

The UKPHR Public Health Practitioner Conference & Innovation in Public Health Awards

*Community Connections:
Strengthening Public Health Together*

Tuesday 1st October 2024



UKPHR

INNOVATION IN
PUBLIC HEALTH
AWARDS

2024

A WARM WELCOME

James Sandy
Vice-Chair, UKPHR

The UKPHR Public Health Practitioner Conference & Innovation in Public Health Awards

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Award Sponsor



Award Sponsor and Exhibitor

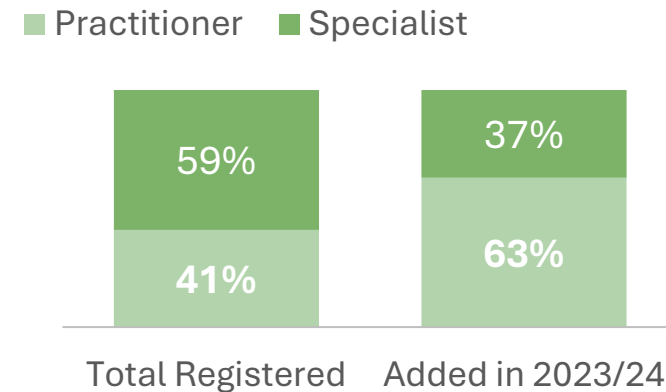
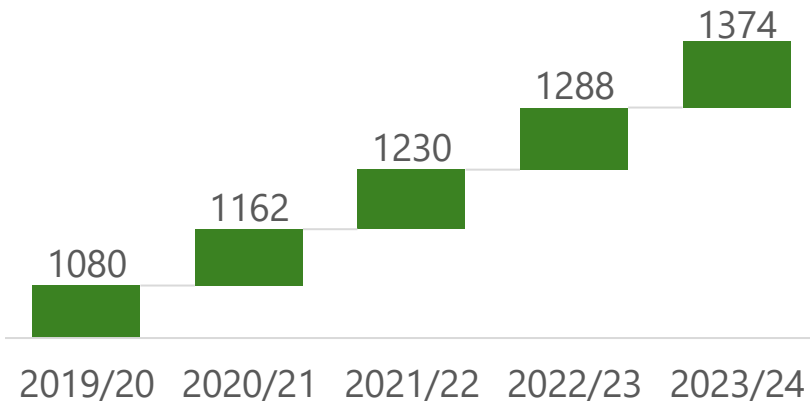


Exhibitors



Last 12 months: Practitioner news...

- The Register has been growing



- We registered first three PH Practitioners through the **Apprenticeship route**
- Continued to support local schemes, and delivered training to 55 assessors and 11 verifiers

Last 12 months: UKPHR news

- New UKPHR Strategy launched, built around four themes:



- Work on gathering better insights:



Stakeholder and staff surveys to better understand how UKPHR is viewed

Protected characteristics data collection as part of Annual Renewal

Investigating why people leave our Register

- Achieved a successful PSA Accredited Register annual review

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Mubasshir Ajaz

*Head of Health and Communities, West Midlands
Combined Authority*



West Midlands
Combined Authority

Supporting Healthier Communities



Dr Mubasshir Ajaz, Head of Health & Communities
West Midlands Combined Authority

Welcome to West Midlands!

Overview

£117bn

economy, making the West Midlands the largest economy of any Combined Authority

4,722,600

people live in the West Midlands

A quarter

of the population is under 20, making it a significantly young region

Highest

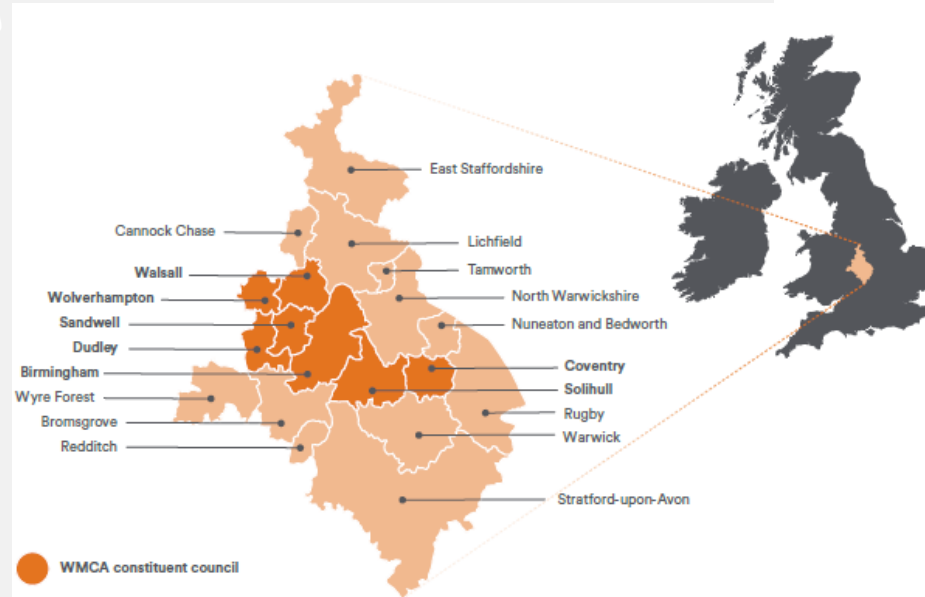
GVA growth rate of any UK Region outside London over the last 10 years (2010-20)

90%

of the UK's population is within a 4 hours' drive

Tech

The West Midlands is the fastest-growing tech economy in the UK

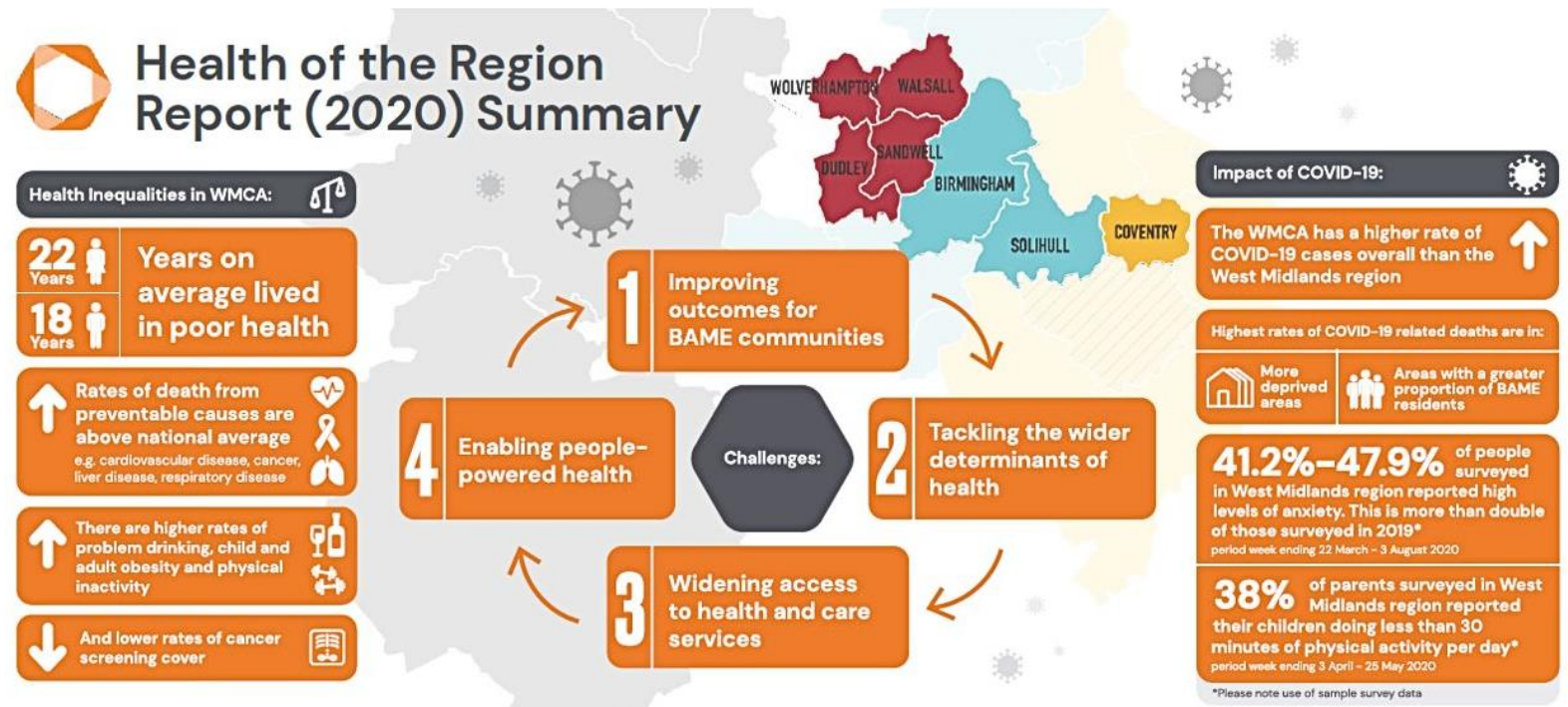


Scale of the Region's Health challenge

The West Midlands Combined Authority (WMCA) has a pivotal role to play in shaping the conditions that create unfair differences in health outcomes for our residents.

