

# UKPHR

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## **Regional Report: North East Public Health Practitioner Showcase**

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

**City Hall, Sunderland - 18 March 2026**

## **Executive Summary**

The North East Public Health Practitioner Showcase, held on 18 March 2026 at Sunderland City Hall, brought together practitioners, apprentices, analysts, academics, and system partners from across the region to celebrate good practice, share learning, and strengthen the regional public health workforce pipeline. The event demonstrated the breadth of practitioner-led work taking place across the North East, highlighting innovative approaches in prevention, community engagement, health inequalities, workforce development, and applied research.

Across the day, people took part in interactive workshops and facilitated discussions that showcased real-world projects making a tangible difference in local communities. Presentations emphasised the importance of co-production with people in the region, the use of data and insight to drive targeted interventions, and collaboration across organisational boundaries to improve outcomes. Several sessions focused on the role of apprenticeships and early-career pathways in building a sustainable workforce, while others explored the increasing integration of digital tools, behavioural science, and lived-experience insight into frontline practice. The showcase also provided a valuable platform for networking, enabling practitioners at all stages of their careers to connect, share challenges, and learn from one another. The emphasis on reflective practice and peer learning helped reinforce the collective ambition to strengthen the regional system's capacity and capability.

Overall, the event reaffirmed the North East's commitment to supporting a competent, confident, and values-driven public health workforce one that is equipped to respond to current challenges while shaping a healthier, fairer future for communities across the region.

### **1. Regional Context and Purpose**

The Showcase forms part of the North East's ongoing commitment to workforce development, aligned with:

- The UKPHR Public Health Practitioner Scheme
- OHID and ADPH workforce priorities
- Local authorities' statutory responsibilities
- The regional focus on tackling entrenched health inequalities

The event offered a platform to:

- Share real examples of practitioner-led work
- Celebrate new UKPHR registrants
- Provide professional development through panels and workshops
- Promote collaborative, cross-sector approaches to public health challenges

## **2. Attendance and Representation**

People represented:

- North East local authorities
- NHS partners (Trusts, ICB)
- OHID
- NIHR
- Public Health apprentices, trainees and newly registered practitioners
- Two Executive Public Health Directors

This reflects the increasingly joined-up public health system in the region.

## **3. Opening Session Highlights**

### **4.1 Chair's Introduction – Dr Claire Sullivan**

Dr Sullivan, Deputy Director for Workforce at OHID, opened the event by emphasising the importance of a skilled, resilient, and diverse practitioner workforce. In her keynote address, she highlighted the pivotal role practitioners play in translating national strategy into meaningful local action, particularly within the three core areas of public health - **health protection, health improvement, and healthcare public health**.

She reflected on how a strong practitioner workforce is essential not only for preventing and responding to threats to health, but also for driving long-term improvement across communities and shaping evidence-informed, population-focused healthcare services. Dr Sullivan stressed the need to invest in continuous professional development, build supportive and accessible career pathways, and nurture leadership at every level so the workforce can meet both current and emerging challenges.

### **4.2 Welcome from Gill O'Neill**

Gill O'Neill, Executive Director of Public Health for Northumberland and ADPH Workforce Lead, offered a powerful and heartfelt reflection on the personal and professional qualities that underpin effective public health practice. Drawing on her experience, she spoke about the significance of lived experience, not only in shaping practitioners' understanding of the communities they serve but also in informing compassionate, inclusive, and person-centred approaches to public health. She noted that practitioners often carry their own stories of challenge, resilience, and growth experiences that strengthen their ability to connect with others and drive meaningful change.

### **4.3 Welcome from Sunderland – Gerry Taylor**

Gerry began by acknowledging the significance of the venue itself. Standing in Sunderland City Hall, she emphasised that the building represents far more than a civic landmark it embodies the city's ambition, its collaborative spirit, and its ongoing investment in communities. As a space designed for connection, transparency, and partnership, City Hall

provided a fitting backdrop for a gathering focused on learning, innovation, and strengthening the public health workforce.

