

[Press release: Planned roadworks in East Midlands: weekly summary for Monday 23 January to Sunday 29 January 2017](#)

Media wanting information about Highways England's routine maintenance projects should, in the first instance, check our website.

The following summary of planned new and ongoing road improvements over the coming week is correct as of 20 January but could be subject to change due to weather conditions or unforeseen circumstances. All our improvement work is carried out with the aim of causing as little disruption as possible.

M1 junction 28 to 35a, Nottinghamshire/Derbyshire/Yorkshire: smart motorway

Until winter 2016, there will be various restrictions in place on the M1 between junctions 28 and 35a to allow for the construction of the smart motorway. These include lane closures, speed restrictions, hard shoulder running and overnight slip road or carriageway closures.

This week, the following closures will be in place:

- Monday 23 January, the northbound entry and exit slip roads at junction 31 and the northbound exit slip road at junction 33, will be closed overnight from 8pm until 6am
- Tuesday 24 January, the southbound entry and exit slip roads at junction 29, the northbound entry and exit slip roads at junction 30, the northbound exit slip road at junction 33, the southbound entry slip road at junction 33, the southbound exit slip road at junction 32 and the northbound exit slip road at junction 35 will be closed overnight from 8pm until 6am
- Wednesday 25 January, the northbound entry and exit slip roads at junction 29, the northbound entry and exit slip roads at junction 30, the southbound exit slip road at junction 32 and the northbound exit slip road at junction 33 will be closed overnight from 8pm until 6am
- Thursday 26 January, the northbound entry and exit slip roads at junction 29a, the southbound entry and exit slip road at junction 31 and the southbound entry slip road at junction 33 will be closed overnight from 8pm until 6am
- Friday 27 January, the Woodall Motorway Service Area entry and exit slip roads, the southbound entry and exit slip road at junction 30, the southbound entry and exit slip road at junction 33 will all be closed overnight from 8pm until 6am

- Saturday 28 January, the southbound up and over at junction 34 and the southbound junction 33 up and over will be closed overnight from 8pm until 6am

Diversions will be clearly signposted.

M1 junction 19, Leicestershire: road improvement scheme

On Monday 23, Tuesday 24 and Wednesday 25 January, the A14 to M1 northbound link road together with lane 1 of the A14 westbound leading to it, lane 1 of the A14 westbound from junction 2 to junction 1 and lane 1 of the M1 northbound through junction 19 will be closed overnight between 9pm and 6am.

On Thursday 26 and Friday 27 January, lane 1 of A14 westbound together with the A14 to M1 northbound link road, the A14 eastbound from Catthorpe junction to junction 1, lanes 2 and 3 of the M6 southbound together with the M6 to A14 eastbound link road, lane 1 of the M1 southbound together with the M1 to A14 eastbound link road and lane 1 of the M1 northbound through junction 19 will be closed overnight between 9pm and 6am. In all cases diversion routes will be clearly signposted.

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.

[News story: Communications framework attracts small businesses](#)

The new Communications Services framework has proved extremely popular with suppliers, resulting in a number of small businesses signing up to work with government for the first time.

The Government Communications Service (GCS) published the [list of communications agencies](#) that have been selected to help deliver ground-breaking government and public sector campaigns over the next 4 years earlier this month.

Of the 67 agencies selected for the new framework, 69% are small or medium-

sized businesses, 22 are based outside of London and 44 are new to government business. These companies will now be eligible to bid and play key roles in cutting edge campaigns on topics ranging from public health to armed forces recruitment and promoting apprenticeships.

The Communications Services framework complements the Campaign Solutions framework announced in December.

Designed to help public bodies tap into the very best expertise and talent in the communications industry, the 2 frameworks provide a flexible approach to working collaboratively with agencies to design and deliver innovative solutions for your campaigns.

Campaign Solutions offers a choice of 27 agencies, half of which are SMEs, who will be able to design, plan and deliver entire campaigns.

David Skinner, Crown Commercial Service's Director of Corporate Solutions said:

A wide variety of innovative, exciting and talented agencies are now on the framework, including many small businesses.

This will provide public sector bodies with the tailored, specialist and flexible advice they need to develop cutting edge campaigns.

Both frameworks were developed in conjunction with GCS. GCS involved around 600 agencies and ran 5 events across the country to shape the new frameworks in a way that will work better for everyone and benefit UK citizens.

In this financial year the GCS is expected to deliver around 100 campaigns.

Statement to Parliament: Mersey Gateway transport

The government supports investment in the transport network given the benefits it provides to the economy. That is why we are providing substantial funding for the Mersey Gateway Bridge scheme in Halton.

