

Plan to regenerate England's cities with new homes

- New measures to help cities and their high streets recover from the pandemic
- More homes in urban areas – tackling unaffordability and making the most of brownfield land with £100 million of funding
- Revision of '80/20' funding rule to help level up all parts of England

New measures to level up England's cities, recover from the pandemic and help provide much-needed new homes have been set out by Housing Secretary Robert Jenrick today.

Following a consultation launched in the summer that sought views from planners, councils and the wider public, the Government has announced its plan for enabling the delivery of more homes across England.

A housing need formula is currently used to provide a starting point in the process of local planning for new homes. An updated method will now be introduced to help councils to enable the delivery of 300,000 homes a year by the mid-2020s, while prioritising brownfield sites and urban areas.

Under the proposals, cities will be encouraged to plan for more family homes – which are the right size and type for families to live in – and to make the most of vacant buildings and underused land to protect green spaces. The plans will encourage more homes to be built in England's 20 largest cities and urban centres, boosting local economies by supporting jobs in the building sector, and revitalising high streets with the footfall new residents bring.

The Government also intends to revise the so-called '80/20 rule' which guides how much funding is available to local areas to help build homes. This will establish a new principle to ensure funding is not just concentrated in London and the South East.

Housing Secretary Rt Hon Robert Jenrick MP said:

This Government wants to build more homes as a matter of social justice, for intergenerational fairness and to create jobs for working people. We are reforming our planning system to ensure it is simpler and more certain without compromising standards of design, quality and environmental protection.

The Covid-19 pandemic has accelerated and magnified patterns that already existed, creating a generational opportunity for the repurposing of offices and retail as housing and for urban renewal. We want this to be an opportunity for a new trajectory for our major cities – one which helps to forge a new country beyond Covid

– which is more beautiful, healthier, more prosperous, more neighbourly and where more people have the security and dignity of a home of their own.

A new expert Urban Centre Recovery Task Force has been set up to advise on the development and regeneration of our great town and city centres. The Task Force includes Peter Freeman, the visionary behind the redevelopment of Kings' Cross and new Chair of Homes England.

To further support local areas in delivering these homes, and following the £20 billion investment in housing announced as part of last month's Spending Review, today the Government is also:

- Allocating more than £67 million in funding to the West Midlands and Greater Manchester Mayoral Combined Authorities to help them deliver new homes on brownfield land, as well as confirming an additional £100 million of funding for brownfield development.
- Announcing that in January the Government plans to launch a new £100 million Brownfield Land Release fund to support brownfield development, estates regeneration, development on public sector land and self and custom-build serviced plots in coming forward. This will be open to councils across England, apart from those Mayoral Combined Authority areas that recently benefited from our £400 million brownfield fund. A significant portion of this new £100m will go supporting self and custom-builders – a growing sector which Government is committed to. We invite councils to use the time between now and the prospectus launch to start to consider and prepare their bids.
- The Government is today encouraging councils to ensure that appropriate numbers of family homes come forward, with the right mix of home sizes, types and tenures for local communities.

To ensure tall buildings are in areas that are appropriate, the Government has issued a London Plan direction to the Mayor of London asking boroughs to set a definition for a tall building, based on a minimum of 18m height.

During the pandemic, the Government has made it easier for cities and towns to adapt to the challenges they have faced. This includes making it easier to demolish and rebuild unused buildings as homes, providing restaurants, pubs and cafes with the freedom to provide takeaway services, and making it easier for businesses and communities to host markets and stalls so customers can be served safely. Today's changes build on this to enable the delivery of stronger, more prosperous and more resilient places for people to live in.

Today, the Government is also:

- Announcing it will work to agree with the GLA a strengthened role in London for Homes England, the Government's housing accelerator. This would enable them to work more closely with the GLA, Boroughs and development corporations to help deliver sites in London and the preparation of bids for the new National Homebuilding Fund. This will

help close the gap between what London is delivering now and what it needs to.

