

Fourth Meeting of the UK Commission on Covid Commemoration

News story

The UK Commission on Covid Commemoration held its fourth meeting.



UK Commission on Covid Commemoration

The Commission met for the fourth time, on Friday 11 November 2022, following a series of stakeholder events hosted across the UK and following the launch of the Public Consultation on 24 October.

Various groups including bereaved families attended the events held around the UK and were invited to discuss their ideas and views for commemoration, recognition and marking this period of our history. Members of the Commission shared their thoughts and reflections from the events they had attended. The Commission noted that the key emerging themes at this stage include:

- An interest in both national scale remembering and local spaces that would bring communities together in reflection, including green spaces;
- A general recognition that the pandemic impacted everyone in one way or another and that everyone played a part in the response. As such there was a lot of support for individual stories to be reflected in commemoration initiatives;
- The importance of educating future generations.

The Commission is keen for members of the public to complete [the Public Consultation](#) as this will play an important part in informing the Commission of views on the options currently under consideration.

The Commission will meet again in December.

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Large minimum wage increases help protect low-paid workers' living standards

The National Living Wage (NLW) will rise to £10.42 from 1 April 2023, an increase of 92 pence or 9.7 per cent.

The Low Pay Commission's (LPC) recommendations ensure the NLW continues on track to reach the Government's target of two-thirds of median earnings by 2024. The recommendations were unanimously agreed by Commissioners and accepted in full by the Government.

Alongside today's announcement, the LPC has published its letter of recommendations to the Government and a summary of the evidence that informed them. Our full 2022 Report, which sets out the evidence in detail, will be published and laid in Parliament later this year.

The increases announced today will support the wages and living standards of low-paid workers at a time when many are feeling increased pressure from a rising cost of living. They are recommended against a backdrop of a tight labour market where unemployment is at record lows and vacancies remain high as businesses compete to recruit and retain staff.

Bryan Sanderson, Low Pay Commission Chair, said:

The rates announced today include the largest increase to the NLW since its introduction in 2016 and will provide a much-needed pay increase to millions of low-paid workers across the UK, all of whom will be feeling the effects of a sharply rising cost of living. For a full-time worker, today's increase means nearly £150 more per month.

The tightness of the labour market and historically high vacancy rates give us confidence that the economy will be able to absorb these increases.

Businesses also have to navigate these economically uncertain times and by ensuring we remain on the path to achieve our 2024 target, employers will have greater certainty over the forward path.

These recommendations have the full support of the business, trade union and academic representatives who make up the Commission.

Alongside the NLW, the Commission recommended significant increases in the National Minimum Wage (NMW) rates for younger workers. The 21-22 Year Old Rate will increase to £10.18, narrowing the gap with the NLW and leaving this age group on course to receive the full NLW by 2024. NMW rates for 18-20 and 16-17 year olds and apprentices will increase in line with the NLW increase of 9.7% in recognition of the tight labour market and strong demand for labour in youth-friendly sectors.

	Rate from April 2023	Current rate (April 2022 to March 2023)	Increase
National Living Wage	£10.42	£9.50	9.7%
21-22 Year Old Rate	£10.18	£9.18	10.9%
18-20 Year Old Rate	£7.49	£6.83	9.7%
16-17 Year Old Rate	£5.28	£4.81	9.7%
Apprentice Rate	£5.28	£4.81	9.7%
Accommodation Offset	£9.10	£8.70	4.6%

The LPC's full report will be published and laid in Parliament in the coming weeks. It will set out the full evidence base for this year's recommendations, and Commissioners' advice to the Government in several areas. These include the LPC's review of the Accommodation Offset; evidence around the NLW's impacts on different regions of the UK; and the effects of the minimum wage on workers with protected characteristics.

1. The LPC submitted its recommendations on 24 October 2022. The Government has today announced its acceptance of those recommendations.
2. The Government's remit to the LPC, which determines the Commission's work through the year, was published in March and is available [here](#).
3. The National Living Wage (NLW) is the statutory minimum wage for workers aged 23 and over. Different minimum wage rates apply to 21-22 year olds, 18-20 year olds, 16-17 year olds and apprentices aged under 19 or in the first year of an apprenticeship.
4. The LPC's recommendations on the NLW are informed by a Government-set target for that rate to reach two-thirds of median earnings by 2024. In this year's remit, the Government asked the LPC "to closely monitor developments in the labour market, including the impact of increases to the minimum wage rates, and advise on emerging risks. The government remains committed to the 2024 target, but if the economic evidence warrants it, the Low Pay Commission should advise the government to review the target or its timeframe. This emergency brake will ensure that the lowest-paid workers continue to see pay rises without significant risks to their employment prospects."
5. Following LPC recommendations in 2019, the age threshold for the NLW was lowered from 25 to 23 in April 2021 and is due to be lowered to 21 by 2024.
6. Rates for workers aged under 23, and apprentices, are lower than the NLW to reflect lower average earnings and higher unemployment rates.