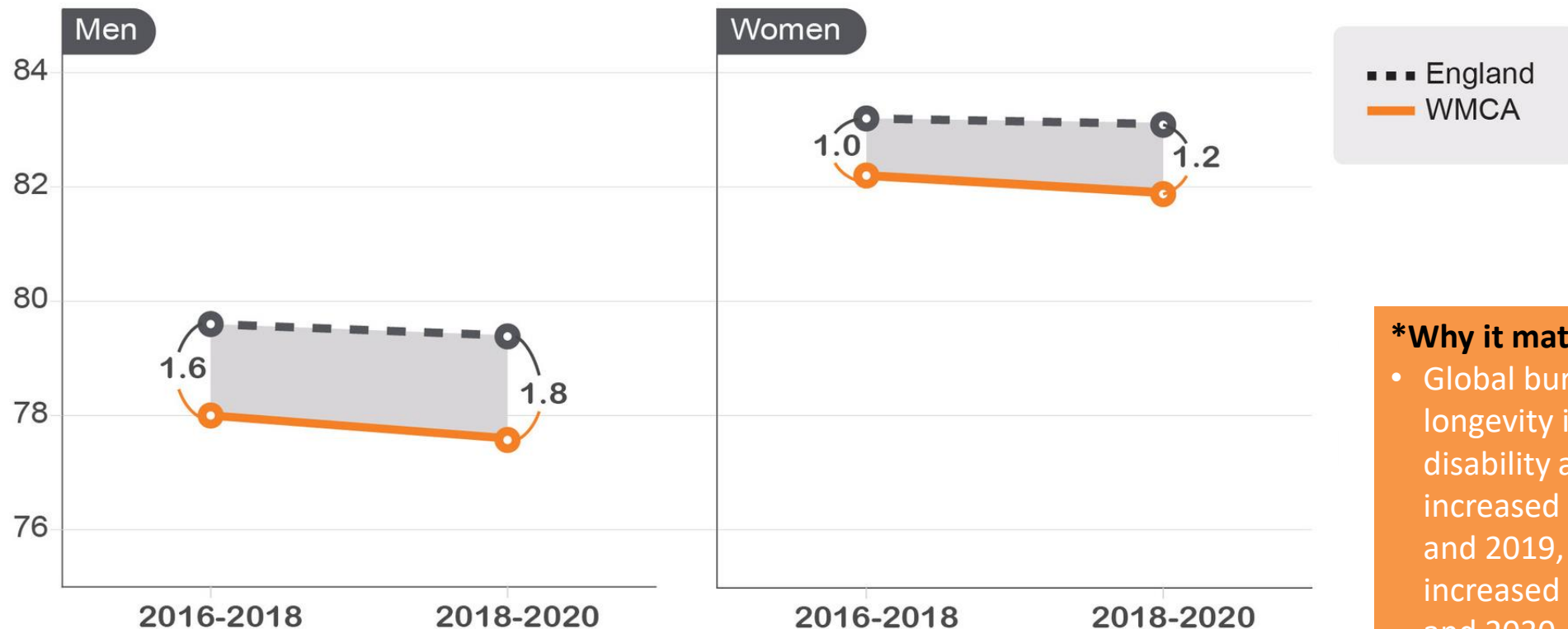
Health of the Region 2024:

- Poorer health outcomes than the national average remain.
- Key conditions that influence the health of our population are worsening.
- Health of our population impacts productivity and growth in the region



The health of our region 2024

Decreasing life expectancy - falling at a faster rate than national average.

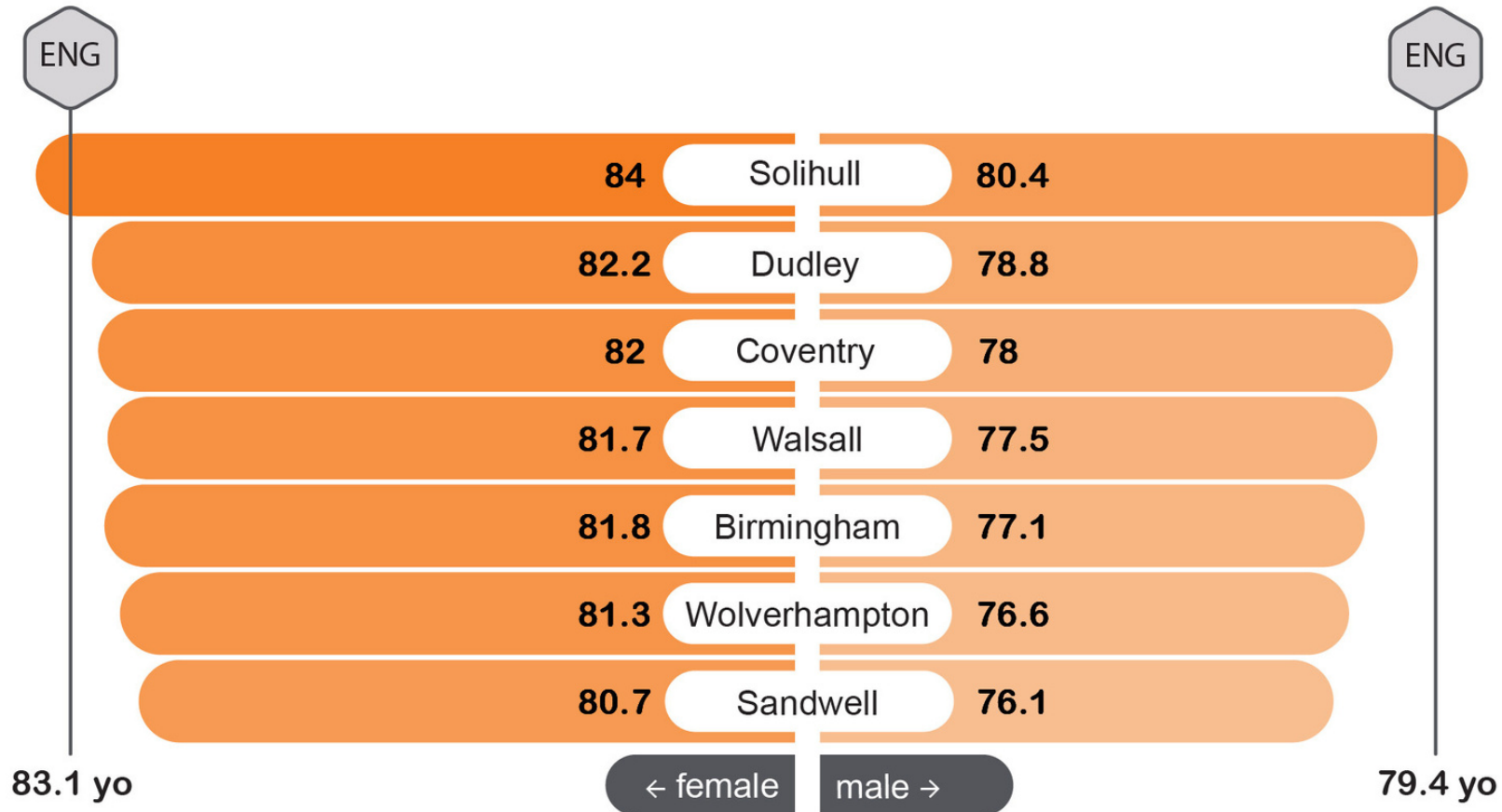


*Why it matters?

- Global burden of unhealthy longevity is set to rise, with disability adjusted life years, increased by 32% between 1990 and 2019, and is expected to have increased by 55% between 2004 and 2030.
- A one year increase in HLE of the world population will result in over ~\$350trillion added to world GDP

The health of our region 2024

Where you live in our region impacts how long you can **expect to live** for.



Avoidable mortality

A higher proportion of avoidable mortality in the WMCA is deemed to be preventable.

- The surge in preventable mortality is likely attributable to the Coronavirus pandemic.

