

Full list of places aiming to become Jubilee cities revealed

- 39 places in the competition for city status, with towns from across the UK in the list
- The competition is being run as part of the celebrations for the Queen's 2022 Platinum Jubilee
- British Overseas Territories and Crown Dependencies are also included for the first time, with locations in the Cayman Islands, Gibraltar and the Falklands
- In another first for the competition, an expert panel will work with Ministers to make recommendations, before being approved by Her Majesty The Queen.

39 places across the UK and British Overseas Territories have applied to win city status as part of a competition being run in honour of the 2022 Platinum Jubilee.

Winning city status can provide a boost to local communities and open up new opportunities for people who live there, as is the case with previous winners Perth and Preston where the local economies benefited from their improved national and global standing.

For the first time ever, British Overseas Territories and Crown Dependencies were eligible to apply for the title as part of the competition.

Stanley in the Falkland Islands, almost 8,000 miles away, is one of the places to apply, and there have also been entries from Gibraltar and the Cayman Islands.

Chancellor of the Duchy of Lancaster Steve Barclay said:

Today's announcement is a celebration of the rich and diverse communities which make up not only the United Kingdom, but also our friends further afield in the Falklands, Gibraltar and the Cayman Islands.

It's fitting that, as we look towards celebrating the 70 year reign of Her Majesty the Queen, we extend the competition to include those parts of the world which also hold her so dearly.

City status is not only about local pride, it can deliver real

levelling up benefits for businesses and the local area which is clear from the high number of applications. A sincere best of luck to all those who have applied.

The competition is part of a series of planned celebrations to mark Her Majesty The Queen's historic, 70-year reign.

Applicants were asked to talk about the distinct identity and community which they felt meant that their area deserved to become a city, as well as the royal associations of their area.

The Cabinet Office has also announced the 12 cities which are vying for Lord Provost or Lord Mayor status, including Newport and Perth who both previously won city status on The Queen's Golden and Diamond Jubilees.

Culture Secretary Nadine Dorries said:

Her Majesty The Queen's Platinum Jubilee is an exciting chance for local areas to become cities and level up opportunities for all. As well as fostering local pride and potential, this competition is a great way to mark Her Majesty's 70 year reign.

I wish all entries the best of luck. 2022 is set to be a year of pride, celebration and coming together with the four-day weekend for the Platinum Jubilee alongside other blockbuster events including the Birmingham 2022 Commonwealth Games and Unboxed, championing creativity in the UK.

Unlike previous Civic Honours competitions, an expert panel will work closely with Ministers to make their recommendations, before being approved by Her Majesty The Queen.

Chair of the Preston Business Improvement District John Boydell said:

Preston winning city status brought attention to the city, from the buying public and from those thinking of investing in the city. I think it brought Preston to mind as a place to do business.

The final decision will be taken in spring 2022 and announced shortly afterwards as part of The Queen's Platinum Jubilee celebrations. The full lists of applicants can be found below.

NOTES TO EDITORS

- Applications to the competition have not been affected by the award to Southend-on-Sea, which was made on an exceptional basis and in recognition of Sir David Amess and his longstanding campaign on behalf

of Southend.

List of places which applied for city status

- Alcester, Warwickshire
- Ballymena, County Antrim
- Bangor, County Down
- Blackburn, Lancashire
- Bolsover, Derbyshire
- Boston, Lincolnshire
- Bournemouth, Dorset
- Coleraine, County Londonderry
- Colchester, Essex
- Crawley, West Sussex
- Crewe, Cheshire
- Doncaster, South Yorkshire
- Dorchester, Dorset
- Douglas, Isle of Man
- Dudley, West Midlands
- Dumfries, Dumfries and Galloway
- Dunfermline, Fife
- Elgin, Moray