International evidence also suggests that younger workers are more exposed to employment risks arising from the pay floor than older workers. Unlike the NLW (where the possibility of some consequences for employment have been accepted by the Government), the LPC's remit requires us to set the rates for younger workers and apprentices as high as possible without causing damage to jobs and hours.

7. The Accommodation Offset is an allowable deduction from wages for accommodation, applicable for each day of the week. In April 2023 it will increase to £9.10 per day. The Government's remit to the LPC this year acknowledged the LPC's intention to review the operation of the Accommodation Offset. The findings and recommendations of this review will be published shortly.
8. For an NLW worker working 37.5 hours per week, the increases announced today will increase their annual pay by £1798.83 and their monthly pay by £149.90.
9. The National Living Wage is different from the UK Living Wage and the London Living Wage calculated by the Living Wage Foundation. Differences include that: the UK Living Wage and the London Living Wage are voluntary pay benchmarks that employers can sign up to if they wish, not legally binding requirements; the hourly rate of the UK Living Wage and London Living Wage is based on an attempt to measure need, whereas the National Living Wage is based on a target relationship between its level and average pay; the UK Living Wage and London Living Wage apply to workers aged 18 and over, the National Living Wage to workers aged 23 and over. The Low Pay Commission has no role in the UK Living Wage or the London Living Wage.
10. The Low Pay Commission is an independent body made up of employers, trade unions and experts whose role is to advise the Government on the minimum wage. The rate recommendations introduced today were agreed unanimously by the Commission.
11. The current Low Pay Commissioners are: Bryan Sanderson (Chair), Kate Bell, Kay Carberry, Matthew Fell, Louise Fisher, Martin McTague, Professor Patricia Rice, Simon Sapper and Professor Jonathan Wadsworth.
12. Bryan Sanderson can be contacted via the Low Pay Commission's press office (07592 272382)

[Details of £500million discharge fund](#)

- Funding to speed up patient discharge, freeing up hospital beds to reduce ambulance handover times and improving capacity in social care
- Health and Social Care Secretary Steve Barclay addressed NHS workforce at NHS Providers' annual conference
- He set out his key priorities including a focus on what matters most to patients, as well as putting the NHS on a more sustainable footing

Patients will benefit from faster access to emergency treatment following an injection of £500 million to free up hospital beds through quicker discharge,

which will also help reduce ambulance handover times.

£300 million will be given to Integrated Care Boards to improve bed capacity and £200 million for local authorities to bolster the social care workforce, increasing capacity to take on more patients from hospitals.

Local authorities and Integrated Care Boards – organisations that bring the NHS together locally to improve health in the community – will work together to agree on spending across their regions, introducing tailored solutions which speed up discharge and benefit patients in their area.

Allocations will be published in due course with payments to be made in the coming weeks, following the announcement of the fund earlier this year. A second tranche of funding will be distributed in January 2023 delivering support across winter.

Speaking at the NHS Providers' annual conference in Liverpool the Health and Social Care Secretary said:

I am pleased to announce details of the fund which will be provided to ICBs and local authorities to free up beds, at a time when bed occupancy is at 94%.

In line with our devolved and data-driven approach we will be allowing local areas to determine how we can speed up the discharge of patients from hospital.

This might be through purchasing supportive technology boosting domiciliary care capacity or physiotherapists and occupational therapists to support recovery at home.

We will also be looking closely at the impact of how funding is used and using this data to inform future decisions around funding”.

Local areas will be free to spend this money on initiatives which will have the greatest impact in their area on reducing discharges into social care, which in most areas will mean prioritising home care. Funding may also be used to boost adult social care workforce capacity, through staff recruitment and retention, where that will help reduce delayed discharges.

Addressing the workforce for the first time since returning to the role, the Health and Social Care Secretary set out his priorities today (Wednesday 16 November) for the coming months to ensure the health and care system continues to deliver for patients.

Key areas of focus for the months ahead will be:

- Supporting the workforce including through more staff for NHS 111 and 999.
- Focusing on recovery plans across electives, urgent and emergency care.

- Tackling the issue of delayed hospital discharge.
- Improving access to primary care.
- Ensuring a stronger future for health including maintaining momentum on the New Hospital. Programme and investing in technology to improve patient outcomes.

Minister of State for Care Helen Whately said:

People should be cared for in the best place for them, but discharge delays mean patients are spending too long in hospital.