- Confirming over £12 billion of investment in affordable housing over the next five years, including the new Affordable Homes Programme, as announced in the Spending Review last month. The new programme is open and can be used to support councils and housing associations in delivering affordable homes. The programme will unlock a further £38 billion in public and private investment in affordable housing
- The Government intends to revise the '80/20 rule', establishing a new principle for future funding from the £7.1 billion National Home Building Fund that better reflects our commitment to levelling up and our ambition to deliver 300,000 new homes each year by the mid-2020s. We want funding to be distributed more fairly across England, and not just concentrated in London and the South East.
- Today's announcements follow proposals launched earlier this month to tackle the housing shortage in urban areas by enabling commercial premises to be converted into new homes through a fast-track planning permission process. This will help to give high streets a new lease of life, removing eyesores and transforming unused and derelict buildings, while making the most of our brownfield land.
- The new standard method follows a consultation on the method launched last August called 'Changes to the Current Planning System'.

[Delivering tangible, positive impacts for the South Sudanese people](#)

Thank you very much, Mr. President. Let me begin by thanking Ambassador Dang Dinh Quy for his update and also to SRSG Shearer and USG Lowcock. Their briefings today provided a stark illustration of the dire and deteriorating humanitarian situation faced by millions of South Sudanese, as well as the urgent need for the full implementation of the Peace Agreement. I take what David Shearer said about the fact that the violence is by no means as bad as it was previously, and that is a mercy, but it is a sad and profound reality that over two years since the Peace Agreement and one year since this Council visited Juba, millions of South Sudanese are yet to see real peace dividends.

This year, we've seen the declining food security picture affecting millions and catalysed by subnational violence, slow implementation of the Peace Agreement and record flooding. As Mark Lowcock has been clear, the latest Integrated Food Security Phase Classification (IPC) analysis, released on Friday, showed that there is likely to be a famine occurring in Western Pibor, and thousands more people living in famine like conditions in five other counties.

Now, colleagues, resolution 2417 places an onus on this Council to take action when we see a clear link between conflict and food insecurity. This is unmistakably the case in South Sudan.

The situation will only worsen if we do not act. Now is the time for to step up and show leadership. The United Kingdom is one of the major humanitarian donors in South Sudan. This October, we committed a further \$10 million in assistance in addition to our humanitarian aid spend, which last financial year has totaled \$218 million. But colleagues, international support and humanitarian aid cannot solve this alone. Ultimate responsibility lies with South Sudan's government. And it's a great shame that, again, the representative of South Sudan has not made a rule 37 request to be with us in this Council today as we discuss the plight facing millions of his countrymen.

We call on the government of South Sudan to accept the gravity of the situation, support the release of the full IPC analysis, and to cooperate and provide unfettered access to humanitarian partners. Efforts to impede the IPC process help nobody and although humanitarian aid is crucial, the bottom line is that this crisis can only be resolved if the South Sudan's leaders show political will.

Now, Mr. President, we must also recognise the manmade nature of this crisis. Successive cycles of violence, have resulted in forced civilian displacement, abductions and notable increases in sexual and gender based violence. We welcome the positive steps taken to build state-level institutions, and we commend the commitment last week to finalise state and county level appointments. This is a significant step. However, we need to ensure that these structures deliver tangible, positive impacts on people's lives, and governors and state officials must ensure unfettered humanitarian access as an immediate priority.

Mr. President, stability is vital. It can only be achieved through a fully inclusive process. We welcome the recent recommitment by non signatories of the Peace Agreement to the Cessation of Hostilities Agreement, and we call on parties to continue to engage constructively in the Rome process.

But let me repeat our call to South Sudan's leaders to ensure the full, equal and meaningful participation of women in this process.

Mr. President, the fact that famine is likely to be occurring should be a wake up call to us all. At this moment of renewed crisis we call on all parties to redouble efforts to realise lasting peace and stability. It is therefore vital that UNMISS is able to carry out its mandate unhindered. Bureaucratic and physical impediments are a direct contravention of the Peace Agreement, the status of forces agreement and international peacekeeping norms.

In closing, Mr. President, as we look to the end of South Sudan's first decade as an independent nation, our hope remains that a partnership can be forged between the donor community, the United Nations and South Sudan's government and that 2021 will see a renewed effort to help end this

humanitarian catastrophe. South Sudan's government need to see the donor community and the UN as partners to help them to resolve this crisis. South Sudan's leaders need to put their people first.