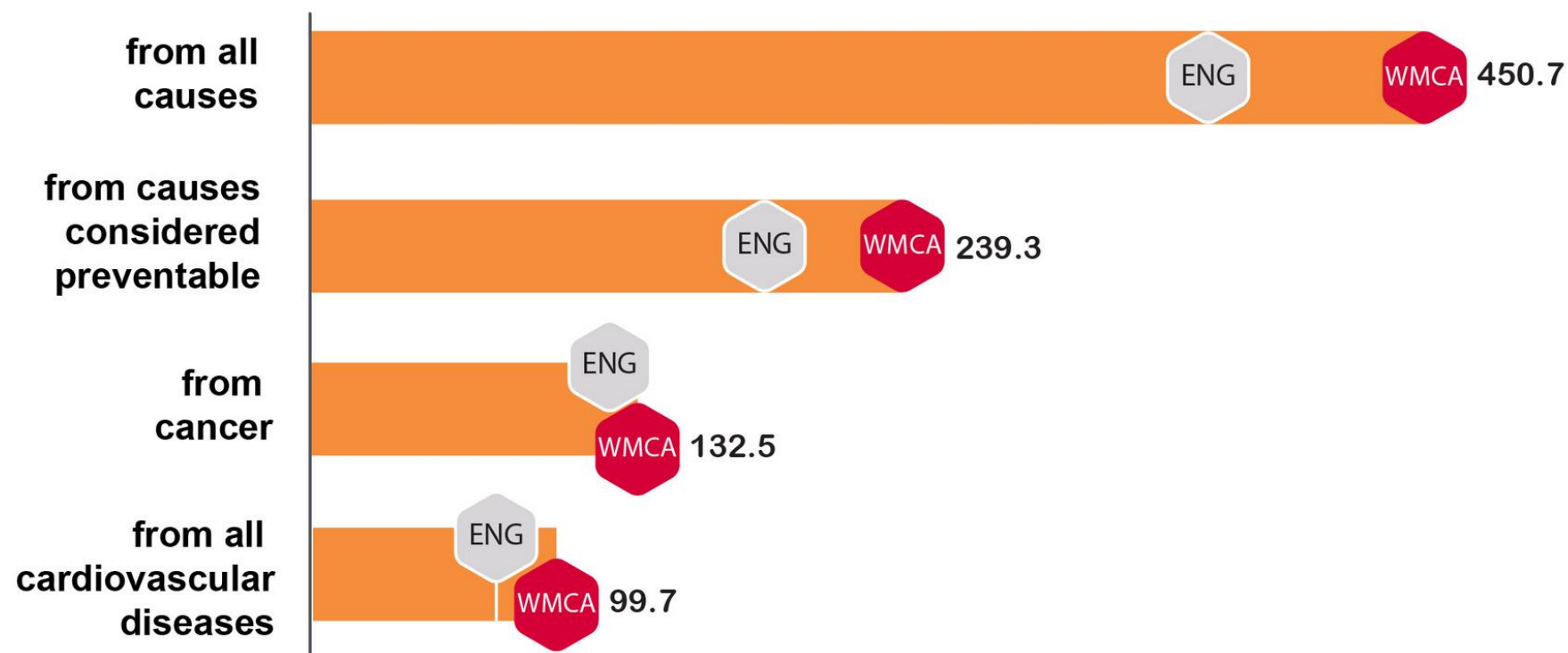


In the WMCA area **29%** of all deaths are considered avoidable compared with 23% in England. Of those:

- **35%** are considered treatable
- **65%** are considered preventable.

Preventable deaths

Preventable deaths under 75 remain significantly higher than the England average.



Causes of preventable disease



The WMCA area has higher levels of overweight and obesity in adults than the national average, this has not changed since 2014.

Obesity rates for children aged 10/11 have increased significantly across all the WMCA areas since 2013/14.



Adult smoking rates remain unchanged across the region since 2014.



The WMCA area reports some of the lowest levels of physical activity in England.

5 of the 7 WMCA Local Authorities are in the 15 least active areas in England.



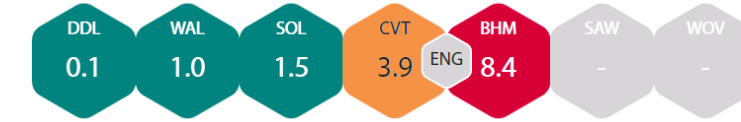
The WMCA area has higher alcohol related deaths than the national average (in 2021 43.6 per 100,000 compared to 38.5 per 100,000 in England).

The conditions that shape our health

best _____ worst

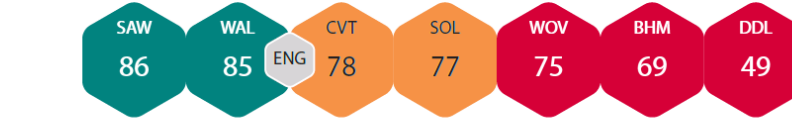
Homelessness

households in temporary accommodation (per 1,000), 2021/2022



% adults who live in stable & appropriate accommodation

adults with a learning disability, 2021/2022



% adults who live in stable & appropriate accommodation

adults in contact with secondary mental health services, 2020/2021



% fuel poverty

(low income, low energy efficiency methodology), 2021



Average weekly earnings (£)

2021



% children in absolute low income families

(under 16s), 2021/2022



% children in relative low income families

(under 16s), 2021/2022



%16-17 year olds who are NEET or whos activity is unknown

2022/2023

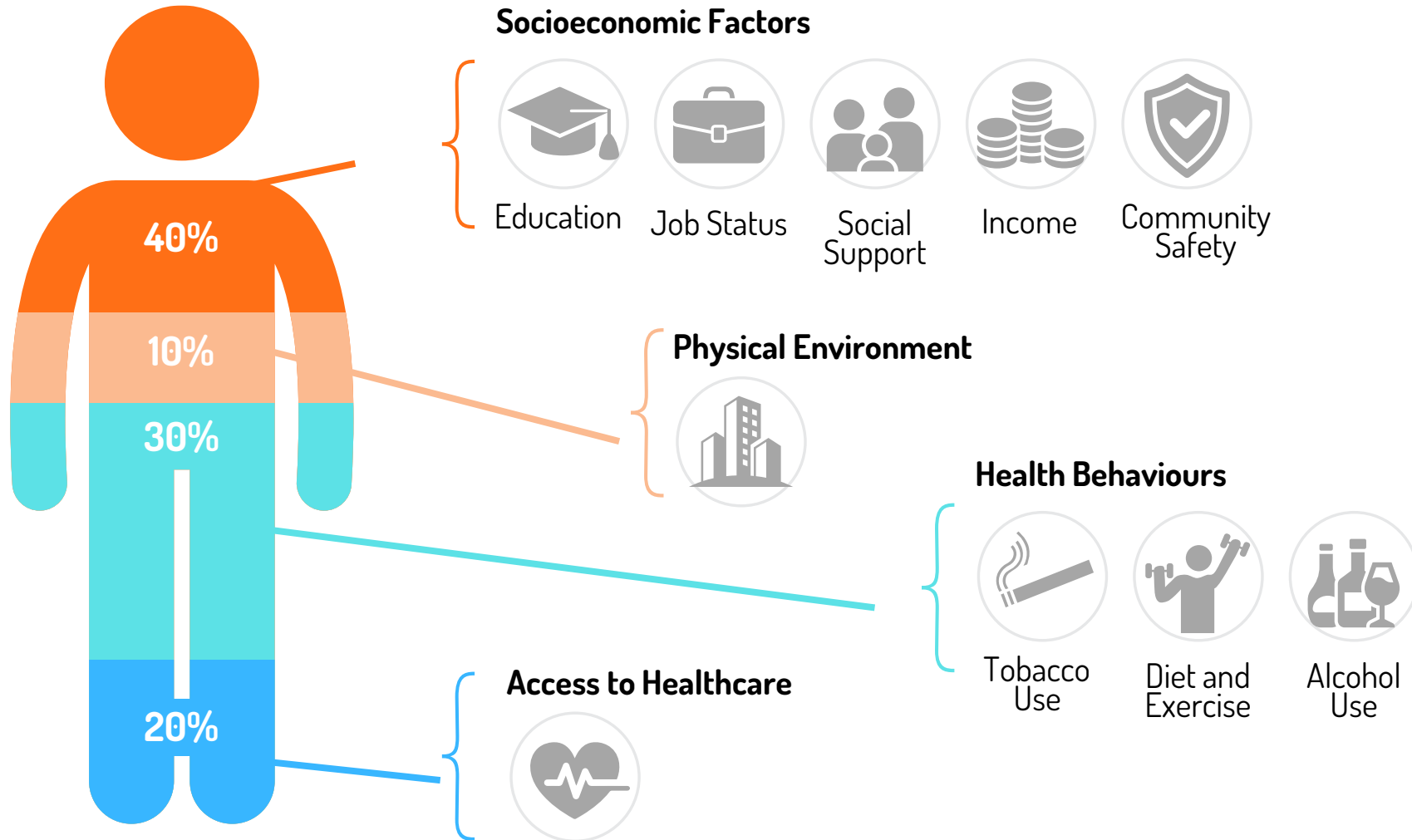


KEY



All indicators are as of the most recent available data

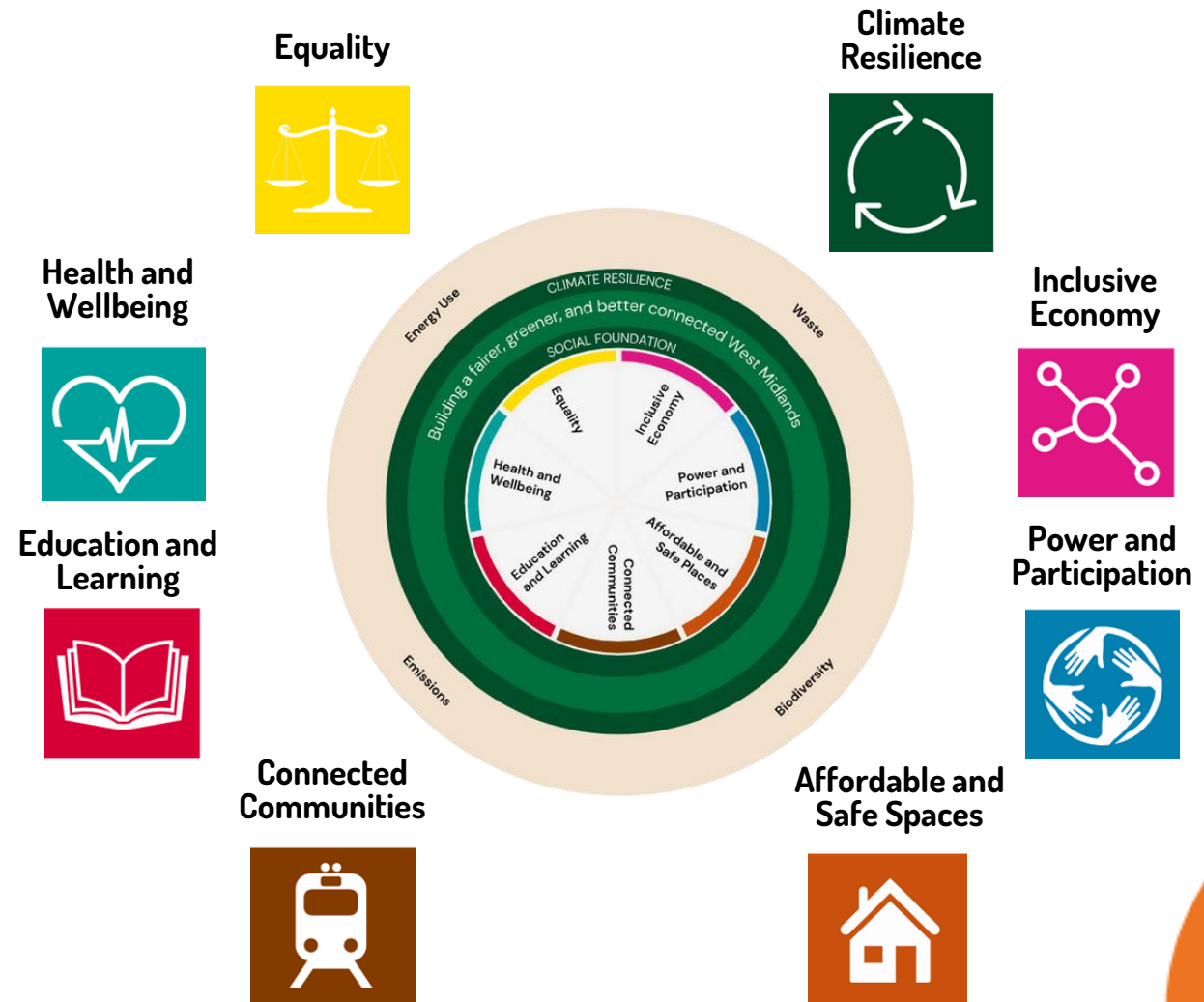
Why the wider determinants?