Our discharge fund will get more people cared for in the right place at the right time. We're asking hospitals and the social care system to work together to help patients and carers too, who often take on a lot of the burden of caring when someone leaves hospital.

The discharge fund will boost the social care workforce and in turn reduce pressures on the NHS and hospital staff, as it frees up beds and helps improve ambulance handover delays.

On tackling the Covid backlogs, the Health and Social Care Secretary emphasised the importance of close working between the Department of Health and Social Care and NHS England to reduce variation and tackle wider recovery challenges.

Looking beyond the immediate challenges of this winter, he reiterated the need to ensure a stronger future for health and care including investment in NHS buildings.

He set out his commitment to prioritise hospitals built using reinforced autoclaved aerated concrete (RAAC) as part of transformation plans as well as the need to modernise the way NHS buildings are constructed, moving away from bespoke designs by individual trusts and towards standardised designs that can streamline the approvals process and reduce construction time. This will help deliver new hospitals more quickly with better value for money, as part of the government's commitment to deliver 40 new hospitals by 2030.

He also set out the need to harness the opportunities of new ways of working shown by the pandemic including use of the NHS app to reduce pressures in primary care. From the end of the month patients will be able to book their Covid vaccine via the NHS app, reducing the burden on GP providers.

Closing his speech, he acknowledged the size of the collective challenge the system as a whole faces heading into winter and his commitment to working with the sector to build a more resilient, healthier NHS for the long-term.

Russia continues to commit atrocities in Ukraine: UK statement to the OSCE

Thank you, Mr Chair. I would like to start by offering my condolences to those who lost their lives and those injured by the bombing in Istanbul – terrorism in all guises is abhorrent.

Turning to Ukraine, the UK also expresses condolences for the victims of the missiles which landed in Poland this Tuesday. We stand in solidarity with our ally, Poland. [As my Foreign Secretary stated in our Parliament yesterday](#) – the only reason missiles are flying through European skies, and landing in European villages, is because of Russia's aggression. We commend Poland's decisive, determined, but calm and professional response to the situation.

Over the past few weeks, we have highlighted the dire humanitarian impact of Russia's intensified attacks against civilians and civilian infrastructure across Ukraine, ahead of winter. Russia's continued, callous targeting of Ukrainian cities this week shows only Putin's weakness. These were the heaviest Russian missile strikes since the start of the war. Up to 10 million households were left without electricity, showing the cruelty of the approach by the Russian government and military.

Mr Chair, I would like to focus my statement today on life in the Ukrainian territories under temporary Russian control. This started in 2014, not in 2022. A clear pattern has emerged of the repeated, systematic and brutal actions of the Russian military and government against the civilian Ukrainian population. A clear pattern of violations of international law, including international humanitarian law. Horror after horror after horror.

In March 2014, Reshat Ametov was abducted while protesting outside a local government building in Simferopol, Crimea, in protest against the illegal takeover of Crimea by Russian troops. Two weeks later, his body was found with signs of torture. Since then, Russia has continued to persecute and restrict the fundamental freedoms of ethnic and religious groups, including Crimean Tatars like Reshat, with arbitrary arrests, torture and intimidation.

Since Russia's invasion of Ukraine this year, [two Moscow Mechanism Reports](#), and our weekly statements at this Council, have highlighted further Russian atrocities in Ukraine. The Moscow Mechanism Reports document grave human rights abuses and violations, including torture, executions of civilians, unlawful detention, enforced disappearances, rape of women and of children, and much more. We have condemned Russia's "filtration centres" which subject Ukrainian civilians to interrogations, humiliating body searches and illegal deportations. We have condemned Russia's sham, illegal referenda conducted down the barrel of a gun.

And today, we condemn the latest horrifying accounts coming from Kherson. Yevhenia Virlych, a journalist, stayed in Kherson for five months before escaping. Working in secret for her own safety, she documented how seven

thousand people initially protested against Russia's temporary control in March. Protests stopped by April – because Russian troops were shooting at civilian crowds. Another resident of Kherson, Ludmilla, is 76 years old. Ludmilla wept when she was handed a bag of food by an NGO in newly-liberated Kherson – and described her “months of hell” living under temporary Russian control. Ludmilla's son was killed by shelling in May. Ludmilla's daughter-in-law and grandchildren evacuated to Poland soon after. Like many others, they faced long and dangerous journeys, involving Russian check points and “filtration camps”. Ludmilla decided to stay at her family home and survived without running water, electricity or gas and with dwindling food supplies. Allegations of breaches of international humanitarian law, including the use of torture in Kherson are coming to light.

