



# PPN NW Conference 2025

*12<sup>th</sup> November 2025*



# Welcome – PPWeek25

- Range of events promoting Psychological Professions



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## Psychological Professions Week

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Psychological Professions Week

## Psychological Professions Week 2025

10 - 14 November 2025

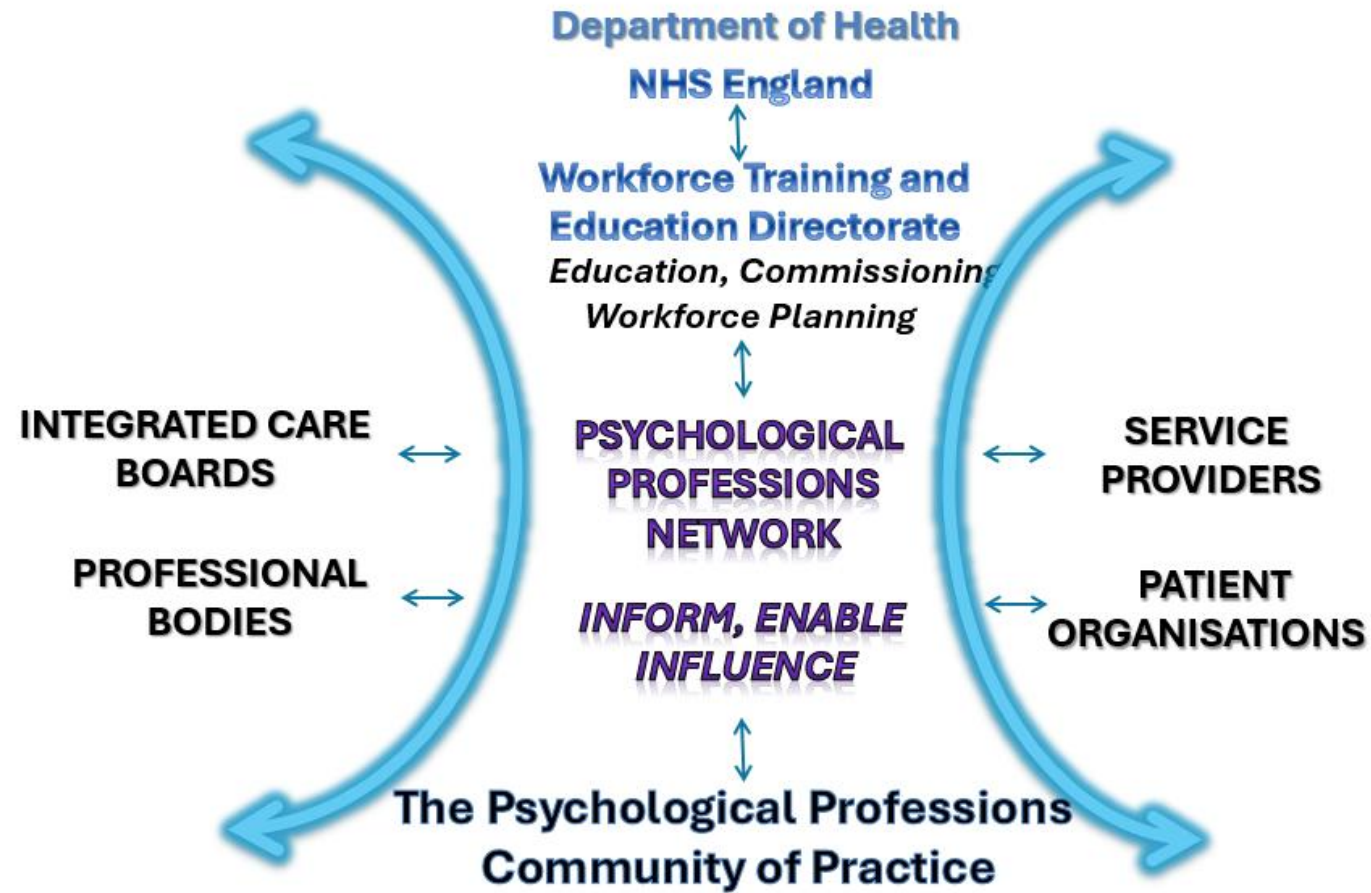
Psychological Professions Week brings together psychological professionals, policy makers, and the public with free events from the PPNs and NHS services.

Let's celebrate the difference our psychological professions make to people's lives every day!

[Learn more at ppn.nhs.uk](https://ppn.nhs.uk)



# PPN – What we do



# PPN NW – the past year



- Workstream Update
- Communities of Practice

# Housekeeping



- Car Parking - scan QR code or enter details on tablet
- Keep phones on silent
- Get up and stand as needed
- No planned fire drill
- WiFi – scan QR code
- Social: Use #PPweek25
- Photos for NHS wr

# Knowledge check

PPN Conference 2025 - Start of  
Conference "check-in"



# PPN Conference 2025

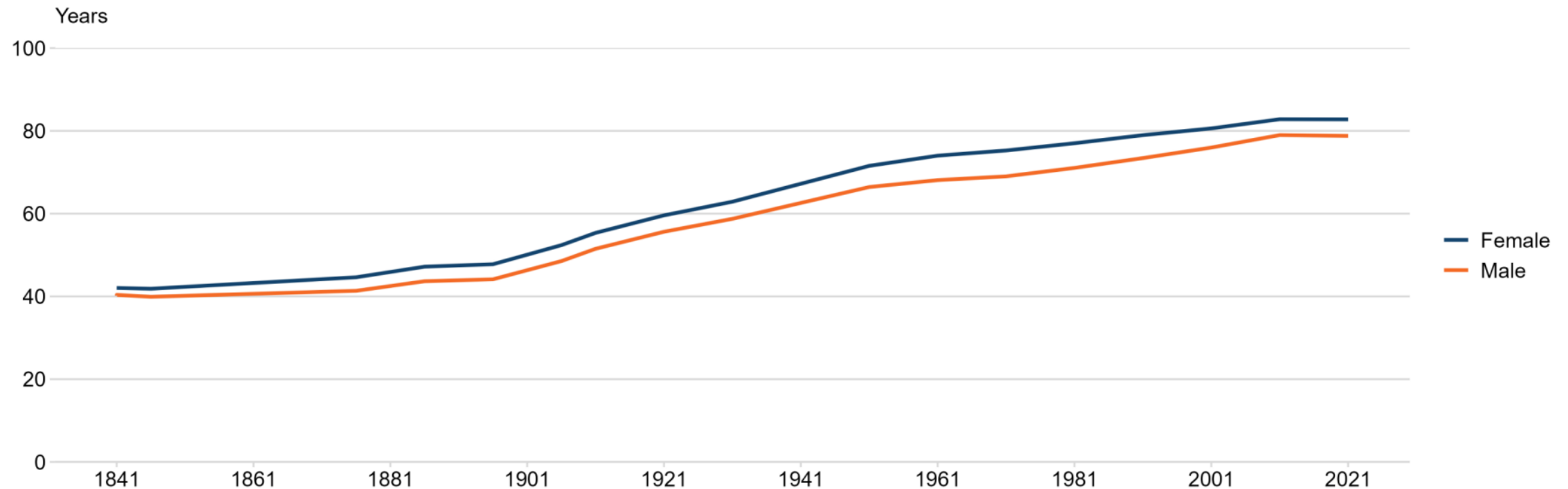
- Today's agenda is focussed on
  - Community Psychology
  - Public and Population Health
  - The Three Shifts
- Recognition Awards
  - Celebration of your amazing work!
    - 3 categories
    - 3 awards per category
- Storytelling as a theme running throughout

Time	Agenda Item	Speaker
<b>09.00</b>	<b>Arrivals</b>	
09.30	Welcomes and Introductions	Liz Kell, PPN NW Co-Chair Gita Bhutani, PPN NW Co-chair
09.45	The Power of Storytelling	Caroline Dyer, Director, Heard Storytelling
<b>10.45</b>	<b>Break</b>	
11.15	Population Health; Curiosity, Insights and Unlearning	Lucinda McArthur, Non-Executive Director, LSCFT
12.00	World Café	Philip Gooden, PPN NW Programme Lead
<b>13.00</b>	<b>Lunch</b>	
13.50	The Psychological Professions: A vital force in public health and prevention.	Colin Cox, Director of Public Health, Cumberland Council
<b>14.35</b>	<b>Break</b>	
15.00	PPN NW Recognition Awards	Rebecca Pukiello, Broadcast Journalist
16.00	Final Summary and Close	Liz Kell, PPN Co-Chair Gita Bhutani, PPN Co-chair
16.30	Close	

# The Future

Life expectancy has increased in the past two centuries (source: Health Trends and Variations in England 2025)

**Figure 1.7 Trend in life expectancy - 1838 to 2022**



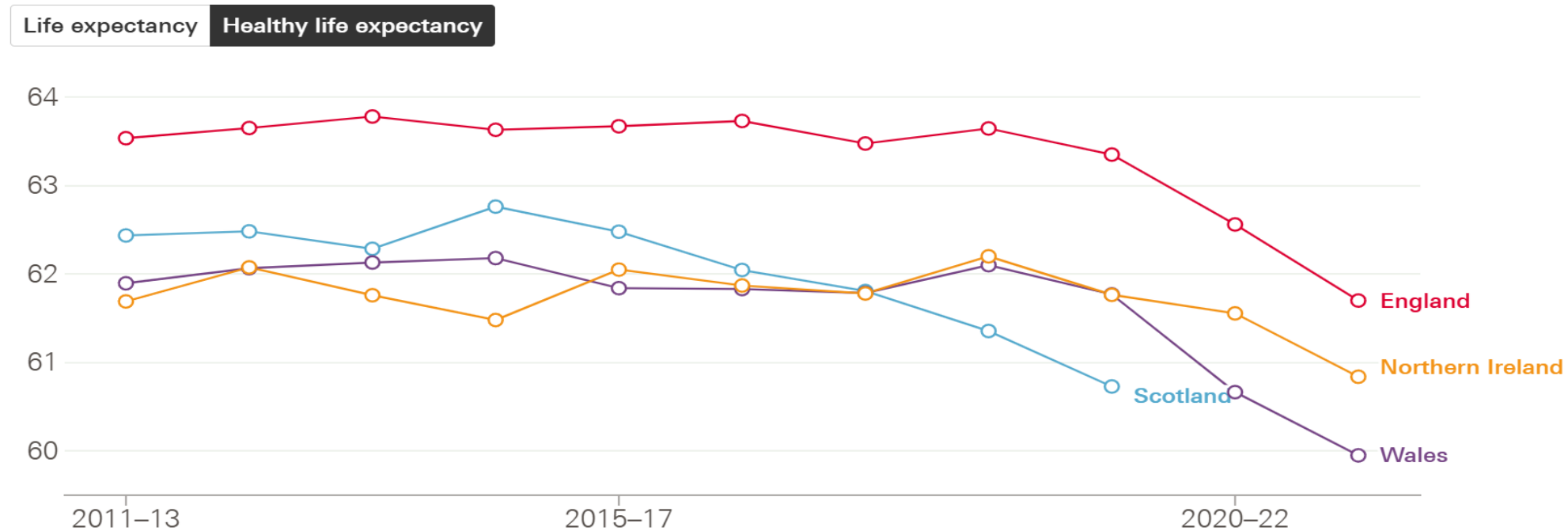
Life expectancy at birth (years), by sex, England and Wales, between 1838 and 2020 to 2022. From 1910 onwards 3 year aggregate data is plotted against the mid-point in the range. For earlier time periods ranges are inconsistent but are plotted against the mid-point in the range.

# The Future

Healthy Life expectancy is decreasing (source: The Health Foundation, 2025)

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

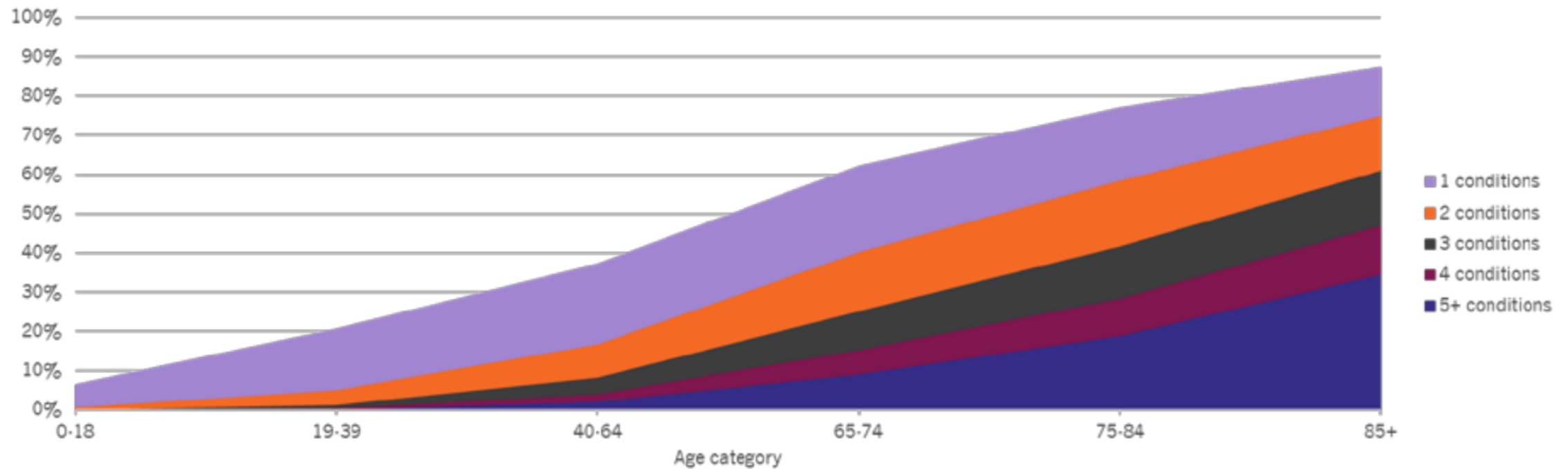


# The Future

As people's age increases so does the number of Long Term Conditions

(source: Independent investigation of the NHS in England, Lord Darzi, 2024)

*Figure 1.5: Share of patients with no, one, or multiple long-term conditions by age*



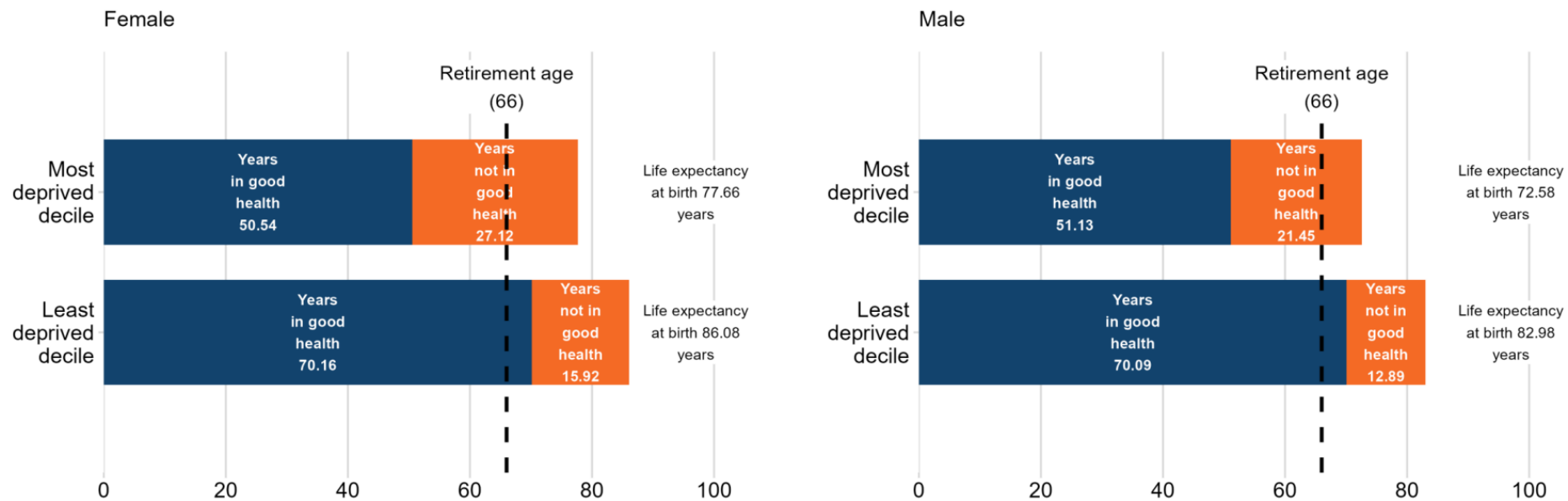
# The Future

Years in good health affected by deprivation of area you live

(source: Adult Psychiatric Morbidity Survey, 2025)

**There are inequalities in the number of years lived in good health versus poorer health.**

**Figure 1.3 Years lived in good and not good health (summary)**



Life expectancy at birth showing years lived in good health and not good health for the most and least deprived deciles, England, 2020 to 2022. Based on the 2019 Index of Multiple Deprivation (IMD) for 2021 lower super output areas.

# The Future

North West has 6 out of top 10 neighbourhoods in most deprived category

(source: Adult Psychiatric Morbidity Survey, 2025)

Local authorities with the highest proportion of neighbourhoods in the most deprived category



Source: Ministry of Housing, Communities and Local Government  
Note: Data applies to England only

BBC

# Fit for the Future

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



## 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

# Storytelling as tool to connect

Stories are...