## **5. Morning Showcase: Practitioner & Apprentice Presentations**

### **5.1 Level 6 Public Health Practitioner Apprenticeship Showcase**

The Level 6 Public Health Practitioner Apprenticeship Showcase brought together three apprentices from across the region, each demonstrating how high-quality, practitioner-led projects are already influencing local systems and improving outcomes for communities.

#### **Key Themes Explored**

- **Best Start in Life and the Wider Determinants of Health**

Grace O’Keefe showcased work focused on improving early childhood outcomes, demonstrating how the wider determinants family environment, housing conditions, parental employment, and access to early years support shape lifelong health. Her project illustrated how apprentices can influence policy and practice by applying population health data, engaging with families, and working across early years, education, and community teams to remove barriers to achieving a healthy start.

- **Grassroots Community Grants for Healthier Lifestyles**

Louise Roberts presented an innovative model of supporting healthier lifestyles through small grassroots grants. She demonstrated how relatively modest funding, when placed directly in the hands of community groups, can unlock hyper-local solutions that resonate with peoples lived experience. Examples included neighbourhood walking groups, culturally tailored healthy eating sessions, and local activity programmes co-designed with community volunteers. Louise emphasised the importance of trust, co-production, and sustained engagement in ensuring grant-funded projects deliver long-term behaviour change, social connection, and improved wellbeing.

- **Tackling Health Inequalities Through Workplace Health Initiatives**

Laura Robson explored how workplace settings offer powerful opportunities to reduce health inequalities, especially among lower-income workers and those in high-risk roles. Her project focused on embedding health improvement within organisational culture shifting from ad-hoc wellbeing offers to a more strategic, evidence-informed approach to workforce health.

She showcased interventions such as targeted liver checks, mental wellbeing support, improved occupational health pathways, and workplace policies that address factors like shift patterns, job security, and access to physical activity.

## **6. Late Morning Showcase: Practitioner Presentations**

## **6.1 Health Impact Assessment Toolkit**

Lewis McColl presented how Health Impact Assessment (HIA) can strengthen local policymaking by systematically exploring how proposed policies affect different community groups. He outlined the key HIA stages: screening, scoping, evidence gathering, stakeholder engagement, assessment, and recommendations and highlighted the value of applying HIA early to anticipate unintended consequences, embed health across departments, and prioritise equity. Using Newcastle examples, he showed how HIA has shaped housing, transport, and regeneration policies in areas with longstanding inequalities. He also stressed the importance of involving people with lived experience to produce more robust and meaningful assessments.

## **6.2 Cardiovascular Disease Champions - Gateshead**

Louise Harlanderson showcased how training local volunteers can boost hypertension awareness, early detection, and community engagement. Through a structured programme, volunteers learned to take blood pressure readings, offer brief advice, and direct people to follow-up support bringing prevention into everyday community settings such as libraries, faith groups, workplaces, and food banks. Nearly 500 volunteers across 33 organisations took part, creating a wide-reaching, trusted network of community health champions. Their work has sparked hundreds of conversations about cardiovascular risk, improved early identification of high blood pressure, and strengthened links with primary care. Louise highlighted how this community-led approach also builds social connection, resilience, and contributes to reducing long-term health inequalities.

## **6.3 Cancer Prevention Network – North Tyneside**

Claire Howard explained how strong system-wide collaboration has been key to improving breast screening uptake after the significant declines following COVID-19. She described how the pandemic widened inequalities in attendance and how addressing these gaps required coordinated work across local authorities, the NHS, community organisations, and primary care.

Success factors included better data-sharing to identify low-uptake groups, targeted outreach based on local insight, and partnership with community and faith leaders to build trust. Claire highlighted the importance of culturally appropriate communication, mobile screening in underserved areas, and personalised invitations and reminders. By combining expertise across the system, partners were able to remove practical barriers such as transport and access while tackling wider factors influencing engagement with screening services.

