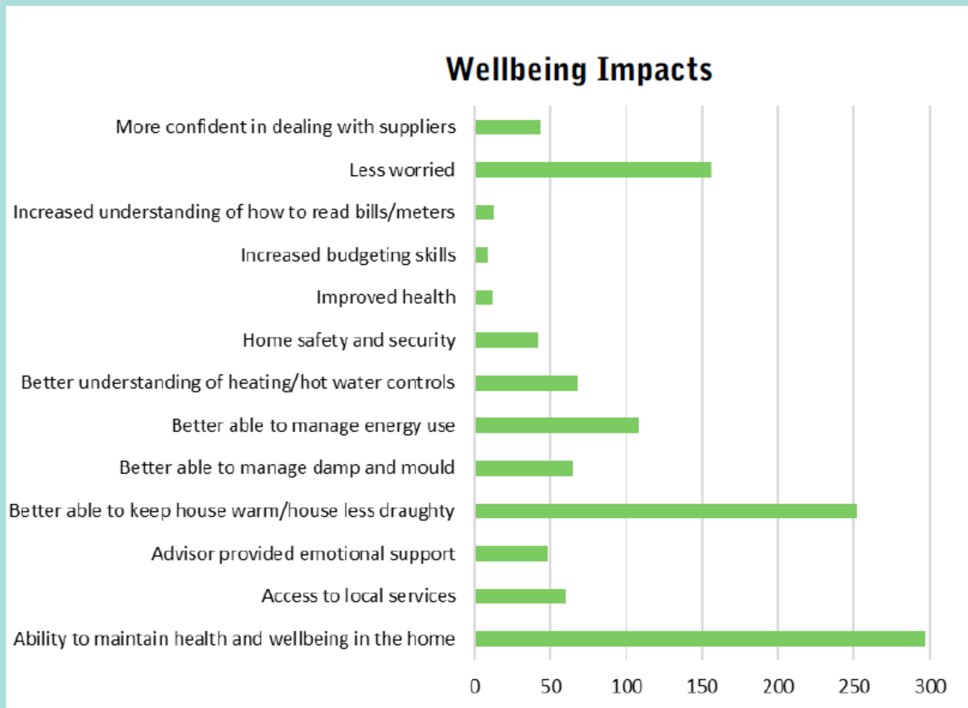
Housing hazards can be mutually reinforcing; for example, an overcrowded property, particularly where the family has young children, is more likely to generate higher levels of moisture through normal household activities and therefore suffer with damp and mould if there is inadequate heating, insulation and ventilation.

Environmental Health Officers have considerable powers and duties under the Housing Act 2004 to enforce landlords to improve housing conditions. The Housing Ombudsman have made recommendations for landlords to understand the risks in their property portfolio, have an effective complaints policy and train staff to handle complaints sensitively and effectively.

For the wider population, the Safe and Warm Somerset Helpline exists to support households with energy efficiency and heating measures. This case study on this page gives an example of how the helpline has successfully advocated for home improvements for an individual based on information from health care.

In 2023 the helpline saved households over £1million on home energy bills and reached over 1600 households reporting over 1200 health conditions. The self-reported impacts on wellbeing are presented in Figure 13.

Figure 13: Self-reported impact on wellbeing of home energy efficiency measures supported by the Safe and Warm Somerset Helpline in 2023, number of households



Case Study: Safe and Warm Somerset Helpline

Andy has Parkinson's disease, which is made worse by cold and damp. He called our Somerset Safe and Warm helpline in January 2023 because his house had significant damp and mould issues and he was interested in getting a cavity wall insulation. Although Andy's income was higher than the threshold for the Energy Company Obligation (ECO) scheme, our telephone advisor was able to refer Andy to an installer for a full house retrofit based on his health condition. We also provided Andy with some behavioural advice on how to reduce condensation, damp and mould.

Shortly after this referral Andy contacted our helpline again saying he had been told by ECO that he was not eligible due to his higher income. Our advisors checked the criteria and confirmed that Andy was eligible as long as he could get a letter from the NHS explaining how his condition was affected by the cold. We were able to confirm this with the installers, who then went ahead and Andy received cavity wall insulation, an air source heat pump and solar PV.

Along with our behavioural advice, these installations will help to keep Andy's home warm and dry and reduce the impacts that a cold damp home would have had on his health. Through our advocacy the total cost benefits to Andy amounted to £19,400 – one-off savings in installations covered by the ECO scheme, and £1,849 ongoing yearly savings.

