

[Press release: New data shows drop in bovine TB as further measures to fight disease unveiled](#)

Reductions in new outbreaks of bovine TB have been recorded in Gloucestershire and Somerset following the completion of their licensed four-year badger culls, Farming Minister George Eustice has announced.

The data published today shows there has been a decline in TB incidence in the first two cull areas with the rate of new confirmed breakdowns now at about half the level they were before culling began. In the Gloucestershire cull area, TB incidence has fallen from 10.4% before culling started to 5.6% in year four of the cull, while in Somerset it has reduced from 24% to 12%.

The findings are in line with expectation based on the scientific evidence from the Randomised Badger Culling Trial which underpins the approach to tackling bovine TB – and demonstrate progress is being made in delivering the 25-year TB eradication strategy in England to rid our farmers of the impacts of this terrible disease.

In a further move to strengthen the [government's 25-year bTB eradication strategy](#), the Minister of State has also announced the opening of a new round of applications for Badger Edge Vaccination Scheme grants.

[Licences have also been published](#) for badger control in 10 new areas within the High Risk Area, covering parts of Devon, Cornwall, Somerset, Staffordshire and Gloucestershire, plus one additional licence for badger control in Cumbria to eradicate a pocket of infection in both cattle and badgers in the TB Low Risk Area. Along with six-monthly cattle testing, movement restrictions and good biosecurity on farms, this offers the best opportunity to deal quickly with this localised threat.

Farming Minister George Eustice said:

Today's figures showing reductions in TB cases in Somerset and Gloucestershire are evidence that our strategy for dealing with this slow moving, insidious disease is delivering results.

Bovine TB remains one of the greatest animal health threats to the UK. There is no single measure that will provide an easy answer which is why we are committed to pursuing a wide range of interventions to protect the future of our dairy and beef industries and eradicate the disease within 20 years.

No one wants to be culling badgers forever so the progress reported today is encouraging.

The Badger Edge Vaccination Scheme, which was suspended for two years following a global vaccine shortage before resuming in 2017, is open for expressions of interest from today with grant funding of up to 50% of costs – worth £700,000 over four years – available to private groups wishing to carry out badger vaccination in the Edge Area.

The scheme, which funded three projects over the course of the past 12 months, aims to create a protected badger population between the High Risk and Low Risk Areas of England and prevent further spread of the disease. New projects would start in spring 2019.

TB data from the eight other cull areas that have held licences for two or three years is also published today. While it is too early to expect to see any drop in those areas, we would hope to see a similar pattern to Somerset and Gloucestershire in coming years. A full scientific paper will be published in due course.

England has the highest incidence of bovine TB in Europe and the disease costs taxpayers over £100million every year. In 2017 more than 33,000 cattle had to be slaughtered in England to control the disease, causing devastation and distress for farmers and rural communities.

Earlier this year the government announced [a review of its 25 year Bovine TB strategy](#). The review, chaired by Sir Charles Godfray, is due to report to ministers at the end of the month.

Chief Vet Christine Middlemiss said:

Taking comprehensive action to prevent bovine TB infection of cattle from the reservoir of disease in local badger populations is an essential part of the government's 25-year strategy to eradicate the disease in England.

Proactive badger control is currently the best available option. Supported by tighter cattle controls including in those areas seeing a reduction in cattle-badger-cattle infection, improved biosecurity and vaccination, the licensing of further areas is necessary to realise disease control benefits across England.

Five years into our 25-year bovine TB eradication strategy it is timely to reflect on the next steps and I look forward to Sir Charles Godfray and his team reporting to ministers later this month.

Read the [licenses and authorisation letters](#).

Read the [data on BT trends](#).

Press release: Road schemes to help create jobs and homes in Yorkshire and North East

Communities in Yorkshire and the North East are set to benefit from three major road improvements which will help create hundreds of new jobs and homes

A better access from the A19 to the proposed new International Advanced Manufacturing Park and Nissan plant in Sunderland is among the upgrades which are worth around £82 million.

A second scheme in Sunderland will tackle a bottleneck at the A19 and A690 Doxford Park junction, unlocking the potential for 1,345 new homes.

The third upgrade will improve junction 47 of the A1(M) at Harrogate, helping to increase capacity, reduce queuing, improve journey times and create new jobs at the planned Flaxby Green Business Park.

Highways England, Regional Director, Operations, Yorkshire & North East, Richard Marshall, said

Our roads are vital for the country and its economic success; they connect businesses and communities and support employment and new homes. All of our improvements will ultimately ensure our roads continue to improve journeys and unlock the potential for new jobs and homes.

After the Government gave Highways England the green light to start construction, work on the major upgrade to improve access from the A19 at Testos to the proposed Manufacturing Park and Nissan plant, is due to start in the New Year.