*a profound and spiritual need.*

*essential tools for navigating the inner world*

*deeply tied to human psychology and emotional truth*

*(Ted Hughes, English poet, 1930 - 1998)*



# THE POWER OF STORYTELLING

Caroline Dyer - Founder & Director

Heard Storytelling

HEARD  
STORYTELLING

ABOUT  
US

Heard Storytelling is an  
spoken stories company  
that exists to create  
*positive change.*







2017



2025





HEARD  
STORYTELLING

# Your life in just six words



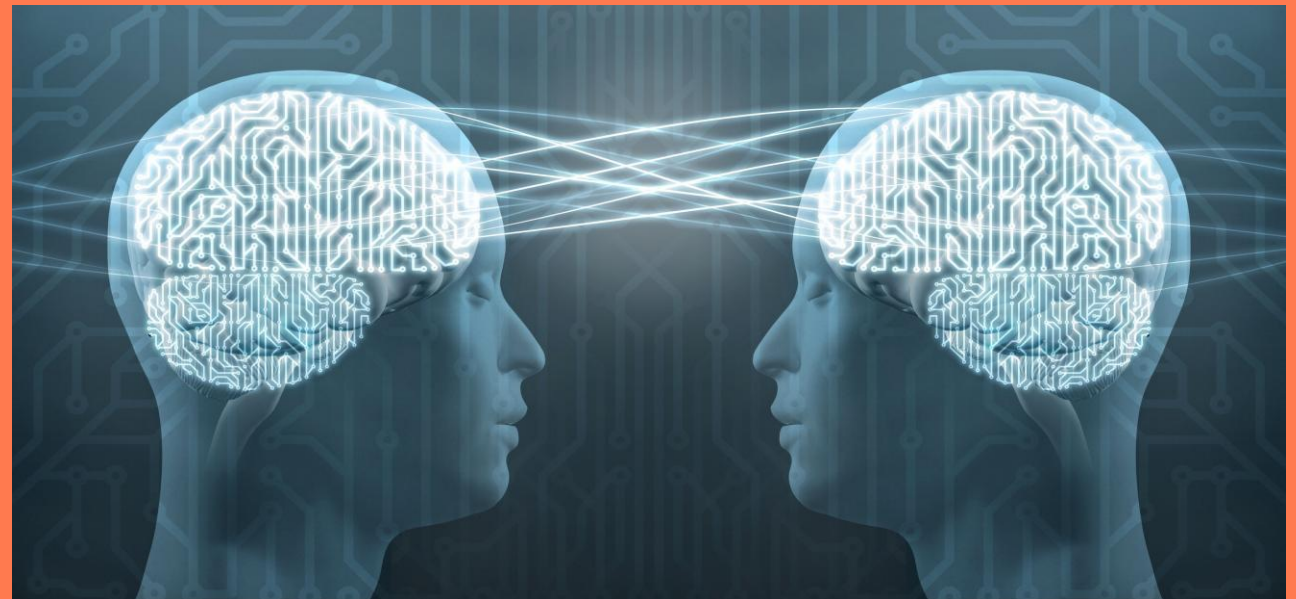
# Why storytelling works

“Stories are a communal  
currency of humanity.”

Tahir Shah



# The science: Why the brain loves a good story



*“We found that a recovery narratives intervention was effective at improving quality of life, increased people’s perception that their life had meaning, and was a cost-effective use of NHS resources.”*

*Dr Stefan Rennick-Egglestone from the School of Health Sciences at the University of Nottingham, who co-ordinated the study.*

HEARD  
STORYTELLING

When you tell a story,  
you unlock a  
superpower.

Don't believe us?  
Science backs it up.



HEARD  
STORYTELLING

Cortisol : Focus  
Dopamine : Reward  
Oxytocin : Empathy

Mirror Neurons:  
Shared brain activity = Connection



HEARD  
STORYTELLING

# STORYTELLING IN THE WILD

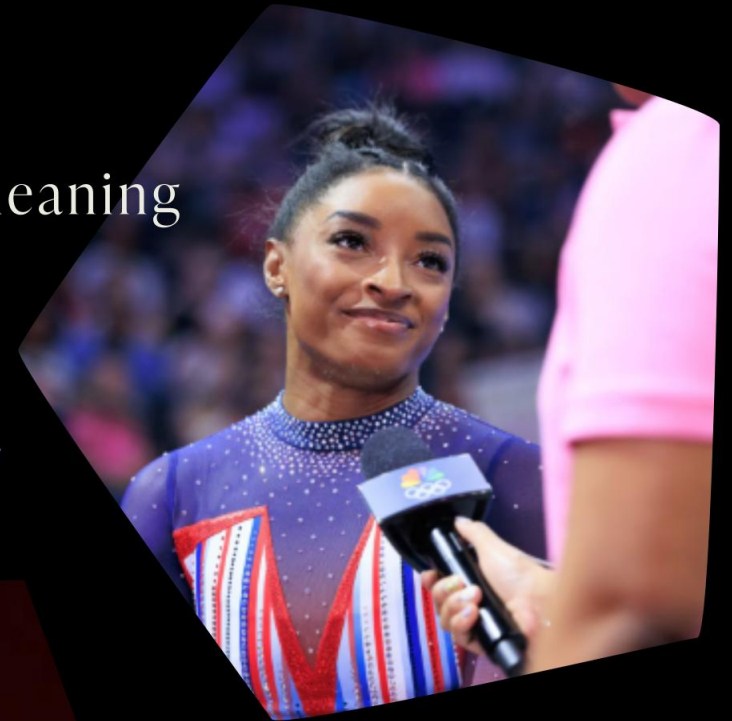
The background features several large, overlapping, irregular purple shapes on a solid black background. These shapes are positioned in the lower half of the frame, creating a sense of depth and movement. The shapes vary in size and orientation, with some appearing as sharp, angular forms and others as more elongated, ribbon-like structures.

HEARD  
STORYTELLING



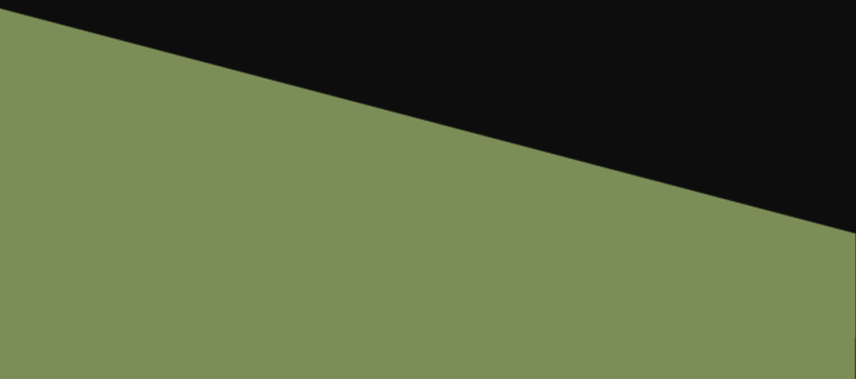
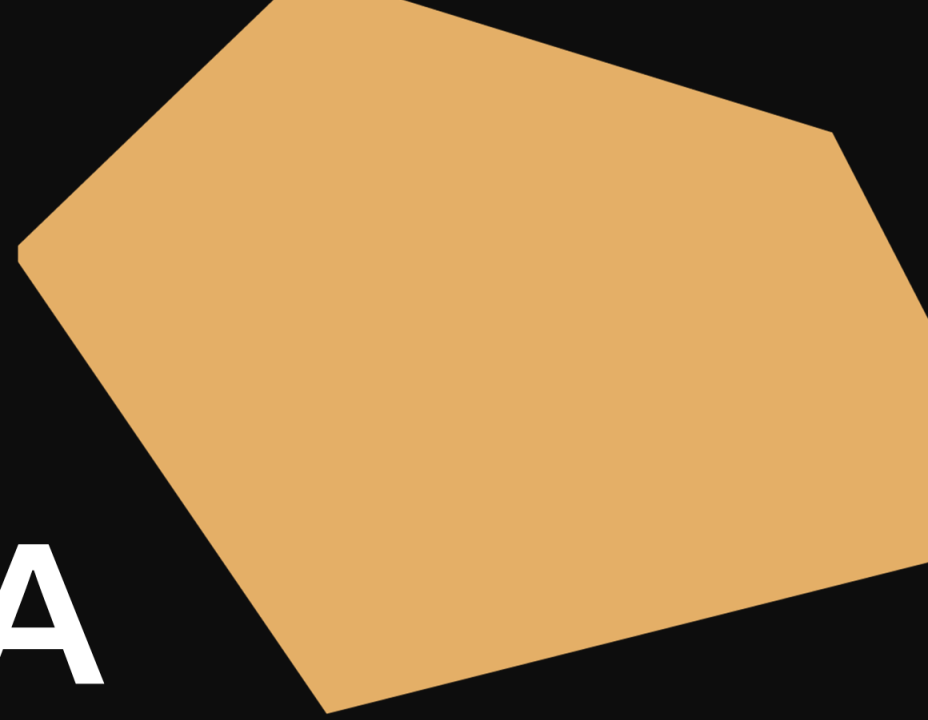
Empathy

Shared meaning

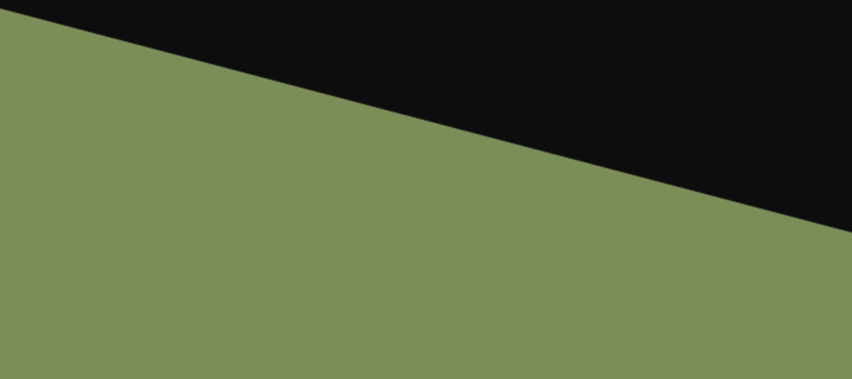
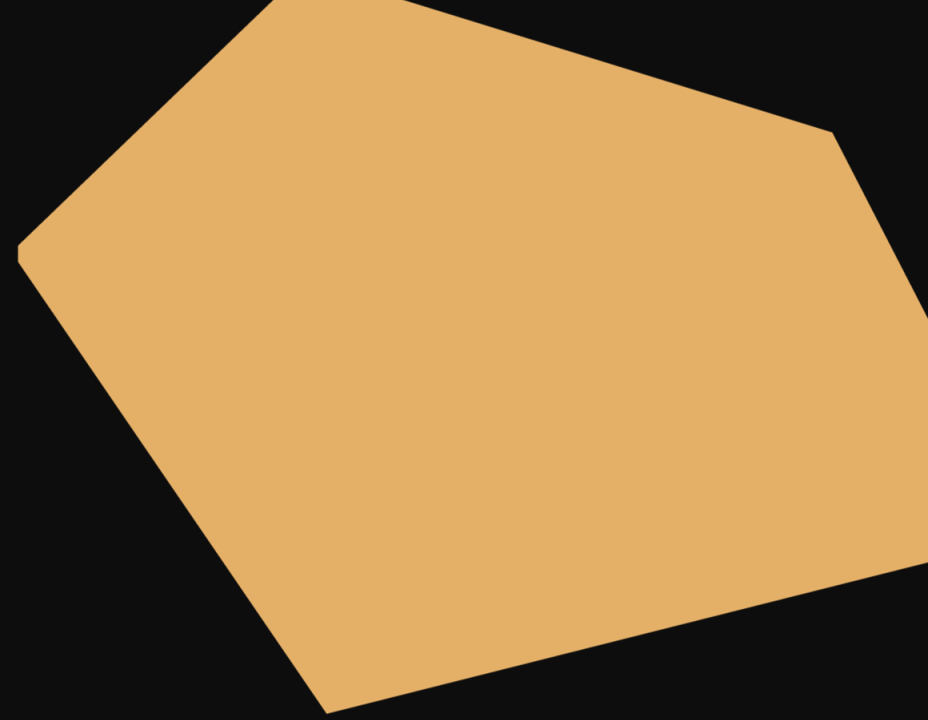


Retention

# HOW TO TELL A GREAT STORY



# MINING FOR STORIES



HEARD  
STORYTELLING

# *Six Top Tips to memorable storytelling*

01. Start with why
02. Stakes Shape Stories
03. Transformation / Insight
04. Tell a story in 'real time'
05. Inner and Outer dialogue
06. Tap into your emotions



HEARD  
STORYTELLING

# *Six Top Tips to memorable storytelling*

01. Start with why



HEARD  
STORYTELLING

# *Six Top Tips to memorable storytelling*

01. Start with why

02. Stakes Shape Stories



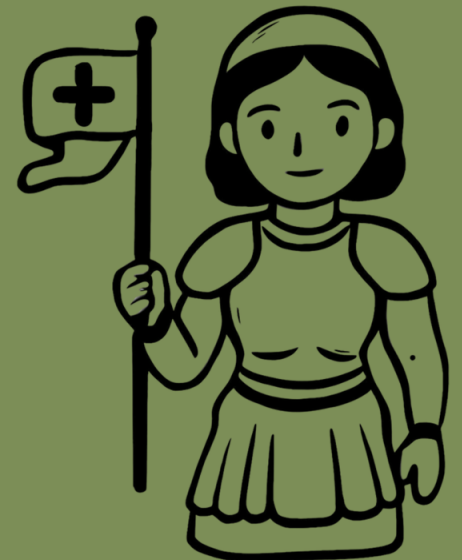
HEARD  
STORYTELLING

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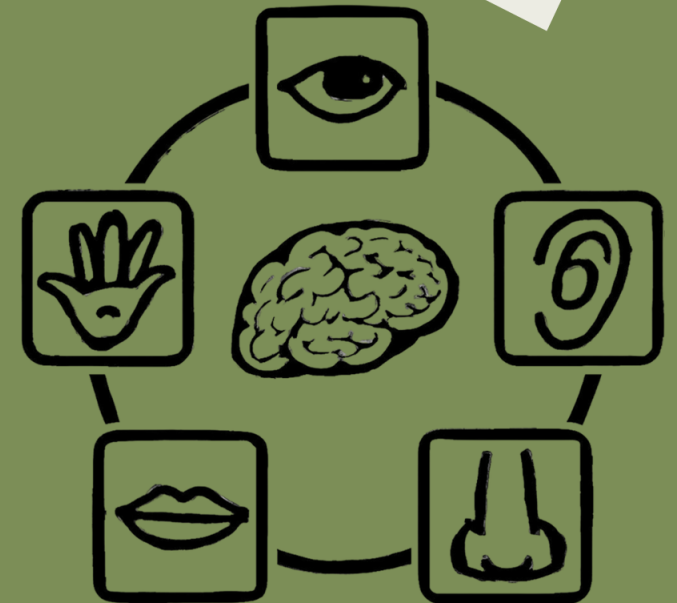
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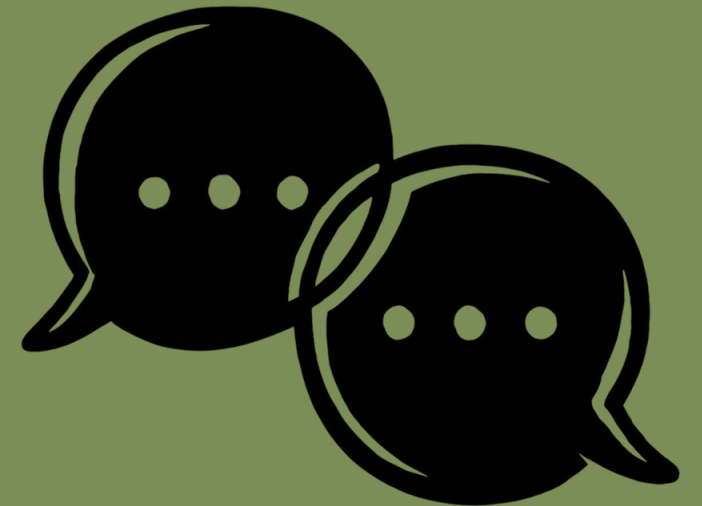
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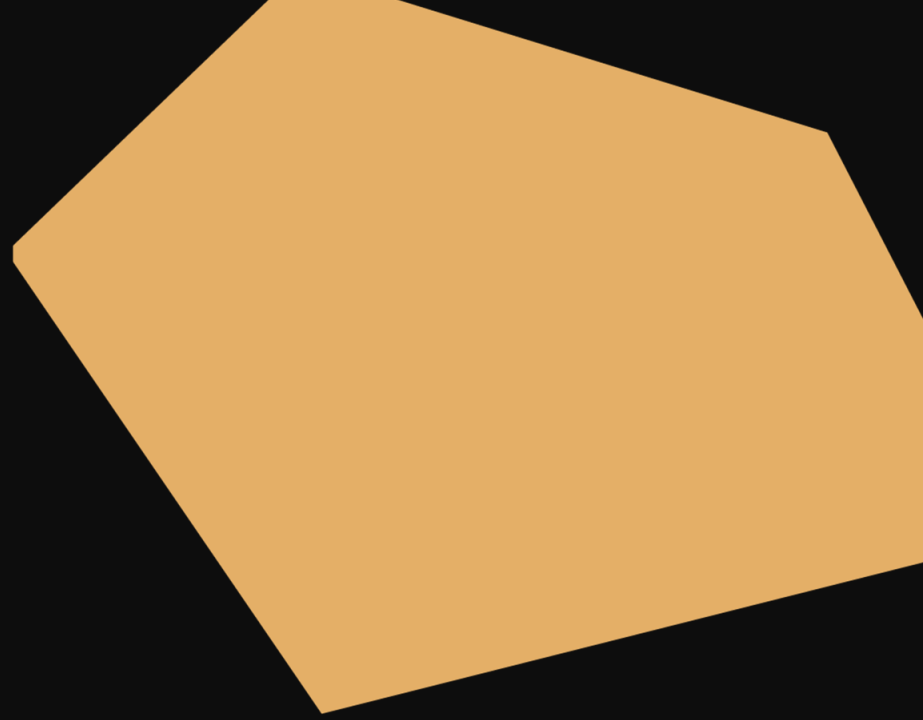
05. Inner and Outer dialogue



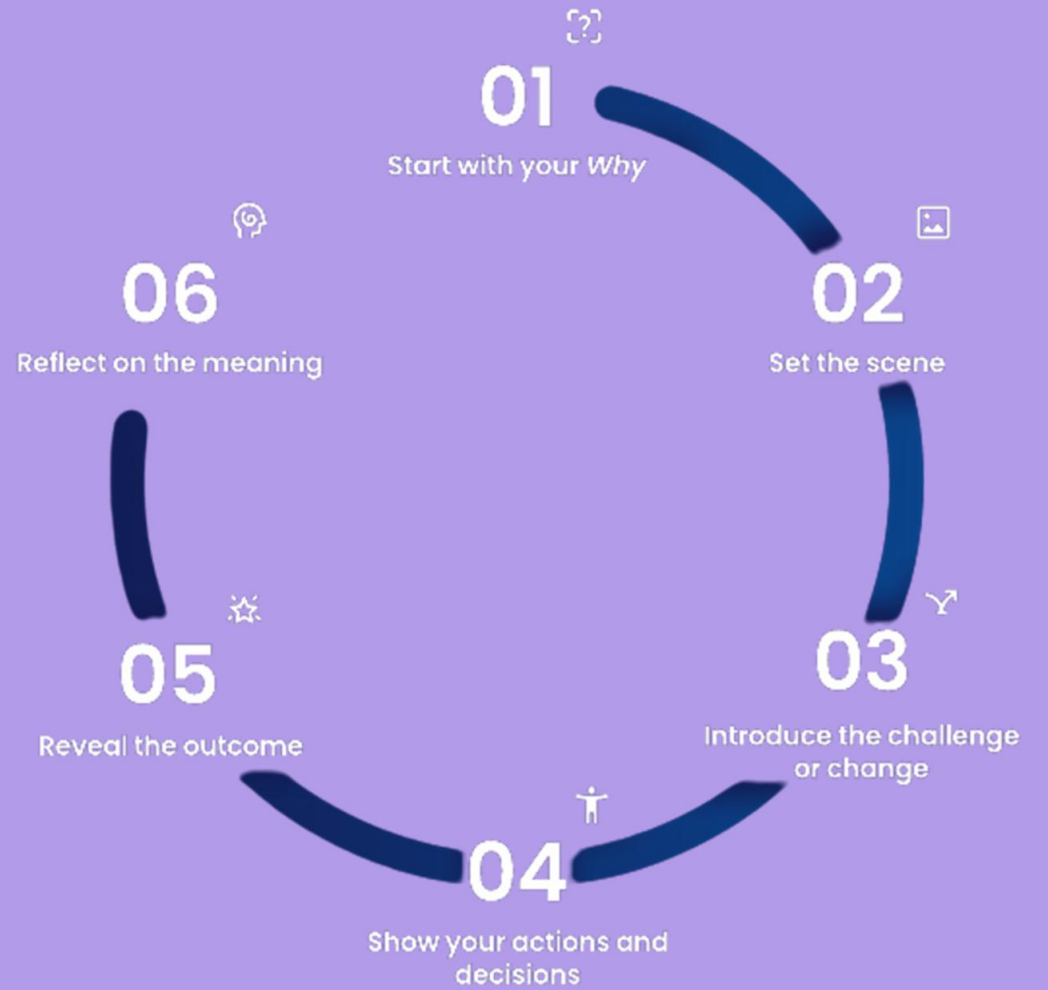
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# STORY SCAFFOLD



HEARD  
STORYTELLING

# *Storytelling in Practice: Beyond the Couch*

Leadership & Influence

Advocacy

Training & Education

Personal Resilience



Thank you

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Join us for our next Heard Live event at The Portico Library,  
Manchester on 25th November at 18.30



Hear stories and interviews we've recorded for various  
projects and live events on our Heard Storytelling podcast.

