

North East Public Health Practitioner Showcase

“Careers in Public Health ” Be the Change: Shape Health, Shape Lives“

Wednesday 18 March 2026
City Hall, Sunderland

Introduction from Chair Dr. Claire Sullivan

- Deputy Director for Workforce -
Office for Health Improvement and Disparities
(OHID)

Welcome to the showcase: Gill O'Neill

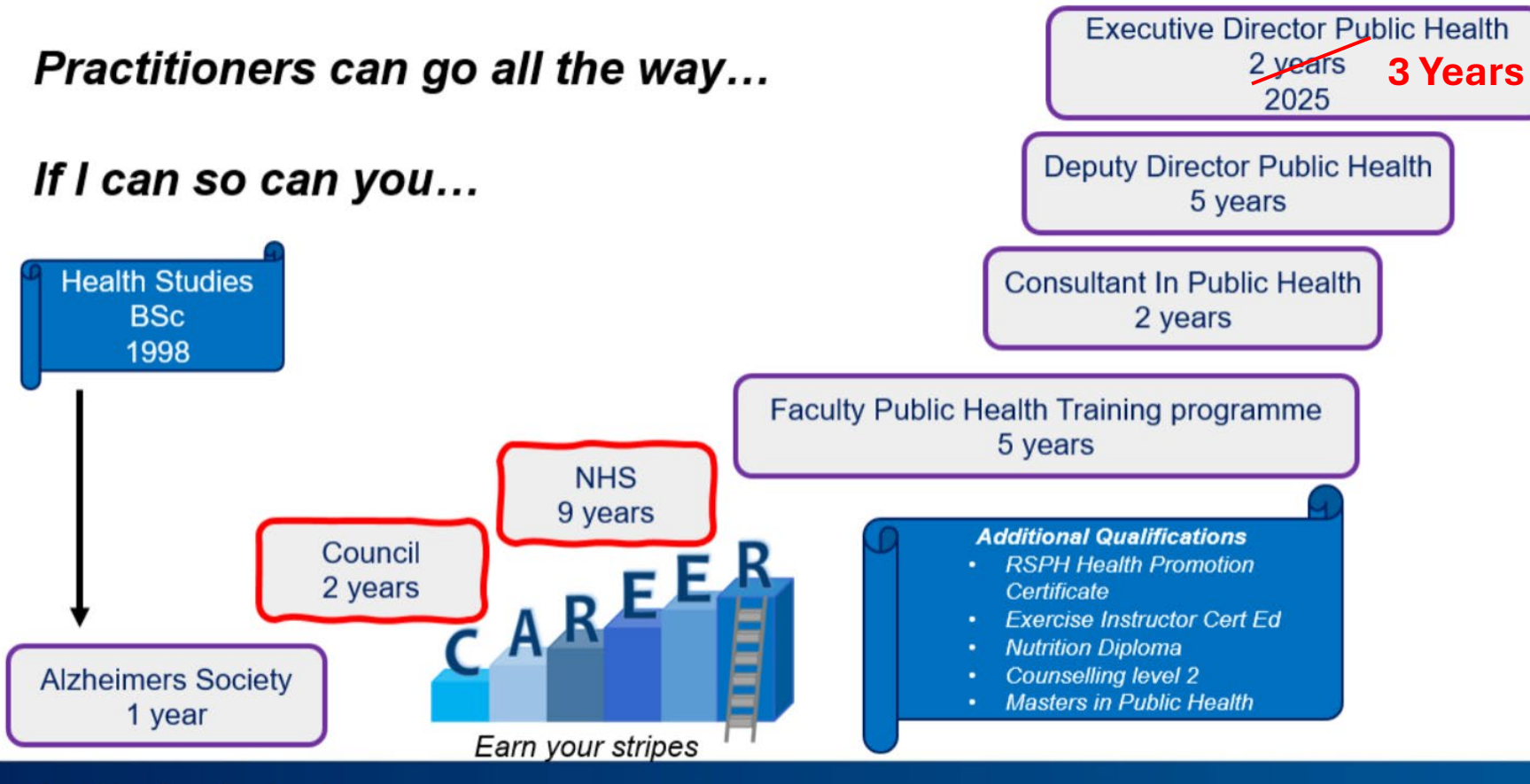
- Executive Director Public Health, Communities and Inequalities, Northumberland County Council -
 - NE ADPH workforce lead -

*Reflecting on who we are beyond qualifications
and job titles*

Last year...a focus on my career - Progression

Practitioners can go all the way...

If I can so can you...



Portfolio of work

- Public Health
- **Public Protection**
- **Emergency Planning**
- Community Safety
- Community Development & VCSE
- Libraries & Archives
- Leisure & Sports Dev
- Contact Centre
- Corporate Complaints
- Coroner & Registrars
- EDI
- Partnerships
- Transformation
 - Customer experience
 - Prevention

This year – who is '*GillONeill*' (all one word)

Adverse
Factors

Protective
Factors

We all have lived experience...use it

Adversity – happens to us all

- Parental conflict
- Father with alcohol addiction
- Mother with low mood
- Moving South to North age 7
- Bullying throughout primary school
- Unwavering expectation of success from parents
 - where are the As?
- Parenting with a career –guilt...
- Cancer and parental death
- Heart Failure and parental death
- Divorce
- There is always something!

Protective factors

- Financial security
- Two parents who believed in me – in their way!
- Friends
- Children to look after – its not having your cake and eating it!
- Role models
- Coaching and getting help
- Qualifications
- Opportunities grasped – keep growing
- Values
- Passion for what you do
- Humour & Humility
- Interests outside of work
- You get one life...



Practitioners to Executive Directors

- Our workforce plan and next years objectives:
 - Entry level roles – inclusion and promotion
 - Whole PH workforce – Academic, NHS, LA, etc.
 - Specialist and senior workforce
- We're people who just want to make a difference.
- We care about fairness, equity and doing the right thing (even on a Monday).
- Public Health deserves to be better known – tell your story of how you got here.
- Your lived experience matters as much as your qualifications (sometimes more).
- Leadership is about *who you are*, not the title on your email signature.
- Use your influence wisely – we often lead from behind and that's ok.
- Apparently the more senior you get, the more likely people are to use your full name...who knew!
- You *are* the future of the profession... no pressure at all.
- Thank you for all you do and enjoy the celebration of show casing good practice.

Welcome to Sunderland: Gerry Taylor

- Executive Director of Public Health & Wellbeing-
Sunderland City Council

Showcase of current work

Grace O'Keefe

- Public Health Apprentice -
North Tyneside Council

Best Start in Life and Beyond



North
Tyneside
Council



University of
Sunderland

Best Start in Life and Beyond

Grace O'Keefe

Public Health Apprentice – North Tyneside Council

Third Year – Level 6 Public Health Degree Apprenticeship – Sunderland University

Sunderland University Level 6 Degree Apprenticeship



Started My BSc (Hons) Public Health Practitioner (Apprenticeship) in September 2023 at the University of Sunderland



Role: Public Health Apprentice in the Core Public Health Team at North Tyneside Council

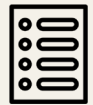


Hybrid Learning: 80% On-the-job training, 20% Academic learning (in-person and study leave)



116 KSBs: 54 Knowledge – 50 Situation – 12 Behaviour


Condensed into 14 occupational duties



9 modules -> Gateway -> EPA Presentation -> EPA Scenario-based Situational Judgment EPA -> Gateway



UKPHR Registration upon completion of the EPA in December 2026



Community Approach to Healthy Start

Occupational Duty: 2, 4, 5, 7, 10, 11, 12, 14

Breastfeeding Joint Strategic Needs Assessment

Occupational Duty: 1, 8

Best Start Procurement

Occupational Duty: 6, 9, 13

Children's Public Health Service Business Continuity Plan

Occupational Duty: 3

Duty 1: Measure, monitor and report population health and wellbeing; health needs, risks, and inequalities; and the use of services.

Duty 2: Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities.

Duty 3: Protect the public from environmental hazards, communicable diseases, and other health risks, while addressing inequalities in risk exposure and outcomes.

Duty 4: Access and use the evidence base, conduct research and provide informed advice.

Duty 5: Audit, evaluate and redesign services and interventions to improve health outcomes and reduce health inequalities.

Duty 6: Work with, and through, policies and strategies to improve health outcomes and reduce health inequalities.

Duty 7: Work collaboratively across agencies and boundaries to improve health outcomes and reduce health inequalities.

Duty 8: Work in a commissioning-based culture to improve health outcomes and reduce health inequalities.

Duty 9: Work within political and democratic systems and with a range of organisational cultures to improve health outcomes and reduce health inequalities.

Duty 10: Provide leadership to drive improvement in health outcomes and the reduction of health inequalities.

Duty 11: Communicate with others to improve health outcomes and reduce health inequalities.

Duty 12: Design and manage programmes and projects to improve health and reduce health inequalities.

Duty 13: Prioritise and manage resources at a population/systems level to achieve equitable health outcomes and return on investment.

Duty 14: Work within ethical and professional boundaries while promoting population health and wellbeing and addressing health inequalities.