Child injury

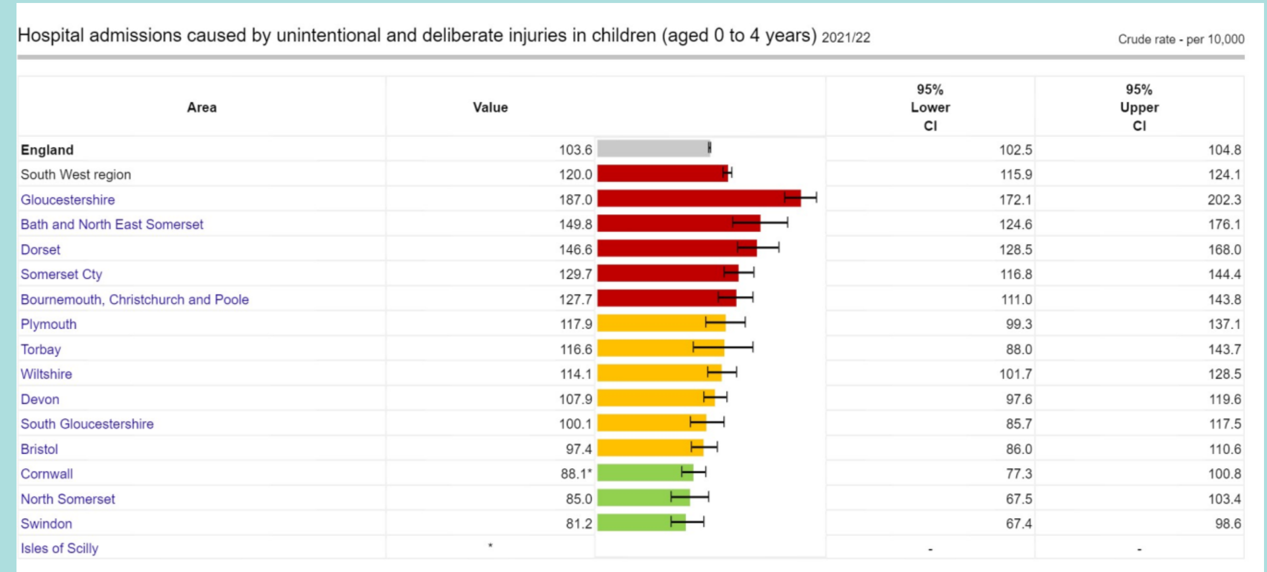
Injuries (both unintentional and deliberate) are a leading cause of hospitalisation for children and represent a major cause of premature mortality for children under 4 years of age. Child injury can significantly affect the child physically and emotionally, as well as impacting the family and wider health economy. Child injuries also disproportionately affect families who are poorer, causing widening health inequalities.

National indicators for child injury have recently changed meaning we are unable to look at trends, but historical indicators suggested a worsening picture for Somerset. For the year 2021/22 Somerset crude rates per 100,000 of emergency admissions for unintentional and deliberate injuries in children aged 0-4 are significantly higher than the England and South West averages (see Figure 14).

National policy and research stipulate that preventing child injury requires a whole system multi-faceted approach that includes supporting safe home environments, improving product safety, and providing education. There is clear guidance around implementing home safety assessments that combine the provision of advice, education and safety equipment, particularly to families living in deprived areas or social housing.

In Somerset our health visitors work in collaboration with Somerset and Devon Fire Service to provide safe home environments for young children as part of our universal healthy child programme. Health visitors routinely discuss injury prevention during contacts with families. Where there are additional concerns, families with children under 4 are referred to the Somerset Safer Home Scheme which is delivered by the Fire Service and includes fitting equipment to help mitigate risks (such as stair gates and cupboard locks).

Figure 14: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) 2021/22



Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) 2021/22

Crude rate - per 10,000

Area	Value	95% Lower CI	95% Upper CI
England	103.6	102.5	104.8
South West region	120.0	115.9	124.1
Gloucestershire	187.0	172.1	202.3
Bath and North East Somerset	149.8	124.6	176.1
Dorset	146.6	128.5	168.0
Somerset Cty	129.7	116.8	144.4
Bournemouth, Christchurch and Poole	127.7	111.0	143.8
Plymouth	117.9	99.3	137.1
Torbay	116.6	88.0	143.7
Wiltshire	114.1	101.7	128.5
Devon	107.9	97.6	119.6
South Gloucestershire	100.1	85.7	117.5
Bristol	97.4	86.0	110.6
Cornwall	88.1*	77.3	100.8
North Somerset	85.0	67.5	103.4
Swindon	81.2	67.4	98.6
Isles of Scilly	*	-	-

There is still much work to be done to ensure that children in Somerset are safe and protected from injury. A multiagency working group convened by Somerset Council seeks to take future work forward and includes representation from housing, children's social care, education, and public health nursing and the voluntary, community and faith sector. The working group initial action plan builds on the evidence research and scope of best practice to reduce and prevent child unintentional injury through the following workstreams:

1. Whole system approach
2. Coordinated Interventions and collaborative partnerships
3. Education and training

Falls in the Home

Overcrowding and poor design (for example, steep staircases, uneven flooring) can all contribute to falls risk. As people age they become more vulnerable to the effects of housing hazards and unsuitable homes, putting them at risk of falls. In 2022, there were almost 800 hip fractures in people over 65 in Somerset due to a fall.