EMAIL

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[heardstorytelling.com](http://heardstorytelling.com)

INSTAGRAM

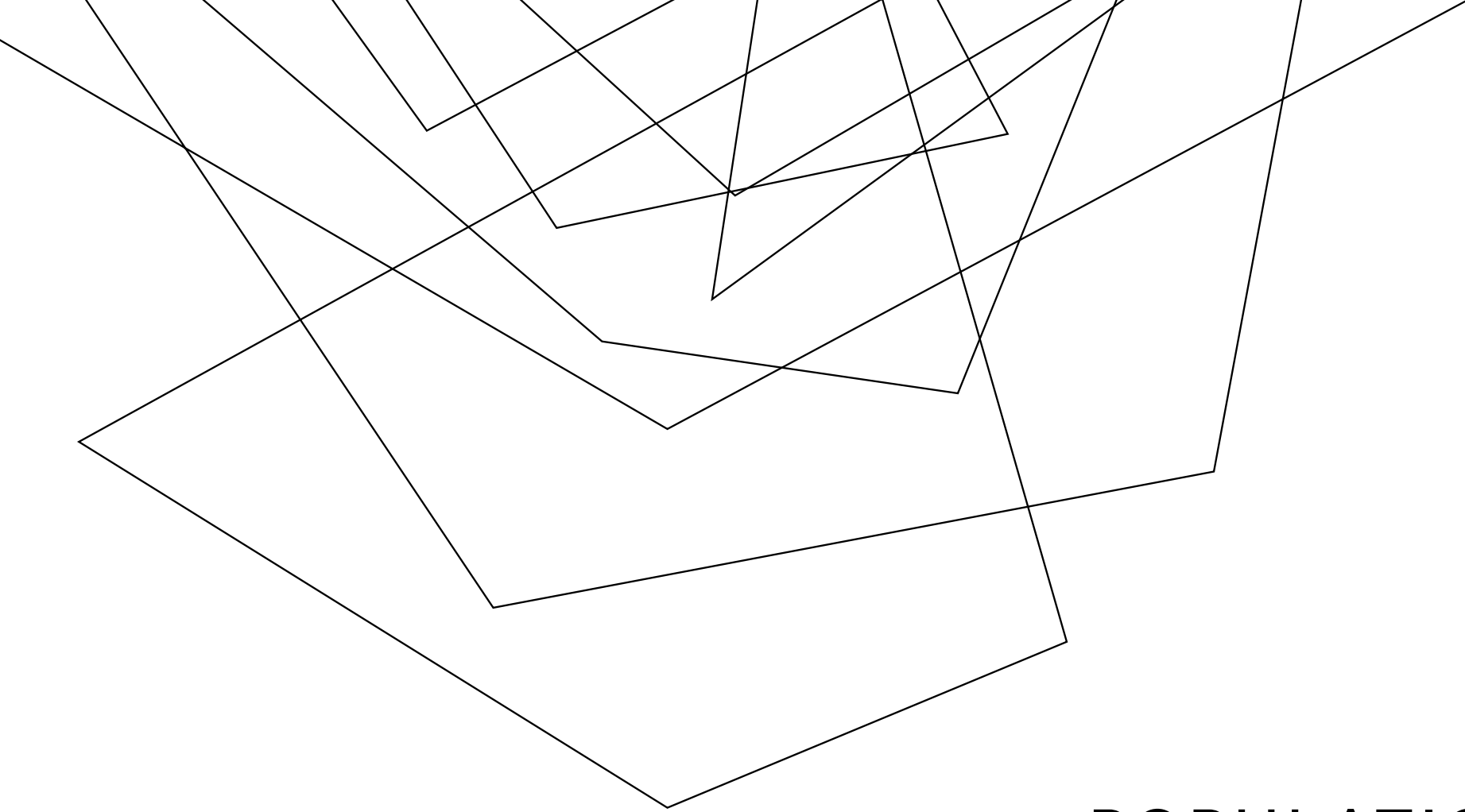
[@heardstorytelling](https://www.instagram.com/heardstorytelling)

LINKEDIN

[Heard Storytelling](https://www.linkedin.com/company/heard-storytelling)

# Break





# POPULATION HEALTH

CURIOSITY, INSIGHTS AND UNLEARNING

Lucinda McArthur

# CONTENT

- Some personal reflections
- A few definitions
- A bit of the data
- Some useful tools
- A good framework for action
- Opportunities for psychological professions in context of the “three shifts”
- Reflections and questions

# A BIT ABOUT ME

# C.P. & L.G. Cawley

Quality

Greengrocer



# Some definitions

- **Health inequalities** are avoidable, unfair and systemic differences in health between different groups of people considered by;
  - Socio-economic factors
  - Geography
  - Specific characteristics
  - Health inclusion groups
- **Health equity** is a public health concept describing equity of access to health resources, for genetic, socio-environmental and economic determinants of health varying according to individuals, families and social or societal groups
- **Population health** is one of the core strategic aims for Integrated Care Systems; to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population, with a specific focus on the wider determinants of health (things like housing, employment, education).
- **Population Health Management** is a data driven tool or methodology that brings together data to identify a specific population that may then be prioritised for actionable intervention/services - [What is a population health approach? | The King's Fund \(kingsfund.org.uk\)](#)
- It is a way of working to help frontline teams understand current health and care needs and predict what local people will need in the future.
- This means we can tailor better care and support for individuals, design more joined-up and sustainable health and care services and make better use of public resources.
- Population Health Management uses historical and current data to understand what factors are driving poor outcomes in different population groups. Local health and care services can then design new proactive models of care which will improve health and wellbeing today as well as in future years' time.

***Focus on “addressing population health through the tackling of health inequalities”***



ROSS

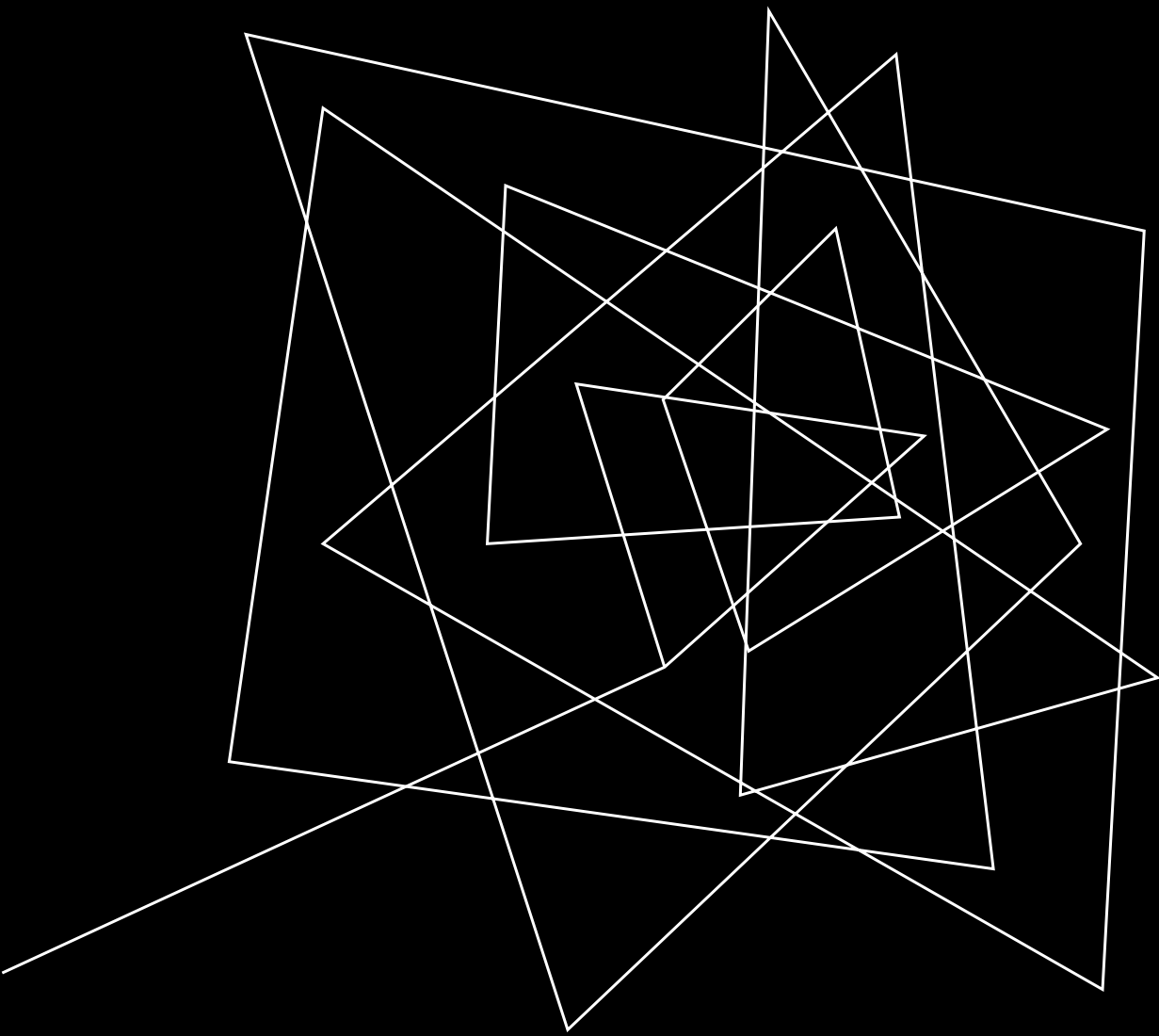
REED

PARK

JENNET

Hammersmith 10

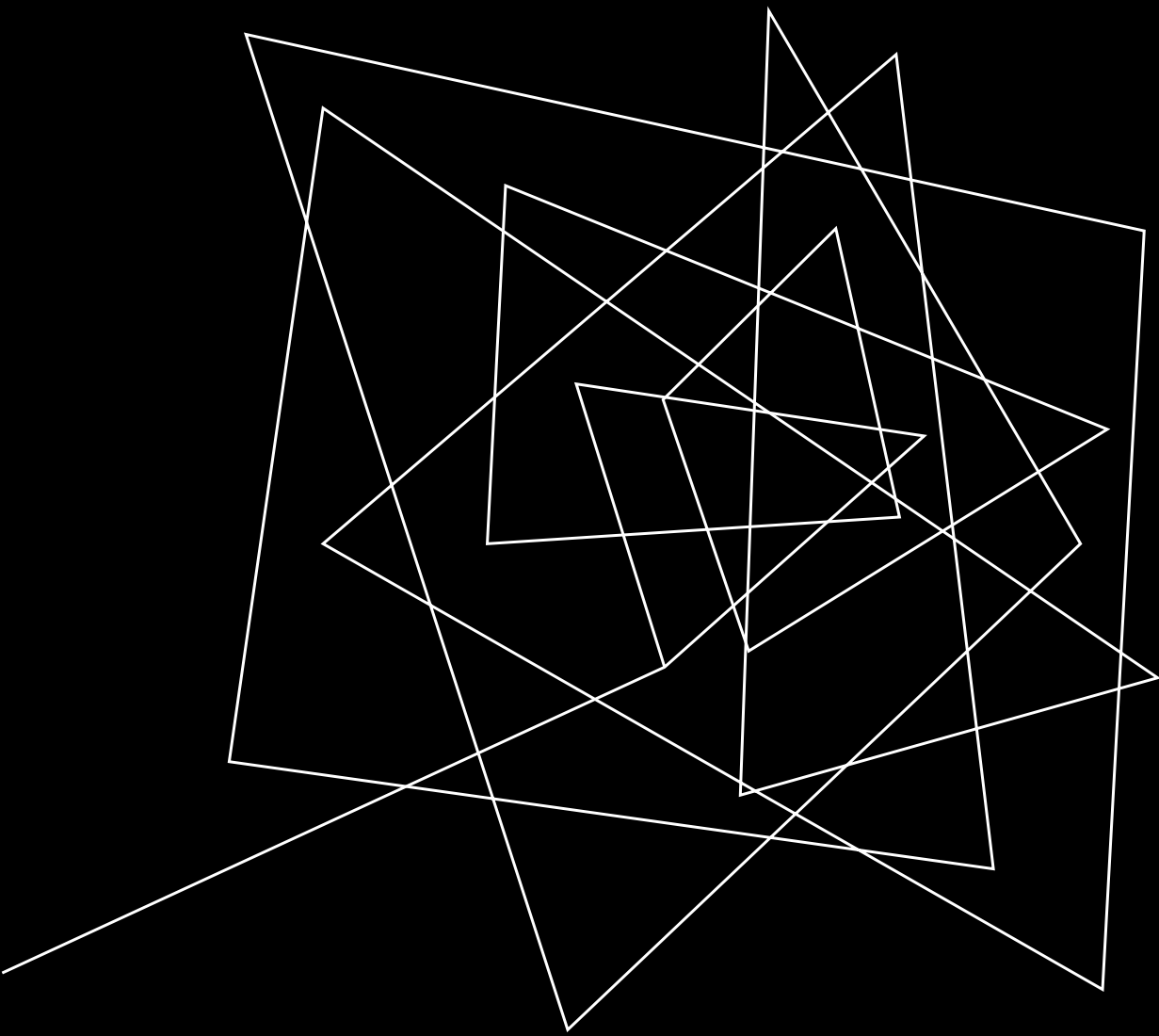
ROAD STREET MARKET STREET



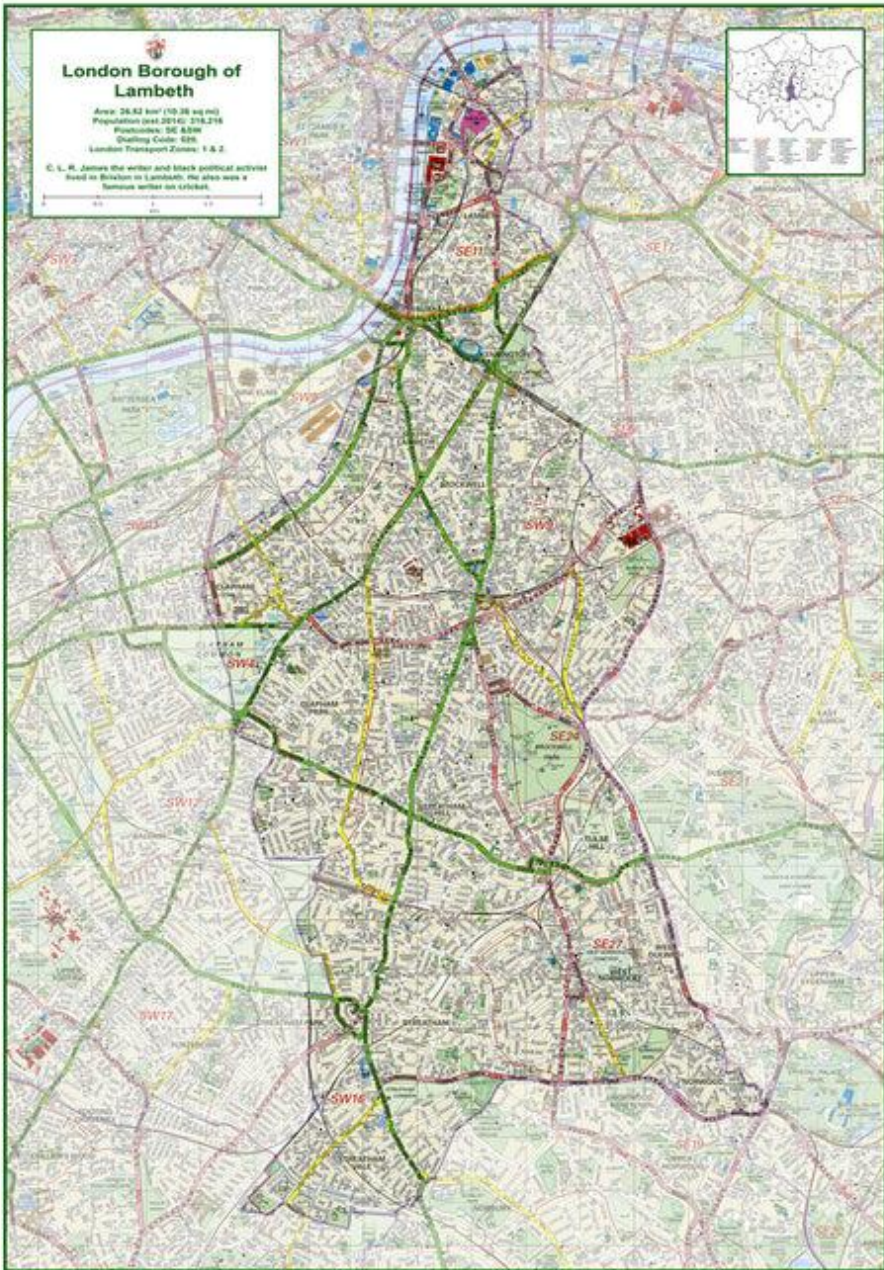
WEST CHESHIRE



Children and young people  
Risk taking behaviours  
Sexual health and HIV



LAMBETH



## AT THE TIME.....

- Highest under 18 conception rate in Western Europe
- Significant inequalities
- 132 languages spoken
- Population mobility
- Relatively good access to services
- Political scrutiny
- Prime Ministers Strategy Unit
- MOSAIC

- Behavioural Insights Team or Nudge Unit established in 2010
- World's first institution dedicated to incorporating a better understanding of human behaviour into public policy, programs and products
- Applying behavioural science to key problems facing the country
- Large scale trials to empirically test their impact
- In 2014 became independent and international
- Now part of NESTA, an innovation charity

Welcome to  
BIT



# MOSAIC

## CONSUMER SEGMENTATION FRAMEWORK

Draws on the latest demographic, behavioural and lifestyle data

## BEHAVIOURAL INSIGHTS

74% of inputs at household level

## CAN HELP TO...

Target, allocate, position and personalise services and interventions

## MOSAIC PROFILES

Segments the UK population into 18 groups and 68 types based on shared demographics and lifestyles, each with a unique name, with detailed consumer insights to support targeted engagement

## I: Family Endeavours

Families with young or adult children, who have low budgets and typically rent from social landlords.