Community Approach to Healthy Start

Occupational Duty: 2, 4, 5, 7, 10, 11, 12, 14



One-to-one support with signing up

Partnership Working

GP Screens

Spent 50+ hours directly with residents across the different settings

VCSE Network

Children 2 Years +

Worked with Health Visitors

IMD 1

Focus groups with residents

Mico eLearning for council staff and external organisations

Case studies built from resident experience

Universal Vitamin offer for under 1's

Embedded conversations with midwives

VCSE Sessions

Staff Support

Best Fit Ward Data

Resources for partners

Nursery Sessions

Worked with nurseries for 15 hours of free 2-year-old provision

Engaged with North Tyneside's Food Partnership

Social Media Marketing

Early Year Provider Network

Targeted Interventions

New Beginnings

Social Supermarkets

Engaged with 0-19 Nurse Managers Meeting

Eligibility Support

Supported Whitley Bay Big Local to get a sum-up machine from Feeding Britain

Personal contact details for all VCSE organisations to contact for direct support



North Tyneside Healthy Start July 2024 – March 2025



9.31% Eligible for the Healthy Start Scheme



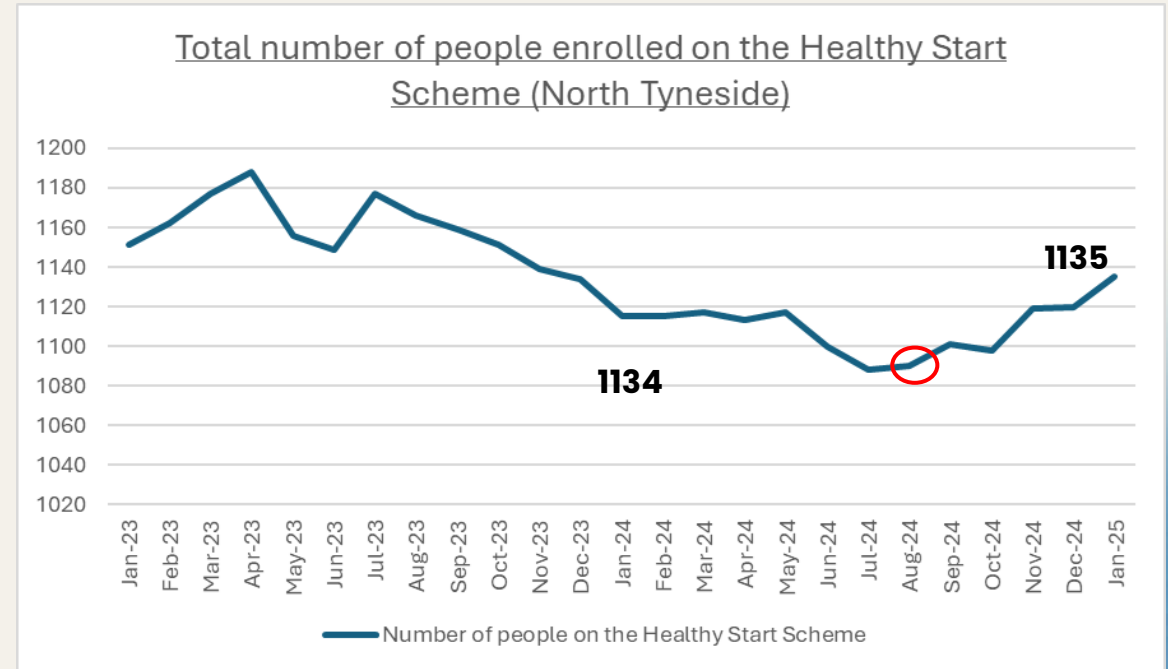
0.98% Eligible and not already enrolled



0.49% Supported to enrol face-to-face

Residents reached face-to-face

- 45 Venues attended
- 408 residents
- 38 people were eligible for the Healthy Start scheme
- 34 people eligible and already enrolled
- 4 people eligible and not already enrolled
- 2 people supported to enrol



Despite limited quantitative data, the initiative successfully reversed a previous downward trend, with enrolment rising from 1,088 to 1,143 between July 2024 and March 2025, the highest level since November 2023.

NHS Business Service Authority Case Study and LGC shortlist

Search



Media Centre > Content > North Tyneside Council tests new ways to promote NHS Healthy Start

Previous: NHS Pensions Employer Toolkit: pensionable overtime for part-time NHS staff

Next: Health Exemption Services Communications Toolkits



North Tyneside Council tests new ways to promote NHS Healthy Start

12 January 2026 at 15:00



In October 2023 the public health team at North Tyneside Council was tasked with increasing take up of NHS Healthy Start.

A project was set up, led by public health apprentices Grace O'Keefe and Holly Wilson. They had support from public health practitioners Claire Howard and Holly Moore, and Joann Connolly, head of service for the 0-19 children's public health service. They focused on trialling activity, reflecting on what did and didn't work and using insight to inform next steps.



Public and Population Health

Shortlist:

- **Birmingham City Council** - From needs assessment to action: embedding sex worker health equity
- **Bradford City MDC** - CAZ - improvements to air quality impact on health
- **Essex CC** - Nourishing Our Future: Transforming Food Provision in Essex Early Years Settings
- **Leeds City Council** - Heat in the City: Our Health in a Warming Leeds - learning and action from the 2025 Director of Public Health Report
- **Liverpool City Council** - Protecting Children, Shaping Healthy Spaces: Liverpool's Smokefree Environments Programme
- **North East Lincolnshire Council** - No Pressure - It's Just a Quick Check: Tackling Undiagnosed Hypertension Through Community Collaboration
- **North Tyneside Council** - The Community Approach to Healthy Start
- **South Cambridgeshire DC** - Data with Purpose: Transforming NHS Healthy Start Access for Vulnerable Families
- **Swindon BC** - Swindon Oral Health Inequalities Project
- **Tower Hamlets LBC** - Communities Keeping Well
- **Wolverhampton City Council** - Liver Health Checks - City of Wolverhampton Council and partners

Breastfeeding Joint Strategic Needs Assessment

Occupational Duty: 1, 8

Breastfeeding

It is recommended by UNICEF and the World Health Organisation to breastfeed for the first 6 months of life exclusively, and is recommended alongside complementary food until 2 years old or until mother and baby choose to stop

Those at Risk:

There are certain risks, health conditions, and circumstances that may affect the ability or desirability to breastfeed, including:

- Medical Contraindications
- Temporary and chronic illness
- Social determinants

The prevalence of breastfeeding is particularly low among very young mothers and disadvantaged socio-economic groups, potentially widening existing health inequalities and contributing further to the cycle of deprivation.

Level of Need

Breastfeeding rates in North Tyneside remain below the national average, with 45.1% of mothers breastfeeding at 6–8 weeks, compared to 52.7% across England. However, outcomes are stronger than the North East regional average of 38.5%.

Sustaining rates are positive, with 81% of mothers who are breastfeeding at 10–14 days continuing at 6–8 weeks.

Projected Need and Demand

Birth rate in North Tyneside is on a downward trend, which follows the national trend in England and Wales.

However, as babies continue to be born, there will be a continued need for high-quality infant feeding services

Views

The UK 2010 Infant Feeding Survey highlighted:

The proportion of mothers in England registered on the Healthy Start scheme who breastfed initially was 62%, which is considerably lower than the English average of 83%

Community Assets and Service's

The North Tyneside Best Start project is led by VODA and supported by the 0–19 Children's Public Health Service and Public Health.

Best Start focuses on breastfeeding, signposting, and understanding the baby's needs by linking mothers who have parenting experience (peer support) to new mothers who may need support.

Currently, there are 4 Best Start Peer Support Clinics with regular presence from the Infant Support Specialist.

North Tyneside

Joint Strategic Needs Assessment

Breastfeeding

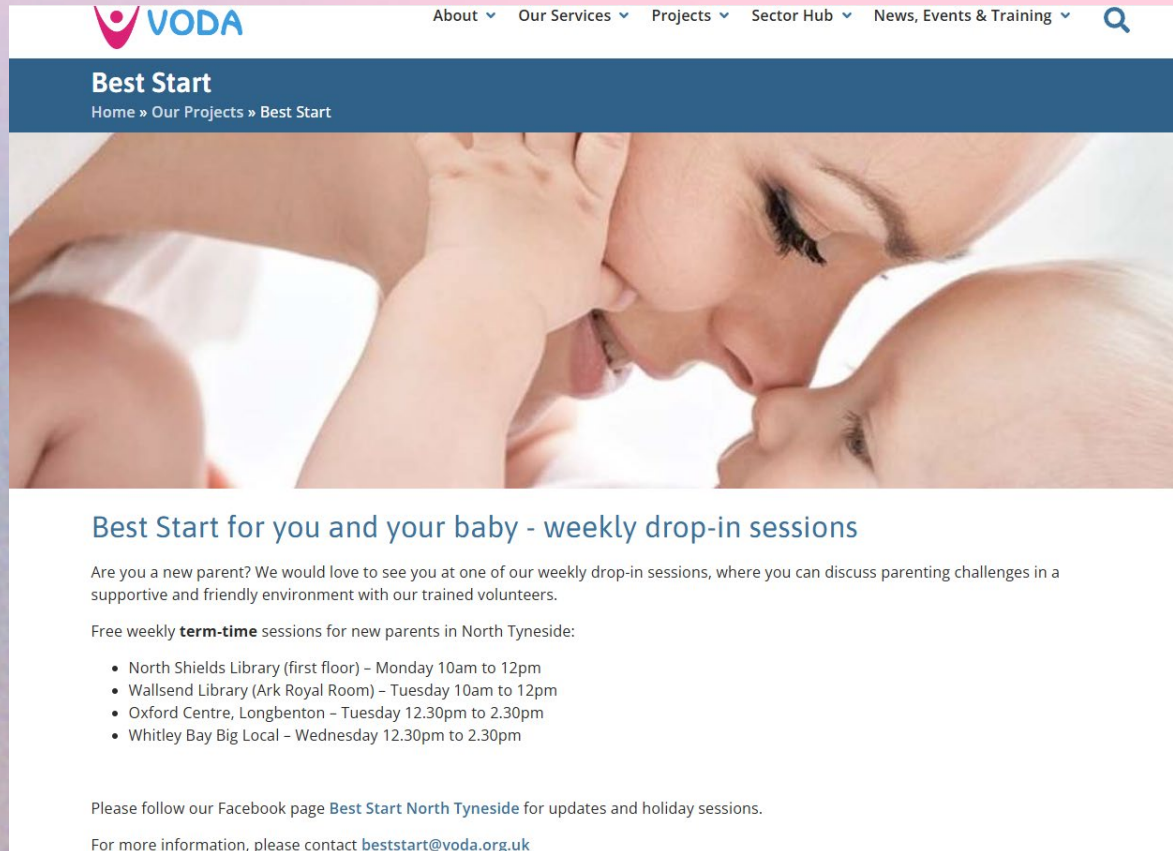
October 2025



North
Tyneside
Council

Best Start Procurement

Occupational Duty: 6, 9, 13




The screenshot shows the VODA website's 'Best Start' page. At the top, there is a navigation bar with the VODA logo and links for 'About', 'Our Services', 'Projects', 'Sector Hub', and 'News, Events & Training'. Below the navigation bar, the page title 'Best Start' is displayed, followed by a breadcrumb trail: 'Home » Our Projects » Best Start'. A large image of a woman kissing a baby on the cheek is featured. The main heading is 'Best Start for you and your baby - weekly drop-in sessions'. The text below describes the sessions as a supportive environment for new parents. A list of session locations and times is provided: North Shields Library (Monday 10am-12pm), Wallsend Library (Tuesday 10am-12pm), Oxford Centre (Tuesday 12.30pm-2.30pm), and Whitley Bay Big Local (Wednesday 12.30pm-2.30pm). Contact information for Facebook and email is also included.