Only one in three of these people were likely to regain full mobility, increasing the need to move into, or receive a more supportive living environment, if their home is not safe, warm and suitable for their needs.

Meanwhile, a higher proportion of people over the age of 65 are living with long-term conditions that affect their mobility. It is estimated that the number of people aged over 65 who are unable to manage at least one mobility activity will be almost 60% higher in 2040 than it was in 2020 in Somerset.

Last year I published a Falls Needs Assessment for Somerset which provides detailed evidence of the problem and the response in Somerset.

Somerset has a higher rate of emergency hospital admissions due to falls in people 65 and over (2,030 per 100,000 population, 3,015 falls), than regionally (1,943 per 100,000 population). Somerset's rate is similar to the national average. The overwhelming majority (86%) of these admissions were in people aged over 80.

There are three complimentary approaches we can take to reduce falls in the home:

1. **Adapt existing homes to reduce hazards**: Somerset Independence Plus (SIP) works with Somerset Council to help people stay living independently in their homes for longer, through adaptations, improvements, safety and prevention services for disabled and vulnerable people. Many of the above are covered by subsidies such as the Disability Facilities Grant. People can request an assessment of their needs by SIP, or they can make a visit to one of three Independent Living Centres which offer people the chance to try out a range of equipment that can help them live independently for longer.

2. **Diagnosing and treating illnesses early**: For people with multiple conditions, there may be a requirement to take multiple medications and this has been shown to increase the risk of falls. A personalised approach to care, particularly complex care, is critical to ensure different treatments do not interact in a way that can cause people to be at increased risk of falls.

3. **Type of Housing:** To meet rising demand and adapt to an ageing population we need to think ahead about the type of housing we build and how we design places so that more people can stay healthy and independent well into later life, ideally within the communities they call home where they have established support networks.

RECOMMENDATION 5:

It is recommended that Somerset Integrated Care System adopt a collaborative approach to reducing falls and injuries overall and in the home, including continuing to provide support for retrofit interventions and housing adaptations that enable people to live safely in their homes

Personalised Care

Personalised Care is a new approach being rolled out by NHS England, to provide people with choice and control over the way their care is planned and delivered. It is based on "what matters" to them and their individual strengths and needs. To address needs holistically requires the involvement of multiple professionals from across health and care services, as well as community, voluntary and faith services, to ensure people feel connected to their communities and each other. A cornerstone of delivering Personalised Care includes people who are skilled in connecting people to what is available in their communities to improve their quality of life and overall wellbeing – known as Social Prescribing Link Workers (SPLWs). We have long valued the importance of this role, and there are 38 SPLWs in Somerset, complimented by additional roles that provide specialist holistic support such as to Carers.

Personalised care involves:

- Patient choice
- Shared decision making
- Supported self-management
- Social prescribing and community-based support
- Personal health budgets

For example, in South Somerset many people who needed care were waiting a long time for their needs to be assessed, and in the meantime their health and wellbeing was getting worse. When their needs were assessed, often Adult Social Care could not do everything and the person then needed to wait for further services: for example, pharmacists to review the medicines they were being prescribed, district nurses to visit them in their home, an occupational therapist to advise on adaptations like grab rails to help them stay mobile, and local voluntary services to help with food and friendship and keep people connected to their communities.

The Complex Care Team is a GP, a nurse and an Assistant Practitioner. The Team thought that if they also had a social worker who could help join up health and care decisions for individuals that more people would get the right support and fewer people would have to wait for a care assessment.

Tyna is a social worker in Adult Social Care and joined the team for three months initially. Together the team looked at the waiting list and assessed all the different needs of people on it. They then joined up the medical support, care provision, and wider community support.

A "team of teams" meets every week from the hospital, pharmacy, mental health trust and voluntary sector to work together to ensure people get all the support they need. As a result of this pilot, the waiting time for social care in the area has reduced from 300 days to 55 days. Also, 11 people received an urgent social care response within days, which reduced the costs to the NHS of treating the consequences of not having care.