But there is hope. The Ukrainian flag has been raised again over Kherson only weeks after Putin declared that the city would be part of Russia “forever”. As Kherson and countless liberated settlements have demonstrated, Russia's crimes are systematic and sustained. The Ukrainian people are fighting to take back what is rightfully and legally theirs and escape this living nightmare. In doing so, they are standing up for the fundamental OSCE principles that matter to all of us – of sovereignty, territorial integrity and the non-use of force.

We welcome the news that the Black Sea Grain initiative will be renewed until March. Over 11 million tonnes of grain and other food have already been delivered since July. It is vital this continues.

Mr Chair, the way out of these horrors remains simple. President Putin must withdraw all Russian troops from Ukraine unreservedly and unconditionally. Russia must pay for the damage it has inflicted in Ukraine – [as voted for by 94 countries at the UN this week](#). And those individuals responsible must be held to account for actions which are in clear violation of international law. [As my Prime Minister said at the G20 this week](#), the UK will never back down when it comes to supporting the Ukrainian people in the face of this brutality. We will stand by Ukraine now and until Ukraine prevails. As long as it takes.

[In pursuit of balance: unlocking the power of data whilst preserving public trust](#)

Since its foundation in 1948, the NHS has looked after the population of this country. In doing so, it has amassed comprehensive cradle-to-grave information about tens of millions of us, whatever our social and economic circumstances or ethnic origin. This store of confidential data is a national

treasure – our shared national treasure – that must never be compromised or treated carelessly, as its collection is founded on our trust.

The value of our data will only be realised if it can be organised in such a way that the NHS is able to use it well to improve treatments, services and ultimately our health and care. Sealing this precious asset in a vault where it cannot be used would render it worthless. However, making the data available in ways that damage patients' trust would be counterproductive. If people lose their trust in how the health and care system handles their confidential data things will fall apart, and plans for data use will not hold.

Welcome to the world of balanced judgment. The hunt is on for a way to unlock the treasure of our data without damaging our trust. These objectives are of equal value. As National Data Guardian, I have set my [vision, mission and strategic objectives](#) towards this end.

The importance of achieving the right balance is coming into sharper focus now, as NHS England begins asking companies to tender to provide a federated data platform. This 'ecosystem of technologies and services' will provide real-time, reliable insights to those making decisions about how care is planned and delivered.

I strongly agree with the aims and ambitions of NHS England's federated data platform (FDP) programme. Improving timely, meaningful access to high-quality data, visualised in a way that supports more informed decision-making by those empowered to use it, is key to improving health and care access, outcomes, and experience for all. However, this data programme must avoid common pitfalls around trust and transparency that have frustrated previous initiatives in this area. More on that later.

Public trust can only be earned through a commitment to honesty and transparency. There must be no surprises for people about how their private information is being used. To help the programme to get it right, my team, panel of advisors and I have provided, and continue to provide, advice in several areas around these themes. I have made clear that NHS England needs to allow sufficient time to listen to patients and professionals and then adapt plans according to what it hears. I have advised that the programme must be transparent and always strive to provide clear, easy-to-understand explanations of the platform, what data it will use, how it will use it, the benefits of the programme, and, just as importantly, the risks. Being open about risks and their mitigations provides an opportunity to meaningfully engage the public and build confidence in the system. This information should be publicly available, easy to find, and accessible. The programme has subsequently assured me that it will be carrying out research with the public to determine what information people want and need about the programme. This will inform its communications and engagement plans, which it has committed to share with me for review.

I have advised the programme to develop comprehensive information governance guidance, clear governance frameworks and security measures for the platform. I expect that it will continue to engage with me on these matters. I have

also counselled that the programme should remain mindful of the NHS's [core values](#), and how the track record and values demonstrated by any organisations procured to deliver on a large-scale data programme align with them. As NDG, my role is to provide advice and guidance. Ultimately, decisions around the FDP's procurement rest with the Department of Health and Social Care and NHS England. To date, I'm pleased to say those running the programme have listened and responded thoughtfully to my advice.

Just as my predecessor, Dame Fiona Caldicott, sought to do with the care.data programme, I shall continue to stress the importance of public and professional confidence for the FDP programme's success. And as a psychiatrist (like Dame Fiona), I'd also stress the importance of learning lessons from history to avoid repeating mistakes. The care.data programme failed when it could not provide satisfactory answers to a series of questions and tests set by Dame Fiona, including key ones around transparency and the clarity of policy and communications. I hope the NHS will keep this lesson in mind and engage with these critical themes from the outset, so that the FDP programme succeeds in inspiring confidence and support where care.data did not. In this time of crisis for the NHS, the programme's work to support better health and care for all through the better use of our data is too important an ambition to fail.