- George Town, Cayman Islands
- Gibraltar, Gibraltar
- Goole, East Yorkshire
- Greenock, Renfrewshire
- Guildford, Surrey
- Livingston, West Lothian
- Marazion, Cornwall
- Medway, Kent
- Middlesbrough, North Yorkshire
- Milton Keynes, Buckinghamshire
- Newport and Carisbrooke, Isle of Wight
- Northampton, Northamptonshire
- Oban, Argyll and Bute
- Reading, Berkshire
- Peel, Isle of Man
- St Andrews, Fife
- Stanley, Falkland Islands
- South Ayrshire, Ayrshire and Arran
- Warrington, Cheshire

- Warwick, Warwickshire
- Wrexham, Clwyd

List of cities which applied for lord provost/lord mayor status

- Bath, Somerset
- Derby, Derbyshire
- Gloucester, Gloucestershire
- Inverness, Inverness
- Lancaster, Lancashire
- Lincoln, Lincolnshire
- Newport, Gwent
- Perth, Perth and Kinross
- Southampton, Hampshire
- Sunderland, Tyne and Wear
- Wolverhampton, West Midlands
- Worcester, Worcestershire

FULL PANEL

- Peter Lee: Director of Constitution at the Cabinet Office
- Ben Dean: Director for Sport, Gambling and Ceremonials at the Department of Culture, Media and Sport
- Catherine Francis: Director General, Local Government and Public Services at the Department for Levelling Up, Housing and Communities

- Laurence Rocky: Director, Office of the Secretary of State for Scotland
 - Roger Lewis: President of Amgueddfa Cymru (National Museum Wales)
 - Kate Mavor: Chief Executive Officer, English Heritage
 - Lord Neil Mendoza: Commissioner, Cultural Recovery and Renewal
 - Kathryn Thomson: Chief Executive Officer, National Museums NI
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[UK donates over 4 million doses of Oxford-AstraZeneca vaccine to Bangladesh](#)

The UK donated over 4 million doses of the University of Oxford-AstraZeneca vaccine, made by Oxford Bio-medica in Oxford and packaged in Wrexham, North Wales, to Bangladesh through the COVAX vaccine sharing mechanism.

Bangladesh's fight against the coronavirus pandemic, and the country's economic recovery, will be reinforced by this donation from the UK. The vaccine consignment arrived in Bangladesh on 13 December. While welcoming the donation, the British High Commissioner HE Robert Chatterton Dickson said:

We welcome the arrival of over 4 million doses of the AstraZeneca vaccine from the UK to Bangladesh. Like the rest of the world the UK and Bangladesh have experienced difficult times because of the pandemic. And we are both in it together in building back better, safer, greener.

This vaccine donation by the UK is a powerful demonstration of Brit Bangla Bondhon between two countries. The UK will do everything we can to support Bangladesh to save lives and defeat the pandemic.

On the afternoon of 15 December, Mr. Zahid Maleque, MP, Honourable Minister, Bangladesh Ministry of Health and Family Welfare, received the donations officially in an event held at the Bangladesh government's guest house Padma. Japanese Ambassador to Bangladesh HE Ito Naoki, UNICEF Representative to Bangladesh, Mr. Sheldon Yett, and senior officials from the government of Bangladesh were present at the event.

At the G7 this year, the UK committed to donate 100 million doses by June 2022. 80% of those UK doses will be distributed through the COVAX facility.

The UK has been at the forefront of the global response to COVID-19, including through investing £90 million to support the development of the Oxford-AstraZeneca vaccine. Over half a billion doses of the Oxford-AstraZeneca vaccine have been delivered at a non-profit price globally, with two-thirds going to lower and middle-income countries.

The UK also kick-started efforts to establish COVAX in 2020, providing a total of £548 million to fund vaccines for lower income countries. The scheme has delivered more than 152 million vaccine doses to over 137 countries and territories, including in 83 lower-middle income countries. 65% of the initial vaccine doses have been Oxford-AstraZeneca. COVAX aims to deliver 1.8 billion vaccines to lower-income countries around the world by early 2022.