80% of what makes up someone's health is determined outside of access to healthcare.

HiAP, Co-benefits and WMCA

- Health in All Policies supports an Inclusive Growth approach at WMCA.
- Improving population health drives economic prosperity which, if distributed fairly, improves the conditions which shape our health - creating a virtuous cycle for our region.



What are we doing?

Transport

Encouraging Active Travel

Public Transport to reduce loneliness

Social prescribing walking/cycling

Inclusive access to transport

Junk food ban

Housing

Embedding health outcomes in spatial planning

Net-zero and health in design

Accessible Housing

Employment & Skills

Help into labour market

Mental Health training in upskill programmes

Digital Inclusion

Environment & Energy

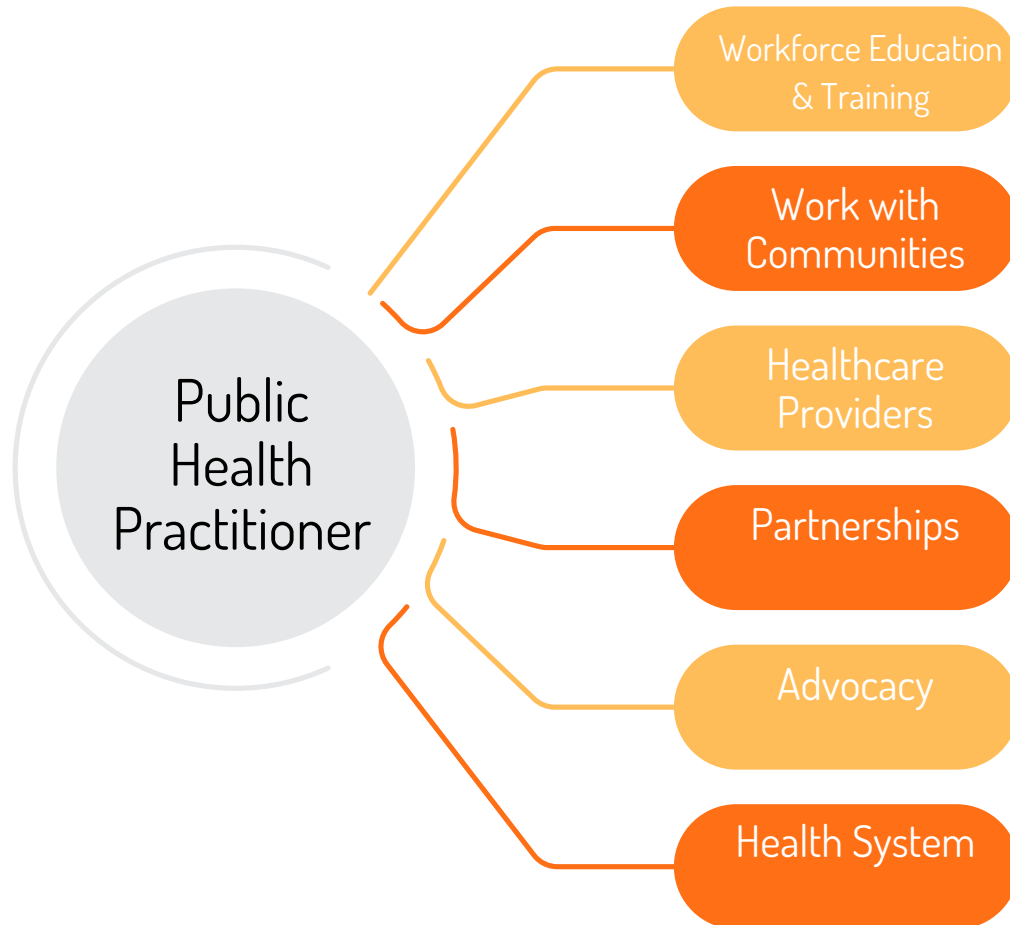
Improving access to green space

Action on Air Quality

Climate Adaptation

Retrofit to reduce fuel poverty

What role can YOU play?



Two big roles, as per IHE, gaining information and providing information.

Keeping impact front and center – why it matters

What's coming?

Shift: to prevention...no really this time

Economic Growth: health = wealth

Devo: Enhanced role for metro mayors and for public health

All in: Cross government action on health





QUESTIONS?

Contact: Mubasshir.Ajaz@wmca.org.uk

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PANEL SESSION

Kay Sampson, Lead Practitioner Coordinator and Health Improvement Programme Manager, NHS Fife

Em Rahman, Head of Public Health Workforce Development, NHS England

Alix Sheppard, Director, Health Talks

Laura Rich, Principal Public Health Practitioner in Health Improvement, Public Health Wales

South East Regional
Public Health Workforce Development Plan
2024 - 2027



The South East people which is served by:

- 18 Local Authorities
- 6 Integrated Care Systems
- 1 Regional School of Public Health (SoPH) with 3 local schools
- 1 Regional Public Health group representing OHID, UKHSA, NHS England public health directorate.

This plan... localities and partner organisations and organisational plans will complement... addressing specific priorities relevant at place level.

Dr Alison Bennett
Regional Director OHID & SoPH
Regional Director of Public Health

NHS England

Professor Alan Pebody
Associate Chair for Public Health Transformation
& Head of School of Public Health

Heather Robinson
Chair ADPH SE

Trish Mearns
Part Regional Deputy Director UKHSA

Professor Arjun Menon
OHID Lead (South East Coast)

Item	Action	Lead	Support	Measurable outcome
Practitioner Development	<ol style="list-style-type: none"> 1. Continue to promote and increase public health apprenticeships across the South East of under represented groups 2. Increase the public health practitioner workforce through UKPHR registration scheme. 3. Establish the Practitioner Graduate Trainee programme using positive action to recruit people from ethnic minority backgrounds from the local community. 4. Increase and maintain mentor, assessor and verifier capacity across the region 5. Agree regional leadership to progress a regional approach to support advanced practitioner development following national recommendations. 	<p>OHID, SoPH</p> <p>SoPH</p> <p>All employers</p> <p>SoPH and all employers</p>	<p>RPHG, LAs, Academia, NHS</p> <p>SoPH</p>	<p>Increased number of registrants and career development opportunities for this workforce</p>

PH Consultant Training Leads

Timetabled Programme

Training Grant

Employer Engagement

Post-registration Support

Key Success Factors

South East Schools of Public Health

- Kent Surrey Sussex
- Thames Valley
- Wessex



Employers

Job Descriptions

Contribution to workforce development

Preparing Practitioners



- **Engagement:** engaging with key stakeholders needs to be an ongoing process.
- **Collaboration:** working with workforce leads, mentors, assessors and verifiers.
- **Accountability:** employer responsibility to developing the workforce
- **Quality:** ensuring quality improvement and assurances to developing the workforce

Two different perspectives

As a UKPHR registered practitioner and active member of the public health workforce

Workforce development, Scheme Coordination and support for practitioners, assessors and verifiers regionally- EofE, NW, Mids