### Key features:

- ✓ Families with multiple children
- ✓ Low affluence
- ✓ Council/HA tenants
- ✓ Routine occupations
- ✓ Camping holidays
- ✓ High social media presence

[See Family Endeavours details >](#)



## I31: Small-scale Families

Small families, often one parent and child, with little money to spare, in compact social housing units.

### Key features:

- ✓ Young families
- ✓ Purpose-built flats
- ✓ Low incomes
- ✓ Council/HA tenants
- ✓ Low-level qualifications
- ✓ Social media users

[See Small-scale Families details](#)

## I32: Squeezed Living

Families with many children in low-cost social housing where space is at a premium and budgets are stretched.

### Key features:

- ✓ Middle-aged families
- ✓ Several children
- ✓ Council/HA tenants
- ✓ Low level qualifications
- ✓ Plays video games
- ✓ Shop on mobiles

[See Squeezed Living details](#)

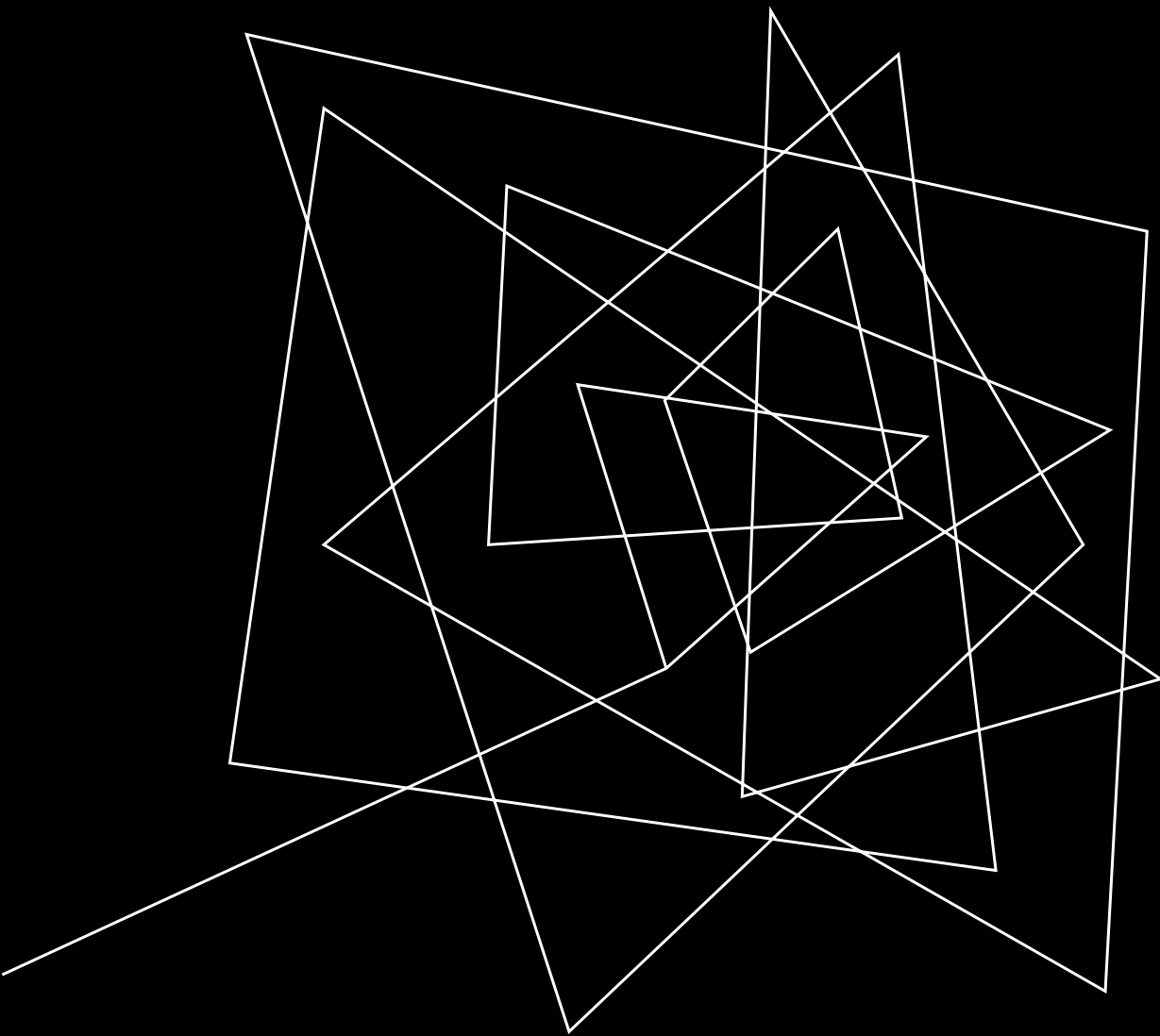
## I33: Bargain Homeowners

Modest-income older couples with adult offspring in small terraces, who are near-outright owners but have few savings.

### Key features:

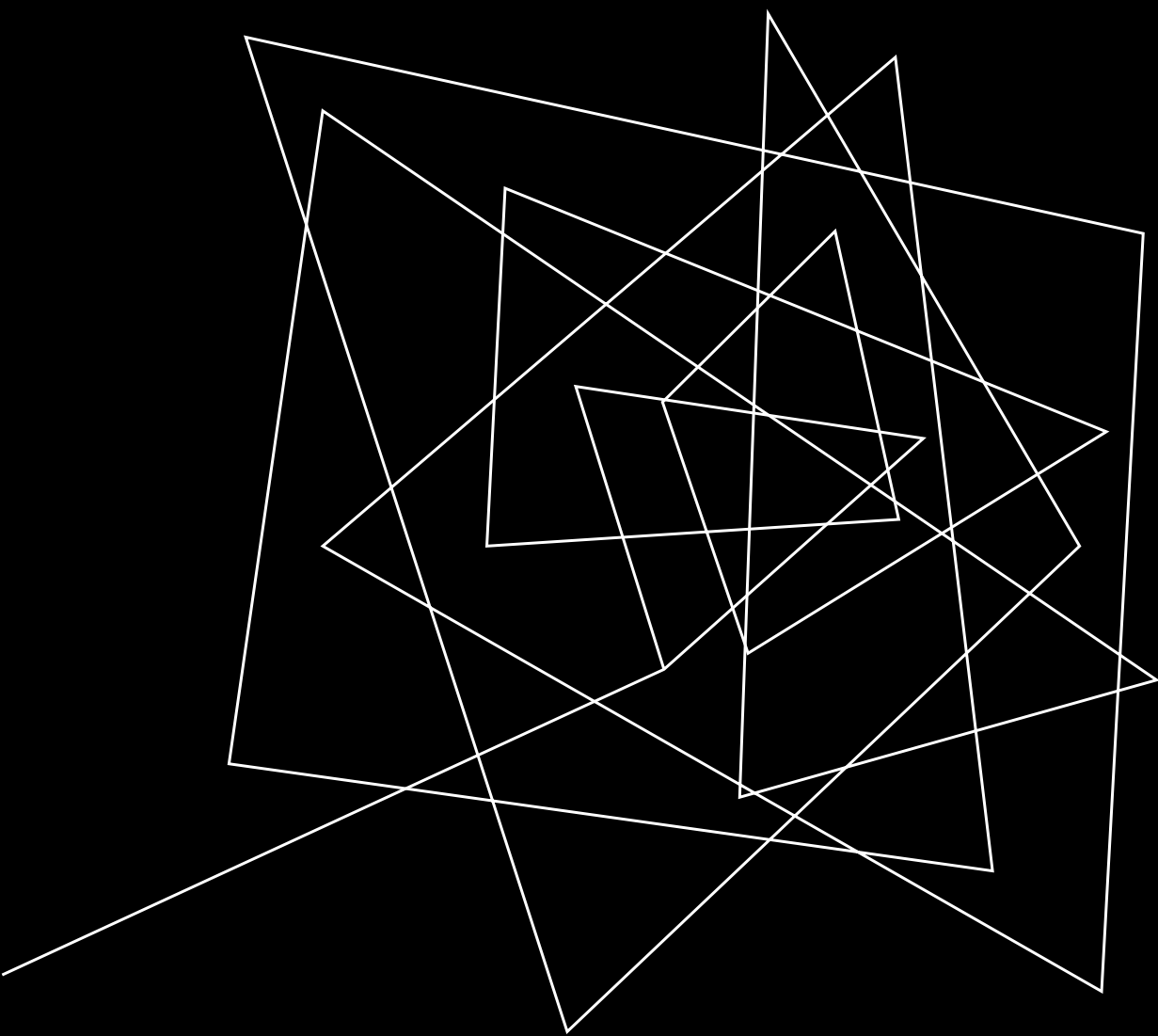
- ✓ Older couples
- ✓ Terraced houses
- ✓ Low mortgage values
- ✓ Established residents
- ✓ Routine occupations
- ✓ High energy spend

[See Bargain Homeowners details](#)



“THE SCIENCE AND ART OF  
PROMOTING HEALTH AND  
WELLBEING, PREVENTING ILL  
HEALTH AND PROLONGING  
LIFE THROUGH THE  
ORGANISED EFFORTS OF  
SOCIETY”

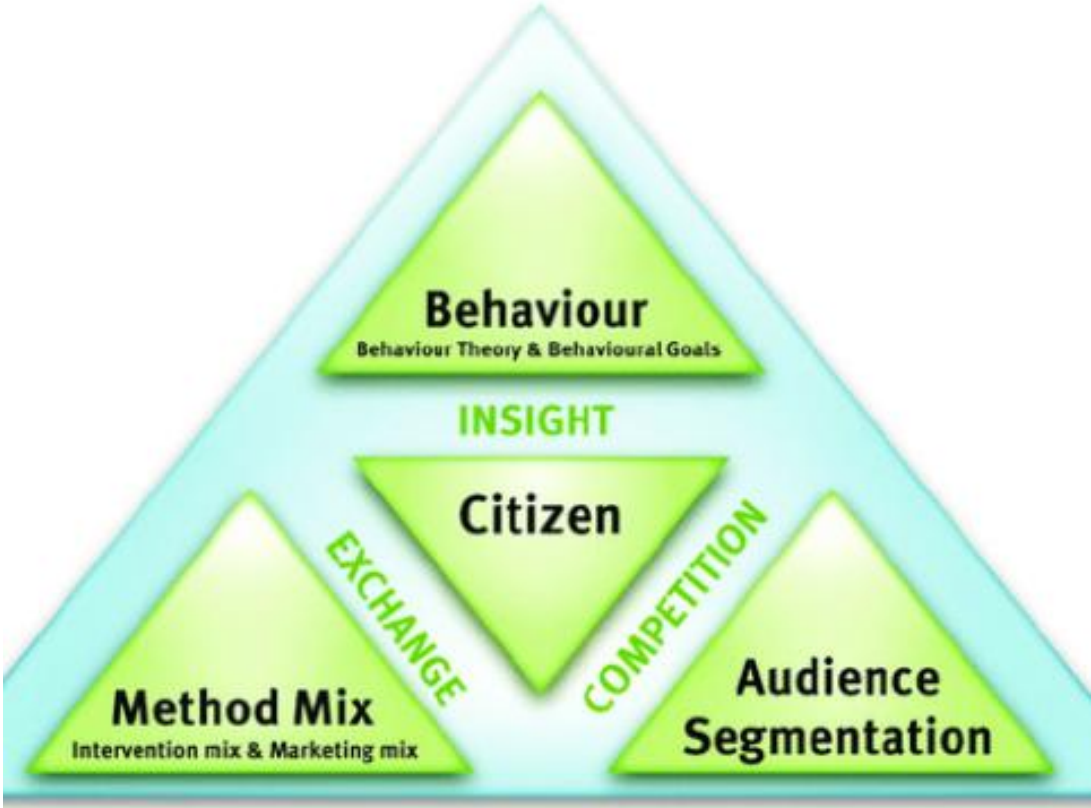




**CHESHIRE &  
MERSEYSIDE**

# National Social Marketing Centre

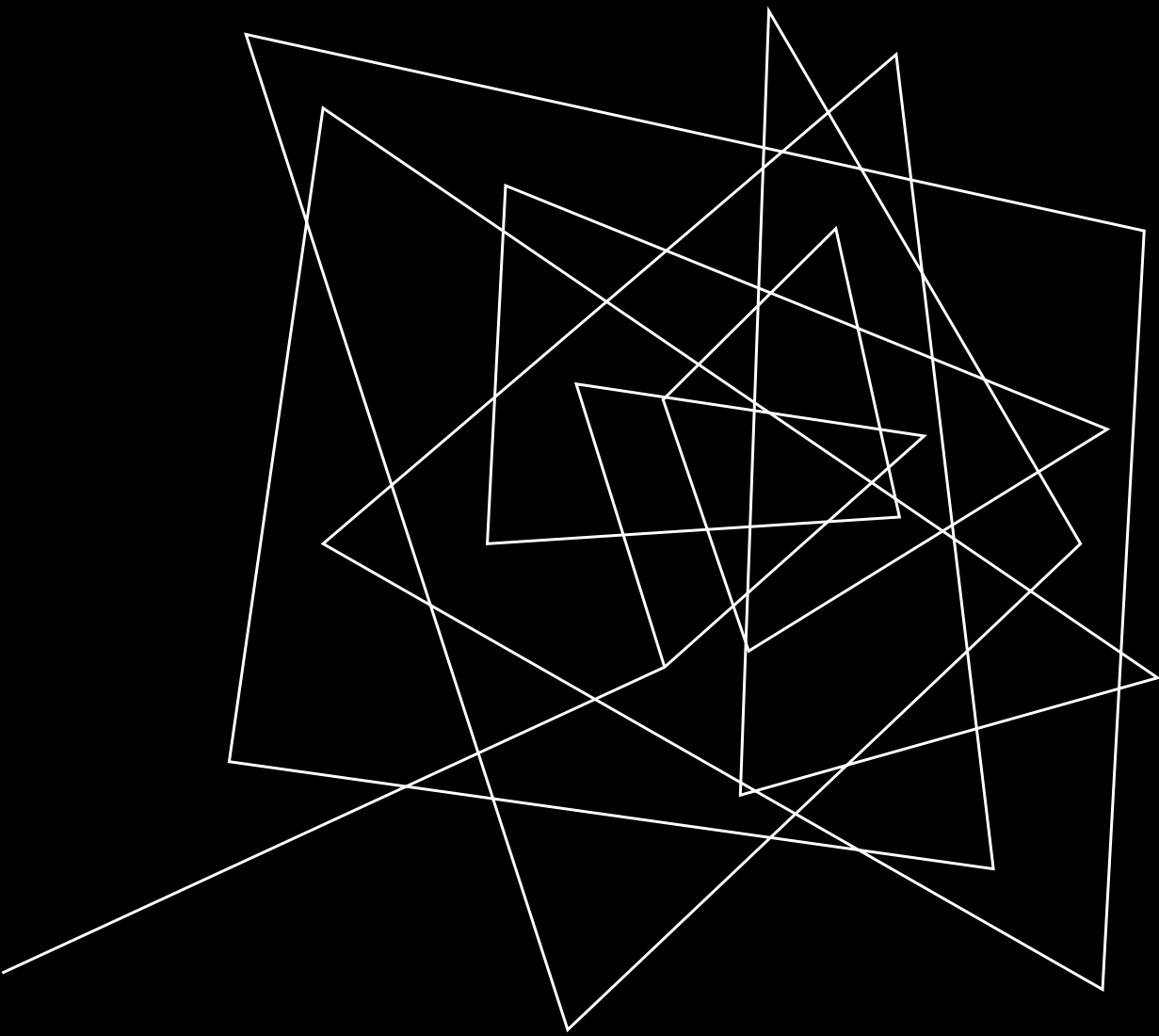
## Social marketing customer/citizen triangle



Behaviour is influenced by:

