

## [News story: Programme: EU-UK Article 50 negotiations Brussels, 16-18 April 2018](#)

### **Monday, 16 April 2018**

- Meeting at technical level – Withdrawal Agreement – remaining issues

### **Tuesday, 17 April 2018**

- Meeting at technical level – Withdrawal Agreement – remaining issues

### **Wednesday, 18 April 2018**

- Coordinators' meeting – Ireland/Northern Ireland
- Coordinators' meeting – future relationship

Next meetings provisionally scheduled for w/c 30 April.

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## [News story: PHE urges vigilance in spotting signs of scarlet fever](#)

*Updated:* Added latest update.

### **Latest update**

The latest [Health Protection Report](#) (13 April 2018) shows 20,372 cases of scarlet fever have been reported since mid-September 2017, compared to an average of 9,461 for the same period over the last 5 years. There were 1,180 cases reported for the most recent week (2 to 8 April 2018).

Dr Nick Phin, Deputy Director of National Infection Service at PHE, said:

We are urging parents to look out for the symptoms of scarlet fever such as a sore throat, fever and rash after seeing a significant upsurge in cases this year. The good news is that over the Easter holidays we have seen a slight decline in cases, which may indicate that activity has peaked.

Scarlet fever, which mainly affects young children, is not usually a serious illness and can be easily treated with the appropriate antibiotics. We encourage parents to contact their GP or NHS 111 if they spot symptoms of scarlet fever or have concerns.

## Previous updates

### 9 March 2018

Scarlet fever is a very contagious, seasonal bacterial illness that mainly affects children and is not uncommon for this time of year.

The latest [Health Protection Report](#) (9 March 2018) showed 11,982 cases of scarlet fever have been reported since mid-September 2017, compared to an average of 4,480 for the same period over the last 5 years. There were 1,267 cases reported for the most recent week (12 to 18 February 2018).

This increasing trend is in line with usual patterns although cases are currently higher than those reported at this point in the last 4 seasons. It is not possible at this point to determine what the final numbers will be for this season. Scarlet fever is a clinical diagnosis and not usually confirmed by laboratory testing so the activity we may be seeing could be due to increased awareness and reporting of scarlet fever, although the exact cause is still being investigated.

Scarlet fever is usually a mild illness; PHE is advising parents to be on the lookout for scarlet fever symptoms, which include a sore throat, headache and fever with a characteristic fine, pinkish or red rash with a sandpapery feel. If signs of scarlet fever are suspected, it is important to contact your local GP or NHS 111. Early treatment with antibiotics is important and can help reduce the risk of complications such as pneumonia and the spread of the infection. Children or adults diagnosed with scarlet fever are advised to stay at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others.

Nick Phin, Deputy Director at Public Health England, said:

It's not uncommon to see a rise in cases of scarlet fever at this time of year. Scarlet fever is not usually a serious illness and can be treated with antibiotics to reduce the risk of complications and spread to others. We are monitoring the situation closely and remind parents to be aware of the symptoms of scarlet fever and to contact their GP for assessment if they think their child might have it.

Whilst there has been a notable increase in scarlet fever cases when compared to last season, greater awareness and improved reporting practices may have contributed to this increase.

Professor Helen Stokes-Lampard, Chair of the Royal College of GPs, said:

Scarlet fever is a bacterial infection that usually presents with a sore throat, fever, headaches, and a rosy rash that generally starts on a patient's chest.

It is a very contagious disease and much more common in children under 10 than teenagers or adults, but it can be treated quickly and effectively with a full course of antibiotics and all GPs are trained to diagnose and treat it.

Scarlet fever used to be a lot more common than it is now, but GPs are noticing more cases than in previous years at the moment. If a patient thinks that they, or their child, might have symptoms, they should seek medical assistance.

PHE is also urging GPs, paediatricians, and other health practitioners to be mindful when assessing patients and promptly notify local health protection teams of cases and outbreaks.

For further information on scarlet fever visit the [NHS Choices website](#).

Guidelines for the [management of scarlet fever](#) are also available from the PHE website.

## **6 February 2018**

The latest [Health Protection Report](#) showed 6,225 cases of scarlet fever had been reported since mid-September 2017, compared to 3,764 for the same period last season. There were 719 cases reported for the most recent week (22 to 28 January 2018).

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## **[Press release: PM call with President Trump: 12 April 2018](#)**

A Downing Street spokesperson said:

“The Prime Minister spoke to President Trump about Syria this evening.

“They agreed that the Assad regime had established a pattern of dangerous behaviour in relation to the use of chemical weapons.

“They agreed it was vital that the use of chemical weapons did not go unchallenged, and on the need to deter the further use of chemical weapons by the Assad regime.

“They agreed to keep working closely together on the international response.”

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## [Speech: We must stand up for an effective non-proliferation regime](#)

Thank you very much Mr President. Many thanks indeed to our Bolivian colleague for his briefing and the work of his Committee. We welcome the new coordinators and may I say at the start that we were very pleased to be paired with Equatorial Guinea in terms of capacity building.

Mr President, 1540 was the first subject I worked on when I came to the Security Council ten years ago, my first time here, so I am very pleased to have opportunity to talk about it today and to be able to say that for the United Kingdom, the 1540 Committee is a vital component of the international order. We need to empower it to fulfil its mandate. We need to support it to the hilt.

Mr President, as a number of us have said this week already, we risk seeing a situation that the Council should dread: that chemical and biological weapons become a routine part of fighting and regrettably, we have been confronted in very recent times by multiple incidents of the use of weapons of mass destruction by non-state actors. The UN Joint Investigative Mechanism found Da'esh used mustard gas on at least two occasions in Syria. There are multiple instances of mustard gas use by Da'esh in Iraq. In Australia, a planned chemical terrorism attack was thwarted in July last year. These incidents clearly exemplify why the 1540 Committee and its work to prevent the proliferation of nuclear, chemical and biological weapons by non-state actors is so important.