At the Doxford Park junction the company will work with Sunderland City Council to increase capacity, significantly reducing journey times and congestion at peak hour, as well as paving the way for new homes in the future.

And in Harrogate, subject to finalising agreements with local developers, it plans to work with North Yorkshire County Council to improve junction 47 of the A1(M), helping to increase capacity, reduce queuing, improve journey times as well as supporting the planned business park.

The improvements in Sunderland and Harrogate, totalling £2 million, are being paid for as part of Highways England's dedicated £100 million fund to help local growth and housing schemes get off the ground.

The award-winning fund has already provided over £77 million to communities

across the country, improving junctions and creating access to commercial land and new homes.

This includes a £1 million boost to a scheme in Darlington, improving the A68 Rotary Way roundabout. This roundabout links Darlington with the A1M and has unlocked 1 million square feet of business land in Faverdale.

The completed scheme has created a new slip road on the A68 approaching Rotary Way roundabout from the motorway, a new link road from West Park onto Newton Lane, and the roundabouts at Cockerton have also been improved.

General enquiries

Members of the public should contact the Highways England customer contact centre on 0300 123 5000.

Media enquiries

Journalists should contact the Highways England press office on 0844 693 1448 and use the menu to speak to the most appropriate press officer.

[Speech: Tracey Crouch speech at Public Health England Annual Conference](#)

Good morning everyone.

Thank you John, and thank you Public Health England for inviting me to speak today. I'm delighted to be here at this fantastic session to talk about loneliness.

Loneliness is an extremely important public health challenge that we face.

As the Minister leading the cross government work on loneliness, it's heartening to see the work being done by Public Health England to raise awareness and respond to this issue.

I was appointed to my role by the Prime Minister in January of this year. This came in response to findings and recommendations from the Jo Cox Commission that was established after the murder of my parliamentary colleague Jo Cox.

Jo was a brilliant woman who was remarkable for everything she achieved – including, discussing her personal struggle with loneliness. While Jo's experience of loneliness was very normal, the honesty with which she spoke about it was rare, and brave.

In Jo's name, the Commission delivered its findings in December last year and in January this year the Prime Minister committed government to implementing many of its recommendations.

We are now the first Government in the world to be producing a national plan of action to tackle loneliness, and everyone is watching and waiting.

The global response to what we are doing here has been, and continues to be phenomenal, demonstrating even more the scale of the problem.

Today, I'm going to set out for you how Government has been taking forward Jo's work in order to make a difference to the lives of up to 9 million adults in the UK who feel lonely.

But first, a question – why are up to nine million people in the UK lonely? We think that there are multiple reasons, including:

- technology reducing the need for face to face contact, although we do acknowledge its power to bring people together
- fewer people participating in community groups or speaking to their next door neighbours
- And the increasing amount of jobs being done remotely or alone which means that even work is becoming isolating

As you know, loneliness can cut across age, race, regions, and gender. As Jo Cox said, loneliness can affect anyone at anytime.

The definition government is using for loneliness is: the mismatch between the quantity and quality of social relationships that we have, and those that we want.

Loneliness is personal and unique for everyone.

Loneliness fluctuates throughout a lifetime, and there is no one single driver and therefore no one single solution for loneliness.

We know loneliness is highly stigmatised. The Mental Health Foundation found that one in three adults (30%) are too embarrassed to admit they are feeling lonely, while 42% of young people are too embarrassed to tell their peers.

Not talking about loneliness conceals the damage it can cause. We understand better than ever the negative implications of feeling lonely.

Research shows that:

- Feeling lonely is linked to early deaths;
- And; it's health impact is thought to be on a par with obesity or smoking 15 cigarettes a day
- Furthermore, it can affect your cardiac health, immune system, mental health, and even your behaviour.

To clarify, I'm not saying we should 'medicalise' the problem of loneliness. Instead, we need to be aware of the many medical conditions that are linked to loneliness.

Loneliness also has wider effects on society. There is evidence that lonely people are more likely to:

- be readmitted to hospital or have a longer stay
- enter residential care, or
- visit a GP or A&E

Our vision, then, is for Britain to be a place where people have strong social relationships and feel connected. And when they don't, people should have plenty of opportunities to build meaningful and intimate relationships.

We want a society in which everyone actively takes responsibility for their relationships, where it is normal to know and speak to your neighbours.

And finally, we want to see a society in which loneliness doesn't carry a stigma.

This vision requires everyone to take action.

So, what can government do?

We're not going to start compulsory friend-making. We won't be making laws forcing you to say "hi" to your nextdoor neighbour. And we're not going to start taxing your children for failing to phone their grandparents regularly – although I'm sure the Treasury has already considered it.

But we, as Government, do have a role to play in creating the right conditions for individual and collective action.

