



# PPN NW and NE&Y NHS Talking Therapies Leadership and Innovation Forum

Autumn 2025  
*15<sup>th</sup> October 2025*



# Welcome:

## Agenda



Time	Title	Speaker
09:30	Welcome	<b>Christina Fitzgerald</b> Clinical Lead for NHS Talking Therapies, Mersey Care
09:45	NHS Talking Therapies Psychotherapeutic Counselling Training Programmes	<b>Matthew Oates</b> Project Manger National Mental Health Programme, NHS England
10:15	Applying AI in Psychological Services	<b>Davy De Geeter</b> CBT Therapist, A Hopeful Space

# Welcome:

## Agenda



Time	Title	Speaker
10:45	Fit for The Future - What the 10 Year Plan means for the Psychological Professions	<b>Philip Gooden</b> PPN North West Programme Lead, NHS England
11:15	<b>Break</b>	
11:30	Enhanced Trauma-Informed Approaches in Mental Health Service	<b>Natalie Mark</b> Lived Experience Advisor, PPN London
12:10	Preceptorships for PWPs	<b>Liz Kell</b> Co-Chair, PPN North West, LSCFT
12:50	Closing Remarks	<b>Paul Thompson</b> Senior Lecturer in Mental Health, Teeside University

# Housekeeping



- Recording of today's session
- Please keep mics muted
- To engage:
  - Reactions
  - 'Q&A' – 'like' to uplift a question
- Evaluation Survey
  - Will be sent out after the event

## Chat Function

Please use the Q&A function to **pose your questions** for our presenters, as we go.

This will enable us to capture **key themes and ideas** to ensure we cover as much as possible in the Q&As at the end of the sessions.



England

# NHS Talking Therapies Psychotherapeutic Counselling Programmes

Presented by:  
Matthew Oates, Project Manager, NHS England

# Presentation Overview

- Origins and Rationale of the NHS Talking Therapies Psychotherapeutic Counselling Programmes
- Programme Structure, Modalities, and Training Pathways
- Recruitment, Selection, and Entry Requirements
- First Cohorts and Pilot Implementation (2022)
- Accreditation and Quality Assurance
- Evaluation and Impact of the Programmes
- Challenges, Areas for Improvement, and Lessons Learned
- New Cohorts and Future Developments (October 2025)

# Origins and Rationale of the NHS Talking Therapies Psychotherapeutic Counselling Programmes

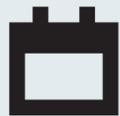
# Background and context for Programme Development



Widening access for psychotherapeutic counselling training beyond self funding



Emphasis on expanding high intensity workforce delivering IPT, DIT, CTfD and CfD.



Significant expansion of the NHS TTad workforce was required to meet NHS Long Term Plan targets by 2024.



New funded training pathways were designed to improve access and quality of psychological therapies.

# Programme Structure, Modalities, and Training Pathways

# Overview of Training Pathways and Modalities Offered

## Training Modalities Offered

Four NHS-approved counselling modalities include CTfD, DIT, IPT\*\*\*, and PCE-CfD.

## Course Structure and Duration

Training spans 3 years, featuring a 1-year foundation and 2-year postgraduate diploma with embedded modality training.

## Supervision and Practical Experience

Trainees completed minimum 450 supervised client hours plus continuous clinical supervision onsite in NHS services.

\*\*\* Not offered as did not secure provision

## First Cohorts and Pilot Implementation (2022)



# Pilot Launch, first cohort details and training providers

## **Pilot Training Programme Launch**

HEE funded a pilot training programme in early 2022 for approximately 60 psychotherapeutic counselling trainees.

## **Therapy Modalities Offered**

The pilot included Brief Dynamic Interpersonal Therapy, Person-Centred Experiential counselling, and Couple Therapy for Depression.

## **Training Providers**

Training was provided by University of Roehampton, Metanoia Institute and Tavistock Relationships with specific therapy focuses.

## **Pilot Evaluation and Outcomes**

Evaluation of the first year showed high retention and positive early feedback on training impact in NHS workforce.



# Recruitment, Selection, and Entry Requirements

## **NHS Psychotherapeutic Counselling Training**

Training includes a Foundation level and Level 7 Postgraduate Diploma leading to qualification as High Intensity Therapist in NHS services.

## **Recruitment Collaboration**

Trainees are jointly recruited by NHS Talking Therapies services and training providers with experts by experience involvement.

## **Entry Criteria and Attributes**

Candidates need limited counselling skills (level 2) and key interpersonal qualities like empathy and self-awareness.

## **Equity and Inclusion**

Recruitment aimed to increase equity and inclusion, using contextual recruitment to support under-represented groups in NHS workforce.

## Accreditation and Quality Assurance

# Accreditation Principles, SCoPEd Partnership and Process

## SCoPEd (Now PCPB) Partnership Overview

Six professional bodies collaborated under the SCoPEd framework to unify counselling and psychotherapy accreditation standards.

## Accreditation Governance

A partnership forum oversaw quality assurance, course approvals, reaccreditations, and curriculum updates for training programmes.

## Accreditation Process Stages

The process included initial course approval, full course accreditation with site visits, and ongoing reaccreditation reviews.

## Individual Accreditation and Registration

Training pathways led to joint certification allowing trainees to register with any SCoPEd partner professional body.

## Evaluation and impact of the programmes

# Evaluation and impact of the programmes

## Evaluation Methodology

Evaluation used surveys and interviews.

## Positive Training Impact

Training was well received and improved workforce diversity, accessibility, and patient choice

## Evaluation Challenges

Limited trainee numbers and response rates, highlighting areas for improvement.



“As the course comes to an end, I feel ready for working in talking therapies services with a wide range of skills in PCE- CfD to support any clients coming for help. I have learned my dream career and live it daily.”

**Pilot Cohort Trainee**



“Today, with over 250 client hours under my belt, I feel deep gratitude for the structured and supportive environment. The camaraderie within the cohort, defined by genuine connections and shared experiences, has proved invaluable..”