These events, Mr. President, are awful enough. Yet in acts of unbelievable irresponsibility, those risks have been exacerbated by the use of weapons of mass destruction by state actors. The chemical weapons attacks in Douma, the attempted murders in Salisbury are the most recent instances but we also have the assassination of Kim Jong Nam in Malaysia and the horror of Khan Sheikoun a little over a year ago.

Mr President, I take this opportunity to say that in respect of Salisbury and the invitation from this Council to keep members updated, we have requested a Security Council meeting next week where we would like to brief on the outcome of the OPCW findings. It is a worrisome pattern this state use of WMD and it clearly undermines our collective efforts to deter and eradicate the use of these weapons by state and non-state actors alike.

We very strongly support the work to increase states capacity and we are encouraged that there are now only 13 non-reporting states. Any non-reporting is troubling but it is good number is going down. And as I say, we were

delighted to be paired with Equatorial Guinea and provide support.

But it is clear that we stand on the cusp of a nightmare –where weapons of mass destruction are used with impunity. Where our citizens live in real fear of an indiscriminate attack at any time and without warning. It is not enough just to condemn this. We need to find a way to take meaningful action and ensure that there are meaningful consequences for perpetrators. We have all benefitted from the international order that has kept us safe since the end of World War II. It behooves all of us, Mr President, to make every effort to uphold this international architecture.

It is clear that not all countries share this view and we have talked about that several times this week so I just want to say that in respect of this particular Committee 1540, there is one Council member who has sought at every opportunity, to slow progress and dilute the substance of every proposal whether this is Programme of Work deadlines, calls to action and efforts to take progress forward, all of these have sadly been consistently been watered down and the Panel of Experts has even been prevented from travelling. Mr President, if we are serious about dealing with the threats that this Committee was set up counter then this state of affairs can't continue.

Since last February the 1540 Committee has met formally only once and the actions agreed in the 2017 Programme of Work have barely made progress. That means also that the commitments made in the relatively modest Resolution 2325 have not been fulfilled. The new Programme of Work has only just been agreed, two months later than legally mandated and in these two months, the Committee was left without a clear steer of objectives and activities to pursue.

Mr President, I cannot think of any legitimate reason why any country would want to affect the work of the 1540 Committee adversely in this way and I appeal to everybody round the table to redouble efforts so that we have an ambitious programme of work for the Committee. We must stand up for the universal norms and standards we have spent decades building to create an effective and powerful non-proliferation regime whether that deals with state actors or it deals with non-state actors.

Thank you very much Mr President.

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**[Press release: Homes England investment accelerates development of more than 5,000 homes at Ebbsfleet](#)**

# Garden City

Homes England has completed a £74 million deal that will unlock the next phase of development at Ebbsfleet Garden City in Kent – funding a range of infrastructure works that include earthworks to fill in a lake to prepare the land for the development of more than 5,000 new homes.

The infrastructure works will unlock 657 acres of land that will be used to develop up to 5,290 new homes – accounting for around a third of the total Ebbsfleet Garden City housing development – as well as around 180,000 sq ft of commercial development.

The Homes England supported enabling works through a loan deal to Henley Camland include preparing land for the development of housing on both the Castle Hill site and the Eastern Quarry at Ebbsfleet. Henley Camland, the residential infrastructure and place-making firm which recently purchased the Eastern Quarry site from Landsec, has simultaneously agreed land deals for 2,900 homes to be developed. 2,600 of these homes will be delivered by Countryside Properties and Clarion Housing Group in a new joint venture, while and Barratt Homes will built 300 homes on this part of the wider site as a direct result of the works funded by Homes England.

Representing one of Homes England's largest deals of the past 12 months, the £73.97m loan is being made through the Home Building Fund (HBF). The HBF helps unlock or accelerate the delivery of residential and mixed-use housing developments through both development loans and loan funding for the infrastructure needed to prepare land for development.

More than 1,000 of these new homes at Ebbsfleet will be provided by 2021, with the full scheme due to be completed over the next decade.

Nick Walkley, Chief Executive of Homes England, said: "At Homes England we're using our land, finance and expertise to speed up the delivery of new homes. The vital infrastructure works that we're funding in Ebbsfleet will bring forward the development of many new homes by around four years overall and, importantly, will mean many more homes can be built in the earlier phases of the development as a result of our support with the significant infrastructure costs."

The HBF loan will also mean other important services to support the housing development, such as a new secondary school, can be delivered much sooner than would have been possible without Homes England's support. A 'fast track' route through the site connecting Bluewater to Ebbsfleet International Station will also be created.

Ian Piper, Chief Executive of Ebbsfleet Development Corporation who oversee Ebbsfleet Garden City, said: "This from Homes England, when combined with the investments already made by Ebbsfleet Development Corporation in key utilities infrastructure, is key to delivering the new homes that are required to create our vision for the Garden City. It is a good example of

public bodies working together to deliver great places”.

Ian Rickwood, CEO of Henley, which has secured the delivery of 2,900 homes through a series of simultaneous deals commented: “Following Homes England’s investment and our quick succession of deals with various housebuilders, £1bn worth of quality homes will be delivered at a time when the UK is in dire need of them. We’ve worked hard alongside our partners to unlock these homes, as well as the new senior school and remain committed to bringing forward more homes and infrastructure at Ebbsfleet Garden City.”

Ends

For further information please contact Lisa Cattanach, Communications Manager at Homes England on 0115 852 6904 / 07880 475445 / email: [lisa.cattanach@homesengland.gov.uk](mailto:lisa.cattanach@homesengland.gov.uk)