

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.

[Green Party announces anti-nuclear Copeland by-election candidate](#)



Green Party

24 January 2017

The Green Party has selected Jack Lenox as its Copeland by-election candidate, opposing nuclear power and instead offering a safe energy future with increased investment in renewables.

The announcement from the Greens comes just one day after Labour said its candidate, Gillian Troughton, has been “quite clear of her support for the nuclear industry, no ifs and no buts”. [1]

Jack will also be campaigning for Britain to maintain a close relationship with Europe and to stop the creeping marketisation of the NHS, as well as vowing action to protect West Cumbrian homes from flooding.

Jack has lived in Copeland for four years and works as a software engineer. An active member of the community, Jack performs with and serves on the committee of the Keswick Amateur Operatic Society. In 2015, he helped organise the first web conference in Cumbria, bringing industry experts from across the world to Keswick.

Jack said:

“I’m delighted the Green Party has selected me to contest this by-election. Copeland has borne the brunt of Government funding cuts and healthcare is facing stark challenges – West Cumberland Hospital’s maternity and A&E departments are under threat. The constituency will also suffer if Theresa May rips the UK out of the single market and turns our country into a corporate tax haven.

“Copeland comprises some of the most deprived parts of the UK, it suffered severe flooding during the storms of last winter, and its constituents are forced to deal with continuous price hikes and cutbacks to public transport services. On top of all this, an ill-conceived new nuclear power plant is due to be built at Sellafield, the site of the UK’s worst ever nuclear disaster.

“The Green Party is the only party with truly progressive solutions to the issues Copeland faces. It’s a privilege and an honour to represent the Greens as a beacon of hope during this turbulent period in British politics.”

Jonathan Bartley, Green Party co-leader, said:

“Jack is giving people in Copeland the chance to vote for a candidate who opposes nuclear power, believes in Britain having a close relationship with Europe and fights for a truly public NHS. No other party is able to offer voters this clarity on the big issues facing the area. In a time of divisive politics and high levels of distrust, Jack will make an excellent Green Party candidate and we’re proud to have him.”

Notes:

1. <https://www.thesun.co.uk/news/2687914/labours-by-election-fight-to-hold-constituency-dominated-by-sellafield-nuclear-power-station-is-being-bankrolled-by-an-anti-nuclear-energy-firm/>

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[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.

[Student numbers plummet under SNP](#)



Figures out today have revealed that there are 150,000 fewer students in further education in Scotland since the SNP came to power.

The Scottish Funding Council revealed that there were 227,258 college students in 2015/16, compared to 379,223 in 2007.

Part time courses have almost halved from 398,606 to 185,133 between 2007 and 2016, a decrease of 54 per cent.

The figures continue a trend that has seen college places slashed as a result of the SNP's dramatic cuts to college funding in recent years.

Scottish Conservative shadow education secretary Liz Smith said:

"Colleges play a pivotal role in our education system, so it's deeply concerning that student numbers have dropped to this level.

"Each year colleges help prepare thousands of people for the world of work by giving them the skills they need to get on in life, yet the SNP have chosen to implement huge cuts to the sector.

"Even places in part-time courses have dropped by over half, which will be a huge blow to those trying to balance work and study.

"The SNP's record on education since they came to power is shameful, and they need to reverse their draconian cuts to college funding as soon as possible.

"Scotland's colleges are among the best in Britain at equipping our youth with the necessary skills to succeed, and we have to support them."

The report from the Scottish Funding Council is available here:

<http://www.sfc.ac.uk/communications/Statisticalpublications/2017/SFCST032017.aspx> The figures are in table B, figures 1, 4 & 11

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.