Pilot Cohort Trainee



# Demographics, Diversity and Accessibility of Trainees

## **Ethnic Diversity Trends**

Early data suggests increased ethnic diversity in trainees compared to overall workforce, though sample size is small.

## **Age Distribution**

Most trainees are aged 40-49, similar to wider workforce, but low response rate limits definitive conclusions.

## **Educational Backgrounds**

Majority of trainees have university education, with over half holding postgraduate qualifications; some without degrees also.

# Identified challenges, areas for improvement, and feedback themes

## **Communication and Planning Gaps**

Improved communication with NHS England is essential to avoid misunderstandings and ensure better planning.

## **Training and Supervision Support**

More supervision and support are needed to embed training roles and expand service provider participation.

## **Trainee Accessibility and Diversity**

Challenges include varying trainee backgrounds, digital inequalities, and the need for tailored support.

## **Variability in Training Experience**

Differences in treatment length and training quality cause varied trainee experiences across services.

## **New cohorts and future developments**



# Details of new cohorts, funding and future opportunities

## Training Program Cohorts

NHS England offered a further 60 places for three specialised psychotherapeutic counselling programmes starting September 2025.

## Programme Duration and Structure

The training programmes will span three years from 2025 to 2028.

## Funding Support Details

NHS England fully funds tuition and salary support for trainees, covering Bands 5 and 6 over three years.