As one person in the team says: "Patients and families are happier with [the] working together. Being able to work as part of this level of care is better for patients and increases job satisfaction."

There is a strong correlation between unsatisfactory housing conditions and households in economic and social disadvantage. Elderly and vulnerable private sector households are over-represented in non-decent housing. There are limited resources available for private sector housing renewal but increasing dependency levels in the private rented sector and among vulnerable owner-occupiers who may be capital rich but revenue poor.

RECOMMENDATION 6:

Maintain support for approaches, such as Personalised Care, that seek to wrap individualised support around a person in their current place of residence to reduce the risk of needs escalating.

Overcrowding and Under Occupation

Somerset has relatively low levels of household overcrowding, with one in 250 homes overcrowded, compared with more than one in 100 in England as a whole. However, where overcrowding exists, the highest rates are in the town centres, are more likely to affect families with children, and are more likely to be in the areas that experience the greatest multiple deprivation. Overcrowding is therefore often associated with the presence of other housing hazards and with other factors such as ill-health, crime, low educational attainment and unemployment; it is a particular health issue for children, for whom it can affect mental health and the ability to study and reach their potential in education. In Somerset it is much more common in the private rental sector as seen in Figure 15 - 10.4% of social rented homes and 5.7% of private rented having more than one occupant per room, compared with only 0.7% of households owned outright.

Figure 15: Percentage of households by occupancy category, Somerset and England, 2021

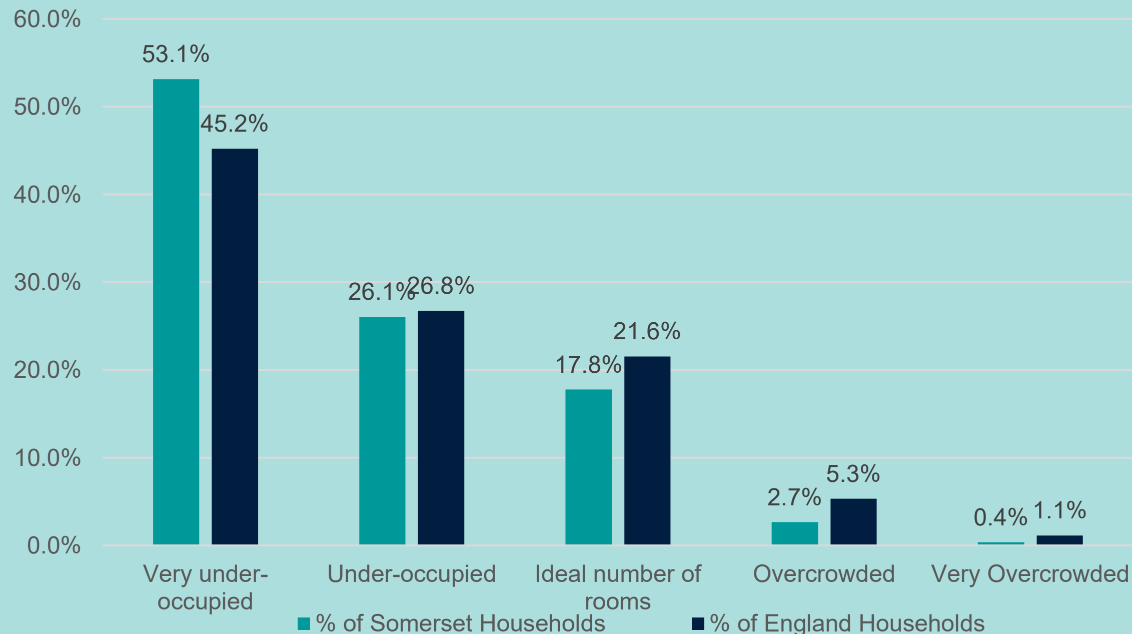
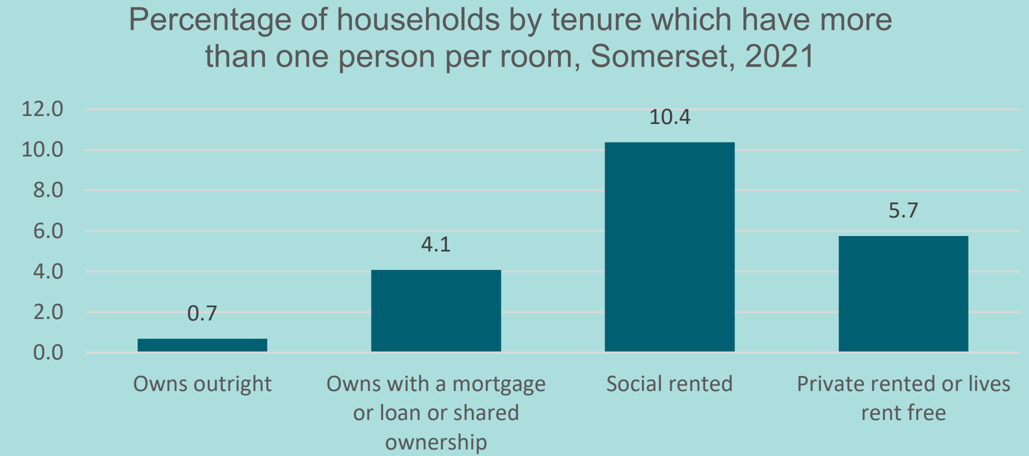