VODA

About ▾ Our Services ▾ Projects ▾ Sector Hub ▾ News, Events & Training ▾

Best Start

Home » Our Projects » Best Start



Best Start for you and your baby - weekly drop-in sessions

Are you a new parent? We would love to see you at one of our weekly drop-in sessions, where you can discuss parenting challenges in a supportive and friendly environment with our trained volunteers.

Free weekly **term-time** sessions for new parents in North Tyneside:

- North Shields Library (first floor) – Monday 10am to 12pm
- Wallsend Library (Ark Royal Room) – Tuesday 10am to 12pm
- Oxford Centre, Longbenton – Tuesday 12.30pm to 2.30pm
- Whitley Bay Big Local – Wednesday 12.30pm to 2.30pm

Please follow our Facebook page [Best Start North Tyneside](#) for updates and holiday sessions.

For more information, please contact beststart@voda.org.uk

The goal of procurement in health and community settings is to ensure services are **safe, high-quality, cost-effective, and accessible**, while meeting legal, ethical, and regulatory standards.

Project Aims

- Normalise breastfeeding and promote a positive breastfeeding-friendly culture
- Support more parents to initiate and sustain breastfeeding, especially in areas with lower uptake
- Work with the CPHS to identify and target areas with low breastfeeding rates
- Support parents to build close, loving relationships with their babies
- Help parents develop their skills, confidence, and social networks

Expected outcomes

The key outcomes expected from the project include:

- Improved breastfeeding rates
- Better infant feeding experiences, regardless of feeding method
- Improved perinatal and infant mental health
- Increased participation in community and peer networks

Children's Public Health Service Business Continuity Plan

Occupational Duty: 3

Recognised through mapping portfolio of evidence gaps in occupational Duty 3.

ACTION: Organised time with Public Protection colleagues to go through my portfolio of evidence and arrange emergency response officer training and the opportunity to test the Children's Public Health Service Business continuity plan.

Occupational Duties					EPA 1				Evidence	
Duty	KSBs				Presentation Of Practice					
Duty 1: Measure, monitor and report population health and wellbeing; health needs, risks, and inequalities; and the use of services.	K1	K2	K3	K4	K5	K1	K2	K3	K4	1. Healthy Start (8) 2. Breastfeeding JSNA (8) 3. Best Start Grant Panel (7)
	S1	S2	S3			S1	S3			
	B1	B2	B3			B2	B3			
Duty 2: Promote population and community health and wellbeing, addressing the wider determinants of health and health inequalities.	K6	K7	K8	K9		K7	K8	K9		1. Breastfeeding JSNA (6) 2. Healthy Start (6) 3. Best Start Grant Panel (6)
	S4	S5	S6			S4	S5	S6		
	B4	B5	B6			B5				
Duty 3: Protect the public from environmental hazards, communicable diseases, and other health risks, while addressing inequalities in risk exposure and outcomes.	K10	K11	K12	K13	K14	K12	K13			1. Children's Public Health Service Business Continuity Plan
	S7	S8	S9	S10						
	B1	B7	B8			B7	B8			



Louise Roberts

- Trainee Public Health Practitioner -
Stockton Borough Council

Public Health Small Grants Scheme

Public Health Small Grant Scheme

A collaborative, community-led approach to healthier weight & tackling health inequalities.

- Supporting residents to be **more active, connect with others** and have a **healthier diet.**
- Developed through **lived experience.**
- Focusing on **preventative, place-based action.**

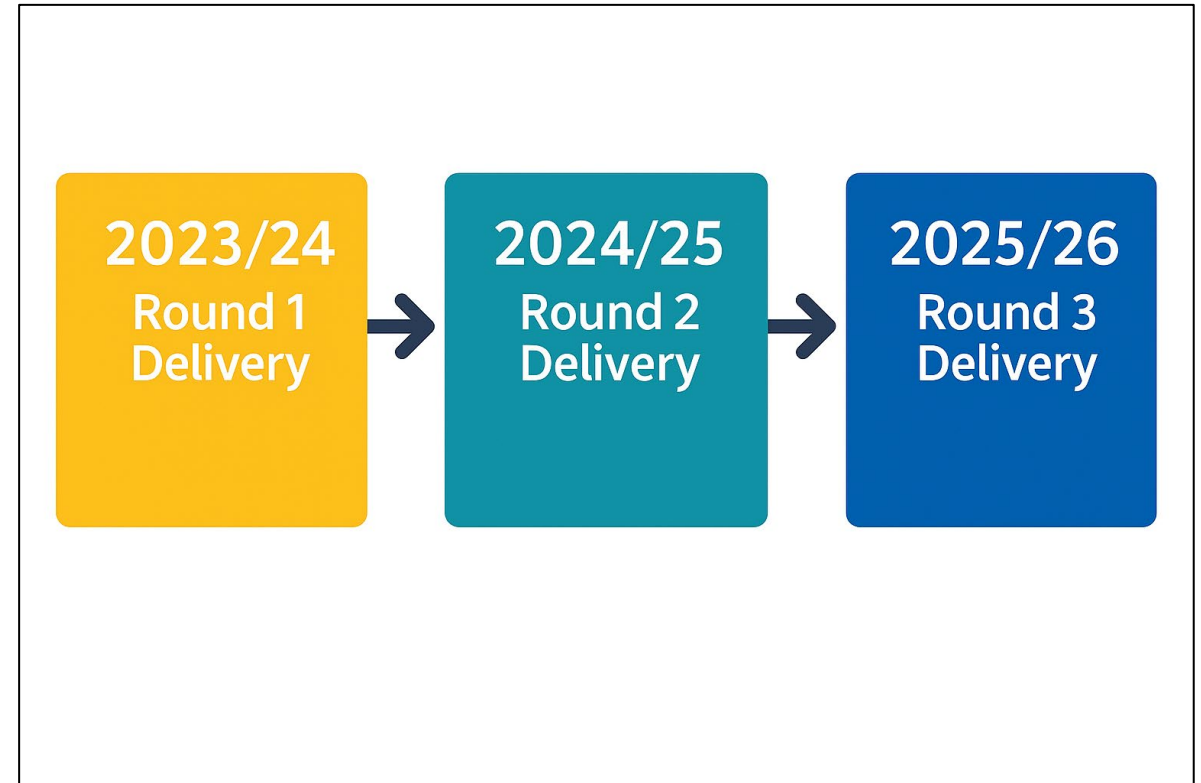


Public Health Small Grant Scheme

Rounds of funding & processes

Funding and enabling **small, grassroots VCSE organisations** who are best placed to support communities.

Sustainability planning & embedded evaluation.



Public Health Small Grant Scheme

Projects supported so far...

Round 1

- 5 organisations with up to £10,000

Round 2

- 20 organisations with up to £5,000

Round 3

- 13 organisations with up to £5,000



'Knock out Depression', 24/25 round of funding



'Cultivate', 23/24 round of funding

Public Health Small Grant Scheme

Project Spotlight

Budo For Change – Supporting young girls and women to develop self-defence and martial arts skills.



Attendees reported:

- An increase in confidence and self-belief
- Decreased sedentary behaviour
- Improved sleep & motivation

“It has been a pleasure to offer this programme, thank you for allowing us to do what we love”

Public Health Small Grant Scheme

Impact & Ripple Effects

Project evaluations demonstrate:

Strong community engagement & inclusivity.

Improved social connection, physical activity levels & healthy eating.

Strong efforts to develop sustainability plans.

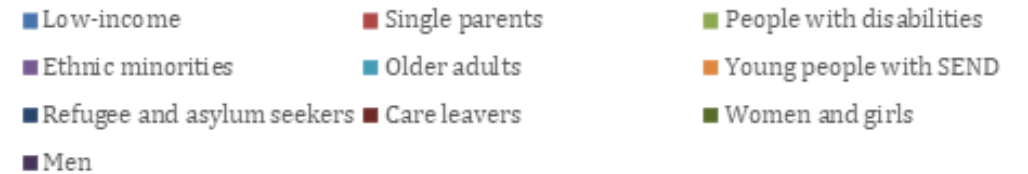
Ripple effects include:

Wider impacts on community cohesion & safety.

Intergenerational connection.

VCSE collaboration.

KEY COMMUNITY ENGAGEMENT GROUPS



Thank you for listening

Please reach out to:

Louise.Roberts@stockton.gov.uk for more information

Laura Robson

- Health & Wellbeing Advisor -
University Hospitals Tees

Tackling Health Inequalities through Occupational Health



Tackling health inequalities through Occupational Health

Laura Robson – Health & Wellbeing Advisor
University Hospitals Tees



Sunderland University – Degree Apprenticeship

My Occupational Health Journey

- Worked in Occupational Health since 2012
- Worked across 4 roles: Receptionist → Clinical Coordinator → Health & Wellbeing Technician → Health & Wellbeing Advisor

Why the Degree?