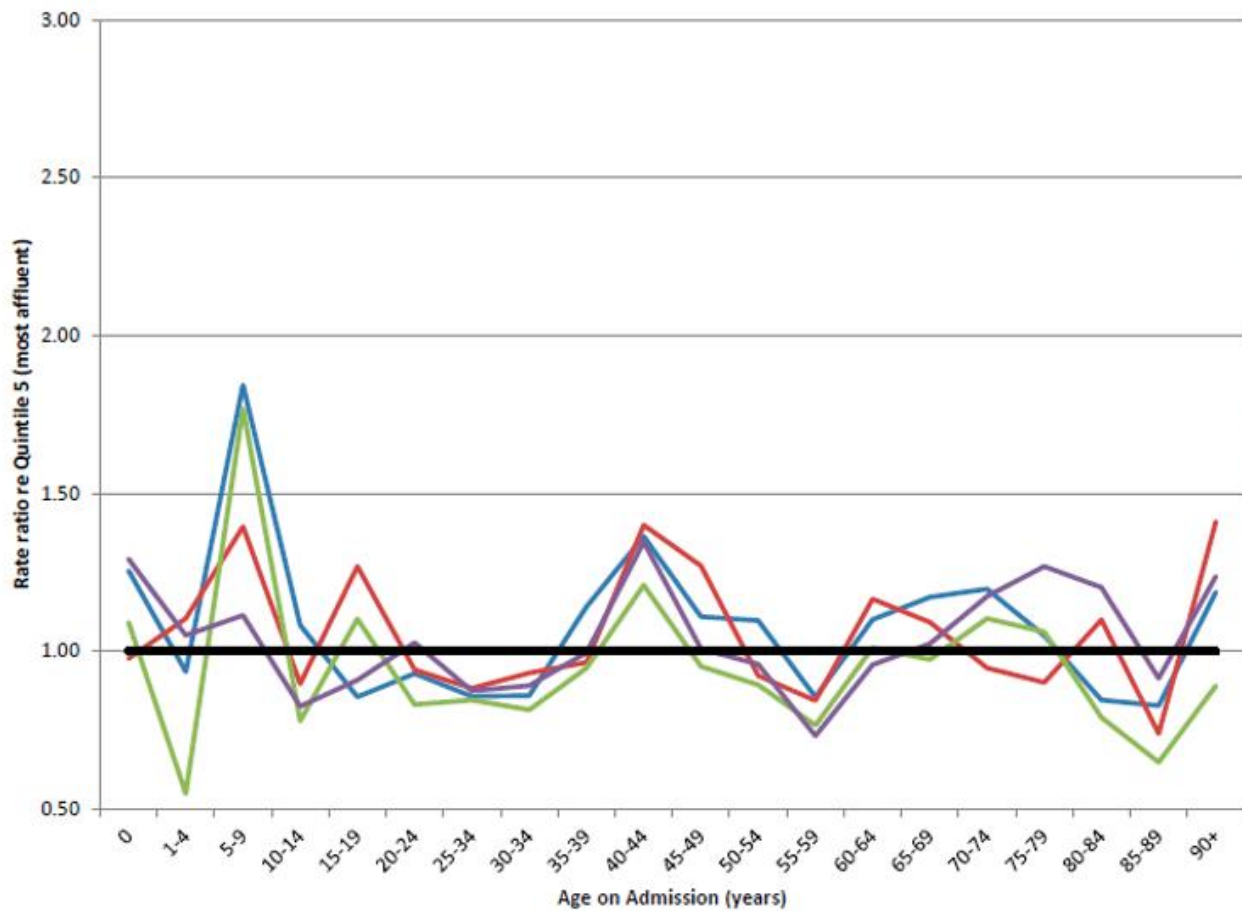


Source: (PDF) ECDC Social marketing toolkit

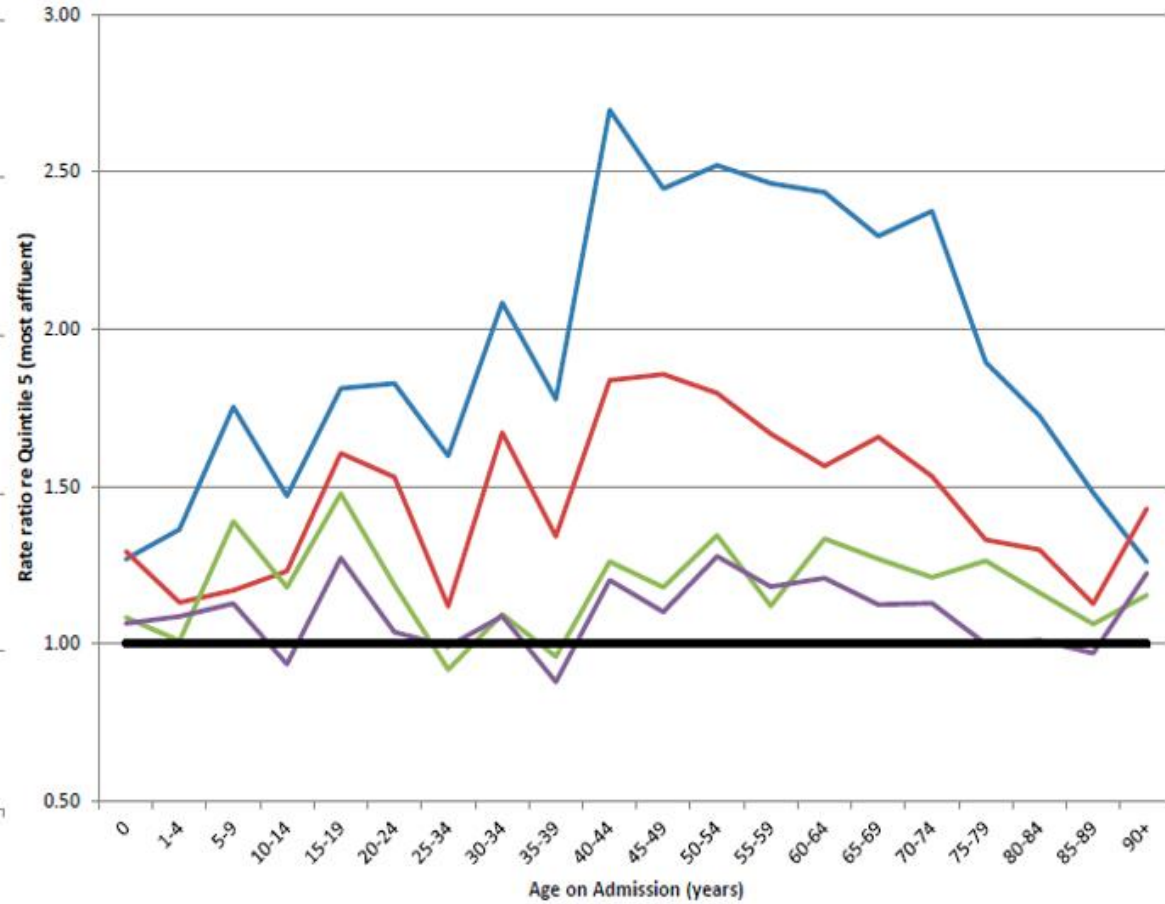


CENTRAL  
LANCASHIRE

# Elective admissions

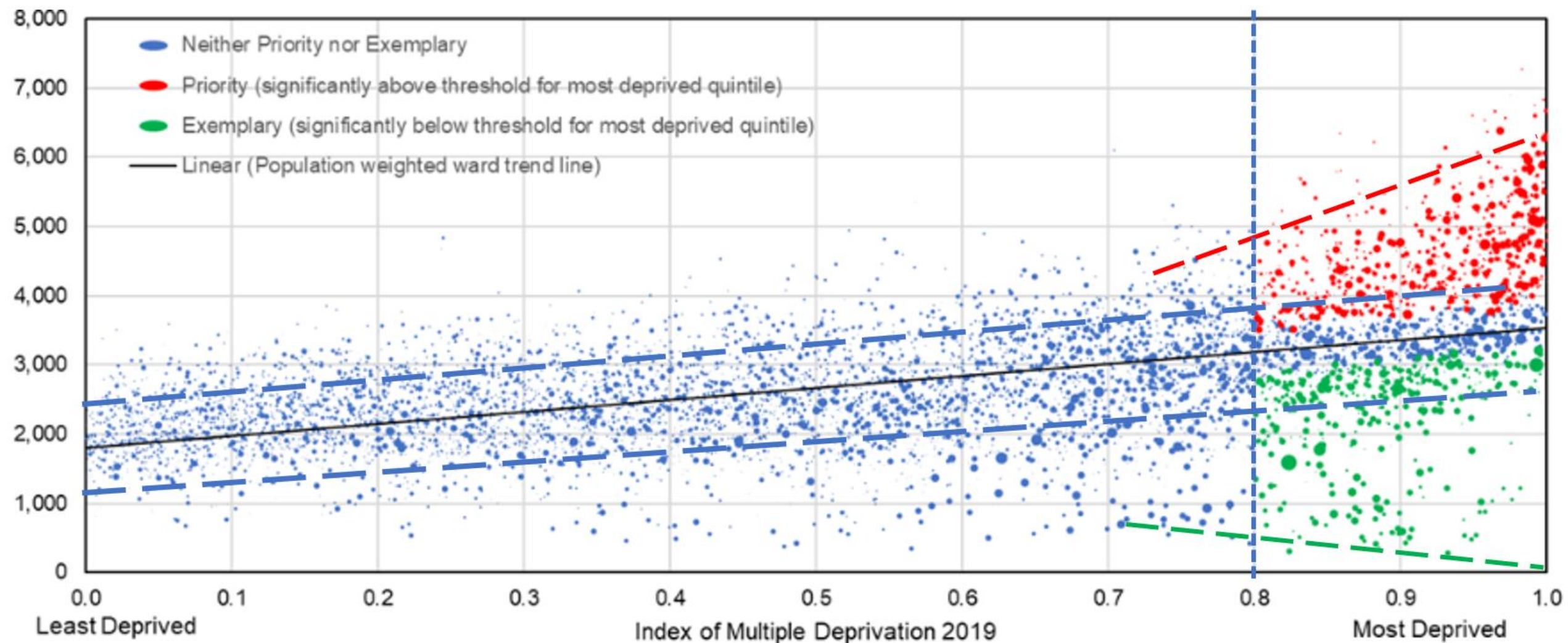


# Emergency admissions



- Quintile 1 (most deprived)
- Quintile 2
- Quintile 3
- Quintile 4
- Quintile 5 (most affluent)

# Inequality in Ward level 'Avoidable' Emergency Hospital Admissions by Deprivation Scale

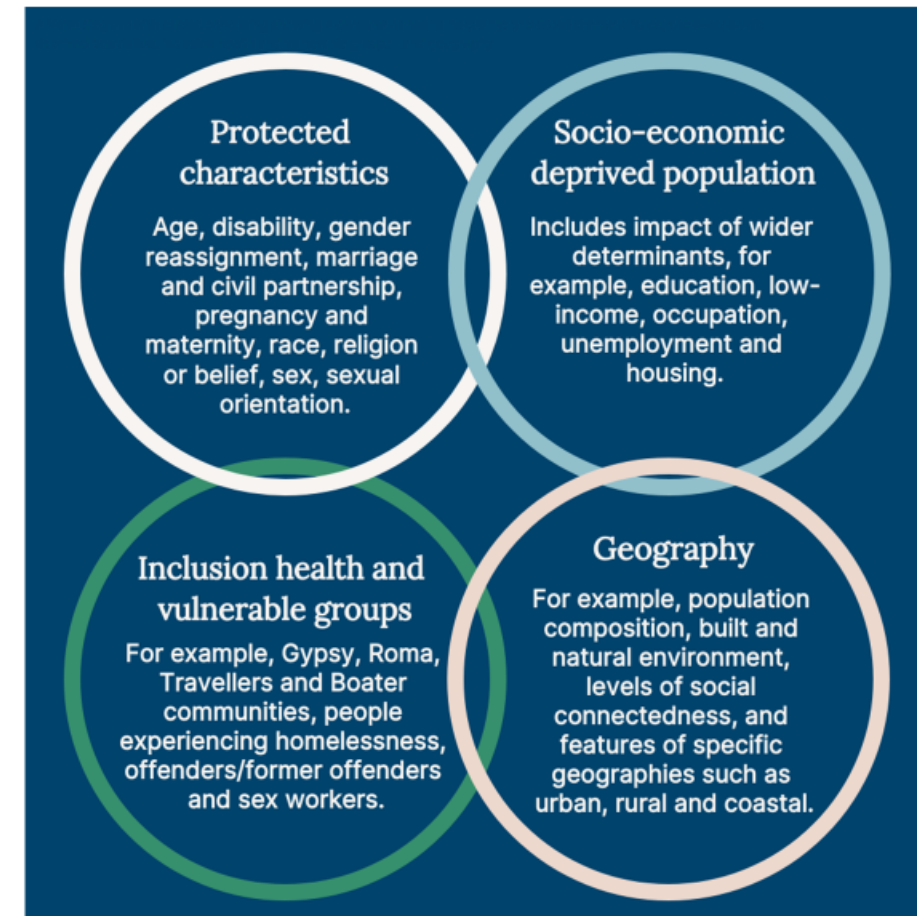


← Core20 →

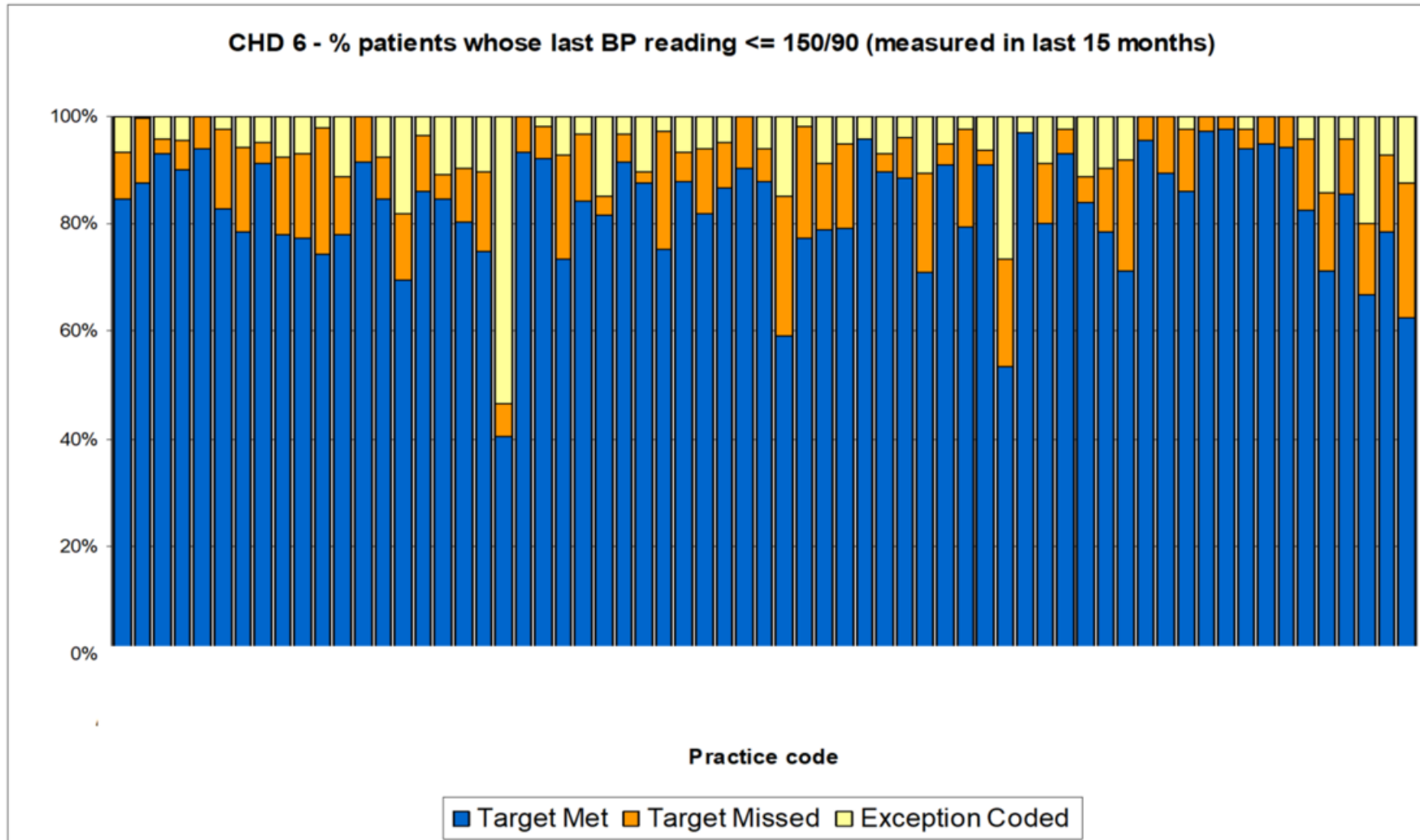
# Complexity in the determinants of outcomes



- Chronic stress, anxiety, depression and complex, multiple social disadvantage can facilitate behaviours that compromise good health and wellbeing
- People who have ongoing physical health challenges are 2-3 times more likely to have depression than people who have good physical health
- For people with learning disabilities, 63 is the median age of death (compared with 82 and 86 for males and females in England 2018-20)
- For homeless men, 45 is the mean age at death, 43 for homeless women
- For Gypsy or Irish Travellers 12.5% report being in bad or very bad health, more than double the general population
- For LGBTQI+, 52% have experienced depression, compared with 16% in the general population



# C + D. Area with patchy quality of care



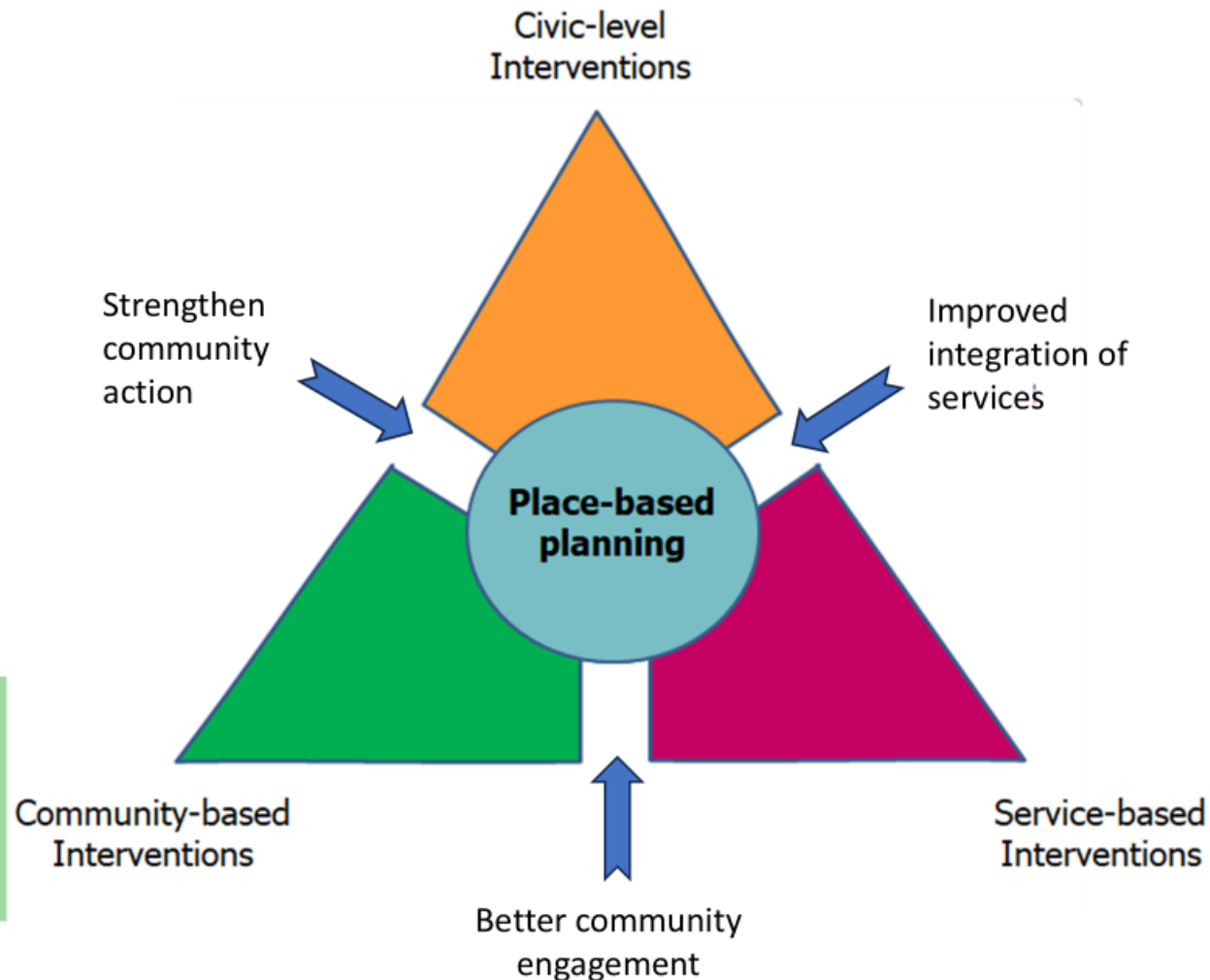
***“Excellent clinical care is both essential and absolutely not enough for the complex issues we face.”***