Strong public health communities need

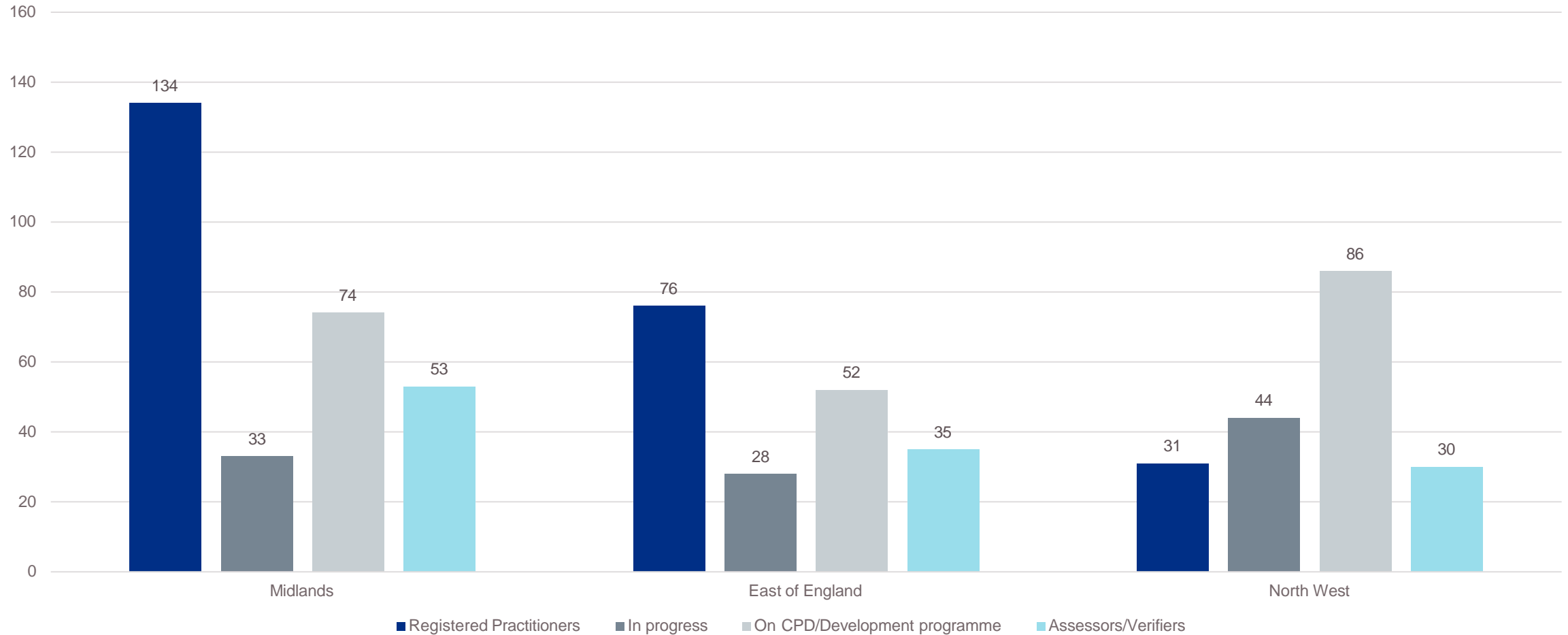
1. Acknowledge the differences between each region, sub-region and employer- influenced by various factors
2. Asset based approach, identifying existing channels and networks
3. Collaborate with employers across sectors and organisations to agree on shared goals without duplicating efforts (WFD is a shared responsibility)
4. Develop practitioner/assessor/verifier networks which cross organisational boundaries
5. Practitioners supported using a blended approach- group sessions, online tools, in-house programs, and resources, allowing practitioners a flexible approach to development

To develop the public health practitioner workforce through registration with UKPHR

**Alix Sheppard, Regional Scheme Coordinator
East of England, Midlands, North West UKPHR**

Differences in scheme participation- mostly change over time

Three regional schemes



Alix Sheppard, Regional Scheme Coordinator
East of England, Midlands, North West UKPHR

PR0322, PFPH

Early Career Network

Laura.rich4@wales.nhs.uk | LinkedIn: Laura Rich



Laura Rich: PR0516



Cerys Preece: PR0003



Adam Jones: PR0432

Early Career Network Public Health Practice



September
2019 – Initial
Spark



October 2019
– Concept
approved



February
2020 -
Practitioner
engagement
session



Pandemic



September
2021 –
Reignition of
ECN



August 2022 –
80 members



September
2024 – 124
members

*Career & skills
development*

*Cross-directorate
interactions*

*North & South –
Skype linkup*

*Masterclasses
start with
reflective
practice*

*Following
word of mouth
and promotion*

*72 PHW
52 Local PH
Team*

Email & Teams: Laura.rich4@wales.nhs.uk
LinkedIn: Laura Rich



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

PANEL SESSION

Questions

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**20 minute refreshment break
In the Atrium on the 2nd floor**

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KEYNOTE SPEAKER

Andy Bell

Chief Executive Officer, Centre for Mental Health

MENTALLY HEALTHIER PLACES FOR PEOPLE & COMMUNITIES

Andy Bell

andy.bell@centreformentalhealth.org.uk

@CentreforMH @Andy__Bell__

1 October 2024

WHO WE ARE



Centre for Mental Health is an independent charity.

We take the lead in challenging injustices in policies, systems and society, so that everyone can have better mental health.

By building research evidence to create fairer mental health policy, we are pursuing equality, social justice and good mental health for all.

MENTAL HEALTH IS A UNIVERSAL HUMAN RIGHT...

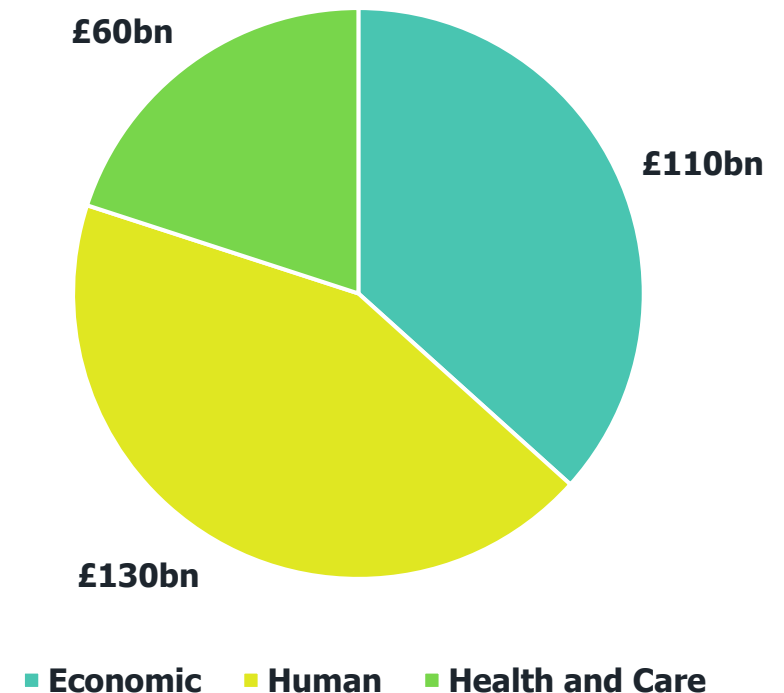
- ⊙ The right to have good mental health
- ⊙ The right to good mental health support
- ⊙ The right to an equal chance in life
- ⊙ The right to an equitable life expectancy

Cost of mental ill health

The total economic and social cost of mental ill health in England in 2022 was **£300 billion** (£300,350,633,424)

This comprised of three major elements:

- ⊙ **Economic costs:** Losses to the economy due to mental ill health.
- ⊙ **Human costs:** The value, expressed in monetary terms, of reduced quality of life among people living with mental health difficulties.
- ⊙ **Health and care costs:** The costs of providing health and care services for people with mental health difficulties.



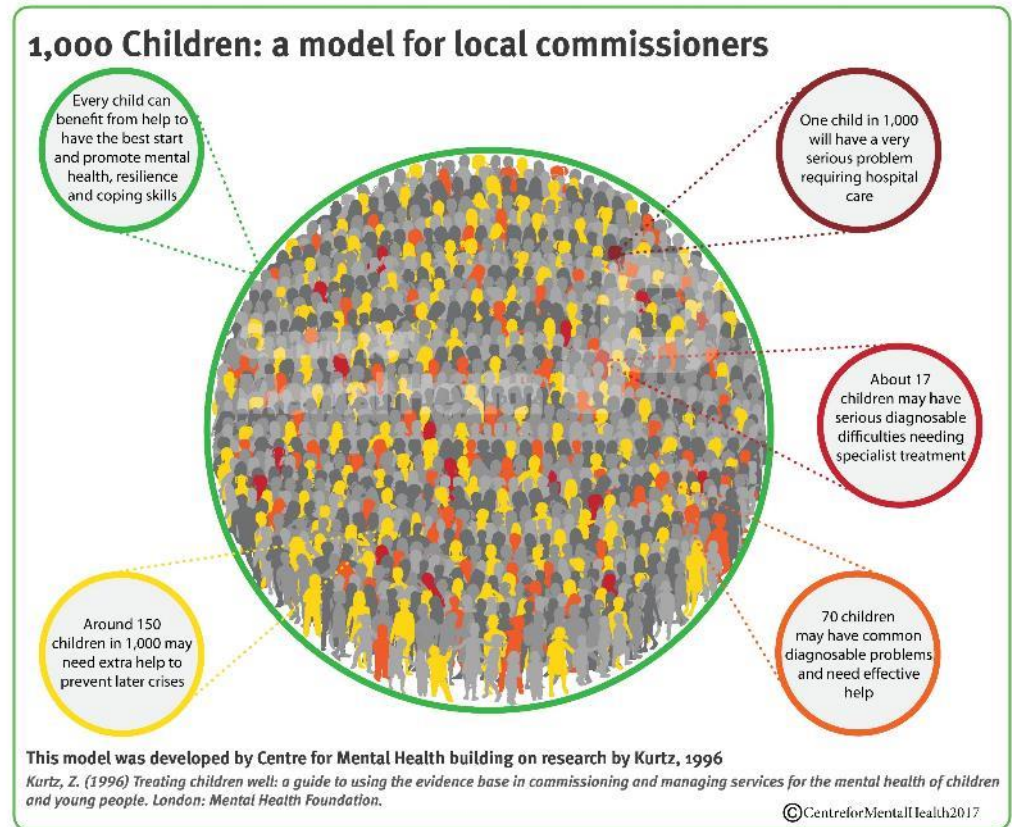
‘WE ALL HAVE MENTAL HEALTH, BUT...’

