



Public Health  
England



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Chief Executive

## Friday message

Friday 17 January 2014

### Dear everyone

I have met the leadership teams of seven local authorities in the last eight days – slightly ahead of where I was at the start of 2013! These visits will remain an important part of my personal contribution as PHE continues to develop its duty to support the new local leadership of the public health system. And, of course, the benefits of this exchange quite definitely cut both ways because what you learn is priceless and the people you get to meet are, as often as not, remarkable. Our Centre Directors are also well under way in making their own presence known to their colleagues in Local Government, NHS England Area Teams, CCGs and the voluntary and community sector. We all aim to build strong and purposeful relationships, and in everything we do as PHE we recognise that it is local first, regional and national only when that makes more sense. What counts most and always are people and relationships – these are the fundamental building blocks for making things happen.

I also gave the introduction at an international conference in London on Wednesday which focused on our work within PHE and with academic partners across the UK in taking forward genomic sequencing on infectious disease, devoted on this occasion to TB. This is one of the most ancient and deadliest of diseases and, as many will know, it is re-emerging in the UK at a rate that without intervention means we will be generating more new cases of TB in England within a year or two than in the whole of the US combined. There could not be a more timely moment for bringing to bear our collective expertise, connecting our science with the detection and treatment of this disease, or a more worthy objective for PHE, working with our colleagues in the NHS and Local Government in the fight against this infectious but very treatable disease. It would be fair to say that the very significant advances we have experienced in understanding the pathology, detection and treatment of infectious diseases over the past 20 years, while they may seem considerable now, will be small in comparison to those we will experience over the next 20 years. In embracing these, as we are, we can literally change the course of infectious disease.

There has been considerable discussion about the skills and experience of the multi-disciplinary public health teams now employed by local authorities. What matters here is that we have the right people in the right place doing the right job – the strength of a multi-disciplinary team often lies in the breadth of experience of its individual members. PHE and the LGA are leading, together with the Faculty of Public Health and Association of Directors of Public Health, the development of good practice guidance on the skill mix which Councils may want to consider in a local public health team. This will help ensure they have the right people in place to help them meet the public health challenges they face. We have all made a [commitment](#) to work on this over the next few weeks and hope to have the guidance ready by the end of March.

And finally, I have spoken recently of the work of our scientists and epidemiologists in our national campuses at Porton, Colindale and Chilton. These are complemented by our network of regional laboratories which are increasingly working in an integrated way with the local NHS. Last week our regional laboratory in Newcastle introduced me to their work on molecular testing and their support for the NHS in the North of England which encompasses everything from conventional diagnostics to applied state of the art technologies.

With best wishes