**- Prof Chris Bentley**



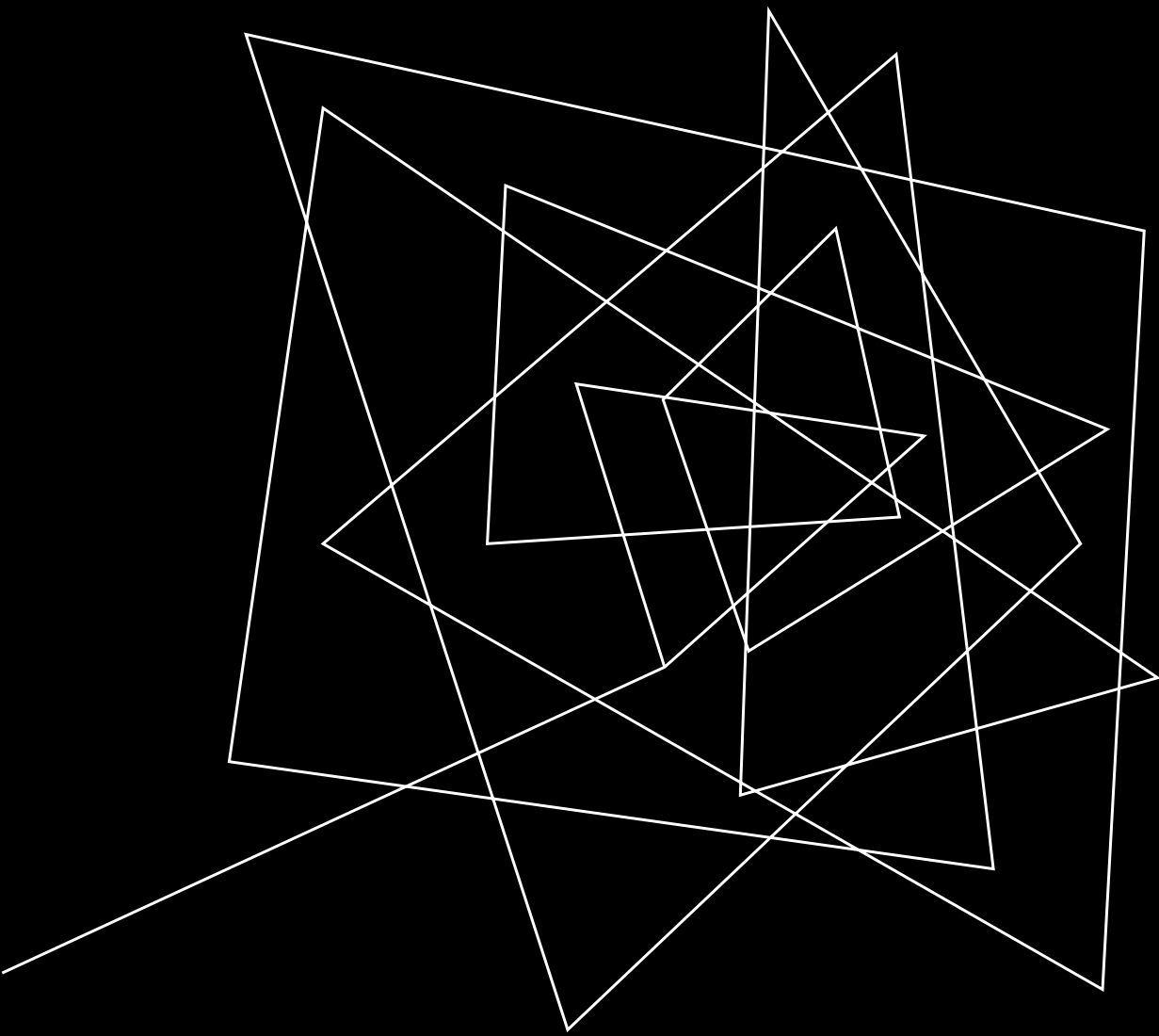
# The Population Health Intervention Triangle

- Legislation; regulation; licencing; by-laws
- Fiscal measures: incentives; disincentives
- Economic development and job creation
- Spatial and environmental planning
- Welfare and social care
- Communication; information; campaigns
- Major Employer



- The assets within communities, such as the skills and knowledge, social networks, local groups and community organisations, as building blocks for good health.

- Delivering intervention systematically with consistent quality and scaled to benefit enough people.
- Reduce unwarranted variation in service quality and delivery
- Reduce unwarranted variability in the way the population uses services and is supported to do so.



COVID-19

## 3 PCN POPULATION: 128K PEOPLE

### 4X4 MATRIX SEGMENTATION (COVID-19 RISK VS. PSYCHO-SOCIAL RISK)

	No specific COVID risks			Single High Risk (Local)			Multiple High Risk (Local)			Very High Risk (National)		
	PCN 1	PCN 2	PCN 3	PCN 1	PCN 2	PCN 3	PCN 1	PCN 2	PCN 3	PCN 1	PCN 2	PCN 3
No Specific Vulnerabilities	24,897	28,146	27,354	7,789	8,427	6,924	2,438	2,910	2,515	323	372	306
Mental Health	3,058	2,332	1,501	1,943	1,562	930	1,442	1,043	674	138	132	91
Social Vulnerability	124	76	98	115	81	62	71	86	42	5	13	4
Social Vulnerability + Mental Health	42	16	16	70	30	13	120	49	27	9	6	3
<b>Total</b>	<b>28,121</b>	<b>30,570</b>	<b>28,969</b>	<b>9,917</b>	<b>10,100</b>	<b>7,929</b>	<b>4,071</b>	<b>4,088</b>	<b>3,258</b>	<b>475</b>	<b>523</b>	<b>404</b>
	<b>PCN 1</b>	<b>42,584</b>	<b>PCN 2</b>	<b>45,281</b>	<b>PCN 3</b>	<b>40,560</b>	<b>Total</b>	<b>128,425</b>				

Is this where we have “hidden harm”? Are there people here living with undiagnosed conditions at risk of avoidable hospitalisation? What can practices do to address this?

#### COVID-specific Clinical Risk

The columns across the top represent the national clinical criteria for COVID-19 risks, grouped into;

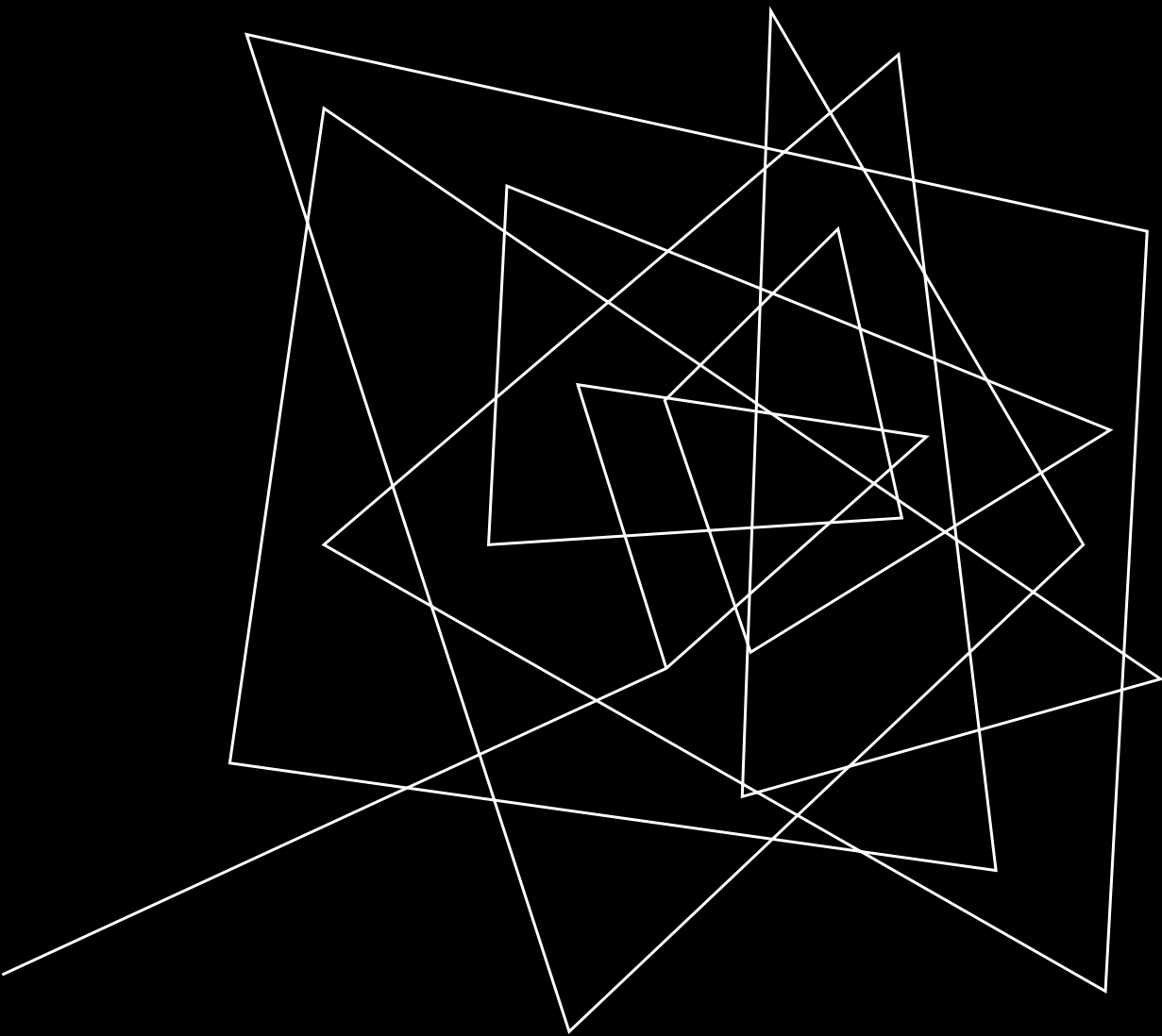
- **Primary (“High Risk”)**: this are those individuals at very high risk that are on the central Primary Shielding List (PSL) scheme.
- **Multiple secondary**: these are individuals with multiple COVID-specific risk factors, for example those over 70 with at least one underlying condition or those under 70 with multiple underlying clinical risk factors.
- **Single secondary**: this represents individuals who have only one risk factor (exclusive of the very high risk factors). This could be people over 70 with no underlying conditions or people under 70 with at least one clinical risk factor.

#### Psycho-social Risk Factors

To further understand the vulnerability of individuals as systems look to mobilise proactive support for people who are self isolating, we have further segmented the clinical risk factors into groups that represent psycho-social risk factors that may contribute to difficulty and need for proactive support.

- **Mental Health**: specific needs such as anxiety, depression, learning disabilities, dementia
- **Social vulnerability**: Currently assessed based on coding in Electronic Frailty Index from GP record; could be supplemented with council data
- **Both**: those individuals with both mental health and social vulnerabilities

WORKING EXAMPLE OF POSSIBLE USES OF DATA TO EXPLORE



WELL NORTH  
ENTERPRISES



# UNDERPINNING PRINCIPLES

## HIGHLY RELATIONAL APPROACH

Getting alongside communities and doing things *with* people rather than *to* people

## DIFFERENT INSIGHTS

What matters most to people not what's the matter with them with local people as the solution and not the problem

## REFRAMING

Tapping into existing assets, resources, talents and skills and applying an entrepreneurial mindset



# THE POWER OF STORIES IN COMMUNITY BUILDING

*“A community is only as strong as  
the stories it tells about itself.”*

Tarrell Alvin McCraney

# WELL SKELMERSDALE



IT'S A SOCIAL MOVEMENT

**BIRCHWOOD JUNK FOOD CAFE**

Challenging food waste  
28.6 tonnes of food (April 11 - Jan '19) diverted from landfill  
Alleviating food poverty 1000 meals served  
People buy as you feel (for cash)  
Providing Volunteering opportunities

**Divine Days etc Creative Arts**  
Bringing people together  
SUPPORTING PEOPLE WITH ADDITIONAL NEEDS

**EVERMOOR HUB**  
run by volunteers providing vital services & activities to the community  
- Food bank / place to meet

WE'RE DRIVEN BY OUR VALUES

WE'RE WATCH IT

**ARTZ CENTRE CIC**  
NOMINATED FOR BEST 3<sup>RD</sup> SECTOR BUSINESS  
MARK ASTON WINNER BEST YOUNG BUSINESS LEADER AWARDS  
WORKING EXTENSIVELY TO PROVIDE INNOVATIVE WORKSHOPS OPPORTUNITIES IN PERFORMING ARTS  
1000 STUDENTS  
5000 TONNES SOLD IN 2018

**WEST LANE COLLEGE**  
RE-INTRODUCE A LEVELS  
FINDING INNOVATIVE TIPS  
TO INSPIRE YOUNG PEOPLE TO  
LATION



Population 40k in West Lancashire  
**We're creating something beautiful**

**We're a SOCIAL ENTERPRISE TOWN**

**SOCIAL INNOVATION PROGRAMME**  
FEEDS LAUNCHED  
T SOCIAL

LIFE'S ENIGMA

ADJUST

Pulse



we're in it together



**CLUB**  
CO-PRODUCED ACTION ABOUT PEOPLE + PLACE

using social media to Amplify MESSAGES  
600 followers  
8000 photos  
using 1500+ bytes

**THE SEWING ROOMS**

THESEV SEWERS  
CIC  
WIN BELNETS ENTERPRISE AWARD 2018 - MENTORING & TRAINING  
WORKING FORWARD COMMUNITY  
INVITE, INSPIRE, CONNECT  
FORWARD PEOPLE WELL  
PROFIT FROM COMMERCIAL ACTIVITY  
FUNDING SOCIAL ACTIVITY

Improving Health and Wellbeing

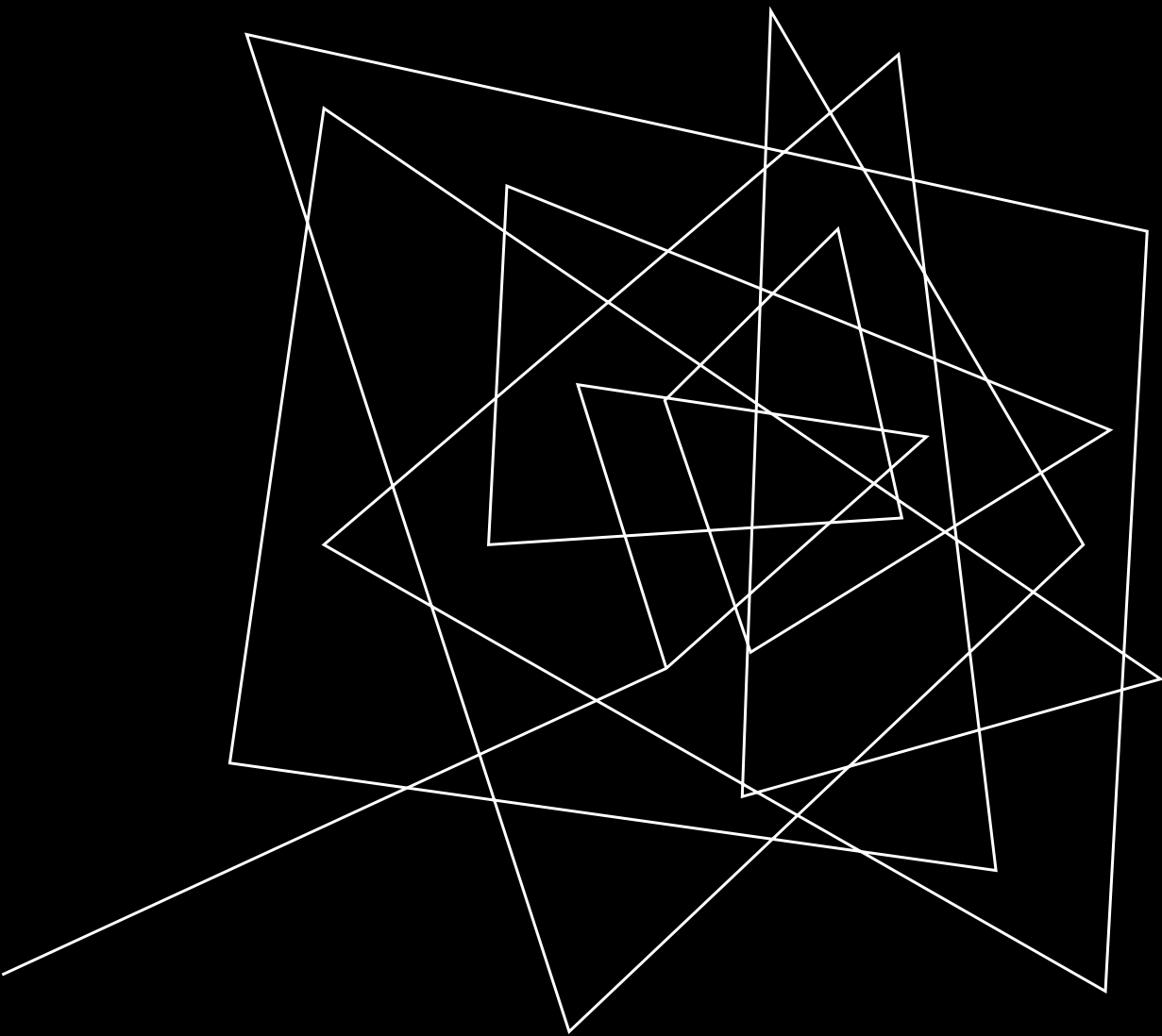
**BETTERPOINT**  
an App used by 500+ local people providing reward for lifestyle change

SKELMERSDALE SOCIAL PRESCRIBING Collaboration  
GP Federation WLCVS  
MACAULLAN MORE POSITIVE TOGETHER

**FUTURE PLANS**

Community Leaders  
passionate about making a difference making the social movement