- the UK provided £90 million to support the Oxford-AstraZeneca vaccine: £25m on the initial research & development, and £65m to scale up manufacturing
- the UK made it clear as part of that funding that the vaccine should be affordable around the world and consequently AstraZeneca agreed to distribute it at a non-profit price during the pandemic
- the cost of this donation has been funded through UK Overseas Development Assistance and will come over and above the ODA spending target of 0.5% of GNI if needed
- the UK has been supporting the Bangladesh Ministry of Health to develop a well-coordinated national response plan to tackle the COVID-19 pandemic, resourced by development partners and the Government of Bangladesh
- overall almost £24 million of UK funding was re-prioritised from health and humanitarian programmes to support the COVID-19 response

[Five zero-budget ways to boost your data quality culture](#)

We need data that is fit for purpose to support our services, policies and decisions. A single dataset can be used in many different ways across the

public, private and third sectors. The assessment of the quality of that data will vary depending on how it is being used.

It is not easy to know the quality of data, or to make sure the data is fit for purpose. There are no short cuts to having good quality data and making improvements can take time. But making those changes is easier when people have the right attitude and approach to data quality. As a senior leader, you can have a huge impact on the culture around quality within your organisation and drive positive change.

Here are some easy steps you can take that will help put your organisation on a path to better data quality.

1. Be curious about quality

If you receive a report or some other information – perhaps to make a decision – ask about the quality of the data that went into it. Sometimes we have to use data that has quality problems because it is still the best source that we have, but if we know about those problems, we can take them into account.

Unknown quality is a bigger risk than known poor quality. If data quality is poor, but known, we can communicate and be transparent about its limitations. By considering the uses of the data, we can adjust our approach accordingly, whilst also being aware of the consequences when making decisions based on data.

2. Find out who is responsible for quality

Everyone involved with data has a responsibility to maintain the quality but there should be people specifically responsible or accountable for quality. Different organisations do this differently, but someone should always be responsible for assessing and managing the quality of data.

If your organisation has not defined who should be responsible and accountable for quality, then there is a risk that no one is properly managing quality. You should be able to find a named person responsible for the quality of your data. If you are unable to, it may be a simple question of coordinating responsibilities across teams, which can reduce duplication and fill gaps in processes. Identifying this person and talking to them about their role helps to promote good management of data quality from a senior level.

While one or several individuals might be responsible for data quality overall, it is important to understand that everyone plays a role in maintaining and improving data quality. As a senior leader, you should engage with them to understand any challenges they face and the impact that might have on your business objectives.

3. Understand how data gets to you

Where does your data come from? How did it get into your organisation? What has been done to check it is fit for purpose? Understanding how data flows through its lifecycle is one of the most powerful steps in understanding the quality of that data.

Every time data is changed or moved, there is a chance for the quality to change. It might be improved, or it might get worse. By understanding the flow of data, you can help others to recognise how important the quality of that data is to everyone who uses it.

4. Challenge quality

If you encounter data that may not be fit for purpose, speak with the data owner. They might not be aware the problem exists, or they may need more evidence in order to make changes to their data. Often data owners don't know how their data is used across different teams and organisations so making these links can have benefits beyond improvements to quality. Data creators, managers and users need to work closely together if data is to reach its full potential.

By asking about the quality of data, you can help others understand that it is important, and that there is no need to hide quality problems. This is a crucial step to building a good culture of data quality.

5. Champion data quality in your organisation

Everyone handles data in some shape or form. This might be time recording, budget information and expenses; or it may be high profile operational data that supports frontline services. Whatever the data is, it should be fit for purpose if we are going to use it in our work.

Set an example by starting a conversation about the quality of your data. Check the quality of data you handle and talk to others about why this is important. As a senior leader, you should be able to understand, challenge and promote data quality within your organisation, and encourage others to do the same. The Government Data Quality Hub has published the [Government Data Quality Framework](#), which can help promote a shared understanding of data quality.

These steps are just the start, but they help to promote the importance of data quality in your organisation. We can all set an example of asking for, and maintaining, good quality data.

The Government Data Quality Hub (DQHub) is developing tools, guidance, and training to help you with your data quality initiatives. Please visit [our website](#) for articles, tools and case studies.