## Programmes start

All programmes successfully started by 06 October 2025 with all 60 places filled

## Future Evaluation

Funding dependant

**The future?**

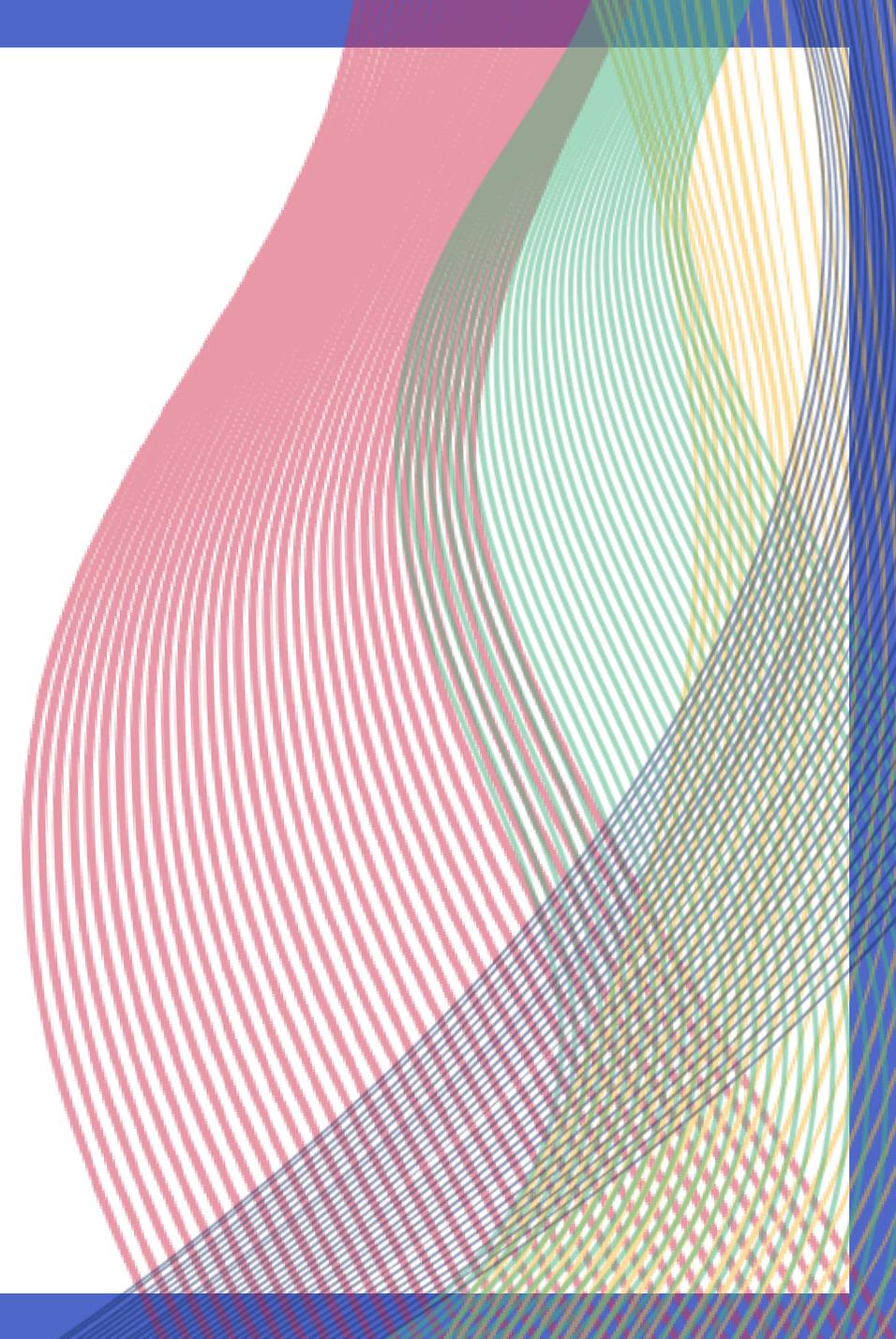


# APPLYING AI

## in Psychological Services

**Davy De Geeter**

Clinical Lead for Digital Therapies





**NICE TO  
MEET YOU!**

# OVERVIEW

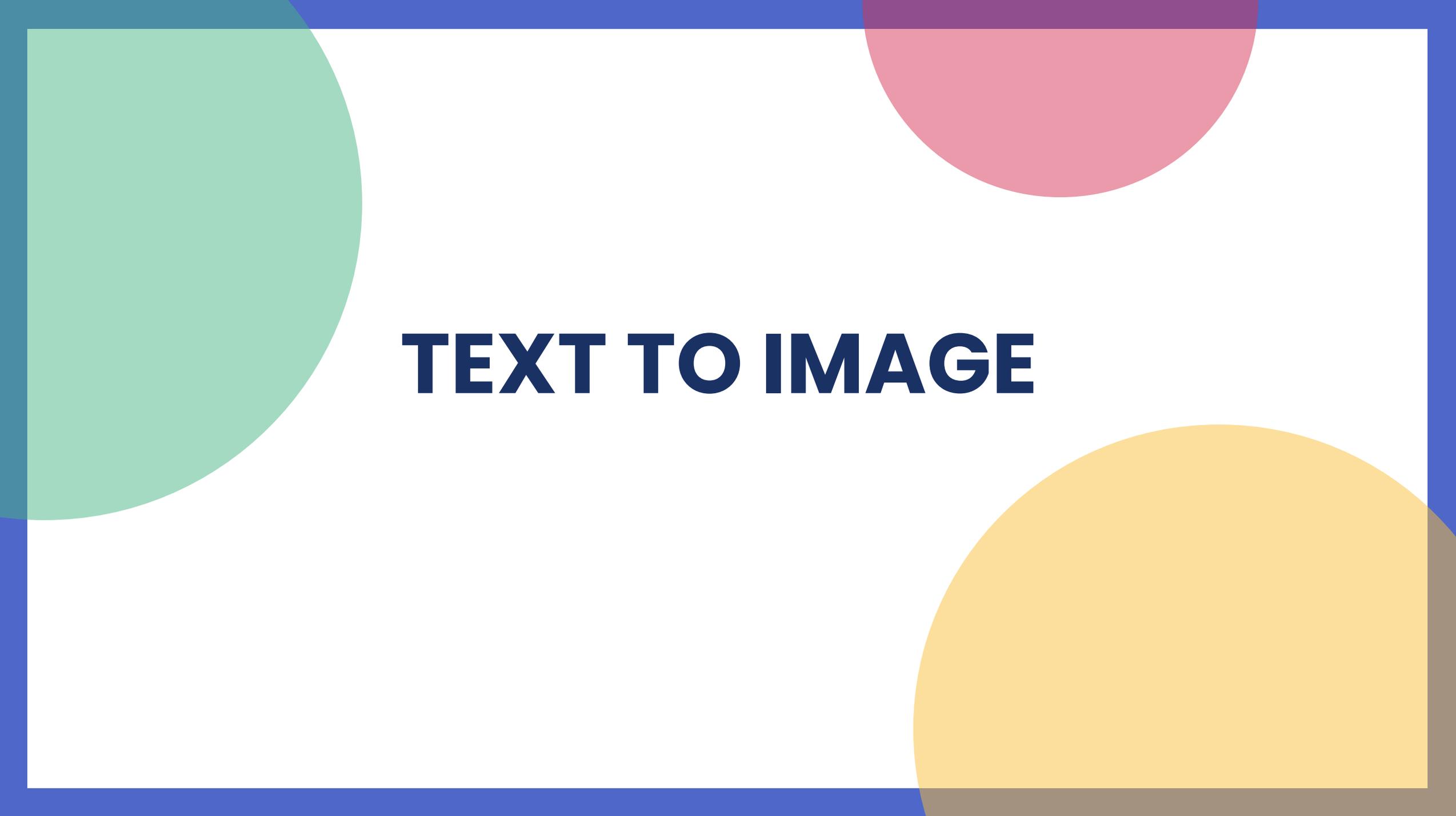
- **Accessibility**
- **Using text to image to enhance your practice**
- **Specialised AI Tool**



# **ACCESSIBILITY**

# ACCESSIBILITY

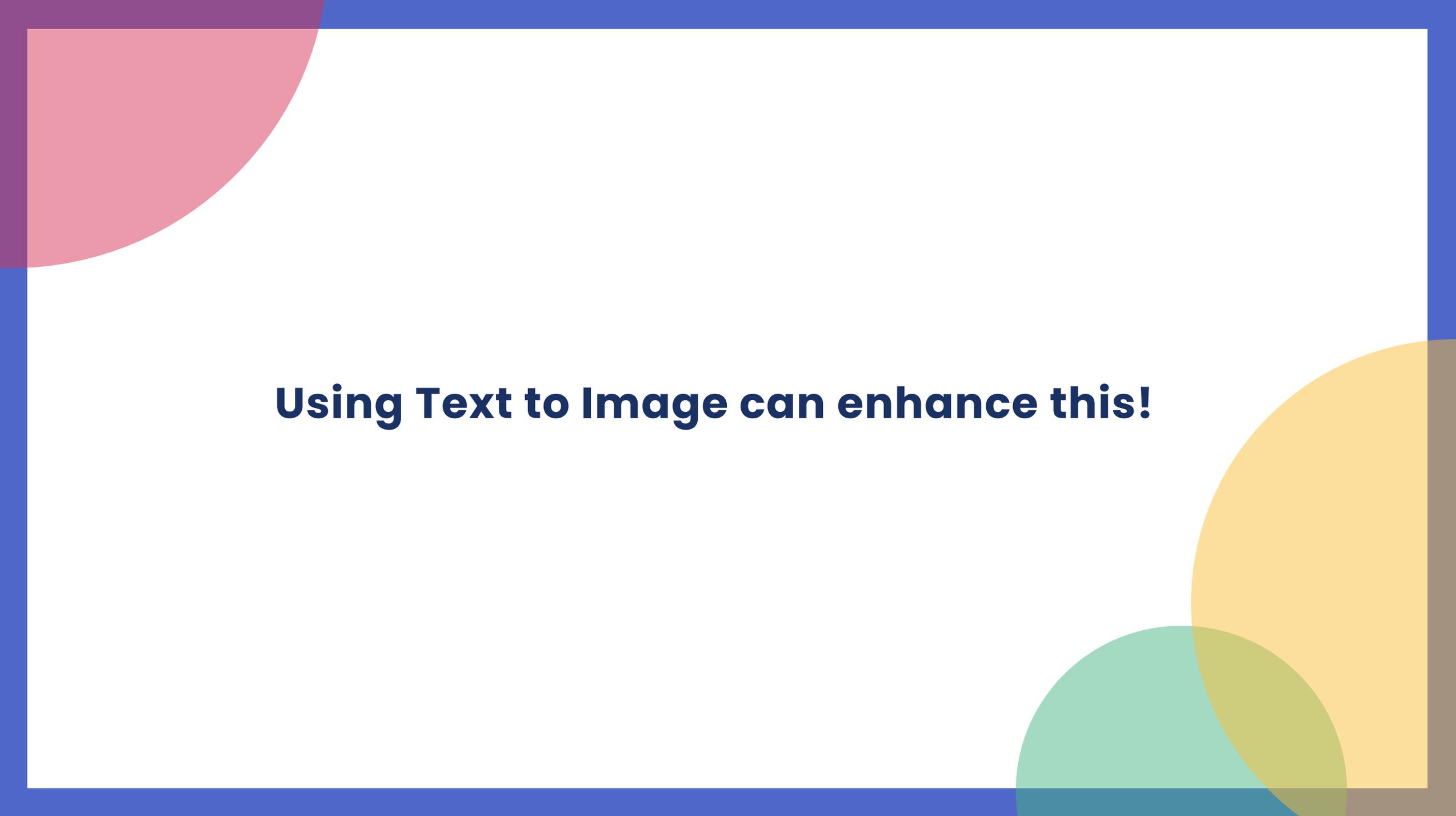
- **Reading Age**
- **Culturally specific**
- **Adapting handouts with examples**
- **Adapting to learning styles**