YOUNG MUMS



LANCASHIRE &  
SOUTH CUMBRIA

# How we tackle health inequalities



Create	Work in partnership with people, communities, businesses and public sector organisations to create the conditions in which people can thrive
Predict	Using data, insight and ongoing dialogue with communities to identify early issues likely to lead to ill health
Prevent	Take action with people and communities to improve lifestyles, social circumstances and our environment to improve health and wellbeing
Detect	Work proactively in integrated teams to find people who have a condition which increases their risk of ill health
Protect	Work with people with known conditions/risk factors to reduce their risk of ill health
Manage	Ensure equitable access to the best possible healthcare at the earliest opportunity
Recover	Work with people and carers to enable those recovering from illness to live as full a life as possible or receive excellent and equitable palliative care

# LSC POPULATION HEALTH LEADERSHIP PROGRAMME

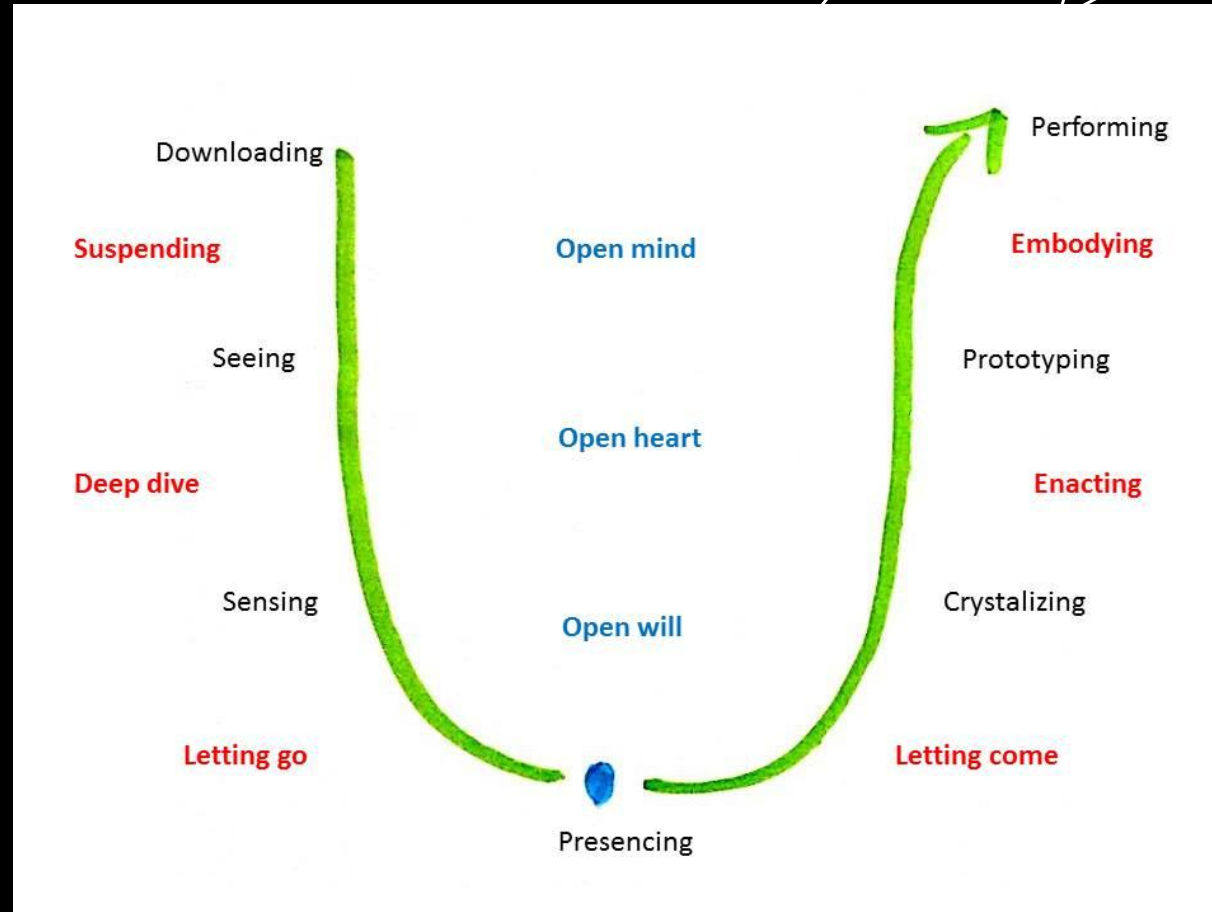
HOW ARE YOU? \_\_\_\_\_ How are you **really**?

WHY ARE YOU  
HERE? \_\_\_\_\_ Why are you **really** here?

LISTENING \_\_\_\_\_ **Deep, active** listening through triads and fishbowl

UNDERSTANDING  
OURSELVES \_\_\_\_\_ Understanding our **true** selves through use of the Enneagram –  
[www.enneagramglobal.org](http://www.enneagramglobal.org)

# Otto Sharmer's Theory U Unlearning



# Creating the conditions for sustained practice change

- The conceptual model or causal theory held by the organisation and its workforce will determine what questions are asked
- If trauma and adversity is not seen as fundamental to the individual's current difficulties – the professional will be unlikely to ask about it
- E.g., a psychiatrist who believes psychosis is a brain disease caused by faulty brain chemistry, which is genetically determined – they are unlikely to ask about trauma and adversity
- Childhood trauma is a causal factor in positive psychotic phenomena and specifically hallucinations.

Childhood trauma and psychosis: evidence, pathways and implications. Larkin W, Read J, (2008) [jpgmonline.com](http://jpgmonline.com)  
Skehan, Larkin & Read (Psycho-analysis, Culture & Society (2012) 17, 373–391)

# Opportunities through a provider lens

- Frontline delivery tailored to the assets and needs of different population groups
- Influencing and bringing behavioural insights and curiosity to service improvement and transformation work
- Supporting enhancements in the therapeutic environment and the role of the multi-disciplinary teams
- Creating psychologically safe and trauma informed environments
- Influencing staff behaviours across a range of areas;
  - Embedding use of new digital systems
  - Systematising use of population health management tools
  - Improving staff vaccination uptake
  - New cultures
  - Attitudes and beliefs re safer staffing levels, staff sickness
- Applying greater curiosity and behavioural science to the three shifts



# OPPORTUNITIES FOR PSYCHOLOGICAL PROFESSIONS

## TRAUMA INFORMED

What is the role of psychological professions in creating trauma informed workplaces, communities, environments and services?

## BEHAVIOUR CHANGE

How can psychological professions bring their knowledge and insight into behaviour change approaches for staff, patients and the different and varied populations we serve?

## CULTURE CHANGE

What influence can psychological professions bring to new cross organisational cultures for true integrated working and neighbourhood health?

## FRONTLINE DELIVERY

What opportunities are there for psychological professions to be applying a health inequalities lens in their frontline delivery?



## SUMMARY

Psychological professions are key to helping bring greater curiosity to our work in health and care. Your knowledge on behaviour change and behavioural science offers our systems, organisations and services support on how to “unlearn” what we think we know and design interventions that are rooted in behavioural insights for longer term, sustainable change.



THANK YOU

Lucinda McArthur

[lucinda.mcarthur@lscft.nhs.uk](mailto:lucinda.mcarthur@lscft.nhs.uk) or

[lucinda.mcarthur@outlook.com](mailto:lucinda.mcarthur@outlook.com)

Tel: 07866558176

PPN  
NORTH WEST  
Psychological  
Professions Network

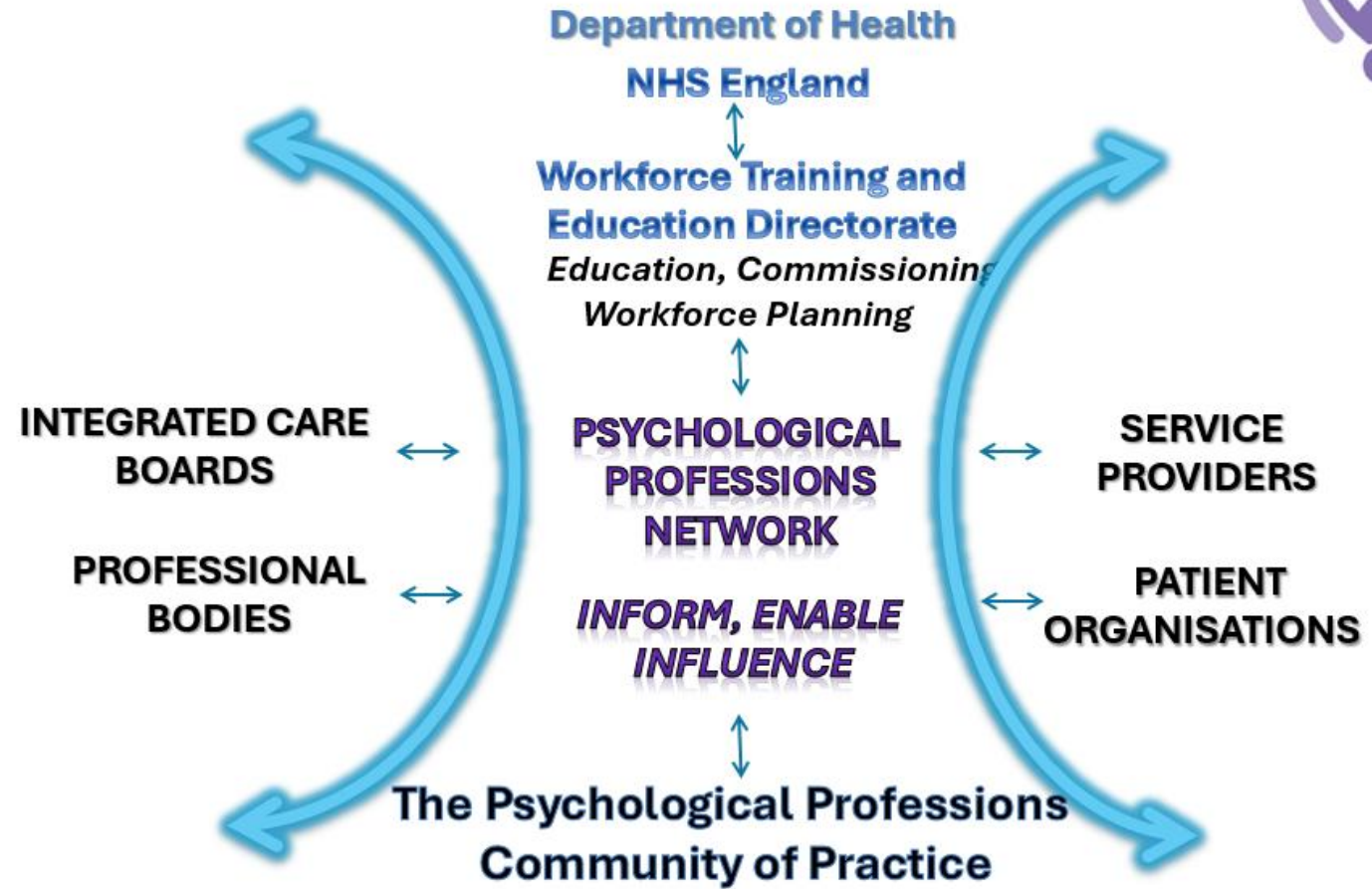
PROMOTING EXCELLENCE IN PSYCHOLOGICAL HEALTH & WELL-BEING



# PPN – What we do



“How would you like to be represented in conversations about the Three Shifts?”



# World Café

## Purpose



**Tap into collective intelligence, encourage inclusive participation, and generate shared understanding and innovative solutions** in a relaxed, informal setting

# World Café – Three Shifts Conversations

## Key Features

**Group, “café-style” conversations**

**Focussed Questions**

**Rounds of Dialogue** participants switch tables between rounds

**Cross pollination** of ideas – change tables receive insights from previous conversations

**Visual Recording** will be presented on screen during lunch



# Practicalities

## Facilitators

- One on each table
- Capture Insights (including their own)
- Encourage Participation
- Share key points and common threads as new groups join
  
- Make notes:
  - Strengths, Weakness, Opportunities Threats A3 templates
  - Blank Flip Chart paper



# Practicalities

## Three Shift Conversations

- Three Questions: One for each of the Three Shifts
- 12 tables in total = 4 tables focussed on Question 1, 4 tables on Q2 etc
- 12 mins per question
- Change tables three times
- Facilitators stay on same table throughout
- At the end notes will be collected to create **visual record**

*Tables 12 & 13 to join other tables...*

# World Café – the task

## Three Shift Conversations

- Three Questions:
  - Q1: Sickness to Prevention
  - Q2: Analogue to Digital
  - Q3: Acute to Community
- Printouts of Questions are on your tables

# Sickness to Prevention

## World Café Question 1

*What are the key Strengths, Weaknesses, Opportunities and Threats for Psychological Professionals in:*

*- supporting the reduction of demand on acute healthcare services & in preventing ill health (both mental and physical)? Some aspects to consider:*

- *Working across systems*
- *Community approaches – third, voluntary services, schools, public sector*
- *Promotion of positive health behaviours*
- *Staff wellbeing*
- *Population and Public Health approaches*
- *Evidence based psychological interventions*

# Analogue to Digital

## World Café Question 2

*What do you see as the key strengths, weaknesses opportunities and threats for Psychological Professionals in introducing digital ways of working? Some aspects to consider:*

- *Digital Records*
- *Therapeutic Alliance*
- *Practical implications*
- *Artificial Intelligence*
- *Service Models*
- *Accessibility*



# Acute to Community

## World Café Question 3

*What do you see as the key Strengths, Weaknesses, Opportunities and Threats for Psychological Professionals in developing and implementing neighbourhood models of care? Some aspects to consider:*

- Multi-disciplinary working
- Integration with Physical Health
- Long Term Conditions
- Evidence based interventions
- Population and Public Health approaches
- Crisis Management / Resolution
- Workforce Requirements
- Career Frameworks
- Leadership
- Coproduction – Community Engagement

# Three Shifts

## Sickness → Prevention

**Current State:** Healthcare often reacts to illness after it occurs.

**Shift:** Move towards proactive health management– preventing disease before it starts.



**Impact:** Reduces long-term demand on acute services and improves population health

## Analogue → Digital

**Current State:** Many processes rely on paper-based or manual systems.

**Shift:** Embrace digital tools and data-driven care

**Opportunities for Patients:**

- 24/7 Access to health information
- Virtual consultations: Reduces travel times
- Remote monitoring
- Personalized Care
- Self-management tools

Improves efficiency, accessibility, and patient empowerment

## Hospital → Community

**Current State:** Care is heavily centered in hospitals.

**Shift:** Deliver more care closer to home and in community settings



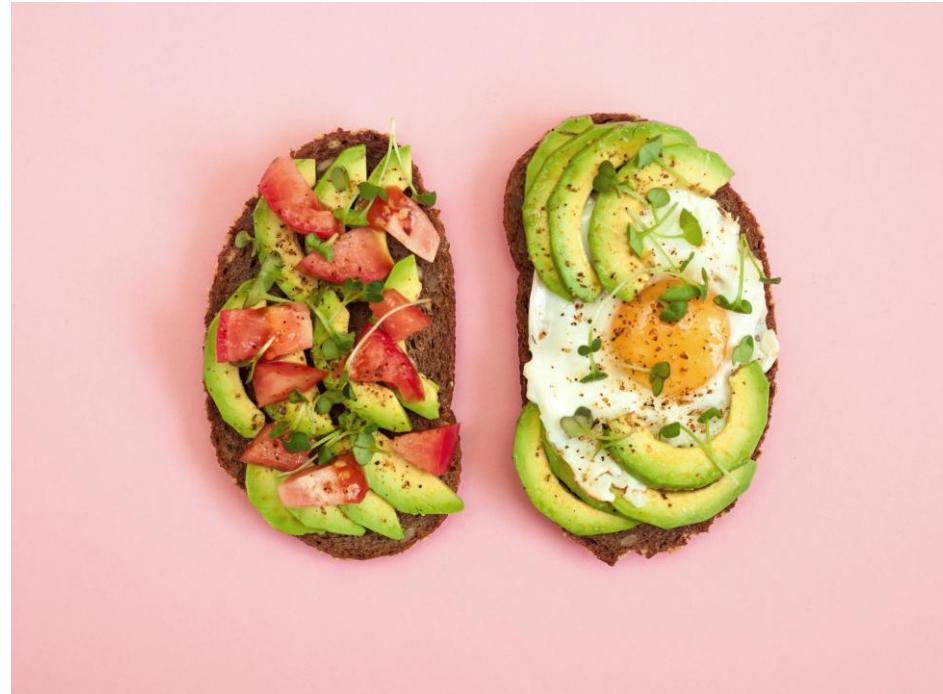
## Table Changes

Table	Move to
Table 1	Table 5
Table 2	Table 6
Table 3	Table 7
Table 4	Table 8
Table 5	Table 9
Table 6	Table 10

Table	Move to
Table 7	Table 11
Table 8	Table 14
Table 9	Table 1
Table 10	Table 2
Table 11	Table 3
Table 14	Table 4



# Lunch





**Cumberland  
Council**

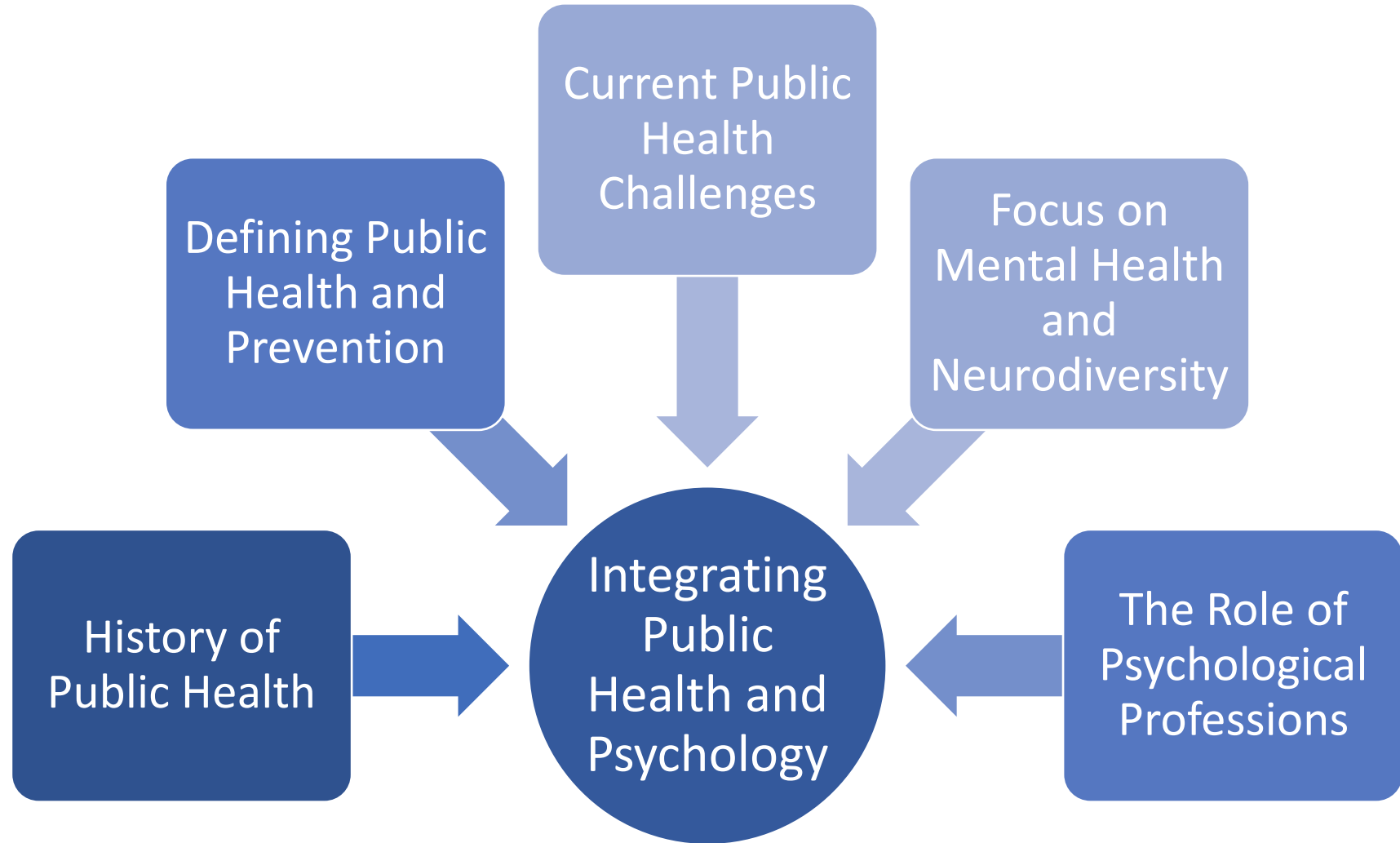
# **The psychological professions: A vital force in public health and prevention**

**Colin Cox**

**Director of Public Health, Customer and Community Wellbeing**

**Cumberland Council**

# Outline



# Background and context



[cumberland.gov.uk](http://cumberland.gov.uk)

# Four waves of Public Health

## First wave

Sanitary reform; great public works; growth of municipal power; concern for civil order. Social reformers key players.



