Dear everyone

I am writing this week from Beijing, China. You might remember that back in September, Secretary of State Jeremy Hunt and Vice Premier Liu Yandong of China announced a partnership agreement between PHE and the Chinese Centre for Disease Control and Prevention (China CDC). We have been holding joint workshops on a range of communicable and non-communicable diseases, focusing on a future work programme for the coming three years. China is, of course, a vast nation and is reforming its health system alongside everything else at a phenomenal pace. Globally, we both have a presence in West Africa, China CDC’s first international deployment, and believe that our shared experience will make us better prepared for the next international public health emergency. It is clear that we have much to share and learn from each other.

Two significant events at home this week. The Soft Drinks Industry Levy was confirmed in the Queen’s Speech to come into force in April 2018 – the first move towards the child obesity strategy due later this year. And yesterday the Courts ruled in favour of standardised packaging for tobacco products following a legal challenge by the four major manufacturers. Both are world leading decisions that will improve the public’s health and are of immense credit to UK law makers and the public health family.

Lord Jim O’Neill has published his final report on antimicrobial resistance (AMR) providing an action plan for the world to prevent drug-resistant infections and defeat the rise of superbugs – something that could kill 10 million people a year worldwide by 2050, the equivalent of one person every three seconds, and more than cancer kills today. AMR is a problem that is getting worse, antimicrobial drugs are becoming less effective and the world is not developing enough new ones to keep up. The report proposes ten areas that must be addressed urgently if we are to overcome the huge health and economic burden of AMR. Whilst the UK is leading the debate internationally we ourselves have much to do to reduce unnecessary prescribing and the number of serious infections and contribute to developing new antimicrobials. PHE leads on four of the seven elements of the UK strategy on AMR and we will be working relentlessly across the public health system and the NHS to combat AMR as part of a whole UK government priority.

On Thursday the Local Government Association (LGA) and PHE published a joint briefing on health, work and worklessness to support local authorities as they improve workplace health and reduce the employment gap for people with long term conditions and disabilities. Local government, as the leaders of local places, are in the best position to create the conditions where new jobs can be generated that local people can get, and having a job is the most important contribution that can be made to closing the health gap. We have also produced a new mental health toolkit for employers, with Business in the Community, which has already been downloaded by more than 1,000 businesses. This brings together a range of resources to support employers of all sizes to champion good mental health and support those who have mental health problems to remain in work.

Not forgetting about our own workforce, over the past year, under the chairmanship of Shirley Cramer, Chief Executive of the Royal Society for Public Health, we have been reviewing the current and future challenges facing the public health workforce. Yesterday we published our recommendations in a report for the Government, Fit for the Future – Public Health People. This has the support of the whole public health family and is well worth a look.

With best wishes