Figure 16: Percentage of Somerset Households by tenure with more than one person per room (2021)



However, whilst overcrowding affects some people, a more common phenomenon in Somerset, and nationally, is under occupation: when a household has one or more bedrooms in excess of what it strictly needs. More than half of Somerset homes are “very underoccupied”, and this coincides with a rise of 12.5% in single person households between 2011 and 2021. Given the ageing population, many of these are older adults who are living in homes that are bigger than their current needs, and which often require adaptations to remain accessible into old age. Somerset therefore does not have a housing “shortage” as such but has a housing stock that does not meet the needs of our current population.

RECOMMENDATION 7:

That a communications plan is developed to raise awareness among the public of the need to plan ahead for ageing in their home or moving to a more suitable home when the time is right, to reduce the number of people in homes in Somerset that are difficult to live in into old age.

Healthy Neighbourhoods

- Planning Healthier Neighbourhoods
- Climate Change
- Flood Risk
- The Place and its Health Impacts

The Strawberry Line, Somerset
Credit: Sam Saunders

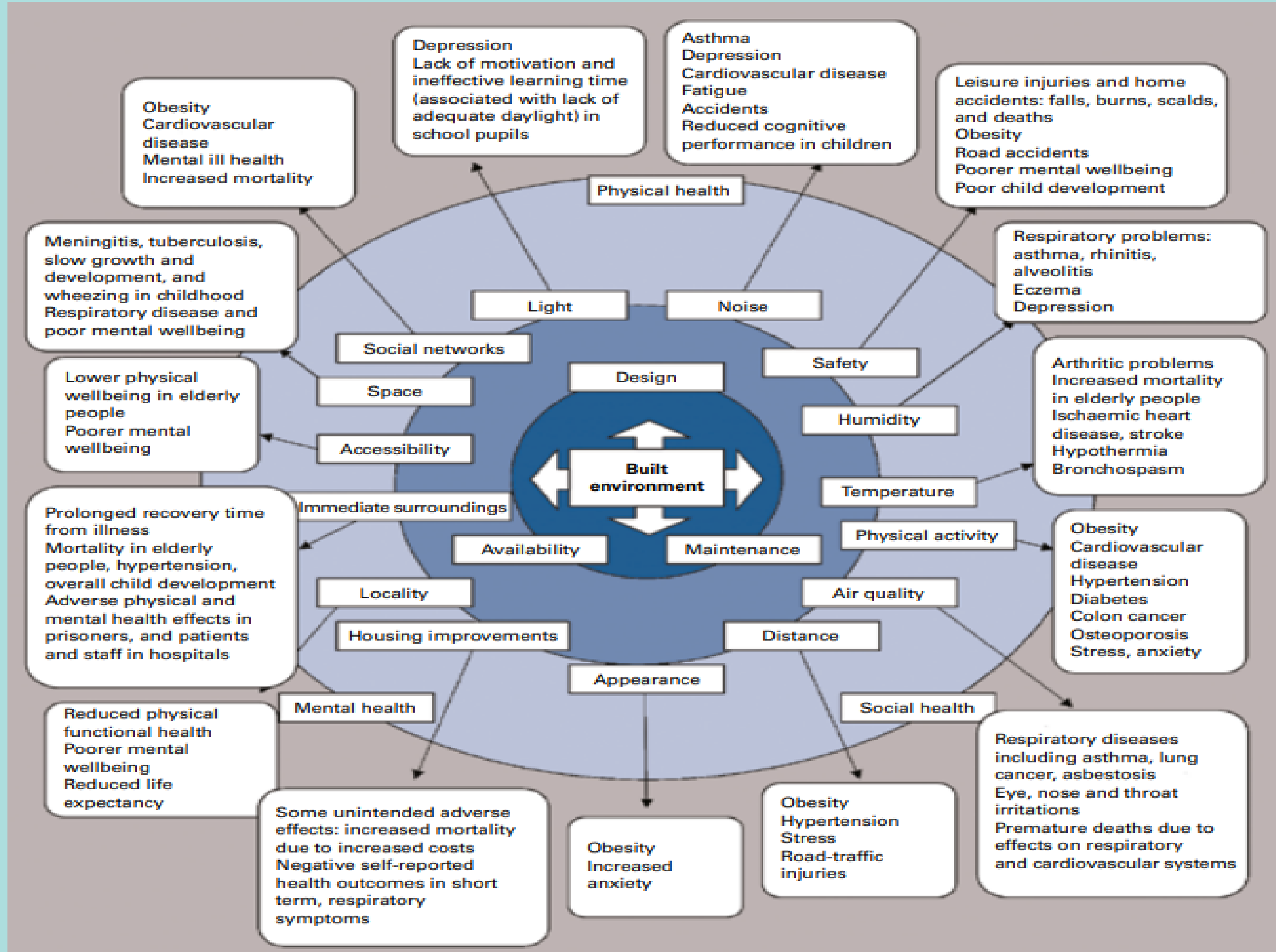
Planning Healthier Neighbourhoods

The neighbourhoods in which we live play a significant part in health and wellbeing. How we plan neighbourhoods has a powerful role in influencing how people behave in and engage with their local area.

Figure 17 shows ways in which the built environment shapes health and behaviours, and the ways in which it influences, many risk of ill health and disease.

The Somerset Local Plan currently in development will be the first Plan for the whole county and will supersede Plans from former district councils when published in 2028. It will guide decisions on future development proposals and address the needs and opportunities within Somerset. The Local Plan is the main vehicle for the Council and communities to identify where development should take place and areas where development should be restricted.

Figure 17: The Relationship Between the Environment and Health Outcomes



Source: Rao M, Prasad S, Adshead F, Tissera H. The built environment and health. Lancet. 2007 Sep 29;370(9593):1111-3. doi: 10.1016/S0140-6736(07)61260-4. PMID: 17868821.

Planning Healthier Neighbourhoods

As part of the Local Plan, local authorities are required to create a design guide or "code" based on the national model design code. Using design codes to accompany the Local Plan can play a major role in reducing health inequalities, improving loneliness, mental wellbeing and reducing lifestyle related disease risks.

The design codes can do this by considering, for example:

- how people experience and move around in their communities;
- security by design principles that can help people feel safe and walk after dark;