**TEXT TO IMAGE**



Clients can sometimes find it hard to use visualisation to help enhance the techniques they are using....



**Using Text to Image can enhance this!**



**Mindfulness on a sunny beach anyone?**



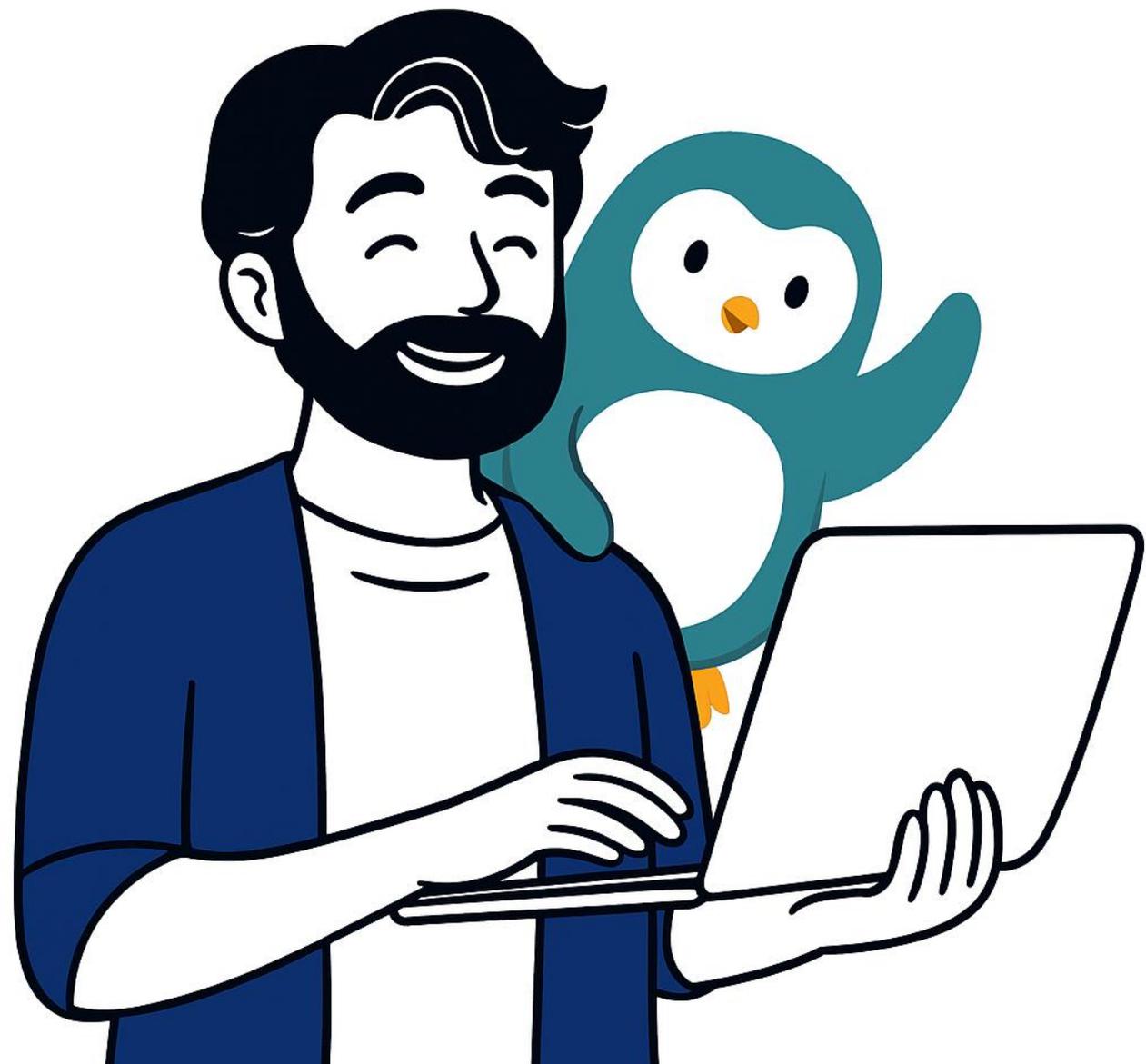
**or maybe guided exposure?**



**...or using this for the Safe Space technique?**



# **SPECIALISED AI TOOL**



# WYSA

- Chat experience to refer yourself
- Fully integrated with EPR
- Adjusted to service model
- Access to app
- Risk escalation built in and localised

# REFERRAL

The image displays a digital interface for a referral service. On the left, a desktop-style layout features the 'impact on teesside' logo, a description of the service as a free NHS talking therapies service, and a security assurance section with logos for Cyber Essentials, BSI ISO/IEC 27001, BSI ISO/IEC 27002, NHS Digital, and NHS DTAC. On the right, a chat interface shows a conversation with 'Wysa', an online referral assistant. The chat messages include a greeting, service details, a website link, and a disclaimer about urgent care. At the bottom of the chat are buttons for 'Urgent Help' and 'Let's begin'. To the right of the chat is a mobile phone mockup showing the same chat conversation on a screen, with a 'Support' button at the top and a 'Reply or say Help' button at the bottom.