- Wanted a professional qualification
- Sunderland's modules - physical activity, alcohol, mental wellbeing - matched the topics I advise staff on
- Started apprenticeship in 2023 and now in Year 3

Impact

- Using new skills and knowledge to deliver workplace health campaigns
- Actively reducing health inequalities across the organisation

Trust data

- University Hospitals Tees is the largest employer in the area



Across our workforce we have:

- 18% ethnic minority backgrounds
- 97 nationalities
- 40% live within areas of highest deprivation - Tees Valley local authorities are more deprived than the national average with Middlesbrough and Hartlepool in the 10 most deprived local authorities in England



Staff Liver Fibroscans

- Fatty liver disease is very common and affects 1 in 4 adults in the UK
- Caused by a build up of fat within the liver
- Most common in people who are overweight, have diabetes or who consume more than the recommended limit for alcohol
- 1 in 20 people with fatty liver will develop liver cirrhosis (scarring of the liver)
- Fatty liver disease increases the risk of developing diabetes, heart disease and stroke

(Liver North, 2022)

Staff Liver Fibroscans

Background

- A neighbouring trust had delivered liver scans as a one-off campaign
- Our liver nurses were contacted and asked if we could offer the same service

Engagement

- Question raised: *“Will people want a liver scan?”*
- A drop-in clinic was organised from 9:30am to 1:30pm to gauge interest

Outcomes

- 70 people scanned in four hours
- 132 additional names collected

Next Steps

- It was agreed that the team could support regular liver scan clinics
- In house clinic every two months

Results

CAP Score (Controlled Attenuation Parameter)

What it measures: The amount of fat in your liver.

CAP Score Guide:

- **< 240 dB/m:** Healthy liver ($\leq 10\%$ fat)
- **240–260 dB/m:** Mild fat (Stage 1, 11–33%)
- **260–290 dB/m:** Moderate fat (Stage 2, 34–66%)
- **> 290 dB/m:** Severe fat (Stage 3, $> 67\%$)

Your result: _____

Liver Stiffness (Fibrosis)

How it's measured: A special ultrasound (fibroscan) sends vibrations through the liver.

Stiffness Guide (kPa):

- **<7 kPa:** Normal
- **>8 kPa:** Possible liver damage or scarring
- **>10 kPa:** Moderate scarring
- **>12 kPa:** Advanced scarring, possible early cirrhosis
- **>14 kPa:** Potential cirrhosis

Your result: _____

Results so far:

CAP Score Guide:

- **< 240 dB/m:** Healthy liver (\leq 10% fat) **54%**
- **240–260 dB/m:** Mild fat (Stage 1, 11–33%) **18%**
- **260–290 dB/m:** Moderate fat (Stage 2, 34–66%) **17%**
- **> 290 dB/m:** Severe fat (Stage 3, > 67%) **11%**

Stiffness Guide (kPa):

- **<7 kPa:** Normal **96%**
- **>8 kPa:** Possible liver damage or scarring **4%**
- **>10 kPa:** Moderate scarring
- **>12 kPa:** Advanced scarring, possible early cirrhosis
- **>14 kPa:** Potential cirrhosis

What next?

- Fatty liver disease is reversible with lifestyle changes
- Improvements are most effective with weight loss, healthy eating and increased physical activity

Individual Support

- Staff identified with a fatty liver were offered 1-to-1 appointments
- These sessions covered: Healthy lifestyle habits, diet and nutrition, physical activity and weight management

Future Plans

- Development of group lifestyle classes to provide ongoing support
- Repeat liver scan in 1 year
- Health coaching



Thank you

Email: Laura.robson15@nhs.net

Q&A - Level 6 Public Health Practitioner Apprenticeship

Grace O'Keefe
Louise Roberts
Laura Robson

Break

Tea & Coffee
(served in the chamber)
15 minutes

Showcase of current work: Practitioners showcase

Health Impact Assessment Toolkit

Lewis McColl
- Public Health Analyst -
Newcastle City Council

(recording)

Health Impact Pre-Assessment Tool

Lewis McColl

Public Health Epidemiology and Intelligence

Newcastle City Council

Lewis.mccoll@newcastle.gov.uk



let's talk
Newcastle



Cardiovascular Disease Champions

Louise Harlanderson

- Programme Lead (UKPHR Practitioner) -
Gateshead Council

Gateshead Cardiovascular Disease Champions Programme

Presenter: Louise Harlanderson
LouiseHarlanderson@gateshead.gov.uk



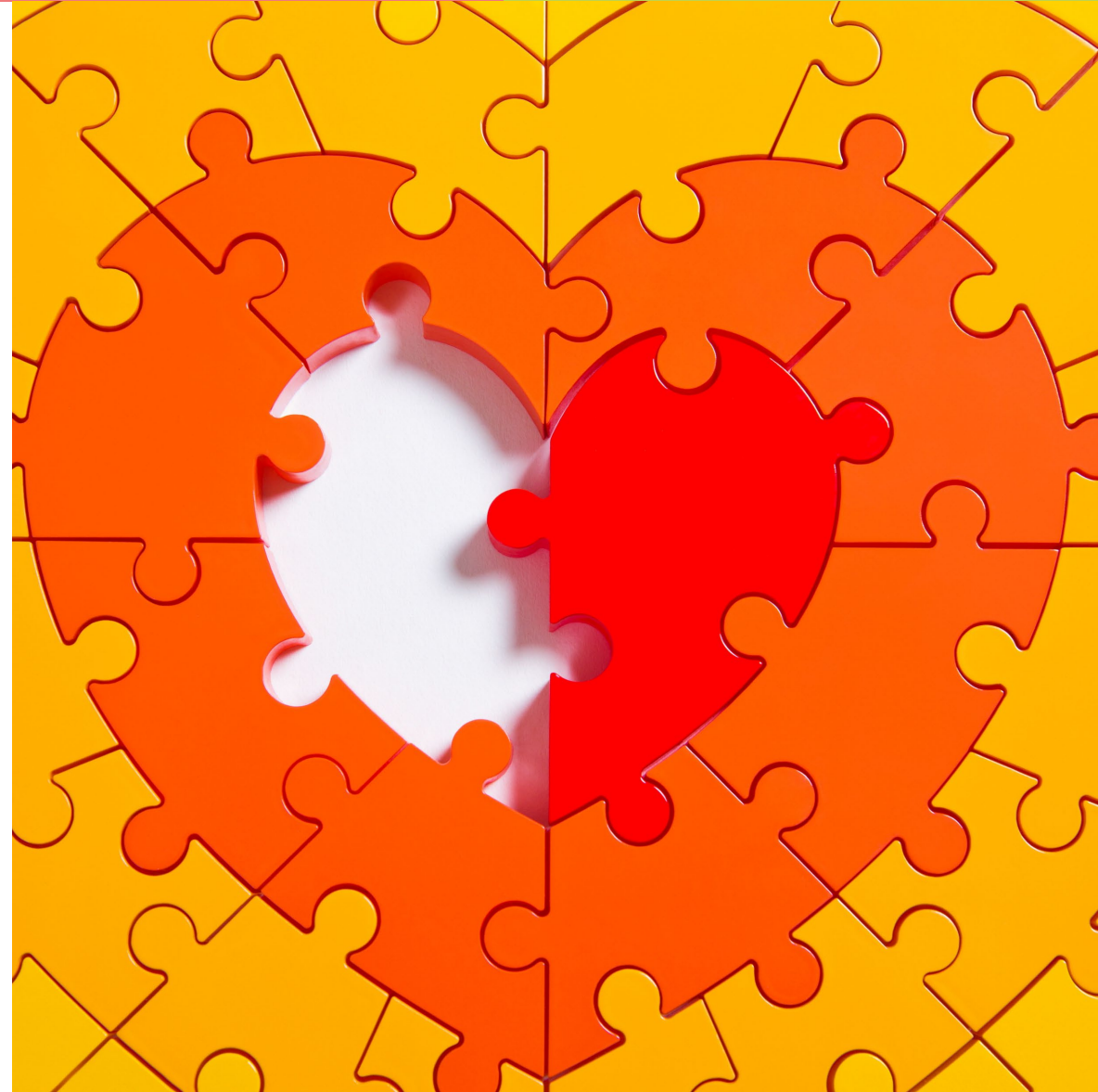
My Career Journey

- Sport Science background- many years in health & fitness and specialising for disabled people of all ages.
- Ran own fitness business for 10 years.
- Second degree and Masters are in Community Developed.
- Worked with refugees, asylum seekers and ethically marginalised for over 10 years.
- Came into Public Health accidentally after being made redundant – best career move ever.



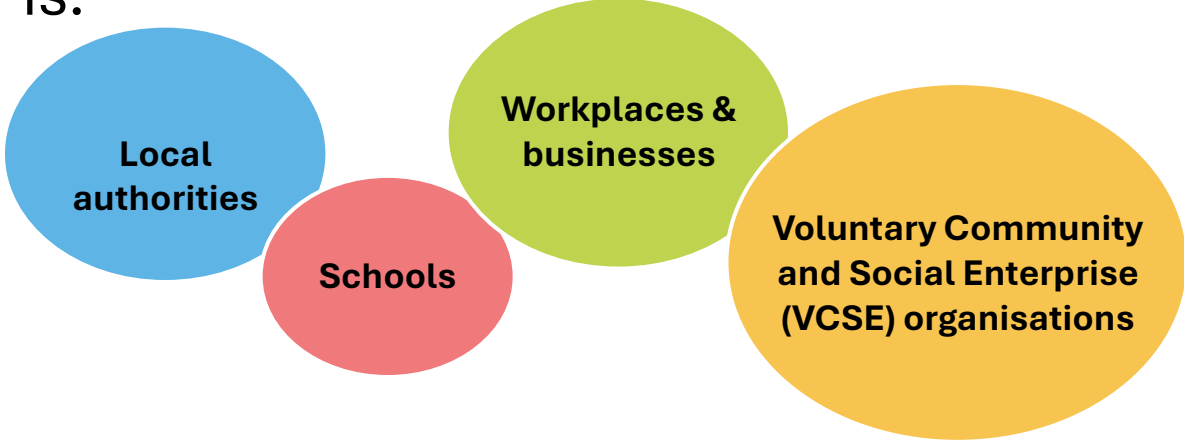
Public Health Programmes

- Making Every Contact Count
- Better Health At Work Award
- Community Champions
 - a) Health & Wellbeing Champions
 - b) Vaccination Champions
 - c) Cancer Champions
 - d) CVD Champions**
 - e) Diabetes Champions (new for 2026)
- Health Promotion
- Marginalised and Vulnerable Communities



Focus of the project

Train local people across sectors to understand what cardiovascular disease is.