MENTAL HEALTH SPECTRUM



PROTECTIVE FACTORS

Secure attachment in infancy
Positive parenting
Safe, warm housing
Economic security
Positive school experience
Procedural justice, eg at work
Access to green spaces and nature



RISK FACTORS

Traumatic events and experiences
Abuse and neglect
Isolation and loneliness
Bullying
Poverty and financial precarity
Insecure housing and homelessness
(Fear of) crime
Discrimination
Racism



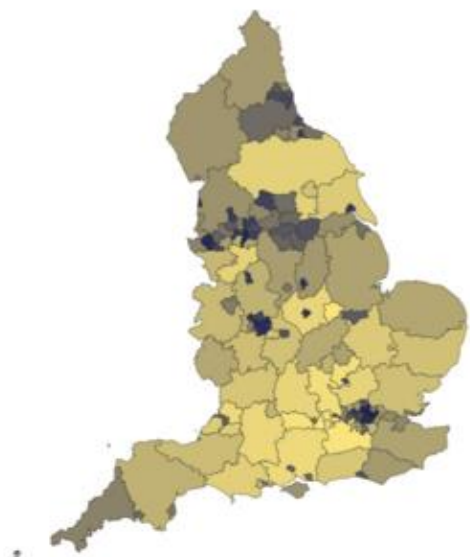
MAPPING MENTAL HEALTH INEQUALITY

Figure 4: Map of County & UA (pre 4/19)s in England for Estimated prevalence of common mental disorders: % population aged 16 & over (Percentage point - per 100 2017)

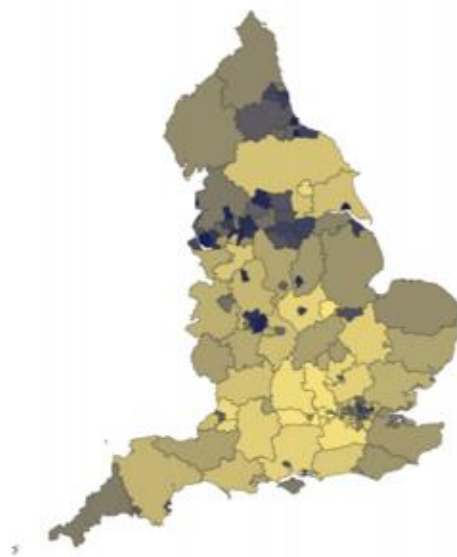
Figure 5: Map of County & UA (pre 4/19)s in England for Deprivation score (IMD 2015) (Score - 2015)

Figure 2: Map of County & UA (pre 4/19)s in England for Estimated prevalence of emotional disorders: % population aged 5-16 (Proportion - % 2015)

Figure 3: Map of County & UA (pre 4/19)s in England for Children in low income families (under 16s) (Proportion - % 2016)



Continuous: Lowest Highest



Continuous: Lowest Highest

Used with permission from Public Health England

GROUPS FACING HIGHER RISKS

People on low incomes
Racialised communities
Disabled people
LGBTQ+
Long-term illness
Neurodiverse
Looked After Children
Criminal justice system
Residential care

Children from the **poorest 20% of households** are **four times** as likely



to have serious mental health difficulties by the age of 11 as those from the **wealthiest 20%**

(Morrison Gutman *et al.*, 2015)

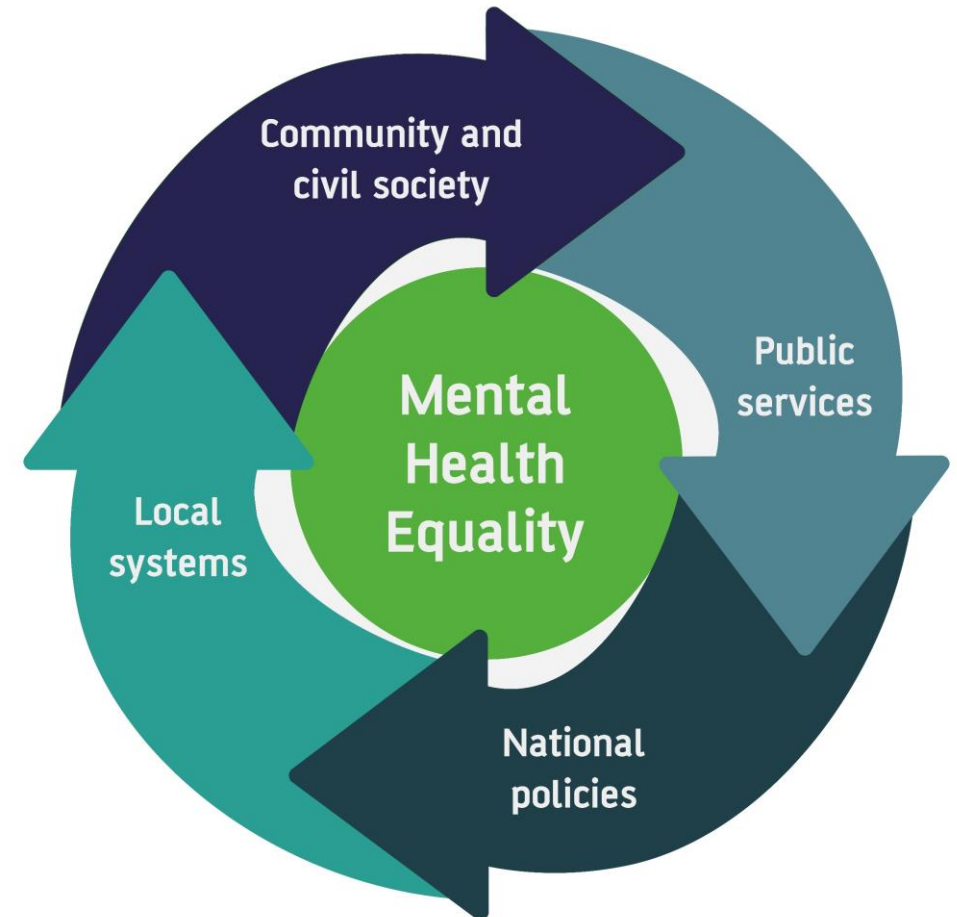
**JOIN US IN DEMANDING
A FAIRER AND HEALTHIER
FUTURE FOR US ALL**

EQUAL LIFE CHANCES?

- ⊙ People with mental health difficulties have higher rates of unemployment, homelessness, problematic debt
- ⊙ Children with mental health difficulties have poorer school outcomes and worse life chances in adulthood
- ⊙ Life expectancy is 15-20 years shorter, and biggest gaps are in most deprived areas and most disadvantaged groups of people
- ⊙ Discrimination widely reported, especially from health professionals
- ⊙ People with long-term physical conditions twice as likely to have a mental health problem – but seldom get support for it

A SYSTEM DESIGNED FOR EQUALITY

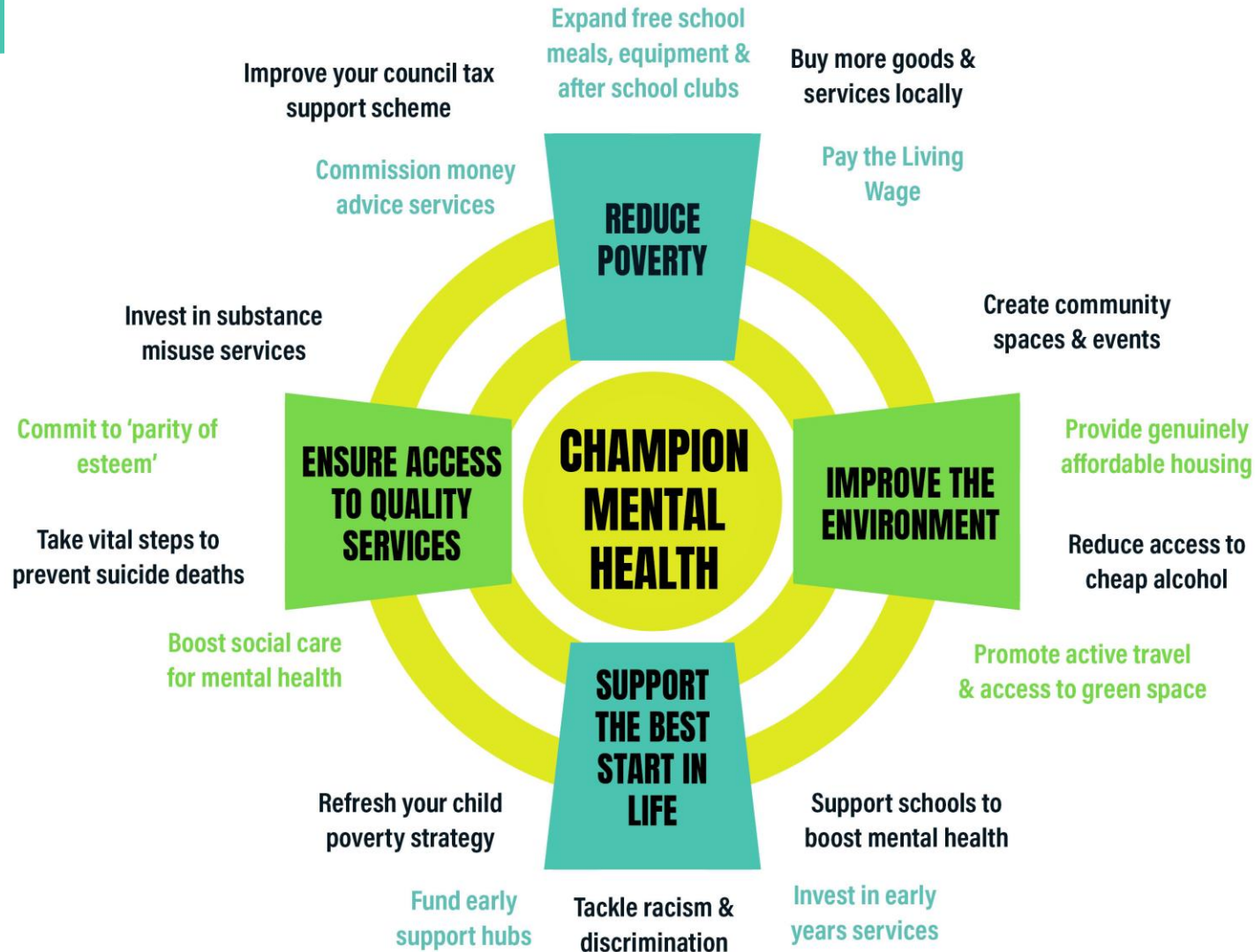
- ⊙ Mental health is made in communities
- ⊙ Supported by public services...
- ⊙ ...local systems...
- ⊙ and national policies