In addition, the government is delivering a number of transport improvements in and around Halton. These include:

- the Halton Curve which will enable passenger services from North Wales and West Cheshire to directly access Liverpool city centre and Liverpool John Lennon airport

- Warrington Waterfront transport infrastructure scheme, a package of highway investment, including a bridge over the River Mersey, which opens up commercial land and alleviates congestion to the south of Warrington town centre
- the Omega J8 (M62) Highway Improvements to support the rapid and significant expansion of the Omega employment site now employing over 5,000 people
- access Improvements to Knowsley Industrial Park and A5300 Knowsley Expressway improvements, highway investments to support access to one of the major employment sites in Liverpool city region

As part of the Department for Transport's [Road Investment Strategy](#), Highways England (HE) will deliver the M56 J11a scheme to provide a new junction with the Mersey Gateway Bridge which will support the Daresbury Enterprise Zone, key to the knowledge economy in the north-west.

In 2015 the government announced it would look at the feasibility of extending Mersey Gateway bridge toll discounts to residents of Cheshire West & Chester and Warrington. The department has undertaken detailed work and evaluated options for how this could happen, what the costs would be and what this would do to the contracts already signed by Halton Borough Council to deliver the scheme and the tolling infrastructure.

The feasibility work, considered the legal position and the costs to the taxpayer and concluded that free tolling will not be extended beyond Halton Borough Council.

The government has already provided £86 million to Halton to develop the scheme, to pay for land and to deal with land contamination. Once the scheme opens, the government will also be providing a further substantial contribution of £288 million to help fund both the cost of the bridge and also to increase the funds available to enable residents of Halton to use the bridge for free.

It is government policy that users of estuarial crossings should help pay for the benefits they receive. The Mersey Gateway is no different. As is the case with the Dartford Crossings, an exception is to be made for residents of Halton given that the existing Silver Jubilee Crossing is the only road link between the two halves of the borough. Other users will have a range of frequent user discounts available to them to use a crossing that will deliver considerable congestion and journey time improvements to boost the region's economy.

In evaluating the options open to the government we have considered a number of issues. On the legal side, the feasibility work showed there would be a significant risk of a successful legal challenge to a decision to extend free tolling to some local Councils and not others. On the cost side extending free tolling to only a handful of local Councils would still be at a substantial cost to the taxpayer. An extension of user discounts to not just Cheshire West & Chester and Warrington, as originally suggested, but also to the other 3 authorities that neighbour Halton (Knowsley, Liverpool City Council and St Helens), would be at an estimated cost of £604 million to the

public purse. If, as is the case with Halton, the cost was to be split between the government and local authorities, £377 million would fall to the 5 local Councils. For all these reasons we have taken the decision not to extend free tolling beyond Halton.

The Mersey Gateway Bridge is on target for opening in autumn 2017 which is a great testimony to the hard work that all parties including Halton Borough Council have put into this scheme.

[News story: PHE calls for greater high blood pressure awareness](#)

With only half the adult population knowing their blood pressure, Public Health England (PHE) is encouraging all adults over the age of 40 to get it tested as part of the NHS Health Check, a simple measure that could save their life. If found to be at risk, high blood pressure can be managed and reduced by making simple lifestyle changes.

PHE's [latest edition of Health matters](#) – a resource for local authorities and health professionals – which has been launched today (24 January 2017) outlines the actions that can be taken to combat high blood pressure.

Often dubbed the 'silent killer', as it rarely causes symptoms, high blood pressure affects more than 1 in 4 people in England and was responsible for around 75,000 deaths in 2015.

Evidence summarised in Health matters shows:

- the NHS Health Check helps diagnose a new case of high blood pressure in every 27 checks
- despite being largely preventable, diseases caused by high blood pressure cost the NHS over £2.1 billion a year
- if the population as a whole reduced their average blood pressure by 5mmHg this could save the NHS, social care, and local authorities £850 million on health and social care costs
- £120 million in savings could also be achieved just by increasing the number of adults who have high blood pressure diagnosed by 15%
- over 10 million people, aged 40 to 74, have been invited for an NHS Health Check since it launched in 2013 but just under half (46%) actually took the offer up

Professor Kevin Fenton, Director of Health and Wellbeing at PHE, said:

It is a serious problem when a disease that is largely preventable, like high blood pressure, is one of the leading causes of premature

death and ill-health in the country.

We all memorise important numbers in our lives, whether it's our PIN and telephone numbers or the latest football scores. Knowing your blood pressure number is an easy step to take that has the potential to save your life.