**impact on teesside**

Refer yourself to Impact on Teesside

We are your local NHS talking therapies service. It's a free service. We are open and ready to support you. We offer a range of short-term psychological therapies to adults.

Your data is secured according to the highest NHS standards.

**CYBER ESSENTIALS CERTIFIED**

**bsi ISO/IEC 27001 Information Security Management SYSTEM CERTIFIED**

**bsi ISO/IEC 27002 Information Security Management SYSTEM CERTIFIED**

**NHS Digital**  
Data Security and Protection Toolkit CERTIFIED

**NHS DTAC**  
Digital Technology Assessment Criteria for health and social care ASSESSED

**impact**

Hello, I'm Wysa, an online referral assistant brought to you by Impact on Teesside.

Impact on Teesside provides the NHS Talking Therapies service for Teesside, which offers a range of short-term psychological therapies for common mild to moderate mental health problems.

More information about the services offered by Impact on Teesside is available on our website.

This is not an urgent care or crisis service—if this is what you are looking for, please choose 'Urgent Help' to be connected with appropriate support and resources.

**Urgent Help** **Let's begin**

0.63.7

**Support**

I'm really stressed at work there's always so much to do, it's really impacting my family and I'm losing sleep over deadlines and I don't know what to do

That sounds really tough. It must be hard to juggle everything.

Can you tell me more about how work is affecting your family and sleep?

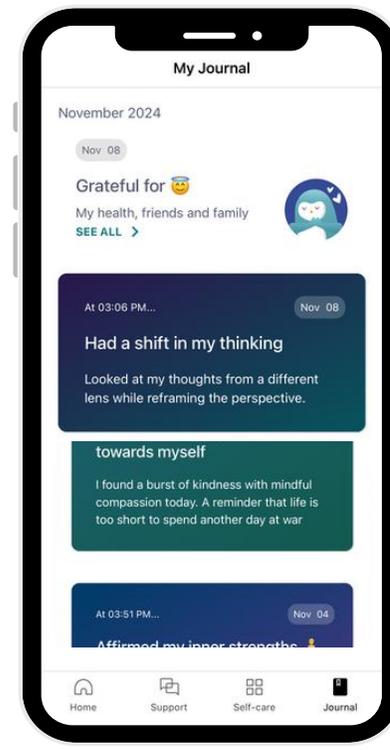
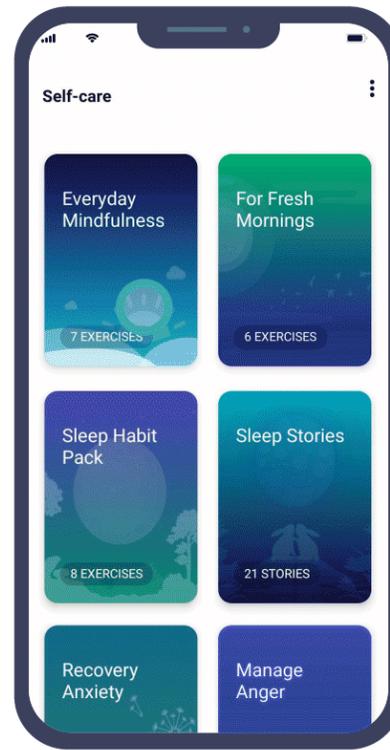
Nothing specific just all my tasks and deadlines and I'm losing sleep over it

That sounds overwhelming, I'm really sorry you're going through this.

Would you like some help in organizing your day or managing your tasks?

Reply or say Help

# APP SUPPORT



# CONNECT

The image displays the WYSA Connect mobile application interface. On the left is a dark navigation sidebar with the WYSA logo and icons for home, patients, calendar, settings, and documents. The main screen is divided into two sections. The top section shows a patient list with a search bar and filters. The bottom section shows a detailed view for a patient named Richard, including tabs for INBOX, NOTES, TO-DOS, TOOLS, ASSESSMENT, WYSA CHATS, and CRISIS. A grid of therapy tools is visible, such as 'Submodalities Academic Fears' and 'For Intense Emotions Acceptance'. A smartphone overlay in the foreground shows a detailed assessment report for a patient named Carol, titled 'Anxiety (GAD-7)'. The report includes a date range from 29th October to 12th November, a line graph showing a decrease in anxiety scores from 13 to 6, and encouraging text about the patient's progress.

**wysa** >

Parag

Enter patient's n. X

Filtered By

my patients MY ALL

Patients (2)

Richard  
Last interaction: 2 days ago

Emma  
Last interaction: 9 days ago

Richard | 12:11pm | android v886 | REALLOCATE USER-DETAILS

Anxiety +

INBOX NOTES TO-DOS TOOLS ASSESSMENT WYSA CHATS CRISIS

All

Recommended Schedule Anxiety Stress Motivation

Submodalities Academic Fears 8 min

For Intense Emotions Acceptance 7 min

For Intense Emotions Acceptance 7 min

To Be Attentive And Aware Active listening 6 min

For Holistic Well Being Alternate Breathing 3 min

Cbt : Reframing Thoughts Anger and Acceptance 5 min

Venting Angry at Others 10 min

To Feel More In Control Anxiety Submodalities 10 min

To Feel More In Control Anxiety Submodalities 10 min

Perspective Anxious About

To Easily Activate Body

For Toned Legs Assisted Squats

Journey

Anxiety (GAD-7)

29th October - 12th November

Carol,

It looks like you have made progress through these two weeks and are probably feeling better than before. Good work! 🥳

21  
14  
9  
4

13 11 6

15th Oct 29th Oct 12th Nov 26th Nov

However, you are probably still stressed and worried which could be causing some distress.