Five new training modules developed:

- Understanding Blood Pressure
- Understanding Cardiovascular Disease
- How to Reduce Your Risk Of CVD
- Understanding Medications for CVD
- Understanding NHS Health Checks

Develop resources in various formats to reach the most marginalised and vulnerable communities across Gateshead.

Purchase blood pressure monitors for community use and teach people what their blood pressure and pulse numbers mean.

Work with specific male communities to build understanding of the benefits of medications for blood pressure management.

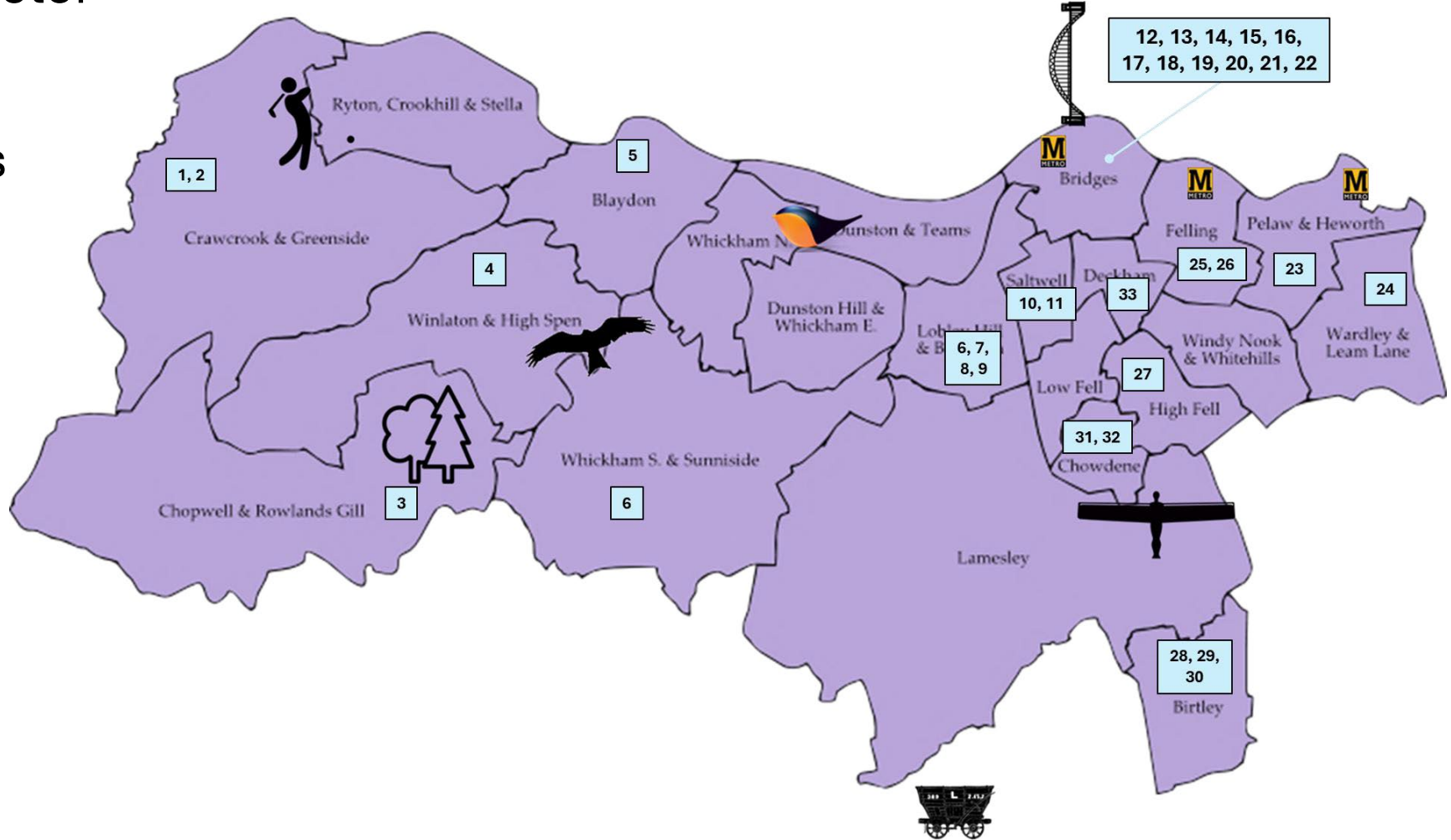
UK Practitioner Standards - Quandaries

- Obtaining, verifying, analysing, interpreting and presenting data appropriately
- Assessing evidence of effective interventions to improve health & wellbeing around cardiovascular disease
- Ethical dilemmas when involving learning disabilities, different cultures, deafened, visually impaired and children
- Acknowledging and recognising people's expressed beliefs and preferences along with myths and local insights



Key achievements and outcomes

- Trained almost 500 volunteers in 33 cross-sector partner organisations to understand what cardiovascular disease is and to understand more about blood pressure readings.

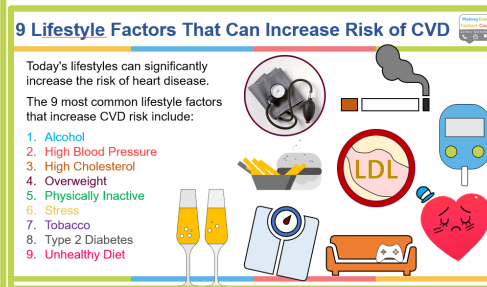
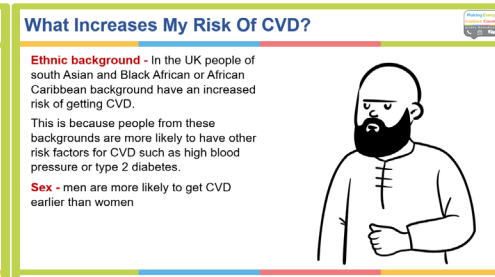
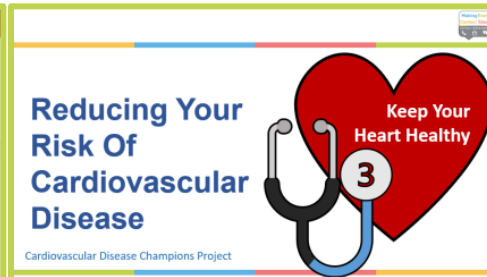
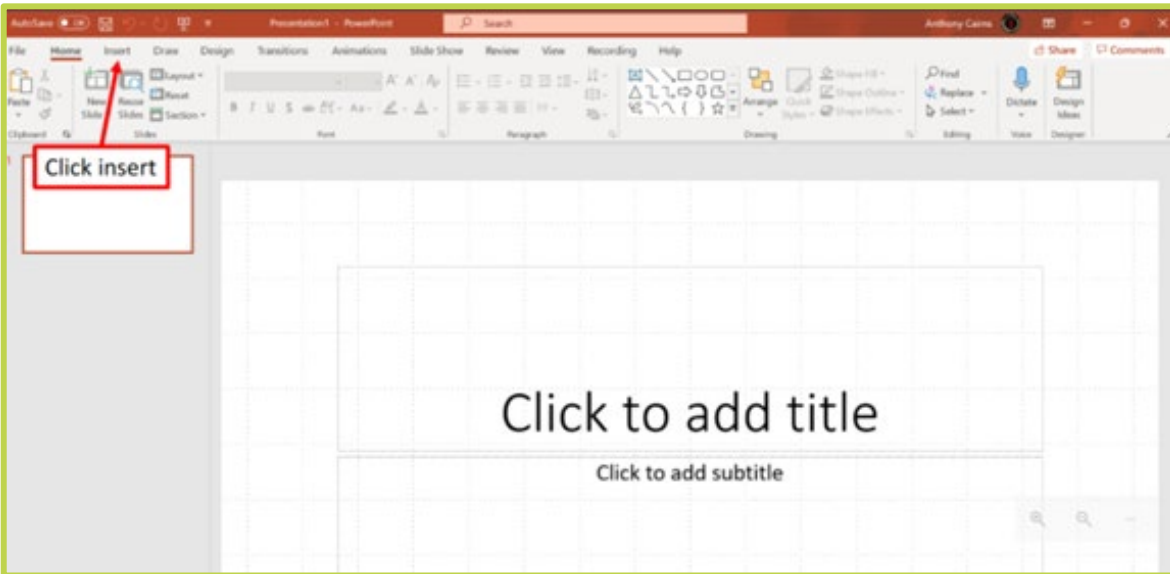


Key achievements and outcomes

- Developed resources in various formats in collaboration with local VCSE partners to reach the most marginalised and vulnerable communities – including BSL, learning disability appropriate, translated key information into different languages, recorded key messaging in audio format, and ensured availability of printed and electronic versions of resources.
- A children's activity booklet and adult guide to help conversations with children was also developed.