LOCAL COUNCILS AND MENTAL HEALTH

- ⊙ Direct service provision: public health, social care, substance use, etc
- ⊙ Health and wellbeing: system leadership and stewardship
- ⊙ Social, economic and environmental determinants of health: parks, libraries, economic growth, planning, etc
- ⊙ Housing and Council Tax
- ⊙ Scrutiny of other public services
- ⊙ Community leadership: listening and speaking out

MENTALLY HEALTHIER COUNCILS



MADE IN COMMUNITIES

- ◎ The **Better Mental Health Fund** demonstrated:
 - Even small amounts of funding go a long way locally
 - Social approaches to distress can be effective
 - Local councils & community organisations can work together well
 - Evidence-based interventions can be adapted to local and community needs
 - Public mental health activity needs to be culturally appropriate
 - Up-to-date needs assessments help to get resources where they're needed
 - Short-term funding can be harmful and undermine relationships
 - Political leadership helps generate and sustain activity
 - <https://www.centreformentalhealth.org.uk/publications/made-in-communities/>

EFFECTIVE & PROMISING APPROACHES

- ⊙ Evidence-based parenting programmes
- ⊙ Whole school approaches to mental health
- ⊙ Open access hubs (Youth Information, Advice and Counselling Services)
- ⊙ Psychologists working in youth services (eg Project Future, Haringey)
- ⊙ Skill-sharing schemes (eg with faith leaders, barbers/hairdressers, railway staff)
- ⊙ Workplace mental health schemes (eg Mindful Employer)
- ⊙ Welfare advice in mental health services (eg Sheffield CAB)

A MENTALLY HEALTHIER NATION

- ⊙ A national mental health plan
- ⊙ Mental health in all policies
- ⊙ Social security
- ⊙ Education
- ⊙ Justice
- ⊙ Race equality



- ▶ Address the causes of mental ill health
- ▶ Eradicate mental health inequalities
- ▶ Ensure timely access to local services

MENTAL HEALTH SERVICES IN TEN YEARS' TIME...

- ⊙ 1. More will be done to prevent mental health difficulties
- ⊙ 2. Early intervention will be the norm
- ⊙ 3. No wrong door to get quality, compassionate care
- ⊙ 4. Services will see the bigger picture in people's lives
- ⊙ 5. Services treat you as a whole person
- ⊙ 6. Services proactively tackle structural inequities and injustices
- ⊙ 7. Coproduction in service design, development and delivery
- ⊙ 8. Autonomy and human rights boost for community support
- ⊙ 9. A thriving, well-supported and diverse workforce
- ⊙ 10. Services measure & are accountable for outcomes that matter

PREVENTION CONCORDAT FOR BETTER MENTAL HEALTH

- ⦿ Government initiative to boost prevention activity, open to organisations including local authorities nationwide
- ⦿ <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>
- ⦿ Managed by Office for Health Improvement and Disparities
- ⦿ Sign your organisation up today!

COMING SOON...

- ◎ Guide to a successful mental health needs assessment
- ◎ 1,000 children toolkit
- ◎ Mentally healthier council policies and practices: let us know yours!
- ◎ Local strategic support: needs assessments, complex system mapping, creating future vision for services, eg: <https://www.centreformentalhealth.org.uk/how-we-work/needs-assessments/>

REPORTS AND RESOURCES

- ⊙ 'A Mentally Healthier Nation'
<https://www.centreformentalhealth.org.uk/publications/mentally-healthier-nation>
- ⊙ 'No Wrong Door' <https://www.centreformentalhealth.org.uk/publications/no-wrong-door>
- ⊙ Mentally Healthier Councils Network
<https://www.centreformentalhealth.org.uk/mentally-healthier-councils-network/>
- ⊙ 'Mentally Healthier Council Areas'
<https://www.centreformentalhealth.org.uk/publications/mentally-healthier-council-areas-0/>

JOIN US...

- Open to council officers and members
- Free to all local government workers
- News, training and events to support mental health improvements through local government



Takes seconds to sign up here!
(Please sign up using your 'gov.uk' email address)

<https://centreformentalhealth.us3.list-manage.com/subscribe?u=60c1b1ba2c1557649e61daa9a&id=f1e03828e1>

MENTALLY HEALTHIER COUNCILS NETWORK



ANY QUESTIONS? 

THANK YOU



Andy Bell

andy.bell@centreformentalhealth.org.uk

[@CentreforMH](#) [@Andy__Bell__](#) [@EquallyWellUK](#)

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WORKSHOPS



WORKSHOP 1 – INNOVATE (3RD FLOOR)

Improving Public Health Practice to Reduce Health Inequalities, Cardiff and Vale Public Health Team – Martha-Jane Powell

WORKSHOP 2 – DEVELOP (3RD FLOOR)

Black women and Public Health in the UK: trials, threats and triumphs - Dr Jenny Douglas

WORKSHOP 3 – SMILE AND THINK (2ND FLOOR)

Haringey's Great Mental Health Programme – sharing the learning - Rosa Treadwell

WORKSHOP 4 – ACHIEVE (3RD FLOOR)

Building and Evaluating an Effective Multimedia Suicide Prevention Campaign: Learnings from the Now We're Talking campaign in Herefordshire and Worcestershire - Louise McEvoy

WORKSHOP 5 – EXPLORE (2ND FLOOR)

Bringing Public Health into Local Authority /NHS Climate Action Plans - Eleanor Roaf

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LUNCH

Head to your next workshop at 1.55pm

WORKSHOP 1 – INNOVATE (3RD FLOOR)

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WORKSHOP 5 – EXPLORE (2ND FLOOR)

Specialist Registration by Portfolio Route – Dr Judith Hooper MBE

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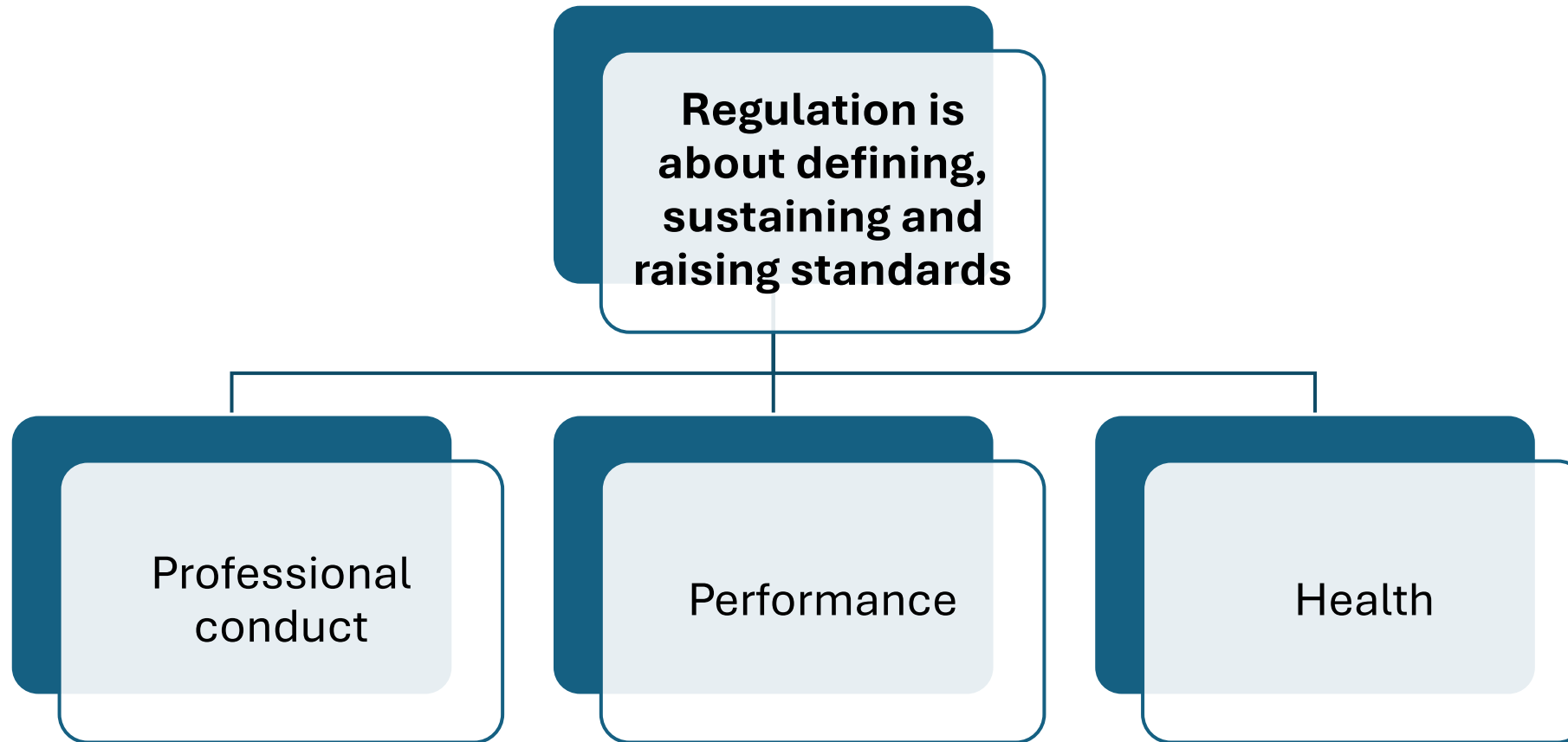
UKPHR Update

