

UK announces majority contribution to PEACE PLUS funding

The UK has confirmed that it will be investing more than £730 million* into the new PEACE PLUS programme to support economic stability, peace and reconciliation in Northern Ireland. This represents almost 75% of the total budget and delivers in full on the UK's commitments to the programme.

Today's announcement includes match funding contributions from the Northern Ireland Executive and ensures a total budget of almost £1 billion – the biggest PEACE programme to date.

The funding will support vital ongoing work to promote peace and reconciliation and contribute to the cross-border economic and territorial development of Northern Ireland and the border region of Ireland.

The PEACE programmes have provided opportunities for participation and dialogue, and have brought decision-making and responsibility for community development closer to the people who are directly affected. It has funded a wide range of projects, including projects to support victims and survivors, young people and SMEs, infrastructure and urban regeneration projects, and projects in support of immigrants and of celebrating the ethnic diversity of society as a whole.

The PEACE PLUS Programme is the successor to previous PEACE programmes which have funded targeted initiatives such as the Peace Bridge over the River Foyle and the regeneration of the Girdwood Barracks site in north Belfast as a shared safe community space where people from different backgrounds can meet, relax and learn from each other.

*This figure has been calculated from the total figure in Euros, using an exchange rate of £1:€1.16448, noting this will change over the Programme period.

Northern Ireland Secretary, Brandon Lewis, said:

“Today's announcement of more than £730 million to the PEACE PLUS programme is a concrete example of the UK Government's commitment to helping Northern Ireland reach its full potential as a prosperous and stable part of the United Kingdom.

“As the majority investor in this programme we are determined that the PEACE PLUS projects and activities will promote stability and foster cohesion while also contributing to the economy; building prosperity and supporting the levelling up of Northern Ireland's economy with the rest of the UK.

“The UK Government remains deeply committed to our obligations as set out in the Belfast (Good Friday) Agreement and the institutions it created. This is why we continue to support the work of the Special EU Programmes Body which

oversees the PEACE PLUS programme.”

Note to Editors:

- The UK will provide over £730m (based on the exchange rate as of 31st August 2021 of £1:€1.16448) in funding to the PEACE PLUS programme between now and 2027.
- Some of the best-known projects supported by the PEACE programmes include the Peace Bridge over the River Foyle and the regeneration of the Girdwood Barracks site in north Belfast.
- PEACE PLUS is the new programme focused on supporting social, economic and regional stability, in particular by promoting cohesion between communities. It is the successor programme to the current Peace Programme. The programme will contribute towards a more prosperous and stable society in Northern Ireland and the Border Region of Ireland. It will fund activities that promote peace and reconciliation and contribute to the cross-border economic and territorial development of the region. This will be the fifth PEACE programme implemented by the Special EU Programmes Body.

PM call with Dutch Prime Minister Mark Rutte: 3 September 2021

Press release

Prime Minister Boris Johnson spoke to Prime Minister of the Netherlands Mark Rutte.



The Prime Minister spoke to Dutch Prime Minister Mark Rutte this afternoon.

They discussed the situation in Afghanistan and agreed on the need for a coordinated international effort to prevent a humanitarian emergency in the region.

The leaders both stressed that any recognition of the Taliban must be predicated on them upholding human rights and allowing safe passage out of the country. They agreed to work together to re-establish an international diplomatic presence in Afghanistan as soon as the political and security environment allows.

On the Northern Ireland Protocol, the Prime Minister reiterated the problems the current operation of the Protocol was causing across communities in Northern Ireland and emphasised the need for change, in line with the Command Paper published in July.

The Prime Minister and Prime Minister Rutte welcomed the strength of the UK-Dutch relationship and their alignment on many global issues. They looked forward to seeing one another as soon as possible.

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[UK Government Minister goes back to the future on Orkney](#)

Clean energy and tourism were top of the agenda as UK Government Minister for Scotland Iain Stewart took a fact finding trip to Orkney at the end of August 2021.

The Minister met with Orkney Islands Council leaders and key stakeholders as he toured the archipelago to see first hand how it's using its Neolithic ruins and world leading renewables expertise to deliver a bright future.

He heard how the UK Government's £50 million contribution to the Islands Growth Deal will help Orkney stay at the cutting edge of green energy and boost tourism.

The £335 million Islands Growth Deal is a partnership between the UK and Scottish governments and organisations across Orkney, Shetland and the Outer Hebrides.

Among the facilities the Minister visited in Stromness were the Orkney Research and Innovation Campus for renewables research and Aquatera/European Marine Energy Centre (EMEC) who have established the Islands Centre for Net Zero to pool efforts in the race to reach net zero.

The Minister met with Highlands and Islands Airport Ltd at Kirkwall Airport

to hear about the development of electric planes and saw a Hydrogen Filling Station in action at Hatston, before meetings with council leaders for a discussion on energy, digital connectivity and COP26, which Shetland Islands Council also joined.

[Minister Iain Stewart visits Orkney's Green Sector](#)

He completed his visits with the world famous, 5,000-years-old Skara Brae village and heard about plans to increase visitor numbers to boost the local economy.

[Minister Iain Stewart visits Skara Brae](#)

Minister Stewart said:

It was a great experience to visit Orkney and I'm delighted the Islands Deal Growth deal is going to help develop the future of the archipelago alongside Shetland and the Outer Hebrides.