So, there are three overarching goals to Government's work on loneliness.

First, we must improve the evidence base on loneliness. We need to understand what makes a person feel lonely, what impact that feeling has, and the best ways to intervene.

We want to act early, to prevent people getting to the stage where they feel lonely all or most of the time. This will not only prevent the future need for a costly crisis intervention, but will directly improve people's quality of life.

However, we don't yet have enough evidence to understand the most effective interventions to tackle loneliness.

But we've been working closely with Dawn and her colleagues at the ONS to build a more detailed picture of who is affected, why, and how we can help.

And to help us on this journey, we are supporting the What Works Centre for Wellbeing to carry out a rapid review of interventions that tackle

loneliness.

Our second goal is to make policy that brings people together to tackle loneliness, and not to isolate people further.

Next month, hopefully, we'll be publishing a national strategy on loneliness.

Nine different Government ministers and their Departments have contributed to the strategy, from the Department for Transport setting out how to connect rural communities, to the Department for Education exploring how to build character and resilience amongst young people.

From DWP looking at the role of work to BEIS considering support for employees. And of course the Department of Health, where frankly, this portfolio could just as easily sit.

There is no silver bullet for tackling loneliness – we know that we need different solutions for different people.

For example, we've considered the role of arts and culture, as well as sport and volunteering, when looking at how to engage people and provide opportunities for relationships to thrive.

We've also thought specifically about young people in the strategy, and how their needs might be different to others. While loneliness has in the past been seen as an older person's issue, we now appreciate that it can take hold at any point in life.

That's why our strategy includes actions specifically for both young people and the elderly.

Steve Brine, in his keynote speech later this morning, will set out ways in which the Department of Health and Social Care is contributing to tackling loneliness through important work such as:

- social prescribing, ● building dementia friendly communities, ● and through the Carers Action Plan, which sets out support for carers in England over the next two years

Our cross-government strategy is supported by the Building Connections Fund, which was launched this summer.

Altogether, £20 million is available for work bringing people together across England. This includes:

- £5 million from the People's Postcode Lottery
- And a further £4 million of new grants from the Health Lottery which will fund projects in our most deprived communities

The fund will support local initiatives that have a direct impact on people's lives. And it will develop the evidence base on what works to tackle loneliness. We're really excited to hear about all the great charities who

will be supported by the fund.

Our third goal is to expand the national conversation taking place on loneliness.

Our partners at British Red Cross, Campaign to End Loneliness and the Jo Cox Loneliness Commission are doing some incredible work around raising awareness of loneliness.

We hope that our cross-government group's work will amplify this further. We need to work with and learn from partners across society who have already begun to tackle loneliness.

I look forward to hearing about how local services can make such a vital difference in supporting people to feel connected.

Going forward, I want us to continue learning from frontline practitioners and community groups who are making a difference.

I also want us to push businesses to understand the role they play in bringing people together.

Government can't solve loneliness alone. We need to take this on together. The wellbeing of one person is the same as the wellbeing of the wider community.

Loneliness is everybody's issue and everybody is responsible for solving it and I look forward to working together with you in tackling this challenge.

Research and analysis: Bovine TB: incidence of TB in cattle in licenced badger control areas in 2013 to 2017

This monitoring report provides the annual TB monitoring data and results for each of the badger control licenced areas and their buffer areas up to the end of 2017. New badger control areas will be included in subsequent reports once they have at least one year of follow-up data available.

Research and analysis: Bovine TB epidemiology and surveillance in Great Britain, 2017

Epidemiology report for England

This report provides detailed analysis and interpretation of the bovine TB epidemic in England in the light of control measures and policy (i.e. the strategy for achieving Officially Bovine Tuberculosis free status for England).

It explains the England control strategy with chapters on:

- the level of TB in England and changes over time
- the characteristics of infected herds
- the effectiveness of surveillance
- the impact of TB and of the control measures
- the effectiveness of controls
- the detailed epidemiology of disease in each risk area.

The data that supports this report is presented in the GB surveillance data report.

Sections reporting on the results of source of infection investigations will be added later in the year once data collection and analysis is completed.

GB surveillance data report

This report provides detailed surveillance data tables and graphics about the status of bovine TB in cattle in England, Scotland and Wales in 2017 and shows some historical trends. The report should be read with the explanatory supplement.

Maps for TB Spread and Retraction (B11) and Genotype Home Ranges for 2017 (I3 to I5) will be published at a later date to allow for further quality checks to be applied to an updated dataset.

Explanatory supplement to the reports

This has been published to support the GB surveillance data report and the epidemiology report for England.

It explains where the data comes from, methodology used, definitions and control protocols for TB.

The text is taken from the explanatory text published in reports from previous years and is published as a separate reference document to reduce

the length of the data and epidemiology.