Jessica Lichtenstein
Chief Executive, UKPHR



Introducing Good Public Health Practice

Jessica Lichtenstein, Chief Executive UKPHR



Public Health practitioners use more than one standards document:

- Practitioner Standards of Practice- the standard for registration
- Good Public Health Practice- ongoing throughout public health career
- UKPHR Code of Conduct- ongoing throughout public health career

Good Public Health Practice (GPHP) 2016

- Last updated in 2015
- Framework and guidance to support public health specialists and practitioners



What are the GPHP standards?

- Standards of professionalism expected of Public Health registrants – UKPHR, GMC and GDC
- For specialist and practitioners working in Public Health
- Aligned to the Good Medical Practice but with a focus on populations rather than individuals
- Covers all domains of public health and the underlying functions of public health
- Promote and support professional behaviours
- Can be used by regulators to call professionals to account
- All members of FPH are expected to work within these standards
- Complimentary to other professional codes of conduct.

How to use GPHP?

- Apply the standards to your day-to-day public health practice
- Consider how these standards relate to your role and responsibility
- Using the standards will assist you to better understand what good practice in public health looks like and promote and support good public health practice
- When planning your CPD, and as part of your appraisals and revalidation

Good Medical Practice 2024

- Good medical practice is at the heart of UK healthcare.
- It sets the standards of care and professional behaviour expected of all medical professionals registered with GMC





Updating the Good Public Health Practice framework

A public health system approach; task and finish group from across the UK



FACULTY OF
PUBLIC HEALTH



UK Health
Security
Agency



Department
of Health &
Social Care



Five key themes of *Good medical practice 2024* and *Good Public Health practice 2024*

1

Creating respectful, fair and compassionate workplaces

2

Promoting patient centred care

3

Helping to tackle discrimination

4

Championing fair and inclusive leadership

5

Supporting continuity of care and safe delegation



What else has changed in GPHP?

- You **must**' is used for a legal or ethical duty you're expected to meet.
- 'You **should**' is used for duties or principles that either: may not apply to you or to the situation you're currently in, or you may not be able to comply with because of factors outside your control.
- A stronger focus on **behaviours and values** which reflect the unique ethical domain of the public health profession. Moreover, these align professionals in the UK with wider ethical principles and codes of practice for public health developed by the ethics and law network from the Global Network of Academic Public Health

Four renamed domains

Knowledge, skills and
development

Colleagues, culture and safety

Patients, partnerships and
communication

Trust and professionalism

Changes to A: Knowledge, Skills and Development

NEW STANDARDS

3. You must keep up to date with guidelines and developments that affect your areas of public health practice

4. You must follow the law and guidance on professional standards

5. You must have the necessary knowledge of the English language

12. You must provide safe and effective public health advice whether face to face, or virtually

13. You should consider opportunities to conduct or participate in research

14. You must make good use of resources available to you, and provide the best public health service possible, taking into account your responsibilities to population health

Changes to B: Patients, Partnership & Communication

- Standard 1 includes additional references to treating everyone with kindness, fairness, courtesy and respect, being open and honest and compassionate. Reference is also made to taking into account language and communication needs
- Standard 5 now includes conscientious objection
- Standard 7 now includes social media
- Standard 14 relates to emergencies and our duty to offer help within your competency and safety (in the absence of other more qualified or able people on scene)

Changes to B: Patients, Partnership & Communication

- Standard 1 includes additional references to treating everyone with kindness, fairness, courtesy and respect, being open and honest and compassionate. Reference is also made to taking into account language and communication needs
- Standard 5 now includes conscientious objection
- Standard 7 now includes social media
- Standard 14 relates to emergencies and our duty to offer help within your competency and safety (in the absence of other more qualified or able people on scene)

Changes to C: Colleagues, Culture and Safety

- Standard 1 includes new references to trust and professionalism
- Standard 2 is new and describes professional boundaries, with inclusion of references to inappropriate sexual behaviours and new legislation
- Standard 4 now has social media included within this standard

Changes to D: Trust and Professionalism

- Standard 1 includes new references to trust and professionalism
- Standard 2 is new and describes professional boundaries, with inclusion of references to inappropriate sexual behaviours and new legislation
- Standard 4 now has social media included within this standard

Next steps!!

UKPHR will:

- With the Faculty, engage with public health employers over the coming months
- Draft a Good Public Health Practice USER GUIDE
- Amend declarations upon revalidation, re-registration, and annual renewal
- Update Conditions of Registration document (all new registrants sign up to this)
- Update all references to standards, including Fitness to Practise procedures

To prepare for launch in January 2025

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2024

Questions??

The UKPHR Public Health Practitioner Conference & Innovation in Public Health Awards

*Community Connections:
Strengthening Public Health Together*

Tuesday 1st October 2024



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2024

**15 minute refreshment break
In the Atrium on the 2nd floor**

The UKPHR Public Health Practitioner Conference & Innovation in Public Health Awards

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Closing Remarks

James Sandy

Vice-Chair, UKPHR

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Thank you



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Wales



panoramic
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Today's Awards Programme

Collaborative Working Award

Best Digital Initiative Award

Employer of the Year Award

Improving Public Health Practice to Reduce Health Inequalities Award

Community Public Health Hero Award

Best Social Media Campaign Award

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AWARD FOR **Collaborative Working**

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Our finalists are:

Shanelle Akintomide, Public Health Practitioner at Buckinghamshire Council, for Buckinghamshire's Healthy Start Promotion campaign

Elizabeth Burchett, Workforce Development Manager, OHID/NHSE WT&E, for the South East 0-19 Workforce Project

Esther Hindley, Principal Public Health Programme Officer, Knowsley Council, for the project 'Creating health promoting environments through outdoor advertising'

Alix Sheppard, Public Health Practitioner at Health Talks for Youth Health Champions

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AND

The winner is...

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AWARD FOR
Best Digital Initiative

Our finalists are:

Alisha Davies, Head of Research and Evaluation, Public Health Wales for:
'Advancing Digital Health Equality'

Laura Hills, Health Improvement Senior, NHS Great Glasgow and Clyde for:
'Aye Mind – Using a digital hub to plug the digital skills gap in GGC'

Joanna Seymour, Director of Partnerships and Development, Warm Wales for:
'Warm Wales Digitally Integrating Health and Housing Support'

AND

The winner is...

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AWARD FOR
Employer of the Year

Our finalists are:

Birmingham City Council for:

‘Integrating Practitioner Standards for Public Health Success’

Workforce Development Group, NHS Greater Glasgow and Clyde for:

‘Career Building Blocks’

Wigan Council for:

‘Wigan Council Public Health Team’

AND

The winner is...

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AWARD FOR

Improving Public Health Practice to Reduce Health Inequalities

Sponsored by



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WALES**

Iechyd Cyhoeddus
Cymru
Public Health
Wales



Our finalists are:

Angharad Shambler, Senior Public Health Strategist - Health Protection & Population Health Improvement at Haringey Council for 'Tackling Damp & Mould! It's everyone's responsibility'

Jacqui Reid-Blackwood, Public Health Programme Manager at OHID Midlands and 'The New Revised Health Equity Assessment Tool (HEAT)'

Heather Sloan, Health Improvement Lead for Mental Health Improvement Team at NHS Greater Glasgow and Clyde for 'A capacity building approach to self-harm training - the taboo and breaking down stigma'

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AWARD FOR
Community Public
Health Hero

Our finalists are:

Eleanor Reed and The Isle of Wight Family Hubs Programme - Infant Feeding programme

The Botanical Brothers Team from the London Borough of Newham

The Public Health Champions from Health Talks

AND

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PUBLIC HEALTH
AWARDS

2024

AWARD FOR
Best Social Media
Campaign

Our finalists are:

Public Health Wales and the Wales HIV Testing Week 2023

Becky Procter, Senior Health Improvement Practitioner at Telford & Wrekin Council and the
'Do it For Campaign - Telford & Wrekin Council Healthy Weight Team'

Rachel Reed, Public Health Practitioner, Local Public Health Team, Cwm Taf Morgannwg
University Health Board, and the Healthy Start Healthy Future programme

AND

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