GP Dr Matt Kearney, NHS England's National Clinical Director for Cardiovascular Disease Prevention, said:

High blood pressure is currently placing an unnecessary, heavy burden on the NHS. Earlier detection and improved treatment of high blood pressure would have a big impact in preventing heart attacks and strokes, and would save large amounts of money in health and social care.

Catherine Kelly, British Heart Foundation (BHF) Director of Prevention, Survival and Support, said:

5.5 million people in the UK are living with undiagnosed high blood pressure which puts them at a much higher risk of suffering a potentially deadly heart attack or stroke. For a condition which is so easily detected and managed, this figure is simply unacceptable and we need an urgent improvement in the number of people diagnosed with this silent killer.

As well as funding £25 million of research into high blood pressure over the past 5 years, the BHF is also working alongside partners on a range of innovative projects which enable individuals and health care professionals to better prevent, diagnose and treat high blood pressure.

High blood pressure, and its effects such as heart disease, stroke and vascular dementia, can be improved or prevented by making simple lifestyle changes. These include maintaining a healthy weight, having an active lifestyle, reducing your salt, saturated fat and alcohol intake, and knowing your blood pressure numbers.

PHE has a number of tools to help people lead a healthier lifestyle such as the new free [Be Food Smart app](#) by Change4Life. This shows how much salt, saturated fat and sugar is in the food and drink they consume, making it easier to choose low salt and saturated fat options.

PHE's [One You quiz](#) is an easy way to assess your current lifestyle, including diet, physical activity, smoking, and alcohol consumption, and receive free personalised information, apps and tools to help prevent or improve high blood pressure and achieve a healthier you.

People over the age of 30 years old are also encouraged to access the NHS Choices and BHF [heart age tool](#), which will provide users with a heart age plus advice about improving your heart health.

Speech: UK and other donors commit to support Zambia's health sector

Speaking on behalf of Cooperating Partners that are supporting Zambia's health sector at the Health Sector Annual Consultative Meeting in Lusaka today, Mr Fergus said:

On behalf of the Health Cooperating Partners, let me start by wishing you a productive and fruitful 2017. We thank the honourable Minister and his team for the opportunity to jointly reflect on 2016 and collectively chart a path for improved joint working in 2017.

The Health Sector commenced 2016 on a high note following some success in achieving the 2015 millennium development goals four and six on reducing child deaths and halting the spread of HIV.

The success of Zambia's national HIV program has put the country on a trajectory to achieving epidemic control. HIV prevalence decreased by just over a third from 15.6% in 2002 to 11.6% in 2016 and the rate of new infections has reduced by 41% within that timeframe. With support from partners under the leadership of the government, more than 800,000 people with HIV/AIDS are on life saving antiretroviral therapy and are living longer. Worryingly however, the prevalence of HIV among women of reproductive age, particularly adolescent girls remains unacceptably high at 14.5 % compared to 8.6% for males of the same age.

The Ministry sustained gains in child health with the successful execution of the measles rubella campaign that reached over 7 million children, age 9 months to fifteen years. The expansion of community based interventions and community oversight structures increased access to malaria and other essential preventative and curative services in poorer rural communities. Furthermore, through support from partners in selected districts, we demonstrated that malaria and trachoma elimination could be achieved in the medium term.

We congratulate the Ministry on recruitment of over two thousand health workers in 2016. This enabled the staffing of newly upgraded hospitals and placement of additional community health assistants

on the government payroll to reach the 1,000 mark. We are pleased to note that the budget for continued recruitment of health workers has been secured in the 2017 health sector budget. This achievement will address one of the most critical gaps in the health sector and brings Zambia within reach of the WHO recommended standard of 23 multidisciplinary health workers per 10,000 population. However the impact of increased staffing of health facilities will only be fully realized if health workers are deployed to areas of greatest need and remain there, a strong performance management system is established and health facilities are adequately equipped.

Cooperating partners worked collaboratively with the Ministry to address the multiple disease outbreaks experienced in 2016. Worthy of note is the Ministry's leadership in the successful containment of the cholera outbreak in eleven districts of the country, and the implementation of the first ever cholera vaccine intervention in Zambia. The plans developed during the year for public health emergency preparedness and response must be finalized and operationalized at all levels. This will place Zambia on the path to systematically detecting and addressing disease and other public health threats as they emerge, and realize the savings gained from early detection and containment of outbreaks.