## **6.4 Managing Undernutrition (MUST) – South Tees**

Joanne Ward presented a ten-year, system-wide programme that has improved nutritional care, strengthened safeguarding, and enhanced workforce skills in care homes. The service began in response to concerns about inconsistent nutrition, rising frailty, and preventable malnutrition among older people. Over the decade, it developed into an

evidence-based model combining clinical oversight, staff training, quality assurance, and strong multidisciplinary partnerships. Key achievements include robust nutritional standards, improved screening and hydration practices, and tailored support for people with dementia or complex needs.

The programme also strengthened safeguarding pathways, ensuring faster, coordinated responses to concerns such as unexplained weight loss or neglect. Through collaboration between dietitians, safeguarding teams, GPs, and care homes, staff now have clearer guidance, better escalation routes, and greater confidence. Overall, Joanne demonstrated how long-term investment and consistent partnership working can transform care quality, safety, and dignity for older people across the sector.

## **7. Recognition of New UKPHR Practitioners**

Dr Claire Sullivan celebrated the achievements of the newest UKPHR registrants from across the North East, highlighting how their success reflects the continued professionalisation and strengthening of the regional public health practitioner workforce. She emphasised that growing numbers of registered practitioners demonstrate both the depth of skills within the system and the region's commitment to high standards, accountability, and a shared professional identity.

## **8. Afternoon Panel: Developing Your Public Health Career**

### **Panel members:**

- Wendy Mitchell (Sunderland)
- Scott Lloyd (NIHR Fellow, multiple LA/University roles)
- Claire Mathews (OHID)
- Becca Scott (ICB – Best Start in Life)

The session explored a range of themes that showcased the richness and diversity of the public health practitioner workforce. Speakers reflected on the varied pathways into public health, emphasising how people join the profession from clinical roles, community work, research, voluntary sector experience, and lived experience of inequality all of which strengthen the system. The discussion highlighted the increasing importance of applied research in shaping career development, enabling practitioners to generate evidence, evaluate impact, and contribute to system-wide learning. Participants also underscored the value of lived experience, not only as a source of insight but as a driver of more equitable, person-centred practice. Alongside this, the panel emphasised the need for strong mentorship, reflective practice, and ongoing CPD to build confidence and support progression at all career stages. Finally, the session drew attention to funding opportunities for practitioner-academics, including routes through NIHR programmes, which offer accessible pathways for those interested in combining practice with research. Together, these reflections provided clear, actionable routes to support workforce development and strengthen practitioner capacity across the region.

## **9. Interactive Workshops (40 minutes)**

## **9.1 Engaging Local Communities in Public Health Research**

### **Facilitator: Jackie Nixon (Public Health Practitioner – Ageing well)**

This 40-minute interactive session explored effective ways to engage communities in public health research, with a strong focus on lived experience and qualitative insight. Jackie began by sharing her journey into research and how mentorship from Prof. Stephen Macdonald shaped her emphasis on deep listening, community voice, and co-production—approaches that have influenced Sunderland’s work on loneliness, isolation, dementia, carers, and risk reduction. The session centred on a study examining emotional loneliness and social isolation, using wide community engagement for recruitment. Findings showed strong links between loneliness, disability, socio-economic disadvantage, and structural barriers, rather than age alone. Participants also reported predictable high-risk times (evenings/weekends), common triggers, accessibility issues, and a desire for more opportunities outside the home. Group discussions and case scenarios helped attendees apply these insights, identify risk factors, and consider how to reach under-heard communities.

The session concluded with how the research informed Sunderland’s Connectedness Action Plan, co-design work, targeted interventions, workforce development, and post-pandemic recovery. It also highlighted the creation of the Links for Life social prescribing programme and ongoing ageing and dementia research. Overall, the session emphasised early intervention, tackling social determinants, and embedding evidence into system-wide action to reduce loneliness and improve wellbeing.

