Dear everyone

I am writing from Pakistan where PHE is supporting the federal government of Pakistan and the provincial government of Punjab to develop an integrated disease surveillance and response system. This work is funded by the Department for International Development (DFID). In addition to reviewing progress with the Government and DFID, I contributed to the Health Services Academy's 7th Annual Public Health Scientific Conference in Islamabad on the UN Sustainable Development Goals and, together with the UK Faculty of Public Health, explored areas of interest to Pakistan around public health workforce development. I also met with the Chief Minister in the Punjab where, related to our work on disease surveillance, we are providing technical assistance on the establishment of a Punjab Public Health Agency. Pakistan is a beautiful country and we share history and family and there is much for us to share and learn from each other.

Today the Government published its response to the Health Select Committee’s report of its inquiry into the new public health system post-2013, whether it has achieved its aims, and where further improvements might be necessary. They made 23 recommendations covering every aspect of the new system including the role of local government, the NHS, cross-government and PHE itself. There are of course improvements to be made, and unsurprising at this early stage, but the Committee particularly endorsed local government as the best home for the local leadership of the public’s health. They drew attention to two main concerns: problems with data flow between the NHS and local government and the funding pressures on local government generally and the reductions in the public health grant.

E-cigarettes have been in the news again after a report from the US Surgeon General on the increased use by, and risks to, young people in the US. We have much more comprehensive regulation in the UK, and while we are alert to the possibility of increased access to this technology by children, we are not seeing the same patterns of use in the data for England. Health gains for smokers who substitute vaping are potentially large and our focus on the evidence around the relative rather than absolute risk for smokers allows us to advise on a strong regulatory framework to help maximise those health benefits at an individual and population level, whilst minimising risks to children. E-cigarettes are by far the most popular quitting aid in England today. Half of vapers in the UK have stopped smoking and a third of the remainder are using them as part of a quit attempt. We have a consensus statement with all major UK public health bodies and have published three reviews of the evidence on e-cigarettes.

On Thursday we launched our new campaign in partnership with the UK Sepsis Trust to help parents of children under 5 identify the symptoms of sepsis to help support earlier diagnosis of this potentially life-threatening condition. The campaign complements the actions outlined in the NHS cross-system plan, Improving outcomes for patients with sepsis, and is being supported by local authorities, healthcare professionals, parenting networks, housing associations, pharmacies and childcare providers. A range of campaign resources is available for organisations to use to promote the campaign through their channels including posters, leaflets, a press and social media toolkit and video content.

Thank you to all our food, water and environment staff as we consolidate from five laboratories to three. I am especially grateful to staff in Preston and Birmingham for their professionalism over many years and for their handling of what has been an understandably immensely difficult time.

And finally, a wealth of new data from the Health Survey for England published on Wednesday reminds us how much we rely on good quality surveys. It is especially encouraging to see historically low levels of tobacco and alcohol use in young people.

With best wishes