It is okay to feel this way and all of this can be worked upon.



**ANY  
QUESTIONS?**



**THANK  
YOU!**



NHS 10 Year Plan for  
Health:  
What it means for the  
Psychological Professions

# Fit For the Future



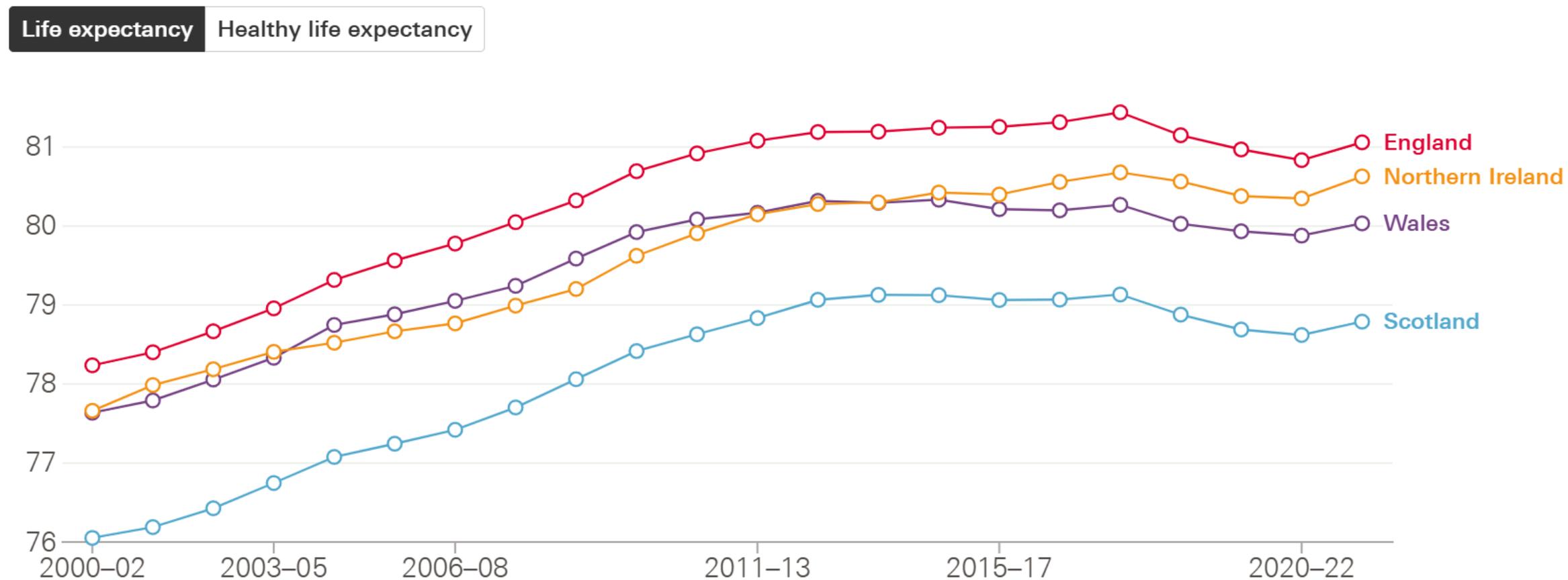
How much do you know about the 10 Year Plan for Health?



[www.menti.com](https://www.menti.com) and enter code **5825 8829**

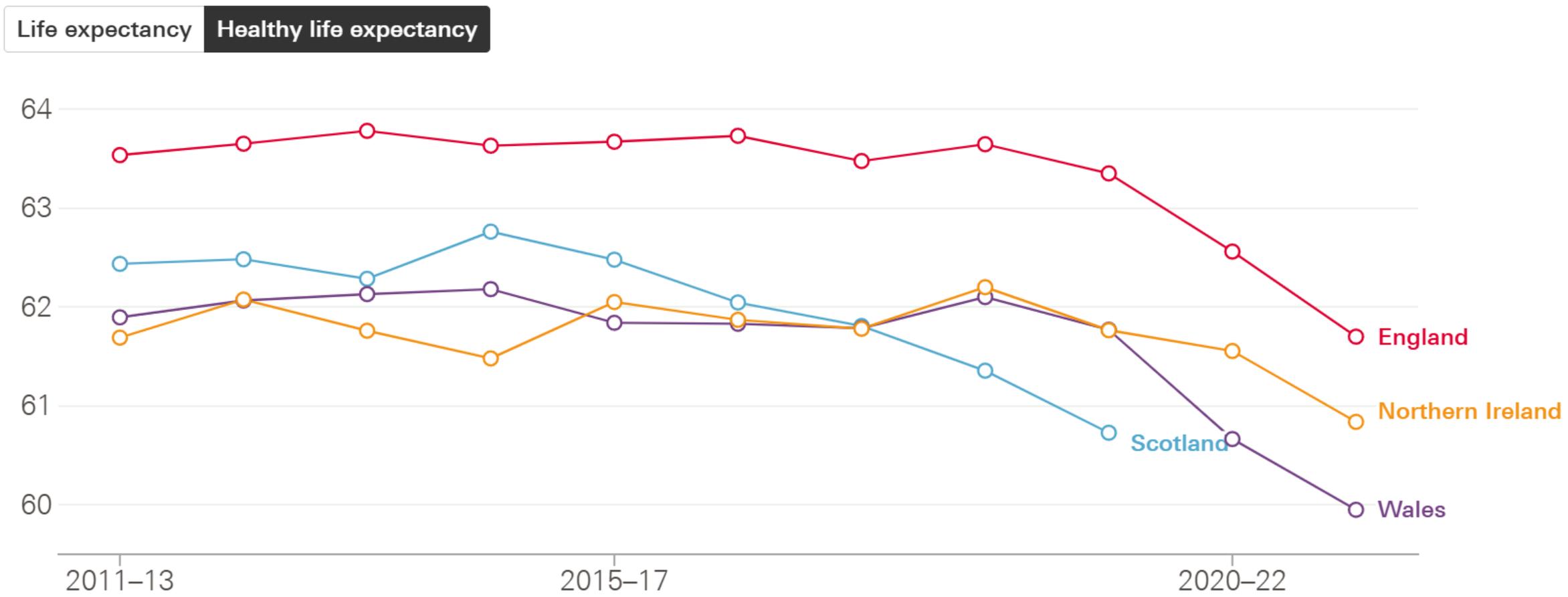
# In the decade leading up to the pandemic, improvements in life expectancy stalled, and healthy life expectancy stalled or worsened