- inclusion of green spaces, play spaces and community facilities, which create opportunities for social interaction
- the adoption of a "lifetime homes approach" to design, and to support people living independently for longer;
- design of dementia-friendly communities.

Communities can choose to develop a shared vision for their neighbourhood and shape the development and growth of their local area through Neighbourhood Planning. Neighbourhood Plans can influence where new homes and amenities are built, their design, and infrastructure to support them. Neighbourhood planning is a power rather than a legal requirement, but Plans can be developed in shorter timescales than the county-wide Local Plan, and have the advantage of being grounded in the community's own expressed aspirations and needs.

In Somerset we need to consider support for our ageing population by developing neighbourhoods that are safe, well connected and have good access to amenities which can improve wellbeing and help people stay independent and active. Meanwhile, there are also some qualities of urban environments that particularly benefit young people: places with good public transport to be able to access and stay in education and training; places with suitable 1-2 bedroom homes for first time buyers and young adults; places with a good mix of affordable homes across a range of tenures.

Public Health Ambassador Programme: As part of a new operating model for Public Health in Somerset, we have developed a new Public Health Ambassador Programme. This programme seeks to support and provide training for specific officers to become Public Health Ambassadors. The ambassadors will be critical to embed a "health equity in all policies" approach in all parts of the organisation. They would be well placed to understand how policy areas such as housing, transport, planning, education and so on, can shape the building blocks of health and embed a systems approach to how we improve these building blocks at a place level.

Health Determinants Research Collaborative (HDRC): The Ambassador Programme sits alongside Somerset's exciting new Health Determinants Research Collaboration (HDRC) funded by the National Institute of Health Research. This programme will increase the council's capacity to translate evidence into practice and to do local research into the building blocks of health in Somerset. As a rural and coastal county with a rapidly ageing population and with no university, Somerset faces a range of challenges to delivering effective public services that are distinct from most cities in England.

The Somerset HDRC will involve people in Somerset in every stage of the research process, from identifying our research priorities, asking the right questions, designing research, collecting information, and presenting and publishing the findings. Importantly, the HDRC will help provide more capacity to apply health evidence to Housing and Planning decisions.