Thank you, Mr. President.

[Argentina and the UK Joint Webinar: COVID-19 vaccines in Latin America and the Caribbean](#)

Press release

Argentina and the UK Joint Webinar: Vaccine profiles, distribution challenges and countering vaccine disinformation in Latin America and the Caribbean.



On 14 December 2020, Argentina's Health Minister, Ginés González García and the UK's Minister of State for the Americas, Wendy Morton MP opened the virtual seminar "Vaccine profiles, distribution challenges and countering vaccine disinformation in Latin America and the Caribbean". The event brought together senior officials and medical experts from across the region to discuss efforts to bring the COVID-19 pandemic to an end and how best to ensure equitable access to COVID-19 vaccines.

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Government takes forward plans to cut gender pay gap in medicine

- Structural barriers are the main reason for pay disparities
- Government commits to tackle the gap by dismantling barriers, making senior roles more accessible to women, improving pay transparency and promoting cultural change

The Health and Social Care Secretary has today committed to tackle the gender pay gap among doctors by making the NHS a more equal place to work, as an independent report finds structural barriers are the main reason for pay disparities.

The final report, the first review of its kind, found the gender pay gap between men and women in medicine is highest for hospital doctors, with female doctors earning 18.9% less an hour when adjusted for contracted hours. The report also found the disparity in medicine is considerably higher than other professions – the gap being 2% for accountants and 8% for teachers.

The government will establish an Implementation Panel to help address the structural barriers outlined in the report, look at driving forward the review's recommendations, with members including gender pay experts and representatives from across the health service.

The report outlines a range of recommendations to make senior roles more accessible to women and help close the gap, to the benefit of the workforce as a whole. These include:

- reducing pay points within pay scales, so it takes less time for people to reach the top, and encourage greater pay transparency in general practice
- promoting flexible working, with jobs advertised as flexible unless there is a strong justification not to, helping to improve work-life balance and make the NHS the best place to work
- restructuring part-time training to focus on competency rather than time served, reducing disproportionate long-term career penalties for women who are more likely to go part time

Minister for Care Helen Whately said:

Now more than ever, our NHS needs talented doctors providing top-quality care for patients and I thank Professor Dame Jane Dacre for her vital work. Making workplaces better for women is something I am passionate about. All too often women continue to face barriers that make it harder to succeed at work.

We will all lose out if talented women feel unable to continue working in healthcare – promising carers ended early and vital expertise and experience lost at a time when we need it more than

ever.

I'm redoubling my efforts to work with the profession to remove the barriers stopping people from achieving their full potential. I want the NHS to be a truly diverse and inclusive employer.

Professor Dame Jane Dacre, Chair of [The Independent Review into Gender Pay Gaps in Medicine in England](#) said:

The causes of the gender pay gap in medicine are complex and wide ranging and will require a system-wide effort to tackle. This pioneering review has uncovered the underlying causes and made recommendations for government, employers and the profession to address the pay gap.

I'm glad that the Health Secretary has committed to addressing this important issue, which will help keep more talented women working in the NHS.

The report sets out in full for the first time the causes of the pay gap, citing inflexible career and pay structures in medicine as creating barriers, especially for women with caring commitments, which leads to pay penalties for lower levels of experience and less favourable career paths.

The report also finds that although the pay gap has narrowed over time, progress is slow and women will continue to face disadvantages unless action is taken.

In addition, the report highlights the need for further research into the ethnicity pay gap in the NHS, looking at both the medical workforce and those on the Agenda for Change contract.

To better understand this, the Minister for Care Helen Whately will host a roundtable to hear from staff, stakeholders and BAME representatives from the NHS, complementing the NHS's ongoing work through the NHS Workforce Race Equality Standard to close the gaps in experiences between black, Asian and minority ethnic and white staff.

All of this work supports measures set out in the [NHS People Plan](#), to improve recruitment and retention, including ensuring equal opportunity and access to flexible working for both men and women.

The Gender Pay Gap in Medicine Review is the largest examination of gender pay data ever conducted in the public sector. The review was commissioned by the Department of Health and Social Care in April 2018 to determine the extent of the gap, its causes, and what needs to be done to tackle it.