Life expectancy and healthy life expectancy at birth (years), United Kingdom, 2000–02 to 2021–23



# In the decade leading up to the pandemic, improvements in life expectancy stalled, and healthy life expectancy stalled or worsened

Life expectancy and healthy life expectancy at birth (years), United Kingdom, 2000–02 to 2021–23



Source: Health Foundation analysis of Office for National Statistics, National Life tables, England, 2021–23; Office for National Statistics, National Life tables, Wales, 2021–23; National Records of Scotland, Life expectancy tables, 2020-22; Office for National Statistics, Health State Life Expectancies, England and Wales, 2021–2023; National Records of Scotland, Healthy Life Expectancy in Scotland, 2019–2021; Department of Health, Life Expectancy headline figures, Northern Ireland, 2021-23 • Values are calculated as an average of male and female values. There is no data for Scotland's healthy life expectancy in post-2019–21 due to data availability.

# Drivers

In Blackpool, the **healthy life expectancy at birth is just 55.3 years** for women and 53.5 years for men. This is significantly lower than the national average for England.

- Aging Population
- Life Expectancy & Healthy Life Expectancy Data
- Increase in multi co-morbid Long Term Health Conditions
- 50% of people living to age 85 will have 5 or more LTCs

= NHS pressures....

# Drivers

Lord Darzi review – Sep 2024 [Independent investigation of the NHS in England - GOV.UK](https://www.gov.uk/government/consultations/independent-investigation-of-the-nhs-in-england)



Department  
of Health &  
Social Care

**The National Health Service is in serious trouble.**

**People are struggling to see their GP.**

## Independent Investigation of the National Health Service in England

Dear Secretary of State,

You asked me to undertake a rapid investigation of the state of the NHS, assessing patient access, quality of care and the overall performance of the health system. I have examined areas such as the health of the nation and social care system in so far as they impact on the NHS, although these were outside the formal scope of the investigation. My attention has also been drawn to some worrying health inequalities that will require further examination than has been possible in the time available, although I do highlight some particular areas of concern.

This report contains my findings, which are summarised as follows.

**Waiting lists for community services and mental health have surged.**

**A&E is in an awful state.**

# Three Big Shifts

Biggest Industrial Revolution since 19<sup>th</sup> century (p15, p112)

From hospital to community: the neighbourhood health service, designed around you

From analogue to digital: power in your hands

From sickness to prevention: power to make the healthy choice



*"Reform or Die"*

*"The NHS stands at an existential brink"* (both page 8)

Informed by 250,000 contributions

A new model of care organised around three shifts

Goal to narrow health inequalities

# Fit For the Future



## **Prevention**

Proactive healthcare

Predictive Modelling & Genomics

Strong focus on CYP

Tackle social determinants of poor health (debt, employment) via neighbourhood teams

## **Care Pathways**

League tables: Patient Choice

Move from Episodic to Continuous Care, Single Patient Record (SPR)

Funding to support overall care pathway

Innovation and high performance to be financially incentivised

Patients decide who gets paid

Increased use of PROMS

# Fit For the Future



## Digital

NHS App - NHS App - Bricks to Clicks – digitally led approach to 24/7 care  
Digital Front Door

Unified Patient Record

AI assisted Services & tools

Virtual therapists providing 24/7 support for mild to moderate (p.39)  
NHS app: 'My Specialist' tool will enable self-referral to mental health  
talking therapies (p50)

Launch "HealthStore" App to provide NICE-evaluated digital mental health  
interventions

Remote monitoring for people with more severe illness to support proactive  
crisis response (p39)

NHS App will allow people out of work due to stress and depression access  
to online support (p68)

# Summary - Opportunities and Challenges



Creating	Expanding	Maximising	Addressing	Piloting	Strengthening
Creating integrated and proactive mental health systems	Expanding access and early intervention services	Maximising Digital/ Virtual/AI Opportunities	Addressing workforce capacity and sustainability	Piloting innovative care models and community hubs	Strengthening prevention through public health initiatives

# Fit for The Future

## What does it mean for the Psychological Professions?



- Expansion of mental health support (MHST) in schools by 2030
- Introduction of Young Futures Hubs for integrated support
- Piloting “Neighbourhood health centres” open 12 hrs/day bringing care together in local communities
- Recruitment of 8,500 additional mental health staff
- Commitment to 85 dedicated Mental Health Emergency Departments, up to £120 million investment
- Integration of employment advisers into neighbourhood services
- 100% coverage of assertive outreach care and treatment in 10 years
- Expansion of remote access to therapies

# How can the psychological professions contribute to the 10 Year Health Plan's three shifts?

## Psychological Professions: Supporting the three shifts in health

**1 Treatment to  
Prevention**

**2 Hospital to  
Community**

**3 Analogue to  
Digital**



Click to find out how

[PPN - 10 Year Health Plan Three Shifts](#)

# How can the psychological professions contribute to the 10 Year Health Plan's three shifts?

## 1 Treatment to Prevention

Use psychological approaches to promote healthy habits and reduce obesity, smoking, substance use, harmful drinking and gambling

Work in multi-disciplinary neighbourhood teams and schools to improve the psychological health of communities and reduce health inequalities

Boost wellbeing, reduce healthcare use, and support engagement in education, the workplace and communities through psychological interventions for mental health conditions