RECOMMENDATIONS 8 and 9:

It is recommended that Somerset Council fully commits to, and supports, the development of the Public Health Ambassador Programme.

It is recommended that Somerset Council fully embeds the HDRC and its principles into the new Target Operating Model for the Council going forwards.

Designing for active lives

For sixty years at least we have been designing our urban areas around car transport. This manifests itself in many ways:

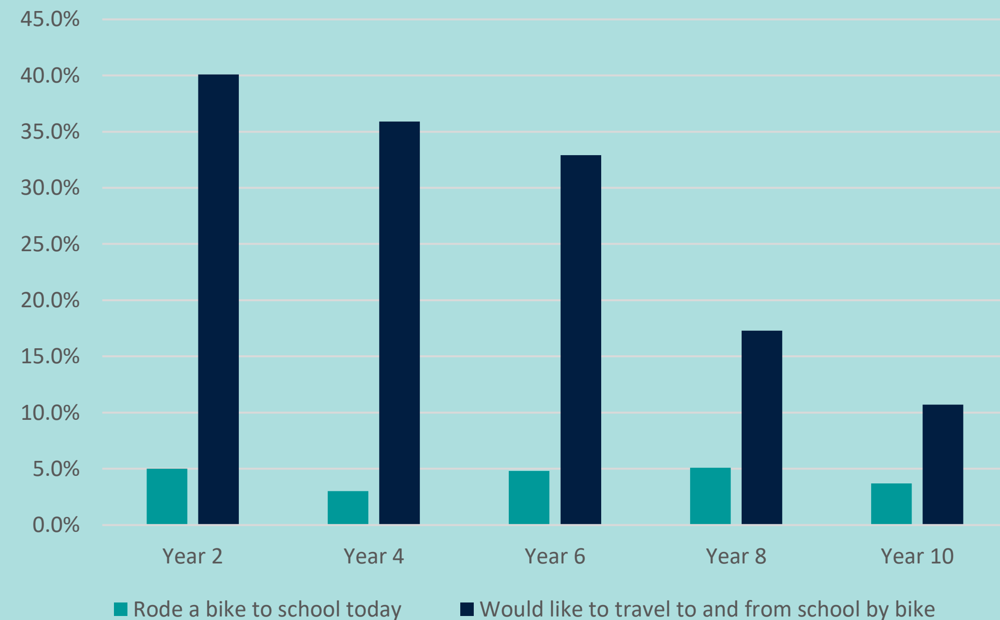
- Long waiting times for pedestrians at traffic lights, often requiring multiple stages to cross.
- One-way systems, gyratories and large roundabouts that are intimidating for cyclists and pedestrians;
- Roads designed for speeds well above the 30mph speed limit, let alone a 20mph limit.

Slowly, attitudes are changing and there is increased recognition that prioritising vehicles and speed is not compatible with healthy active living. In the recent survey of school children in Somerset we asked how students currently travel to school and how they would like to travel to school. Obviously as Executive Director of Public and Population Health, I would like all children who are able to do so, to walk or cycle to school, for some if not all of their journeys. Active travel to school is associated with better health, but also with better educational attainment. But most parents do not allow their children to cycle to school because they quite reasonably do not consider it safe to do so, even if their children have had Bikeability training.

The survey shows us that primary age children in particular want to be able to cycle to school in large numbers (around 30%), but currently only 2% do so.

Neighbourhood Plans, The Local Plan and the Transport Plan together provide us with an opportunity to rethink how we design our neighbourhoods and transport system. By engaging our communities and finding out, as the school survey suggests, where there is unmet need for better walking and cycling infrastructure, we can develop healthy neighbourhoods that encourage and enable physical activity by design.

Figure 18: Percentage of school children who biked to school and % who would prefer to ride a bike if they had a choice, Somerset School Survey, 2023



Climate Change

It is over 100 years since Patrick Geddes urged his fellow planners to “Think globally, act locally”. Good planning can indeed give local benefits in health and wellbeing, whilst simultaneously reducing the impact of climate change which is the biggest threat to health globally.

Communities designed with good insulation, local sustainable energy generation, active travel – walking and cycling – and public transport promote health without significant carbon emissions. This is, of course, easier to achieve in planning new communities than it is for existing housing stock.

UK homes are among the least energy efficient in Europe and in 2018, data from the Department for Business Industrial Strategy showed that emissions from the built environment in Somerset accounted for 24% of the total emissions released in the county. It is estimated that over 80% of the homes we are likely to be using in 2050 are already built, so maintaining and adapting those homes for a changing population and climate is vital to ensuring there are sufficient healthy homes in Somerset.