## **9.2 Public Health Skills & Knowledge Framework**

### **Facilitator: Emma Roycroft (PH Registrar, OHID NEY)**

The presentation outlined the purpose, structure, and future direction of the Public Health Skills and Knowledge Framework (PHSKF), a UK-wide tool that defines public health functions and skills. It highlighted how the framework acts as a national benchmark for workforce development, supports job design, guides education providers, and helps individuals assess their own competency needs.

Emma described the current framework, organised into three domains—Technical, Context, and Delivery—covering areas such as data intelligence, policy influence, community engagement, leadership, evaluation, and health protection. International comparisons (USA, Canada, WHO/ASPHER) prompted discussion about whether the UK should adopt clearer role levels or proficiency tiers. Participants then explored how the PHSKF is used in practice, its strengths and limitations, and how it could be better embedded in CPD, supervision, recruitment, and training. Using the STEEP-V model, the group identified future drivers of change and the skills needed for the next decade. The session ended with the national review timeline: consultation (Jan–Apr 2026), drafting (Apr–Jun), further consultation (Jul–Sep), and publication of the updated framework in Autumn 2026.

## **9.3 Communities of Practice - Best Start in Life**

## **Facilitator: Becca Scott (Head of Public Health and Prevention, NENC ICB)**

The presentation outlined the purpose, structure, and impact of the Public Health Prevention in Maternity (PHPiM) Programme, a regional partnership initiative launched in 2018 to embed prevention into maternity care and reduce inequalities. The programme aligns with major national priorities and focuses on areas such as tobacco dependency, breastfeeding, perinatal mental health, healthy weight, alcohol in pregnancy, immunisation, contraception, deprivation, health literacy, and support for ethnic minority and complex-needs families. Becca highlighted extensive system-wide delivery, including co-designed pathways, best-practice guidance, workforce training, enhanced assessments, data dashboards, and strong research partnerships. She also introduced the Pregnancy Anticipatory Care Model, which uses a bio-psycho-social approach and social prescribing to address wider determinants like poverty, housing, domestic abuse, and isolation.

Evidence of impact includes improved personalised care, increased referrals in deprived areas, more consistent prevention-focused practice, and positive trends in outcomes such as smoking in pregnancy and breastfeeding. The programme has also informed regional work on women's health, contraception, and early-years prevention.

### **9.4 Smoke-Free Generation**

#### **Facilitator: Rachel McIlvenna (Smokefree NHS Strategic Manager, Fresh and Balance/NENC ICB)**

The presentation outlined the North East and North Cumbria's collaborative approach to tobacco control and provided an update on the Tobacco and Vapes Bill. Rachel described the regional Fresh programme, founded in 2005, which delivers a comprehensive, multi-agency strategy to reduce smoking harms.

She highlighted that smoking remains the UK's leading cause of preventable death, with millions still smoking and wide inequalities persisting—least deprived groups are on track to be smokefree far earlier than the most deprived. Progress has historically followed strong national policy measures, such as smokefree legislation and plain packaging. A major focus was the Tobacco and Vapes Bill, which will create a “smokefree generation” by raising the age of sale so anyone born on or after 1 January 2009 can never legally buy tobacco. The Bill also introduces powers to restrict vape flavours and packaging, ban advertising and free distribution, expand smokefree areas, and allow fixed penalty notices. Royal Assent is expected in spring 2026, with age-of-sale changes taking effect from January 2027.

Rachel stressed the need to respond to ongoing government consultations and to maintain strong local action through cessation support, targeted interventions, and local tobacco alliances. She closed by reaffirming that vapes are far less harmful than smoking and can help adults quit but should not be used by children or non-smokers.

### **10. Closing Remarks**

Jackie Nixon closed the showcase with warm thanks to partners, presenters, apprentices, and colleagues, celebrating the compassion, professionalism, and dedication of the North East's public health practitioner workforce. She highlighted how the day reflected a shared commitment to reducing inequalities and delivering inclusive, community-focused public health practice.

She offered special thanks to the planning group for their year-long dedication and to Sunderland City Council for providing City Hall as a welcoming, civic venue that symbolises partnership and community pride.

