Thousands more children to benefit from free breakfast clubs

Thousands of children in disadvantaged areas in England will be offered nutritious breakfasts in the next two academic years, to better support their attainment, wellbeing and readiness to learn.

A healthy breakfast can help children and young people with their concentration and behaviour. Today (Friday 9 July), Family Action has been confirmed by the Department for Education as the delivery partner for the National School Breakfast Programme – building on the Government's commitment to level up children's outcomes across England.

Backed by up to £24 million of government investment, Family Action will source and deliver breakfast food products to schools from September, and through the programme support up to 2,500 schools between 2021-22 and 2022-23.

Children and Families Minister Vicky Ford said:

> The National School Breakfast Programme is a fantastic scheme, helping some of the most disadvantaged children across the country kick start their day with a good, healthy meal, which can be so important in helping their concentration and behaviour during the school day.
>
> Family Action will lead this delivery in schools, backed by our £24 million investment, meaning hundreds of thousands of children can benefit from breakfast clubs over the next two years – I encourage all eligible schools to sign up.

David Holmes CBE, Chief Executive of Family Action said:

> We are delighted to be delivering the new National School Breakfast Programme having delivered the previous NSBP since 2018. This is great news for hundreds of thousands of children across the country who will have access to a free healthy school breakfast without barrier or stigma. We know this gives children the very best chance to learn from the start of their school day.

The National School Breakfast Programme continues the government's commitment to levelling up outcomes for young people with their education and getting them back on track as they recover from the pandemic, particularly in disadvantaged areas. This includes through the 12 Opportunity Areas, which will be targeted by the National School Breakfast Programme as they improve social mobility through education.

Thousands of children will also continue to benefit from the Holiday Activities and Food programme, expanded nationally this year with a £220 million investment, which will continue this summer in every local authority across England free for children eligible for free school meals.

Schools will be able to access guidance published today, which will support them with the delivery of breakfast clubs as well as setting out eligibility and how to sign up.

Hong Kong: Media Freedom Coalition statement

Press release

Members of the Media Freedom Coalition issue a statement on media freedom in Hong Kong.

> The undersigned members of the Media Freedom Coalition express their strong concerns about the forced closure of the Apple Daily newspaper, and the arrest of its staff by the Hong Kong authorities. The use of the National Security Law to suppress journalism is a serious and negative step, which undermines Hong Kong's high degree of autonomy and the rights and freedoms of people in Hong Kong, as provided for in the Hong Kong Basic Law and the Sino-British Joint Declaration.
>
> The action against Apple Daily comes against a backdrop of increased media censorship in Hong Kong, including pressure on the independence of the public broadcaster and recent legal action by the Hong Kong authorities against journalists.
>
> We are highly concerned by the possible introduction of new legislation that is intended or could risk being used to eliminate

> scrutiny and criticism by the media of the government's policies and actions.
>
> Freedom of the press has been central to Hong Kong's success and international reputation over many years. Hong Kong and mainland Chinese authorities should fully respect and uphold this important right, in line with China's international legal obligations.

Signed:

Australia, Austria, Canada, Czech Republic, Denmark, Estonia, Finland, France, Germany, Iceland, Italy, Japan, Latvia, Lithuania, Luxembourg, Netherlands, New Zealand, Slovakia, Switzerland, United Kingdom, United States.

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The importance of listening and changing

I believe that when it comes to listening to the public, we should do so with an open mind and an appreciation that part of good listening means having a genuine readiness to change your actions in response to what you are told.

The concept of active listening has been on my mind a lot this week, prompted by a discussion I took part in about the citizens' juries public deliberation project we co-commissioned with the National Institute for Health Research Applied Research Collaboration Greater Manchester and NHSX earlier this year.

The project's focus was data sharing in a pandemic.

Three citizens' juries spent 36 hours each learning about and discussing three data sharing initiatives introduced nationally to support the response to COVID-19. The jurors were asked to consider how much they supported each initiative, and what more could be done to ensure these projects were trustworthy.

At the citizens' jury report launch earlier this week, I was asked to speak about why involving the public in questions of sharing health and social care data matters. It's one of those questions that on the surface feels so obvious that it doesn't need much thinking about. But it proved an important question for me to return to, because understanding why people need to be involved informs how they are involved.

If the purpose of involving people is purely to make sure that they know

what's happening, or what's changing, then it's a matter of 'transmit communications'. For example, showing people what data is held about them and raising awareness about how it's used.

However, in some instances, more than just awareness raising is needed. Research and system planning requires accurate, complete and representative data about different groups of people's experience of health and illness. And as the individuals whose data is essential to this work, we need to feel confident that we can trust the way confidential information about us will be used before we share it.

Talking with health and care professionals is equally important. They need to feel confident that proposed uses of data are in keeping with their professional duties and values, not least that of ensuring that the care of their patient is their first concern. This confidence is supported by knowing that there is active support for those data uses from patients, the public and professionals alike.

I don't think it's possible for any system, initiative or organisation to achieve support, or 'social license', for its data use purely through being on 'transmit'. And neither did the members of the public who participated in our jury. One of the key findings was that members of the public should not just be informed about, but also involved in, decisions about data sharing, in partnership with data experts. This was far preferable to the jurors than those decisions being taken by the organisations using the data or by politicians.