Towards a Climate Resilient Somerset

Somerset’s Climate Emergency Strategy

The Climate and Ecological Strategies set out commitments on how Somerset will decarbonise to reach its net-zero targets by 2030. This strategy includes objectives that:

- all new housing developments will be highly energy efficient and zero carbon as soon as possible
- all new developments will reduce the need to travel to access key services and employment opportunities and will facilitate sustainable travel options
- all local authority housing stock will be at least EPC C by 2030 and private landlord properties as well

The strategy recognises that there are barriers to achieving these objectives, as many are not within the gift of the local authority to deliver in their entirety. However, if achieved, the ambitions in the strategy have huge potential to deliver benefits to both population health, via increased walking and cycling and reduced pollution, and climate change via reduced carbon emissions.

Flood Risk

Rainfall patterns will continue to change as part of the changing climate. Summers are likely to be drier and winters wetter, and we are likely to see more intense and longer period of rainfall throughout the year.

This will lead to an increasing risk of fluvial (river) flooding by 2080, which is predicted to rise by 85%. Similar risk profiles exist for coastal, surface water and groundwater flooding. We saw the impact of such risks in the floods of winter 2013-14, seeing approximately 600 households affected, of which 280 homes were internally flooded, and more cut off from utilities for up to 12 weeks. The flooding particularly impacted mental health with raised symptoms of depression, anxiety and post-traumatic stress disorder among people affected, even if not directly flooded.

Rising sea levels are also contributing to increased flood risk in low-lying coastal areas, and higher sea levels also make land drainage slow. The highest risk of coastal flooding in Somerset is around Porlock Weir, where holiday lets are particularly at risk.

Flash flooding is hard to forecast, where short bursts of intense rainfall exceed the capacity of streams and drains. This form of flooding can have disproportionately harmful consequences; the design and materials used in construction of homes, gardens and the wider built environment contribute to how rapidly heavy rain can lead to dangerous surface water. With fewer permeable surfaces associated with increasing housing and road development, such incidents may become more likely to occur, unless mitigation is incorporated at planning stage.

An additional way in which flood risk may impact on wellbeing is through effect on house values, as climate change will increasingly render some homes uninsurable, leaving people occupying those homes vulnerable to both the physical and financial consequences of flooding.

In anticipation of this, since 2013-14, not only has the physical infrastructure been invested in, such as a causeway linking Muchelney to nearby Drayton, higher riverbanks and larger capacity pumps, but also social ties within the communities have been strengthened. Our most vulnerable coastal areas are being prepared for a 1.0m sea level rise with new and strengthened flood defences.

RECOMMENDATION 10:

It is recommended that Somerset Council adopts a strong “health in all policies” approach to Neighbourhood Plans, the new Local Plan and Transport Plan, embedding consideration of local health needs when developing and implementing the plans, and seeking to design neighbourhoods that encourage active travel, improve health, support community resilience and reduce the risks and impact of climate change.

Summary of Recommendations

It is recommended that Somerset Council and Integrated Care Board (respectively):

1. Maximise opportunities to join up and integrate commissioning and delivery of supported housing and support services to better serve people with multiple complex needs.

2. Ensure the new Local Plan gives significant attention to current and future demographic trends and the related housing needs. Innovate solutions to the development of more one and two bedroom homes, affordable homes, housing stability and homes built to accommodate future health needs are required;

3. That the Council and Integrated Care Board prioritise collaborative work to address the needs of people who experience multiple disadvantage.

4. It is recommended that the Integrated Care Board continues to develop the Inclusion Health Service and develops an overarching Somerset Inclusive Health Strategy.

5. It is recommended that Somerset Integrated Care System adopt a collaborative approach to reducing injuries and falls overall and in the home, including continuing to provide support for retrofit interventions and housing adaptations that enable people to live safely in their homes

6. Maintain support for approaches such as Personalised Care that seek to wrap individualised support around a person in their current place of residence to reduce the risk of needs escalating.

7. That a communications plan is developed to raise awareness among the public of the need to plan ahead for ageing in their home or moving to a more suitable home when the time is right, to reduce the number of people in homes in Somerset that are difficult to live in into old age.

8. That the council commits to, and supports, the development of the Public Health Ambassador Programme;

9. That the council embeds the HDRC and its principles into the new Target Operating Model for the Council going forwards.

10. It is recommended that Somerset Council adopts a strong “health in all policies” approach to Neighbourhood Plans, the new Local Plan and Transport Plan, embedding consideration of local health needs when developing and implementing the plans, and seeking to design neighbourhoods that improve health, support community resilience and reduce the risks and impact of climate change.