I saw how Orkney has the potential to generate through wind, waves and tides, a vast amount of the renewable energy that the UK needs to get towards net-zero. I really do believe that Orkney can be a trailblazer.

But it's not all about the present and future. Skara Brae, a 5000-years-old Neolithic village, is an incredibly important tourist destination, not just in Orkney, but a World Heritage Site. I look forward to seeing how, with the help of UK Government funding, experts will develop this as a destination both to make it more sustainable and cope with hopefully ever-increasing numbers as tourism returns after the pandemic.

[**Guidance: COVID-19: guidance on protecting people defined on medical grounds as extremely vulnerable**](#)

Information for protecting people defined on medical grounds as extremely vulnerable from coronavirus (COVID-19).

JCVI issues updated advice on COVID-19 vaccination of children aged 12 to 15

The assessment by the Joint Committee on Vaccination and Immunisation (JCVI) is that the health benefits from vaccination are marginally greater than the potential known harms. However, the margin of benefit is considered too small to support universal vaccination of healthy 12 to 15 year olds at this time.

It is not within the JCVI's remit to consider the wider societal impacts of vaccination, including educational benefits. The government may wish to seek further views on the wider societal and educational impacts from the Chief Medical Officers of the UK 4 nations.

For the vast majority of children, SARS-CoV-2 infection is asymptomatic or mildly symptomatic and will resolve without treatment. Of the very few children aged 12 to 15 years who require hospitalisation, the majority have underlying health conditions. The committee has recommended the expansion of the list of conditions to which the offer applies for at-risk 12 to 15 year olds.

There is evidence of an association between mRNA COVID-19 vaccines and myocarditis. This is an extremely rare adverse event. The medium- to long-term effects are unknown and long-term follow-up is being conducted.

Given the very low risk of serious COVID-19 disease in otherwise healthy 12 to 15 year olds, considerations on the potential harms and benefits of vaccination are very finely balanced and a precautionary approach was agreed.

Professor Wei Shen Lim, Chair of COVID-19 Immunisation for the JCVI, said:

Children aged 12 to 15 years old with underlying health conditions that put them at higher risk of severe COVID-19 should be offered COVID-19 vaccination. The range of underlying health conditions that apply has recently been expanded.

For otherwise healthy 12 to 15 year old children, their risk of severe COVID-19 disease is small and therefore the potential for benefit from COVID-19 vaccination is also small. The JCVI's view is that overall, the health benefits from COVID-19 vaccination to healthy children aged 12 to 15 years are marginally greater than the potential harms.

Taking a precautionary approach, this margin of benefit is considered too small to support universal COVID-19 vaccination for this age group at this time. The committee will continue to review safety data as they emerge.

When deciding on childhood immunisations, the JCVI has consistently

maintained that the main focus should be the benefits to children themselves, balanced against any potential harms to them from vaccination.

As longer-term data on potential adverse reactions accumulates, greater certainty may allow for a reconsideration of the benefits and harms. This data may not be available for several months.

Previously, the JCVI advised that children with severe neurodisabilities, Down's syndrome, immunosuppression, profound and multiple learning disabilities, and severe learning disabilities or who are on the learning disability register, should be offered COVID-19 vaccination.

Following consideration of updated data on hospital admissions and deaths, the JCVI advises that this offer should be expanded to include children aged 12 to 15 with the following:

- haematological malignancy
- sickle cell disease
- type 1 diabetes
- congenital heart disease
- other health conditions as described in Annex A

Children with poorly controlled asthma and less common conditions, often due to congenital or metabolic defects where respiratory infections can result in severe illness, should also be offered COVID-19 vaccination.

Annex A: COVID-19 clinical risk groups for children aged 12 to 15 years

Chronic respiratory disease

Including those with poorly controlled asthma that requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, cystic fibrosis, ciliary dyskinesias and bronchopulmonary dysplasia.

Chronic heart conditions

Haemodynamically significant congenital and acquired heart disease, or milder heart disease with other co-morbidity.

Chronic conditions of the kidney, liver or digestive system

Including those associated with congenital malformations of the organs, metabolic disorders and neoplasms, and conditions such as severe gastro-oesophageal reflux that may predispose to respiratory infection.

Chronic neurological disease

This includes those with:

- neuro-disability and/or neuromuscular disease including cerebral palsy, autism, epilepsy and muscular dystrophy

- hereditary and degenerative disease of the nervous system or muscles. or other conditions associated with hypoventilation
- severe or profound and multiple learning disabilities (PMLD), Down's syndrome, those on the learning disability register, neoplasm of the brain

Endocrine disorders

Including diabetes mellitus, Addison's and hypopituitary syndrome.

Immunosuppression

Immunosuppression due to disease or treatment, including:

- those undergoing chemotherapy or radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients
- genetic disorders affecting the immune system (for example deficiencies of IRAK-4 or NEMO, complement disorder, SCID)
- those with haematological malignancy, including leukaemia and lymphoma
- those receiving immunosuppressive or immunomodulating biological therapy
- those treated with or likely to be treated with high or moderate dose corticosteroids
- those receiving any dose of non-biological oral immune modulating drugs, for example methotrexate, azathioprine, 6-mercaptopurine or mycophenolate
- those with auto-immune diseases who may require long term immunosuppressive treatments

Asplenia or dysfunction of the spleen

Including hereditary spherocytosis, homozygous sickle cell disease and thalassemia major.

Serious genetic abnormalities that affect a number of systems

Including mitochondrial disease and chromosomal abnormalities.