Cooperating Partners identified and worked to rectify weaknesses in our collective support to the sector. Our work in this area to minimize duplication, fragmentation and strengthen government leadership included the following:-

- Cooperating partners provided the government with comprehensive information on the 328 health, HIV and nutrition projects funded by the 10 major donors in the sector, disaggregated to district level and with budgets for the 3 year period 2016-2018. Over half of partner supported projects (55%) are directed at service delivery, followed by information systems (14%) and drugs and supply chain projects (11%).
- We continued with plans for the expansion of the province wide provision of reproductive, maternal, newborn, child and adolescent health and nutrition services across the continuum of care. When plans are finalized in 2017, donor support in this area will span 8 provinces and represent the largest direct investment through government systems since 2009. Terms of reference were also developed for a steering committee for improved coordination and oversight of the main programmes in this area with a collective cooperating partner and Ministry of Health budget of over \$200million.
- Nutrition partners effectively coordinated efforts and resources under one Scaling Up Nutrition programme with projected pooled funds of upward of \$100million over the next five years.

The successes outlined above are even more remarkable when considered against the context of a change of government and the economic downturn in Zambia that adversely impacted all sectors, including the health sector. An analysis of some of the inevitable challenges and risks encountered during the year will help us in our prioritization and planning for 2017 and beyond.

It is to be noted that partners are investing approximately the same budget envelope as the government of Zambia in the health sector. Ongoing parity in funding should however not be expected in the current global political climate. Strong leadership that increases domestic investment in health and maintains the push for greater efficiency to achieve better value for money is required to consolidate gains in the health sector, and meet Zambia's global health commitments.

The patchy availability of drugs at health facilities remained matters of grave concern to partners in 2016. Zambians have the right to expect essential lifesaving medicines administered by skilled staff as a normal part of accessing health care. Partners worked with the Ministry to direct programme savings and other resources to address gaps in essential medicines and supplies, particularly for malaria and HIV/AIDS. Partners however are troubled by the auditor general's report confirming that the drug debt persisted through the year and by November 2016 was back at the 2015 level. Reports of expired drugs and leakage across Zambia's borders compound existing issues. We are also unclear about the current procurement gaps for 2017 against national drugs, family planning and nutrition commodities forecasts.

Honourable Minister, procurement of medicines and medical supplies and the pharmaceutical supply chain is a major area of investment with approximately \$175 million being invested across partners. The Ministry led procurement and supply chain planning retreat in March 2017 will be critical to gain a common understanding of bottlenecks and establish a work plan and monitoring framework towards improved management of the health sector procurement and supply chain.

The current government engagement in nutrition lags behind global commitments made in 2013. For instance, there has been slow progress on passing the revised Food and Nutrition Bill, the first proposed revision in the 50 years of the commission's existence. Enactment of a revised Food and Nutrition Act is urgently required to reposition Zambia to address the multisectoral nature of the response to malnutrition.

Inaccurate national population estimates threaten successful planning and targeting of critical health interventions and we experienced this first-hand with the measles rubella campaign. Direct engagement with Central Statistics Office is required to resolve this issue and agree a way forward, not just for health but for all sectors.

Honourable Minister, your appointment has brought a new impetus to the Health Sector. The renewed focus on health systems strengthening and primary health care as the bedrock of the health system in particular is welcome. Already this has borne fruit with the prioritization of the development of the Community Health strategy 2017-2021 to clearly set the framework for interaction and action for all community based actors.

We fully support the current drive to reinvigorate and position the Ministry of Health's operating framework and its functions to better address the ambitious Sustainable Development Goals (the health components of which extend beyond SDG 3), and the health mandate articulated in the 7th National Development plan. To achieve good health for all Zambians, leaving no one behind, the health sector must increasingly be outward facing and improve our joint working with others. This is a challenge that we (both Ministry and partners) must meet head on. The continuing reorganization of the sector therefore presents great opportunities but if not well managed, presents perhaps the greatest risk to increasing access and quality of health services and safeguarding donor investments. We reiterate that we will support you in establishing a solid change management process alongside the restructuring process to mitigate risks and realize the clear vision that drives the reorganization agenda.

Honourable Minister, Directors and staff of the Ministry of Health, the CPs have agreed to adopt the following principles to further strengthen our partnership in 2017

Frequent, open and frank dialogue within the framework of a shared vision articulated in the National Health Strategic Plan 2017-2021;

- Commitment to be accountable, to the government of Zambia, the Zambian people and to our tax payers; and
- Commitment to continuing to work with your Ministry towards a sector wide approach.

Our proposal for priority areas of focus for 2017 will be presented later in this meeting for our joint consideration and agreement.

Finally, let me assure you Minister that as health cooperating partners, we are committed to improving the health and wellbeing of all Zambians. Your success is our success. We look forward to a productive outcome to our discussions.