Jackie ended by emphasising the ongoing importance of research, community engagement, and cross-system collaboration. She encouraged practitioners to recognise their leadership potential at every level and reaffirmed the region's collective ambition to strengthen the workforce and build a healthier, fairer North East.

## **11. Key Themes Emerging from the Event**

### **11.1 Workforce Development & Professionalisation**

- **Growing pipeline of Level 6 apprentices**  
The event highlighted a strong and expanding pipeline of Level 6 Public Health Practitioner apprentices across the region. Local authorities, NHS organisations, and the VCSE sector are increasingly utilising apprenticeship routes to grow their own public health workforce, strengthening both capacity and capability. Participants emphasised the value of structured learning pathways that combine academic learning with real-world experience.
- **Increasing number of UKPHR registered practitioners**  
More practitioners are now gaining registration through the UK Public Health Register (UKPHR), reflecting a maturing workforce with clear professional identity and standards. Delegates noted that the registration process—while rigorous—has helped reinforce a culture of reflective practice, portfolio development, and increased confidence among early- and mid-career practitioners.
- **Supportive regional ecosystem enabling progression**  
A consistent theme was the strength of the regional support network. This includes mentoring programmes, Public Health England legacy networks, practitioner forums, and HEI partnerships. Collectively, these ecosystems provide structured peer support, supervision, and access to developmental opportunities. Many attendees shared examples of how cross-organisational collaboration has accelerated career progression and contributed to workforce stability.

### **11.2 Tackling Health Inequalities**

- **Strong focus on CVD, cancer, workplace health, undernutrition, and early years**  
Projects presented throughout the day demonstrated a targeted approach to reducing inequalities in key priority areas: cardiovascular disease, cancer prevention

and screening, workplace health, malnutrition and undernutrition, and the early years. These themes align with both local and national priorities, with presenters showing how evidence-based interventions can narrow gaps in life expectancy and healthy life expectancy.

- **Emphasis on place-based, community-led approaches**

Many initiatives showcased how collaborating closely with communities—particularly those experiencing long-term deprivation leads to more meaningful engagement and better outcomes. Delegates shared examples of asset-based approaches, co-production with real people, and delivering interventions through trusted local organisations. This reinforced the message that hyper-local, person-centred models are crucial to addressing long-standing disparities.

### 11.3 Data, Insight & Evidence

- **Use of HIA, JSNAs, mixed-methods research, and evaluation**

Data-driven decision-making emerged as a critical enabler throughout the event. Delegates described using Health Impact Assessments (HIAs), Joint Strategic Needs Assessments (JSNAs), and mixed-methods research to build robust evidence bases for interventions. The importance of embedding evaluation from the outset was repeatedly emphasised, with several presenters sharing learning from logic models, process evaluations, and outcome tracking.

- **Importance of local insight to shape policy and commissioning**

Beyond large datasets, speakers noted the value of granular community insight lived experience, qualitative narratives, and local intelligence from frontline workers. This combination of quantitative and qualitative evidence was highlighted as essential in shaping commissioning decisions, refining services, and ensuring policies are responsive to local realities.

### 11.4 Collaboration Across Systems

- **Multi-agency working central to all successful projects**

A clear theme was that no single organisation can deliver effective public health outcomes alone. Presentations consistently demonstrated the success of multi-agency partnerships, drawing together public health, adult social care, children's services, the NHS, voluntary and community organisations, housing providers, and others. These collaborations enabled shared problem-solving, pooled resources, and more coordinated pathways for people.

- **Strong LA–NHS–VCSE partnership approaches**

The event showcased how local authorities, the NHS Integrated Care System (ICS), and the VCSE sector are increasingly aligned in their priorities and ways of working. Examples included co-commissioned services, community health worker models, neighbourhood-based partnerships, and joint prevention strategies. The VCSE sector was repeatedly recognised for its unique strengths in reaching underserved populations and fostering trust.

### **13. Appendices**

Appendix A – Full Event Programme

Appendix B – Full set of slides

Appendix C – Evaluation from attendees