Key achievements and outcomes

- Developed resources with local VCSE partners in format they would use.
- Taught communities how to record their own audio over slides



Reflections from the project team

The Gateshead CVD Champions Project team are very proud of what has been achieved, highlighting:

- The positive experience of new champions and new organisations coming onboard to cascade key messaging and set themselves up as a place where people can come and have their blood pressure taken monthly.
- Having male champions to cascade to other men has been very successful in raising awareness and getting men to take that next step of getting a check up with their pharmacy or health practitioner.
- Working with people to understand how medications work for hypertension and cholesterol has encouraged some men to visit their health practitioner to discuss statins, and this has been more successful with ethnically marginalised men, which was one of the ambitions for the project.
- Almost every venue involved have identified people with high blood pressure when they encouraged them to have their blood pressure taken. Most of these people were not aware that they had hypertension, and potentially each CVD Champion has saved a life.
- Building partnership has been a great achievement and many organisations are moving onto further joined-up work as a consequence of this project

North Tyneside Cancer Prevention Network: The Importance of Collaborative Working

Claire Howard

- Public Health Practitioner -
North Tyneside Council



North
Tyneside
Council



North Tyneside Cancer Prevention Network: The importance of collaborative working.

Claire Howard
Public Health Practitioner
North Tyneside Council

UKPHR Scheme
September 2024- March 2026

A community- based route into public health

VCSE Foundations – Infrastructure organisations, community development, managing community provision

Working across communities – Young people, people with learning disabilities, older people, refugees & asylum seekers

Addressing social determinants – Education, Employment, Social connections, Housing, finances

Bridging the gap between health & VCSE – Funded by primary care, public health, strengthening collaboration between health and VCSE

Why the UKPHR Scheme?



Valued and recognised a practice-based route into public health



Strengthen my public health knowledge, confidence, and identify gaps



Encourage reflective, ethical, and evidence-based practice



Support career development, continuous CPD



Provide formal professional recognition as a public health practitioner

Cancer Prevention



Cancer Prevention

- Reducing the risk of developing cancer
- Improving early detection
- Promoting healthier lifestyles



Cancer Alliances

- Collaboration across the NHS and social care
- Improving diagnosis, treatment, and patient experience



Northern Cancer Alliance

- Whole-system coordination across (NENC)
- Strong focus on prevention and early diagnosis



North Tyneside Cancer Prevention Network

- Replicates a successful model of cancer prevention at a local level
 - Early diagnosis
 - Awareness of cancer signs and symptoms
 - Uptake of cancer screening programmes
 - System wide working

Mapping out the standards – C2

6.2. Working in partnership to deliver a public health function

6.1 Working collaboratively to improve public health

2.6 Use appropriate analytical methods for qualitative data

1.4 Value people as individuals

5.2 Impact of the wider determinants of health

1.5 Recognising people's beliefs and preferences

2.4 Monitoring of health inequalities

2.3 Obtaining and analysing data

2.1 Data and information requirements to deliver a public health function – demonstrating epidemiological terms

7.2 How culture and experience of a target population impact perceptions of improving health and wellbeing

8.2 Communicate health concerns of local people to influence service provision

8.1 Communication public health information to a variety of audiences

North Tyneside Cancer Prevention Network

- Ensuring a system wide representation- understanding organisational priorities and the right people
- Developed a set of shared principles & goals
- Created a collaborative platform to share information & knowledge, raise awareness, identify and deliver opportunities for joint working.
- An opportunity to avoid duplication of effort, ensuring that resources are used effectively and consistently
- Work collaboratively to identify barriers and reduce health inequalities
- Engage with local communities to ensure that cancer services reflect their needs and experiences.
- Targeted working groups focused on preventative screening programmes, including those for **breast**, cervical, bowel, and lung cancer

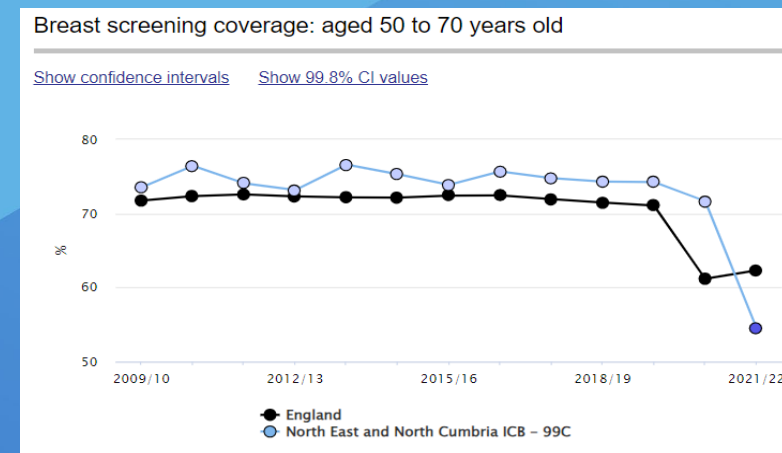


6.1 Working collaboratively to improve public health

6.2. Working in partnership to deliver a public health function

North Tyneside Breast Screening Programme

- North Tyneside data from 2022 showed that, within the eligible cohort of women aged 53–70, over **5,000** fewer screenings were completed in North Tyneside compared to pre-pandemic levels
- Particularly low uptake observed within the North Shields Primary Care Network (PCN).
- Invited the Breast Screening Service to join the CPN Oct 2023 to start to plan forward for the return of the service in Aug 2024.



Period	North East and North Cumbria ICB - 99C				NE and N Cumbria ICB - QHM	England
	Count	Value	95% Lower CI	95% Upper CI		
2017/18	21,108	74.8%*	74.3%	75.3%	75.2%*	72.0%
2018/19	21,420	74.3%*	73.8%	74.8%	74.8%*	71.5%
2019/20	22,311	74.3%*	73.8%	74.7%	73.9%*	71.1%
2020/21	22,367	71.7%*	71.2%	72.2%	63.3%*	61.2%
2021/22	17,162	54.5%	54.0%	55.1%	65.4%	62.3%

Evidence of Work

North Shields Breast Screening Action Plan:

- GP Practice Staff Training
- Identifying Patients who need additional support/ Language barriers
- Pre/ post Invite comms
- GP Drop in sessions
- Screening unit location change
- Continuous monitoring at CPN – collaborative approach to issues

North Tyneside Breast Screening Programme 2024

North Shields Action Plan

Claire Howard, Public Health Practitioner, North Tyneside Council



5.2- Impact of the wider determinants of health

1.4- Value people as individuals

2.4- Monitoring of health inequalities

Community Engagement Plan

- Develop Community Engagement Plan
- Organise targeted sessions
- Engagement in community spaces
- Roll out across borough
- Targeted communications on social media aimed at women in North Tyneside aged 49–70
- Digital screen in community venues
- Digital screens and posters in GP practices

12
Ev2.18A – Breast Screening Action Plan

Breast Screening Community Engagement Plan

Date of session	Organisation	Target Group	Location
5th July 2024 13th August 2024	The Parks Leisure Centre (Council ran)	Range of exercise and social groups aimed at women aged 50+ / location of screening service.	North Shields
8th July 2024 19th July 2024 23rd August 2024 27th August 2024	The Linskill Centre Promoted to Deaf Awareness North East. (same location.)	Range of exercise and social groups aimed at women aged 50+ / Most organisation to a number of other groups & sessions.	North Shields
12th July 2024 22nd July 2024 5th August 2024 30th August 2024	Cedarwood Trust	Range of exercise and social groups aimed at women aged 50+ /based in an area of deprivation.	Meadowwell
4th July 2024 16th July 2024 22nd July 2024	LD North East	VCSE organisation supporting people with learning disabilities	Wallsend
26th July 2024	The Beacon Centre/ North Shields Library	North Shields town shopping centre/ North Shields library	North Shields

Author: Claire Howard (Public Health Practitioner)

If you are aged between 50 and 70 years old and registered with a North Tyneside GP practice, you will receive a routine breast screening invitation when it is your turn.

NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Evidence of work

Breast Cancer Screening JSNA

- Review and updated breast screening JSNA

North Tyneside Joint strategic needs assessment Breast cancer screening June 2025

Author: Claire Howard
(Public Health Practitioner)



2.3 Obtaining and analysing data

Targeted Focus Groups

- LD Sessions – LD Support Workers
- Sanctuary Seekers
 - Cultural Competency training
 - Peer Navigators
 - VCSE Cancer Grants

Ev2.12A – Minority Ethnic Communities Access to Health Care Report

GP Access and Cancer Screening Report Minority Ethnic Communities in North Tyneside

Author: Claire Howard (Public Health Practitioner)



Introduction

As part of the Cancer Prevention Network, we set out to understand the experiences and perspectives of minority ethnic communities in North Tyneside regarding access to healthcare and participation in preventative screening programmes.

To explore these views, we organised five facilitated workshops, engaging a total of 61 participants in partnership with local community groups, including Walking With, New to the UK, and the Whitley Bay Islamic Cultural Centre.

Each session focused on mapping participants' journeys through the healthcare system, from making an appointment to attending a GP consultation and receiving follow up care. Discussions were captured on flip chart paper and supported by a variety of engagement tools. These included opportunities for individuals to write down thoughts and feelings, draw, use key words, or express themselves through feeling cards and emotion images. These visual and non-verbal tools were particularly effective for participants for whom English is a second language.

To ensure broader inclusion, we also developed an online survey for individuals unable to attend the workshops. Support was provided by staff from the VCSE sector to help people complete the survey. The online survey was completed by 12 people.

This report presents the insights gathered through these workshops and surveys, highlighting key themes and factors that influence whether healthcare services feel accessible, welcoming, and effective for all.