We also offer tailored advice and support across government. Contact us by emailing DQHub@ons.gov.uk.

Government sets clear ambition to close gender health gap

- Vision for Women's Health published after analysis of almost 100,000 responses to call for evidence sets clear mandate for change
- Government to appoint Women's Health Ambassador to drive women's health to the top of the agenda
- Hymenoplasty to be outlawed in further drive to prevent violence against women and girls

Decades of gender health inequality will be addressed as the government publishes its vision to reset the dial on women's health.

The Vision for Women's Health sets out key government commitments on women's health, while recognising the system wide changes needed to tackle some of the issues raised, to be addressed by the upcoming Women's Health Strategy in spring 2022.

To help transform the vision into a decisive strategy and action, the government will appoint a Women's Health Ambassador who will raise the profile of women's health, increase awareness about taboo topics and support the government in implementing the strategy.

Underpinned by the analysis from almost 100,000 responses to the call for evidence, the vision reflects the government's ambition for a healthcare system that prioritises care on the basis of clinical need, not gender.

The responses gave stark and sobering insights into women's experiences of health and care and highlighted entrenched problems within the healthcare system including:

- Damaging taboos and stigmas in women's health can prevent women from seeking help and reinforce beliefs that debilitating symptoms are 'normal'.
- Over 8 in 10 have felt they were not listened to by healthcare professionals.
- There's a feeling services for specialities or conditions which only affect women are of lower priority compared to other services.
- Women believe compulsory training for GPs on women's health including the menopause is needed to ensure their needs are met.
- Nearly 2 in 3 respondents with a health condition or disability said they do not feel supported by the services available for individuals with their condition or disability.
- Over half of respondents said they felt uncomfortable talking about health issues with their workplace

Minister for Women's Health Maria Caulfield said:

The responses from the call for evidence were in many ways as expected, particularly with regards to women's priorities, but in some places the revelations were shocking.

It is not right that over three quarters of women feel the healthcare service has not listened. This must be addressed.

Many of the issues raised require long-term system wide changes, but we must start somewhere. I am proud to publish our vision for women's health. It is the first step to realising our ambition of a healthcare system which supports women's needs throughout their lives.

The government's ambitions in the vision are:

- that all women feel comfortable talking about their health and no longer face taboos when they do talk about their health
- that women can access services that meet their needs across the life course
- that all women will have access to high quality information and education from childhood through to adulthood, in * that all women feel supported in the workplace and can reach their full potential at work
- to embed routine collection of demographic data of participants in research trials to make sure that our research reflects the society we serve

Details on the action government will take to fulfil these ambitions will be followed by the Women's Health Strategy in Spring 2022.

To take immediate action to protect women and girls from harm, the vision document also sets out our intention to introduce legislation to ban hymenoplasty at the earliest opportunity.

This follows the recommendation from an independent expert panel to ban the practice which is intrinsically linked to virginity testing, and stems from the same repressive attitudes towards a woman's sexuality and the concept of virginity.

The publication of the vision document follows moves by the government to make Hormone Replacement Therapy, a key medication to offset the symptoms of the menopause, more accessible by reducing the cost burden for menopausal women. The government is also establishing a new UK-wide menopause taskforce to further investigate how women going through the menopause can be better supported by clinicians, workplaces, and peers.

The call to evidence ran from March to June 2021 and generated 110,123 responses, including almost 100,000 responses from individuals across England and over 400 written responses from organisations.

Mika Simmons, co-chair of the Ginsburg Women's Health Board, actress and host of The Happy Vagina podcast, said:

It is incredibly exciting to see the results of this consultation, supported by over a hundred thousand women. It is, however, just the beginning. Women's health care has been side-lined for far too long and a seismic shift now needs to happen, to correct the historical lack of efficient care. We must work together to eliminate the misunderstanding, chronic pain and loss that so many of us have suffered. I look forward to seeing changes made, at Government level, to ensure women receive better support with our reproductive, gynaecological, and sexual wellbeing.