Another public dialogue that we held last year about how to make sure that health and care data is used in ways that benefit people and society had a similar finding: that people from a cross-section of society should be involved in assessing how data is used, to decide whether there is a public benefit to it or not.

Both of these dialogues deliver a clear message about what authentic engagement looks like. It must be a two-way process, which involves listening, and that those listening must be prepared to change course on the basis of what they have heard.

A data system can be designed behind closed doors, by experts, without public involvement. I know from experience that these well-meaning experts operate with a lot of personal integrity and work incredibly hard to do the right thing for patients and the public. But the closed-door approach risks underpinning a project's ambitions with untested assumptions about what matters most to its users. It is easy for unconscious bias, potential vested interests (professional if not commercial) and group think to compromise solutions, as with any closed human system, in health and care or otherwise.

Public involvement not only helps to demonstrate trustworthiness by opening up the system to scrutiny by the people whose data it will use. It also improves the integrity and strength of the system itself. It reminds system designers that it's important not just to believe in their project but also, as with any scientific endeavour, to keep doubting, to ensure that the

evidence is constantly and openly tested. A two-way process also improves understanding about what conditions need to be met in order to win the public's support for data use. The public trust that the health and care system needs to create is not a blind trust, but a trust that is informed, strong and sustained.

By making conscious and continual efforts to engage a wide range of people, public involvement can also help build in the strength that diversity of experience and perspective will bring to decisions about data. This citizens' jury work demonstrated the opposite of group think, with participants looking at data use from a number of different angles and perspectives: teasing out and exploring the boundaries and contours of problems and proposing potential solutions. The jurors came up with excellent insights, questions and challenges that would not have occurred to me and may not have occurred to those designing the systems either.

At the launch event, we were fortunate enough to hear from some of the jurors. They described how interesting and satisfying it had been to learn more about how data is used. They were enthusiastic about what could be done with data collected during the pandemic, both immediately and in the future. But their support for this data use came with clear caveats, all of which are described in the report. We hope that the insights from this public deliberation will prove useful learning and play a part in strengthening data system design and decision making in future.

Engaging the public in these important conversations isn't always an easy thing to do, but it's the right thing to do. Going beyond transmit mode means investing time and resources to enable members of the public to engage in a way that can lead to meaningful change. It means being ready to listen. And it means accepting that the outcome of the conversation might mean changing your plan or your perspective.

COVID-19 vaccines highly effective in clinical risk groups

The study from Public Health England (PHE), which included more than 1 million people in at-risk groups, found:

- overall vaccine effectiveness against symptomatic disease in risk groups is approximately 60% after one dose of either AstraZeneca or Pfizer-BioNTech, with little variation by age
- after 2 doses, vaccine effectiveness with Pfizer-BioNTech is 93% and 78% with AstraZeneca in people in risk groups aged 16 to 64 in people in risk groups aged 65 and over, vaccine effectiveness with Pfizer-BioNTech is 87% and 76% with AstraZeneca
- for those who are immunosuppressed, vaccine effectiveness after a second

> dose is 74%, with similar protection to those who are not in a risk group – this rises from 4% after a first dose

Although age is the greatest risk factor for adverse outcomes following coronavirus (COVID-19) infection, certain health conditions also increase the risk of severe disease.

Diabetes, severe asthma, chronic heart disease, chronic kidney disease, chronic liver disease, neurological disease, and diseases or therapies that weaken the immune system – such as blood cancer, HIV or chemotherapy – have all been linked to an increased risk of hospitalisation or death with COVID-19.

People with these conditions who are at highest risk were initially advised to shield during the peak of the pandemic and all risk groups were then prioritised for vaccination. The government announced the dose interval would be brought forward from 12 to 8 weeks for the clinically vulnerable on 14 May, and everyone in these groups should now have been offered a second dose.

Data on vaccine effectiveness among people in clinical risk groups was previously limited. Though more data is needed, protection against hospitalisation and death in risk groups is expected to be greater than protection against symptomatic disease, as has been seen in studies of the general population.

Dr Mary Ramsay, Head of Immunisation at PHE, said:

> This real-world data shows for the first time that most people who are clinically vulnerable to COVID-19 still receive high levels of protection after 2 doses of vaccine.
>
> It is vital that anyone with an underlying condition gets both doses, especially people with weakened immune systems as they gain so much more benefit from the second dose.

The Joint Committee on Vaccination and Immunisation (JCVI) advised that those living with immunosuppressed adults should be prioritised for vaccination to help limit the spread of the virus to people in this group.

If the planned booster programme goes ahead, the JCVI has recommended that immunosuppressed adults and their household contacts should also be among the first to be offered a third dose of vaccine in September.

PHE estimates that 30,300 deaths and 8,151,000 infections have been prevented as a result of the COVID-19 vaccination programme, up to 25 June. This is based on modelling analysis from PHE and Cambridge University’s MRC Biostatistics Unit.

PHE also estimates that 46,300 hospitalisations have been prevented in people aged 65 or older in England up to 27 June (approximately 7,000 admissions in those aged 65 to 74, 18,000 in those aged 75 to 84, and 21,300 in those aged

85 and over).

The Universal Credit (Coronavirus) (Restoration of the Minimum Income Floor) Regulations 2021