

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.

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.

Rail industry on track to win big in UK-Australia trade deal

- UK-Australia deal set to remove 5% export tariff on rail products, potentially cutting costs and making British bids more competitive
- Will allow UK companies to compete for lucrative government contracts on an even footing versus Australian competitors
- Will open the door to top-priority country for UK rail industry, helping more Brits to work in areas such as construction and services

British rail companies are on track for potential Australian export boom thanks to the trade deal that will be signed later this year.

Australia is already the highest priority country for UK rail exporters, with more than £82 billion (\$155 billion AUD) being invested by Australia into its networks over the next decade, including new cross-country lines and modernised metros in cities including Melbourne.

All current tariffs on rail-related goods, including railway stock, track fixtures and fittings, and traffic signalling equipment are set to be scrapped as part of the free trade agreement (FTA), which will allow UK companies to be even more competitive when bidding for Australian government contracts worth billions of pounds in the coming years.

British rail companies will also benefit from new, legally guaranteed access to bid for Australian government contracts on an even footing with their Australian competitors, opening up billions of dollars of public sector rail contracts.

International Trade Secretary Liz Truss said:

Our rail exports industry is a Global Britain success story. Australia is undergoing a huge reconstruction of its train networks and this trade deal will allow British companies to be even more competitive when bidding for these massive, multi-billion-pound infrastructure projects.

These major contracts will support high value jobs up and down the UK, and allow more of our professionals to live, work and enjoy life on the other side of the world.

The deal will allow rail companies to build on some of the British successes already enjoyed in Australia's rail sector. These include manufacturer Altro's floor covering, which is used in the refurbishment of Melbourne's Trams and on trains in Victoria and Queensland, and consultancy firm Ricardo, which makes 25% of its rail revenue in Australia having won several high-profile projects.

It will also give UK employees more freedom to work Down Under and allow Brits under 35 to travel and work in Australia for up to three years as part of the agreement.

Chairman of the Railway Industry Association, David Tonkin, said:

Many UK rail suppliers already trade with Australia – from manufacturing firms in Doncaster to design companies in London – and with a Free Trade Agreement they can deliver even more. With Australia voted as the number one priority market for rail businesses in the UK, a trade deal will be welcome news to many, allowing them to more easily sell our world-leading products and services into the market.

The UK rail industry is a major exporter, selling £800 million each year across the world and it has a pivotal role to play in achieving the Government's vision of a 'Global Britain', supporting a clean, environmentally-friendly form of transport both at home and abroad.

This comes as the Department for International Trade and Innovate UK launch a competition that will support UK companies in the rail sector to innovate globally. The competition will award small businesses grants of up to £50,000 to help them access growing markets such in Australia, India, and Canada.

New body to tackle health disparities will launch 1 October, co-headed by new DCMO

- Dr Jeanelle de Gruchy has been appointed as the new Deputy Chief Medical Officer for England and will co-lead the new body alongside Director General, Jonathan Marron
- Health disparities across nation to be reduced by tackling top risk factors for poor health

The Office for Health Improvement and Disparities (OHID) will officially launch on 1 October with the aim of tackling health inequalities across the country. It will be co-led by newly appointed Deputy Chief Medical Officer (DCMO), Dr Jeanelle de Gruchy.

The OHID will be a vital part of the Department of Health and Social Care and will drive the prevention agenda across government to reduce health disparities, many of which have been exacerbated by the COVID-19 pandemic,

and improve the public's health.

Health disparities across the UK are stark – for example, a woman living in Blackpool will on average live 16 fewer years in good health than a woman born in Brent, London and we know someone's ethnicity can have a significant bearing on their health and health outcomes.

Health disparities can undermine people's ability to work and live long healthy independent lives while creating pressure on the NHS, social care and other public services.

Ill-health amongst working-age people alone costs the economy around £100 billion a year and it's estimated that 40% of health care provision in the UK is being used to manage potentially preventable conditions.

The new body will tackle the top preventable risk factors for poor health, including obesity caused by unhealthy diets and lack of physical activity, smoking and alcohol consumption. It will work across the health system to drive forward action on health disparities, including improving access to health services across the country, and coordinate with government departments to address the wider drivers of good health, from employment to housing, education and the environment.

As the new DCMO for Health Improvement, Dr Jeanelle de Gruchy will advise government on clinical and public health matters as the co-lead for OHID, alongside the DHSC Director General for the OHID, Jonathan Marron. They will be under the professional leadership of the Chief Medical Officer, Professor Chris Whitty.

Health and Social Care Secretary, Sajid Javid said:

The COVID-19 pandemic has exposed the disparities that exist within our country. We know the virus has had a greater impact on those with poorer health and we must ensure we give people the tools they need to maintain a healthy lifestyle, whilst relieving pressures on our NHS.

By focussing on preventing and not just treating poor health, the Office for Health Improvement and Disparities will tackle health disparities to break the link between people's background and their prospects for a healthy life.

I look forward to Dr Jeanelle de Gruchy coming on board to co-lead the OHID, bringing her extensive knowledge to deliver a meaningful reduction in health disparities for people up and down the country.

Dr Jeanelle de Gruchy, incoming Deputy Chief Medical Officer said:

The Office for Health Improvement and Disparities will play a critical role in reducing health inequalities across the country and build on the important work undertaken over recent years.

COVID has exposed and exacerbated the health inequalities across the UK. It is critical we address these head-on and support people to live healthier lives. I look forward to getting started.

Professor Chris Whitty, Chief Medical Officer said:

Dr Jeanelle de Gruchy brings extensive local, regional and national experience to the role.

The Office for Health Improvement and Disparities has a lot of important and challenging work to do and Dr de Gruchy is well placed to ensure it delivers meaningful health improvements for people nationwide.

The Office will help inform a new cross-government agenda which will look to track the wider determinants of health and reduce disparities. The OHID will bring expert advice, data and evidence together with policy development and implementation to ensure action on improving health is better informed, more effective and more joined-up. It will bring together a range of skills to lead a new era of public health polices, leveraging modern digital tools, data and actuarial science and delivery experts.

Dr Jeanelle de Gruchy is currently President of the Association of Directors of Public Health (ADPH), the Director of Population Health at Tameside Metropolitan Borough Council and Chair of the Greater Manchester Association of Directors of Public Health. She will be stepping down from these roles to become DCMO.

Her previous roles include being Director of Public Health at the London Borough of Haringey (2010 to 2018) and Chair of the London Association of Directors of Public Health. Prior to that, she was Deputy Director of Public Health at Nottingham City NHS Primary Care Trust.