# How can the psychological professions contribute to the 10 Year Health Plan's three shifts?

## 2 Hospital to Community

Use psychological methods with people of all ages to improve management and treatment of physical illness to improve quality of life, reducing recovery times and hospital visits

Help people with long-term health problems by offering psychological therapies for anxiety and depression related to these issues

Provide psychological interventions in the community for conditions like psychosis, bipolar disorder, 'personality disorders', and eating disorders to prevent admissions for mental health inpatient treatment

Reduce length of crisis and inpatient mental health care by embedding a psychological approach

# How can the psychological professions contribute to the 10 Year Health Plan's three shifts?

## 3 Analogue to Digital

Champion the anonymous tracking and reporting of Patient Outcomes across all services, improving effectiveness and productivity

Develop online or tech-based psychological treatments backed by research

Use digital technology to make access to psychological healthcare easier and more efficient

Use behaviour change expertise to support NHS teams to adopt digital health technologies

# Recommendations

- Start conversations in your teams
  - Rise to the challenge
- Promote team psychological safety
  - safe places to speak out
- Champion Evaluation
  - Reporting Outcomes
- Big Change present Big Opportunity
  - Show what PPs have to offer





**Thank you**

[www.ppn.nhs.uk](http://www.ppn.nhs.uk)

**NHS**  
Cheshire and Merseyside NIHR Research Project



Title: Barriers and Facilitators of delivering Psychological Therapy post Stroke.

If you deliver remote psychological therapy to clients with long term conditions, such as stroke, I would like to hear from you.

Please contact me: Temitayo Roberts @  
Temitayo.Roberts@cheshireandmerseyside.nhs.uk  
#FollowUp #FreedomtoSpeakUp #SpeakUp

**Speak Up Week 2025**

Break



# Enhanced Trauma- Informed Approaches in Mental Health Services

Natalie Marks, Lived  
Experience Advisor, PPN  
London

# Psychological Professions Preceptorship

Practitioner Guidance Development  
Liz Kell – Co-Chair, PPN North West



With huge thanks to Elspeth Ward  
who led this work in her role as  
New Roles Leadership Fellow with  
the PPN North West



# Current Position

- Currently no national Psychological Professions Standards for Preceptorship
  - Practitioner Psychologists – HCPC Principles
- Multiprofessional Preceptorship Offers
  - Psychological Professions not routinely included
- PWP Preceptorship Guidance published 2018
- PPN Position Paper September 2024
  - Rationale for need for Preceptorship Guidance and Inclusion for Psychological professions
  - Agreed first step with focus on Psychological Practitioners



# Taxonomy of Psychological Professions

## Psychologists

- Clinical Psychologists
- Counselling Psychologists
- Forensic Psychologists
- Health Psychologists

## Associate and Assistant Roles

- Clinical Associate in Psychology
- Assistant Psychologists

## Psychological Therapists

- Cognitive Behavioural Therapists
- Counsellors
- Child and Adolescent Psychotherapists
- Adult Psychotherapists
- Family and Systemic Psychotherapists
- Psychological Therapists (other)
- Art, Drama and Music Therapists (with AHP Professional Leadership)
- Medical Psychotherapists (with Medical Professional Leadership)

## Psychological Practitioners

- Psychological Wellbeing Practitioner
- Education Mental Health Practitioner
- Children's Wellbeing Practitioner
- Mental Health and Wellbeing Practitioner
- Youth Intensive Psychological Practitioner

# Why Psychological Practitioners

- Often 'entry' roles into the Psychological Professions
- Short and intense training period
- Preceptorship specified in MHWP curriculum
- Initial Preceptorship principles published for PWPs in 2018
- Value of one guidance document for all Practitioner roles – consistency and core principles to ensure standardised approach
- Build on learning already in the system



# Psychological Practitioner Preceptorship - Process

## Scoping

- Current work and provision in Nursing, Midwifery and Allied Health

## Professions

- Alignment
- 'One workforce' Approach
- Local examples and innovations
  - Practice examples (predominantly from PWP)
    - Service needs
    - Learning
  - Curriculum requirements



# PPP Guidance Document

## Structure of Document

- Background and Context
- Implementation
- Standards and Framework
- Next Steps
- Requirements, Resources and Best Practice examples

## Requirements

- Transition to Qualified Information
- Observed Practice
- Reflective Practice using an appropriate model
- Continuing professional development (CPD)
- Refining clinical skills
- Personal Development Planning
- Shadowing
- Training other professionals
- Submitting a piece relevant to role
- Wellbeing
- Leadership

# What does it mean for PWWs?

- Significant evidence of benefits of preceptorship period
- Improved job satisfaction
- Formal and protected time to consolidate learning and develop skills
- Focused time with Preceptor to consider own needs and development
- Opportunity to demonstrate and celebrate successes
- Support to meet registration requirements
- Do the best for patients



# PPP Guidance Document

## Considerations

- Policy drivers: Fit for the Future, Multi-Professional Preceptorship Approach
- Mirror existing structures already developed in other professions
  - Parity of esteem
- Considerations specific to psychological professions
  - Not just NHS providers – D&A, prisons, private, social care
  - Employed in practice
    - Not new starters/new job, trainees transitioning to qualified
  - Role competencies



# Implications for PWPs and Talking Therapies Services

- Value of access to national preceptorship guidance
- Where existing preceptorship approaches exist opportunity to benchmark against guidance
- Ensure consistency of approach (not too light stuff or too onerous)
- Need to identify Preceptors and ensure their skillset and support



# Next Steps

- Signed off at EAGs (including Ttad EAG)
- Will be published on PPN Website as best practice resource
- Where existing preceptorship programme exists – review to ensure alignment
- Opportunities to consider organisational multi-professional preceptorship programmes





**Thank you**

Liz Kell [liz.kell@lscft.nhs.uk](mailto:liz.kell@lscft.nhs.uk)



# Closing Remarks

Reminder - Survey to be sent round, please complete to influence future  
Forums

Thank you 😊