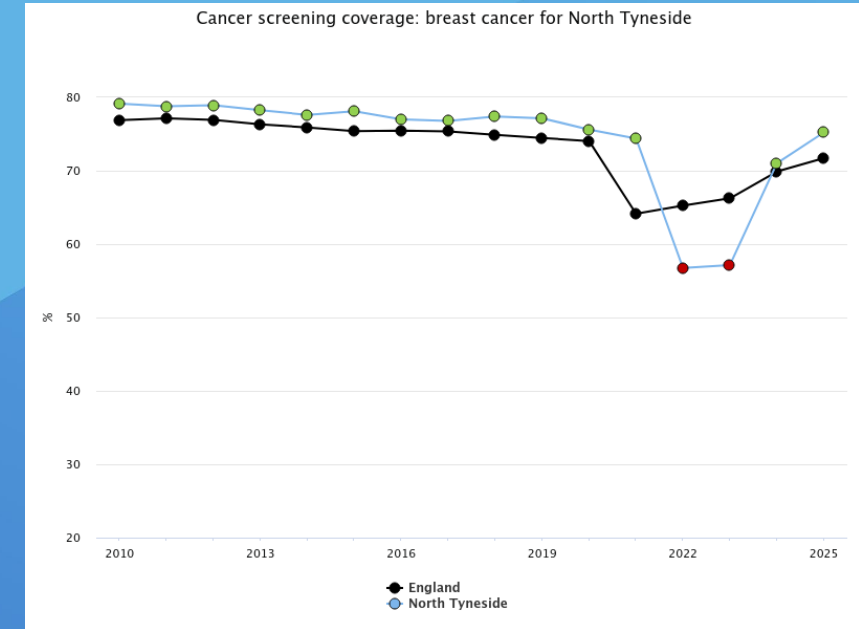
1

- 1.5– Recognising people's beliefs and preferences
- 7.2– How culture and experience of a target population impact perceptions of improving health and wellbeing
- 2.6 Use appropriate analytical methods for qualitative data

Reflections

- Increase in breast screening coverage
- Variation across practices/ PCNS
- Identified low uptake with first time screeners
- Not everything goes to plan
- Allow flexibility and be reactive
- Involve people with lived experience
- Reflect & learn from previous work
- Collaboration is key – partnership and relationship building

“A great location in an easy reach location on foot, by car and public transport. Low traffic and ample parking. All great thank you.”



Period		North Tyneside				England
		Count	Value	95% Lower CI	95% Upper CI	
2022	●	14,727	56.8%	56.1%	57.4%	65.2%*
2023	●	14,975	57.2%	56.6%	57.8%	66.2%*
2024	●	18,737	71.0%	70.5%	71.6%	69.9%*
2025	●	19,887	75.2%	74.7%	75.7%	71.7%*

Source: NHS England, Breast Screening Programme

[Indicator Definitions and Supporting Information](#)

Managing Undernutrition South Tees (MUST) Service development

Joanne Ward

- Managing Undernutrition South Tees
Service, Public Health South Tees -

MUST

MANAGING UNDERNUTRITION
SOUTH TEES

**16 Years LA Gym
instructor**

- NLNY
- Exercise on prescription

**4years in NHS –
Health improvement**

- Smoking cessation
- Weight management /MUST/SWIMMS

**8 Years Public
Health South Tees**

- Nutrition training coord/op lead
- Breast feeding welcome/baby café
- Cooking classes substance misuse
- HWD

2025

Apprenticeship
Public Health degree
First

2026

UKPHR registered

Meet Jo

Joanne Ward

Senior Public Health Practitioner

Why screen for malnutrition?

- **With proactive screening and timely treatment, malnutrition can largely be prevented and managed**
- Consequences to malnutrition are life threatening
- Cost of malnutrition to England is £22.6 billion
- 17.7% of all GP appointments are malnutrition related
- **Treatment of malnutrition is effective**
 - Reduce hospital admissions by 49%
 - Reduce hospital stay by 48%
 - Reduce GP appointments by 21%
 - Reduce antibiotic usage by 30%
- **It is legal requirement of the new CQC framework under Effectiveness**



MUST

MANAGING UNDERNUTRITION
SOUTH TEES

MUST Service

Established 2013 – Redeveloped in 2020

Commissioned – Better Care Fund

Support 57 Elderly care homes

Area Middlesbrough, Redcar & Cleveland

Support Care homes to practically achieve the MUST service nutritional standards

Embedded within the commissioning team contract

Each care home is allocated a nutrition training coordinator

To prepare care homes for CQC & LA inspections

Integration and Better Care Fund



- Integrate health and social care services.
- Improve outcomes for people with complex needs, especially older adults.
- Reduce hospital admissions and delayed discharges.



MUST

MANAGING UNDERNUTRITION
SOUTH TEES

Service development Option appraisal

Focus on Undernutrition	Managing Undernutrition South Tees
£3,000 Licence fee	No licence fee
Time to deliver, mark, resubmissions, Concerns led to more audits and meetings.	Reduced time no resubmissions, EWCW 6-2days, changing training criteria, MUST charts in one file reducing audit times, reduced concerns bronze silver gold standard. Health literacy considered
£21,500-year resources	£30,000 1 st year - £15,000 resources
Recorded data on paper including, increased RAFS	Developed a database, Reduced RAFS, improved nutritional status and health outcomes, health literacy
Total £24,500 year, time consuming, improved health outcomes	SAVING £8,500 Year, staffing times, improved health outcomes and the wider determinants of health

Work collaboratively across agencies

CQC

- Aligned the MUST service
- Meet quarterly
- Contribute to CQC audits



Safeguarding

- Developed a nutrition Safeguarding pathway
- RAF pathway
- Meet monthly for updates



Dietitians

- Developed a South Tees MUST pathway
- Meet quarterly



BCF Leads

- Meet monthly
- Postural team using MUST model



Local Authorities

- Meet monthly
- Report to after every audit
- Report monthly on Care homes progress
- Serious concerns process