Nimco Ali OBE, CEO of The Five Foundation and co-chair of the Ginsburg Women's Health Board, said:

For the benefit of the whole of the UK we need to address the gender health gap. This year's consultation by the Department of Health has shown that they acknowledge that and are committed to delivering change. We have already seen progress in so many areas but this data will ensure future policy is delivered where it is most needed and will be most effective.

Professor Geeta Nargund, Co-Founder of the Ginsburg Women's Health Board, Senior NHS consultant and Medical Director at CREATE Fertility, said:

The results of this consultation show unequivocally that our healthcare system needs more support for women's reproductive health and that across every age group women face hurdles in accessing the medical care or information they need. It reconfirms why this consultation was so important and now that we have the results we must work to address the issues raised and develop policies that will close the gender health gap.

When it comes to gynaecological conditions there is a very clear need to accelerate referrals for early diagnosis with a fast-track to consultants, and there must be a focus on health conditions affecting BAME women who have historically struggled to access support. Fertility issues continue to affect a growing number of women, and to ensure all those who need can access treatment we urgently need to end the NHS IVF postcode lottery and extend funding to same-sex and single women across the UK. The results of this consultation are only the beginning, and we must work together to support our NHS and healthcare system deliver the best service possible for all women.

Carers urged to get COVID-19 booster now

- New study shows boosters significantly reduce the risk of severe COVID-19 infections in care residents
- All carers and recipients of care offered priority access at vaccine sites

A new study, published today by the University of Birmingham and UCL, adds further evidence to the importance of a booster vaccine for both carers and care home residents as they are encouraged to Get Boosted Now.

The Vivaldi study investigates the immune responses of staff and residents in long-term care homes who received a Pfizer booster vaccine. The results show up to a 12.3 fold increase in antibody response in residents without prior infection following their booster, reducing their risk of severe COVID-19 infections.

Where operationally viable, NHS England has requested vaccination centres offer priority access for frontline staff, including unpaid carers and social care staff, which includes access to queue management and priority lines. This makes it as easy as possible for anyone who is receiving or giving care, whether paid or unpaid, to get their booster this winter.

Staff may be asked to show a valid ID for priority access. Unpaid carers can use a letter issued to the care sector as proof of ID. Sites are also making reasonable adjustments for pregnant women, the clinically vulnerable, including those with learning disabilities and autism and Severe Mental Illness, as well as for their carers.

Minister for Care, Gillian Keegan said:

Our fantastic social care workforce have shown time and time again during this pandemic the lengths they will go to deliver high-quality care in the most challenging circumstances – showing true dedication and professionalism – and I can't thank them enough for all their hard work.

We are calling on them to step up once again to come forward and protect themselves and those around them by getting boosted now, giving those they care for maximum protection over the winter.

We're all in this together – please play your part.

The study assessed the original COVID-19 strain and the Delta variant. Data

published by the UK Health Security Agency shows vaccine effectiveness against symptomatic infection is substantially reduced against Omicron with just two doses over time, but a third dose boosts protection back up to over 70%.

99% of older-adult care homes have now been visited to offer booster vaccinations to residents and staff. The final 1% will be visited by 24 December subject to no further COVID-19 outbreak within those care homes. However uptake is lower amongst staff with only 34% of staff and 30% of staff in younger adult care homes having taken up the offer mid-December and all are asked to come forward as soon as possible.

Appointments continue to be available over the festive period and every eligible adult can now book their jab online. Given some sites remain busy, the NHS is encouraging people to book to guarantee their slot.

The government recently announced £388 million of funding up to 31 March 2022, to support the care sector to put in place infection prevention and control measures over the winter period, including to increase COVID-19 and flu vaccine uptake among staff.

More than two thirds of people aged 18 and over and who are eligible have now received a booster, with over 29 million boosters administered.

Vaccination sites have been asked to operate 12 hours a day, seven days a week wherever possible and in every community there should be slots available at least 16 hours a day – with some sites extending to 24-hour operation to make it easier for people who work shift patterns.