Professor Dame Jane Dacre, former President of the Royal College of Physicians, was invited to chair the gender pay gap review, with the research undertaken by Professor Carol Woodhams, an expert in gender pay, alongside a

team of analysts and researchers from the University of Surrey.

The evidence presented in the report outlines the main causes of the gender pay gap in medicine. These include:

- periods of part-time working to have children or to undertake caring responsibilities have long-term implications for women's career and pay trajectories, reducing their experience and slowing down or stalling their progress to senior positions
- medical structures make it difficult for women to combine motherhood with a career in medicine. It takes women in medicine up to 35 years to close the gender pay gap after having children, compared with around 15 years for graduates in other professions in the UK
- married women doctors earn nearly 30% less than married men doctors, and this gap increased to over 32% for those with current or former NHS doctor partners, with women more likely to undertake childcare or make sacrifices to accommodate their partner's career
- male doctors are more likely to be older, have more experience and hold more senior positions. Two thirds of doctors in training grades are women but within consultant grades this drops to under half

Professor Carol Woodhams said:

The gender pay gap in medicine is large in comparison to other professions. The good news is that by making changes to some of the structural pillars that support typical medical careers, over time this will be reduced. Our report provides a road map to achieve this.

The review team conducted in-depth analysis of anonymised pay data, evidence obtained from interviews conducted with medics at various career stages, and an online survey sent to 40,000 doctors.

The review's methodology will provide a valuable resource for other sectors looking to address their gender pay gaps.

[Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England](#)

[Test to Release for International Travel goes live](#)

- from today passengers arriving in England have the option to shorten the self-isolation by up to half on receipt of a negative COVID-19 test
- private providers list is [live on GOV.UK](#), protecting NHS Test and Trace

capacity

- anyone released from self-isolation following a negative test result must comply with the current domestic rules in their local area

Passengers arriving into England from today (15 December 2020) will be able to choose to pay for a private test and potentially shorten their self-isolation as the government's testing strategy for international arrivals goes live.

Transport Secretary Grant Shapps has announced that passengers arriving from locations not featured on the government's [travel corridor list](#) can, from today, take a private test 5 full days after leaving the non-exempt place in order to release themselves from [self-isolation](#) on receipt of a negative result.

Available as an option for all passengers arriving into England by plane, ferry or train who have been in a 'non-exempt' location in the past 10 days, the move will ensure that passengers who receive a negative result on or after day 5 can immediately finish self-isolation, but must continue following the current domestic rules in their local area.

The move will give passengers the confidence to book international trips in the knowledge that they can return home and isolate for a shorter period if they receive a negative result.

With those opting into the scheme having to book and pay for a COVID-19 test from a [private provider on the GOV.UK list](#), the government is ensuring NHS Test and Trace testing capacity is protected.

Transport Secretary Grant Shapps said:

I'm determined that, when people travel here from abroad, everyone remains safe. The introduction of this day 5 Test to Release scheme is a helpful step in the right direction. It means less time in quarantine, but only in return for a negative COVID test. Good news for those travelling and good news for the wider public too.

International arrivals must wait for 5 full days since leaving a location not on the government's travel corridor list before taking a test from a private provider. This is because a test after 5 days of self-isolation provides materially better results than having one on arrival, as it allows time for the virus – should it be present – to incubate, helping reduce the risk of a false negative result.

Ensuring that passengers can travel safely has been one of the priorities of the Global Taskforce. It has brought together a host of experts across all modes to kick-start international travel.

Collinson CEO, David Evans said:

Test to Release is a good scheme that we are proud to be delivering to ensure we can support the aviation sector to open up travel in a safe way.

The new [testing strategy](#) being rolled out today will be a critical way of achieving this, while also continuing to safeguard public health in the UK. United Kingdom Accreditation Service (UKAS) accreditation will also become mandatory for all providers offering commercial COVID-19 testing services in England on 1 January 2021.

COVID-19 has profoundly changed the nature of international travel. Travellers should make sure they check the latest [travel advice from the Foreign, Commonwealth and Development Office](#).