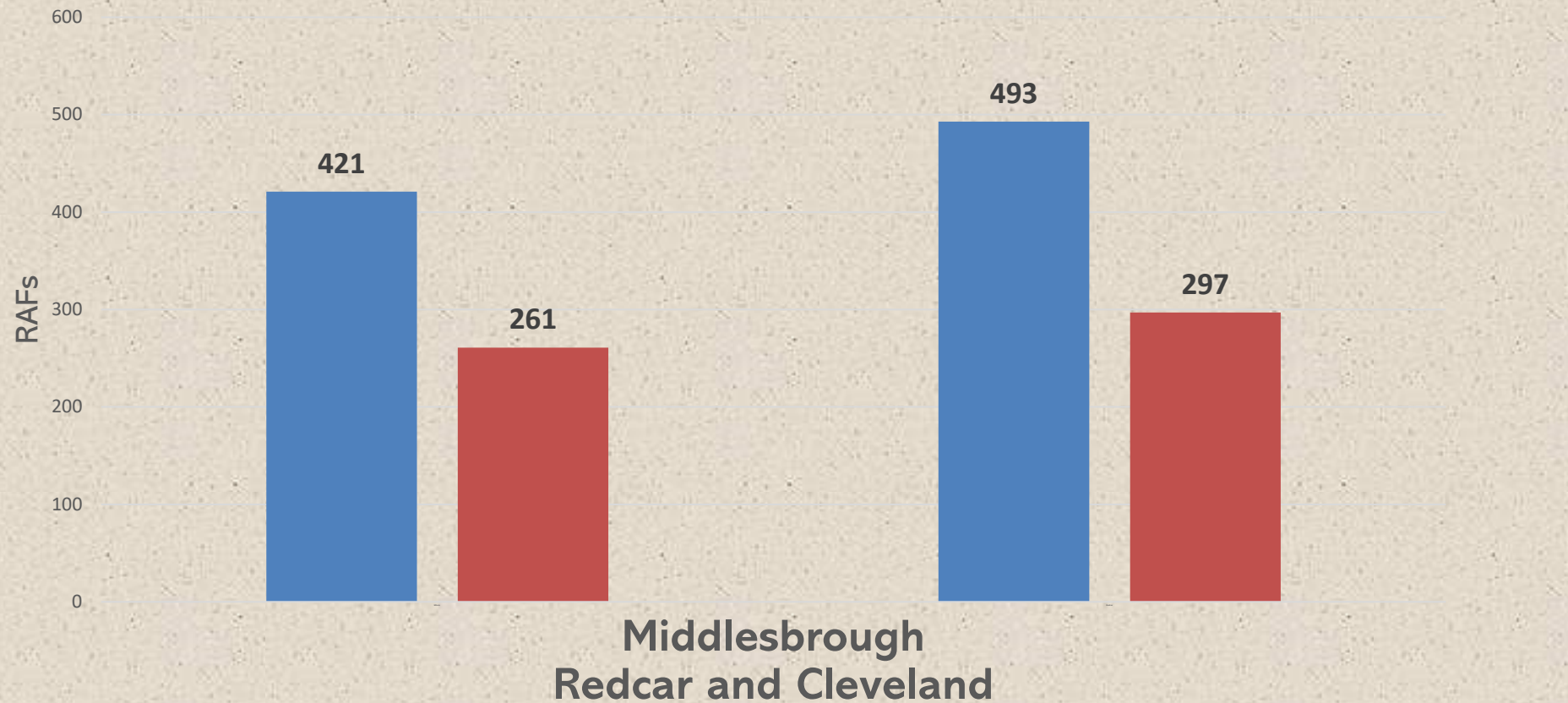
MUST

MANAGING UNDERNUTRITION
SOUTH TEES

Nutritional standards evaluations



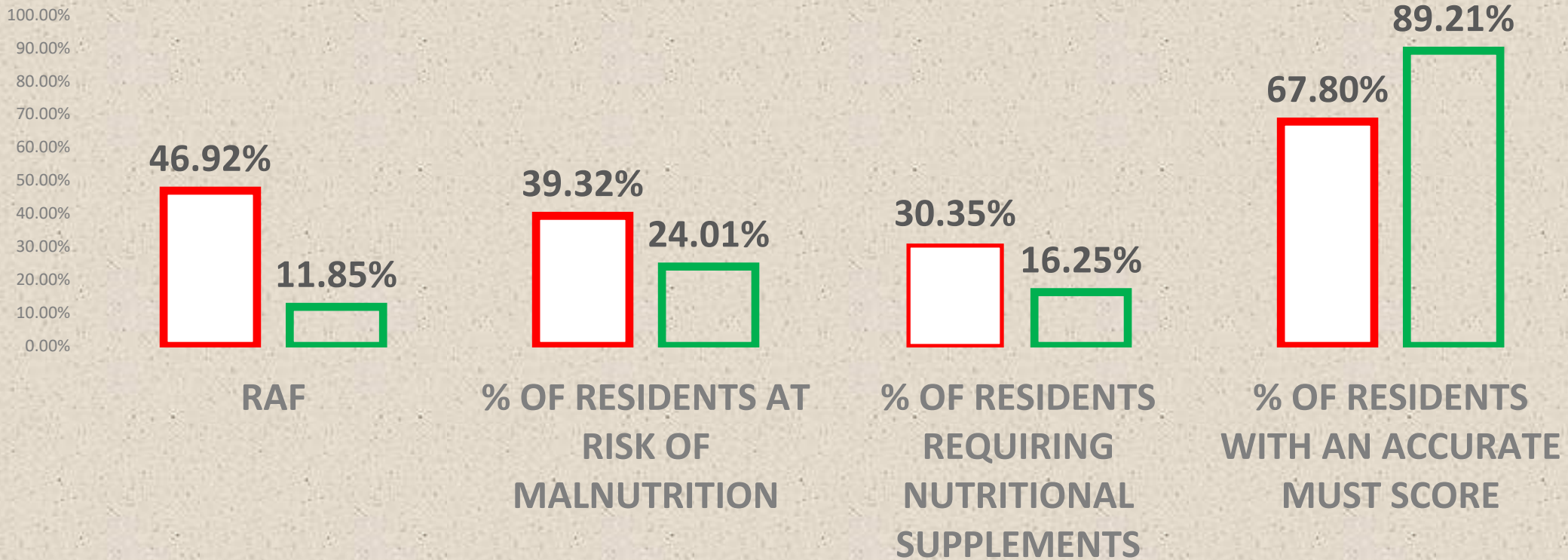
Outcome of new standards & NEW Must charts RAFs
2023



Whole system evaluation

Implementation of MUST service Redcar 2023

□ Baseline □ Annual



What's next?.....

The service is being evaluated by Newcastle research team. Using part of my literature review

Income generated

Developing an activity strand for the service that integrates movement into residents' daily routines to support independence, social connection, mobility, wellbeing, and overall quality of life — a dedicated post commissioned by YGT for care homes

MUST@Middlesbrough.gov.uk

Q&A

Lewis McColl

Louise Harlanderson

Claire Howard

Joanne Ward

Congratulations to new practitioners

Dr. Claire Sullivan

Celebrating recent UKPHR registrants



Rachel Lawson

Andrea Bracewell

Natnaree Kaewhin

Gemma McDonald

Charlotte Ashton

Jane Sutcliffe

Victoria Dargue

Jennifer Steel

Kelsey Shaw Broomhead

Kevin Devine

Matty Starforth

Andrew Hackett

Janine Alexander

Jemma Day

Jane Eglimex

Jack Dale

Aimee Bingham

Joanne Ward

Claire Gott

Lunch & networking (Brew and Bake café)

50 minutes

Panel

*Developing your public
health career...*

Panel

Wendy Mitchell

- Interim Public Health Principal –
Sunderland City Council

Panel

Scott Lloyd

- NIHR Doctoral Local Authority Fellow and Advanced
Public Health Practitioner -

Newcastle University, Middlesbrough Council and Redcar
& Cleveland Borough Council



Sport Student to Public Health Manager to Accidental Academic

Scott Lloyd

Advanced Public Health Practitioner & NIHR Doctoral Fellow
Middlesbrough Council, Redcar & Cleveland Borough Council
and Newcastle University



A typical public health career?

Sport student
(Sheffield)

Don't Sit – Get
Fit! (Kent)

Well @ Work
Programme
(London)



Health
Improvement
roles (Teesside)

Practitioner
Academic

?? The
future

Me as a Practitioner Academic

- Involved in a number of research studies, mostly via Fuse or the NIHR School for Public Health Research
- 2021 to 2023: NIHR Pre-Doctoral Fellowship
- 2023 to 2024: NIHR Short Placement Award for Research Collaboration
- 2024 to 2027: NIHR Doctoral Fellowship



You as a Practitioner Academic

- FULLY FUNDED
- Short placements / internships
 - Public Health Grassroots Awards – up to £5,000 (opening mid-April)
 - NIHR Internships – up to £10,000 (opening early autumn, closes early November)
 - NIHR Short Placement Award for Research Collaboration – up to £15,000 (opens September, closes November)
- Fellowships
 - Pre-Doctoral Fellowships
 - Doctoral Fellowships
 - Advanced (Post Doctoral) Fellowships

Exploring the implementation and impact of new Advertising and Sponsorship policies in Local Government

Plain English Summary:

In England, too many children and adults are living with obesity. This is often bad for our health. One important cause is the foods that we eat and drink. Some of these are high in fats, salts and sugars. These foods are often advertised to us on TV, social media and the radio. This leads us to eat them more often. The Government has proposed to ban companies from advertising these foods...

[Read more](#) ▾

Abstract:

Background: Improving population dietary patterns and tackling obesity are national public health priorities. The marketing of food and drink products that are high in fats, sugars or salt (HFSS) has been implicated as an important factor behind population-level increases in obesity. As part of their public health responsibilities, over 80 Local Authorities are exploring introducing new or revised ad...

[Read more](#) ▾

Lead Investigator(s):

[Mr Scott Lloyd](#) 

Award:

£288,162.00

Programme:

[NIHR Local Authority Fellowship Programme](#)

Start Date:

October 2024

End Date:

September 2027

Contracting Organisation:

[Middlesbrough Borough Council](#)

Programme Stream:

[Career Development](#)

Funding Stream:

[LAAF Programme Doctoral Local Authority Fellowship](#)

How can Local Authorities use health economics evidence and adaptive leadership to inform investment in parks?

Plain English Summary:

Aim of research: Local Councils have a budget to look after parks. However, funding cuts from national government mean Councils have less money to spend on them. This research will help Councils understand the value that parks bring to local areas and make better decisions on how to spend limited budgets on them. If more investment is made in parks, then more people will use them fo...

[Read more](#) ▾

Abstract:

Background Parks are critical for health and wellbeing (HWB). They help people to increase their physical activity, promote better wellbeing and support community cohesion. Local Authorities (LA) are mainly responsible for managing and resourcing them. However, austerity has meant parks' budgets have significantly decreased since 2011 compromising their quality. Robust health econ...

[Read more](#) ▾

Lead Investigator(s):

[Ms Humera \(Hamira\) Sultan](#) 

Award:

£488,435.00

Programme:

[NIHR Local Authority Fellowship Programme](#)

Start Date:

November 2024

End Date:

October 2027

Contracting Organisation:

[Birmingham City Council](#)

Programme Stream:

[Career Development](#)

Funding Stream:

[LAAF Programme Doctoral Local Authority Fellowship](#)

Exploring the use of modern matching algorithms as a key component of the public health toolkit.

Plain English Summary:

What is the problem? Public health teams often use data to make comparisons between neighbourhoods, services, and groups of people. They do this for a number of different reasons - to identify variation and health inequalities, to explore the effects of policies and other interventions, or to understand whether findings from one place or group might apply to others. Matching is a powerful set ...

[Read more](#) ▼

Abstract:

Background: The use of data for group comparisons is integral for public health evidence-based practice. Modern matching algorithms, which cover a range of matching and weighting methods, can be applied to problems of estimating of causal effects in non-randomised studies, of generalising and transporting estimates from one sample to a wider population, and of exploring health inequalit...

[Read more](#) ▼

Lead Investigator(s):

[Miss Lorna Quinn](#) 

Award:

£281,604.00

Programme:

[NIHR Local Authority Fellowship Programme](#)

Start Date:

October 2025

End Date:

September 2028

Contracting Organisation:

[Rotherham Metropolitan Borough Council](#)

Programme Stream:

[Career Development](#)

Funding Stream:

[LAAF Programme Doctoral Local Authority Fellowship](#)

Support to apply

- Speak to your:
 - Local Authority Research Practitioner: Darlington, Stockton, Hartlepool, County Durham, Sunderland, South Tyneside, Northumberland, Westmorland and Furness
 - Health Determinants Research Collaboration: Middlesbrough, Redcar & Cleveland, Gateshead, Newcastle, Cumberland
- NIHR RSS Specialist Centre for Public Health delivered by Newcastle University and Partners:
 - We can:
 - Help you to develop your research idea and link you with academics
 - Fund your public involvement incentives
 - Share example funded applications
 - Review your application
 - <https://rss-scph-database.ncl.ac.uk/enquiry/contact>

Panel

Claire Mathews

- Health and Wellbeing Programme Lead (North East) -
Office for Health Improvement and Disparities (OHID)

Panel

Becca Scott

- Head of Public Health & Prevention: Best Start in Life
Public Health Practitioner) -
NENC Integrated Care Board

Panel Q&A

*Developing your public
health career...*

Wendy Mitchell

Scott Lloyd

Claire Mathews

Becca Scott

Workshops

1. Engaging Local Communities: Public Health Research

Jackie Nixon, Public Health Practitioner, Sunderland City Council

Chamber

2. Public Health Skills & Knowledge Framework

Emma Roycroft, Public Health Registrar, OHID

Mayors
Parlor 2

3. Public Health Prevention in Maternity Programme

Becca Scott, Head of Public Health & Prevention: Best Start in Life
(Public Health Practitioner), NENC ICB

Mayors
Parlor 1

4. Smoke-Free Generation: What you need to know

Rachel McIlvenna, Smokefree NHS Strategic Manager,
NENC ICB & Fresh

Committee
Room
2

Final comments and close: Jackie Nixon

- Jackie Nixon, Public Health Practitioner -
Sunderland City Council

Evaluation – thank you for coming!