**Edwin Chadwick**, social reformer and first Sanitation Commissioner



**Dr William Duncan**, first Medical Officer for Health (Liverpool)

1830

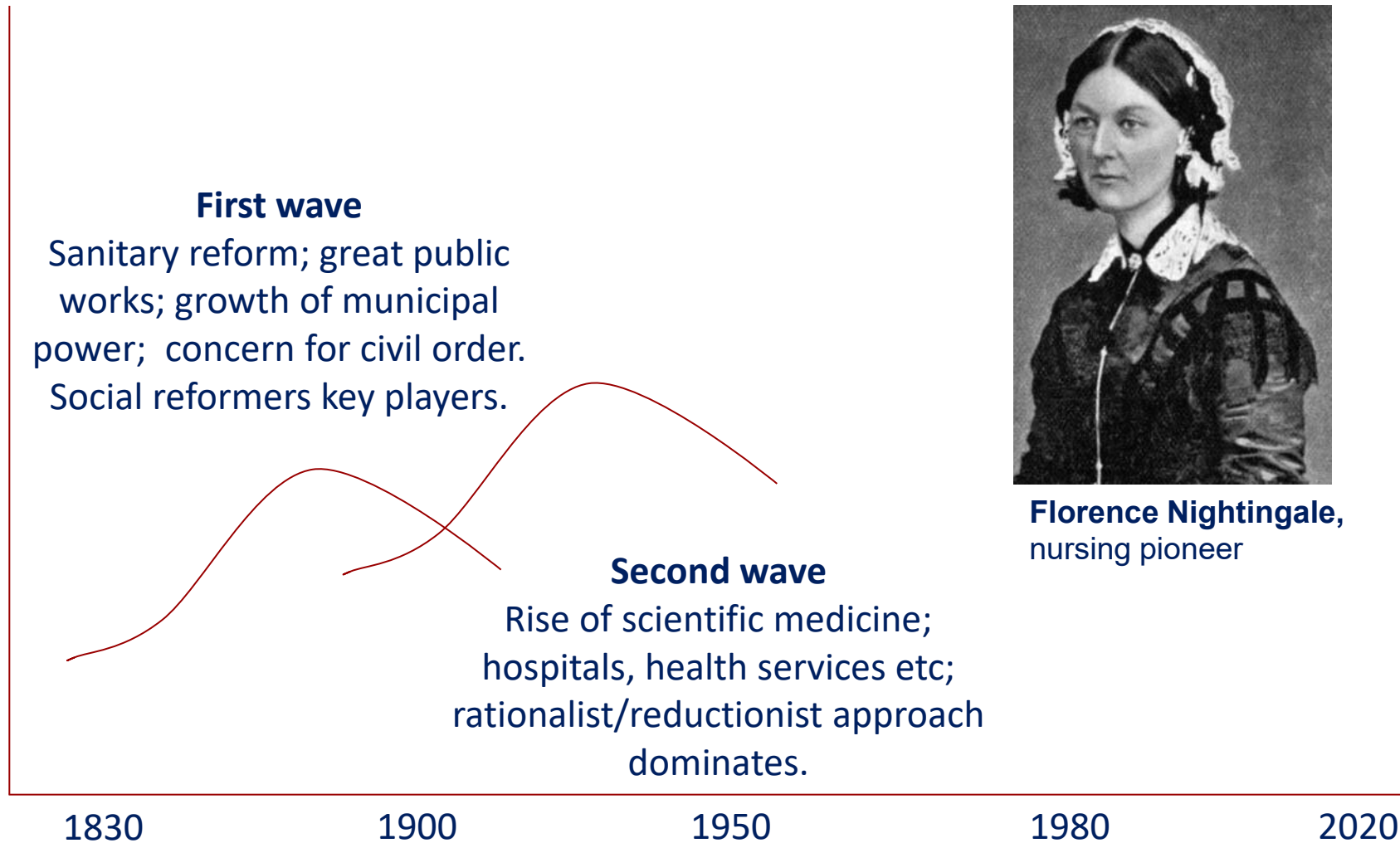
1900

1950

1980

2020

# Four waves of Public Health



**Florence Nightingale,**  
nursing pioneer

# Four waves of Public Health



**William Beveridge,**  
architect of the post-war  
welfare state

**Third wave**  
Welfare state; institutional reform; NHS established; social housing; focus on living conditions. Politicians key players.

**Aneurin Bevan,**  
architect of the NHS



**Second wave**  
Rise of scientific medicine; hospitals, health services etc; rationalist/reductionist approach dominates.

1830

1900

1950

1980

2020

# Four waves of Public Health



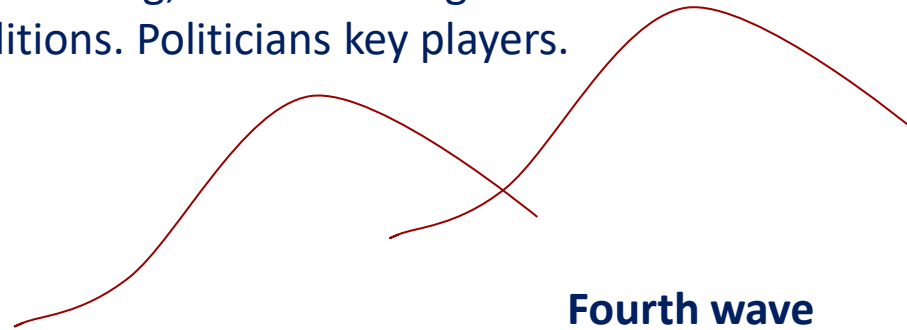
**Sir Richard Doll,**  
epidemiologist who connected  
smoking and lung cancer



**Sir Michael Marmot,**  
epidemiologist, author of  
global and national reviews of  
health inequalities

**Third wave**  
Welfare state; institutional  
reform; NHS established; social  
housing; focus on living  
conditions. Politicians key players.

**Fourth wave**  
Focus on risk factors, especially  
lifestyles and behaviours;  
emerging concerns about  
inequalities.



1830

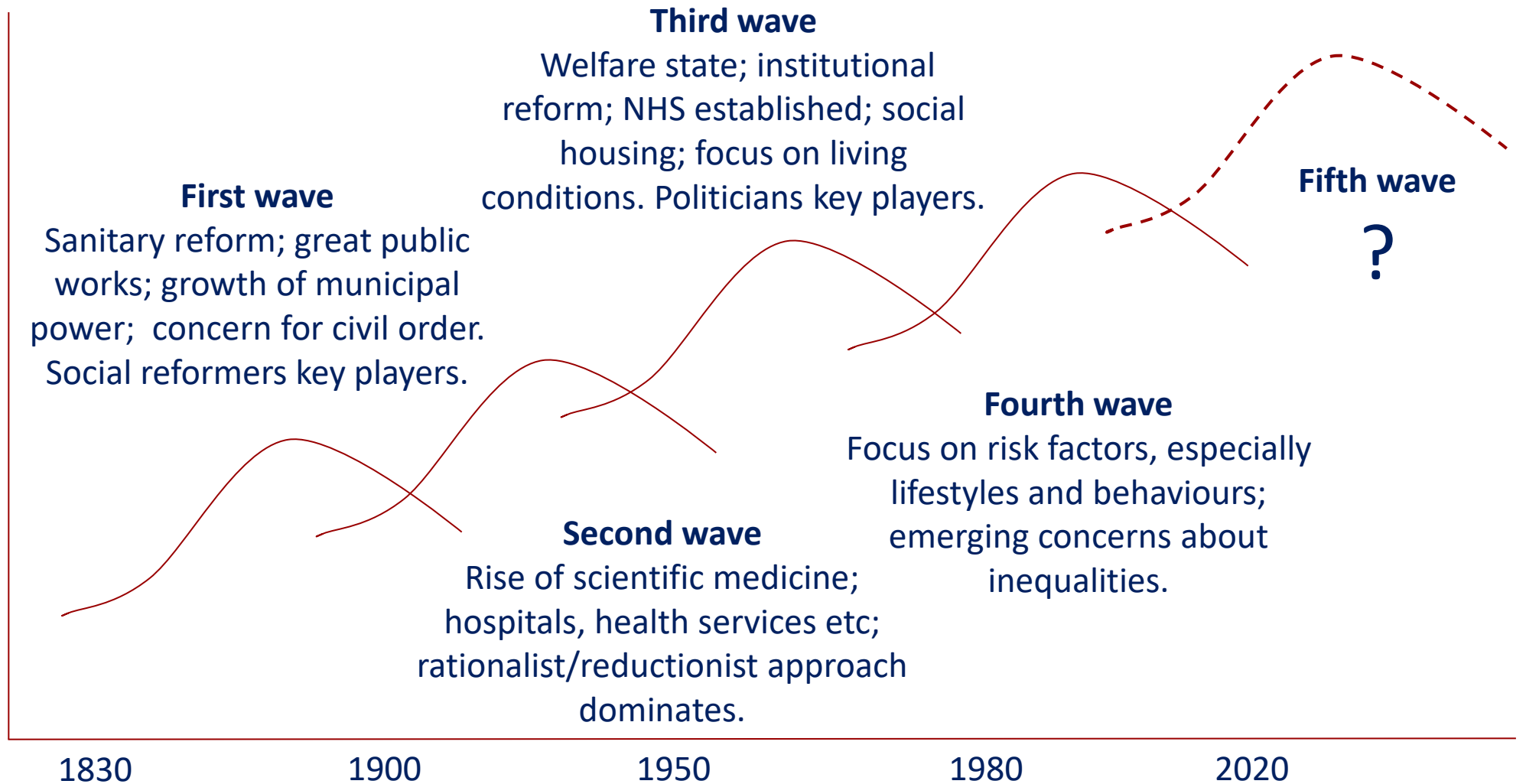
1900

1950

1980

2020

# Five waves of Public Health?



# Defining Public Health

“The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society”

(Faculty of Public Health)

# Defining Prevention

**Primary Prevention:** stops health issues before they start, e.g. through promoting healthy behaviours – not smoking, good diet, exercise;

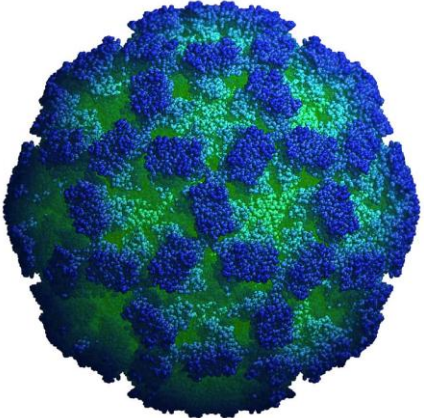
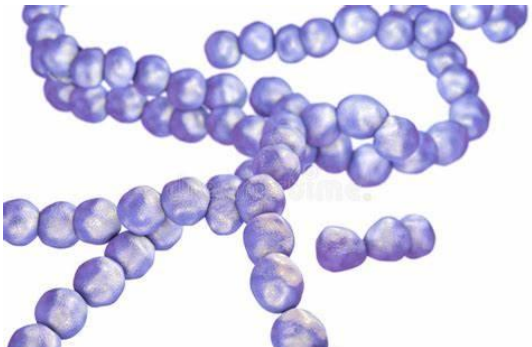
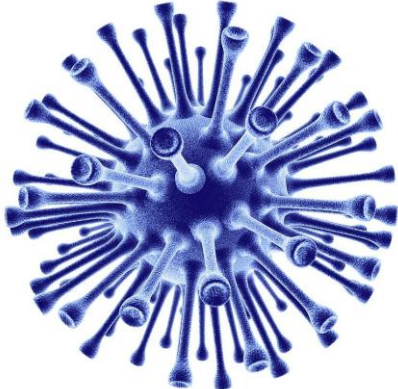
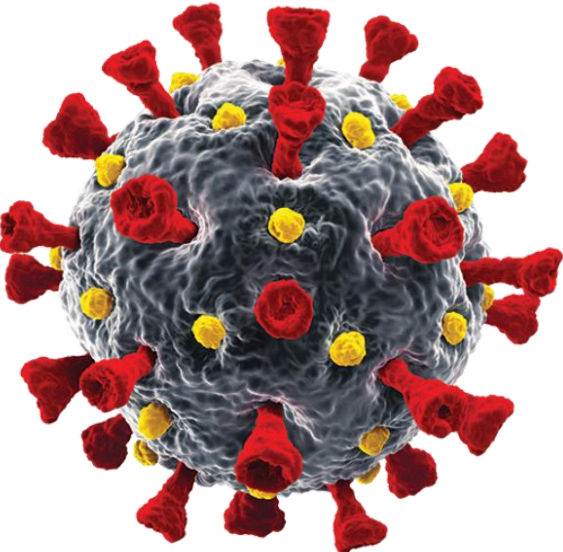
**Secondary Prevention:** focuses on early detection and intervention, to catch problems early and improve outcomes, e.g. through blood pressure screening and anti-hypertensives;

**Tertiary Prevention:** reduces impacts of established conditions by helping manage long-term challenges, e.g. through cardiac rehabilitation.

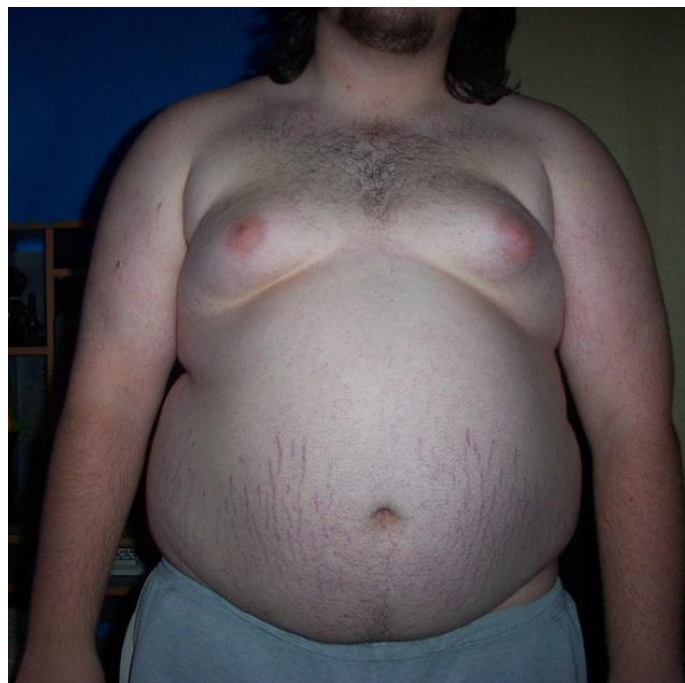


# Current Challenges and Responses

# New and resurgent diseases



# “Dis-eases”

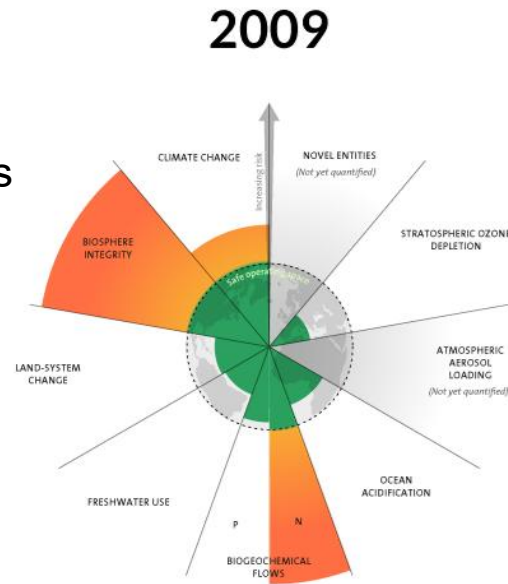


# Ageing, dementia and dying well

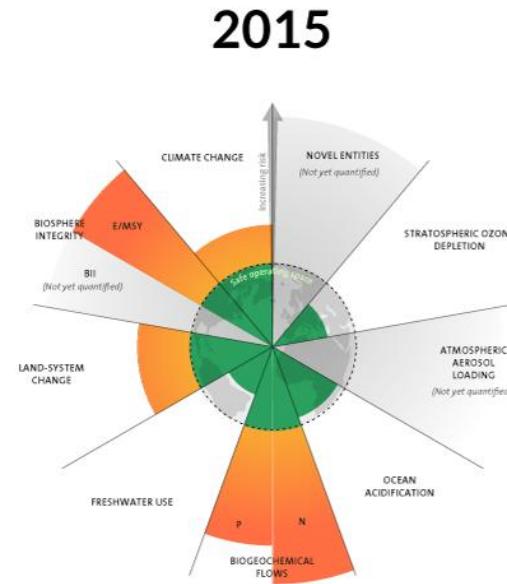


# Environmental Destruction

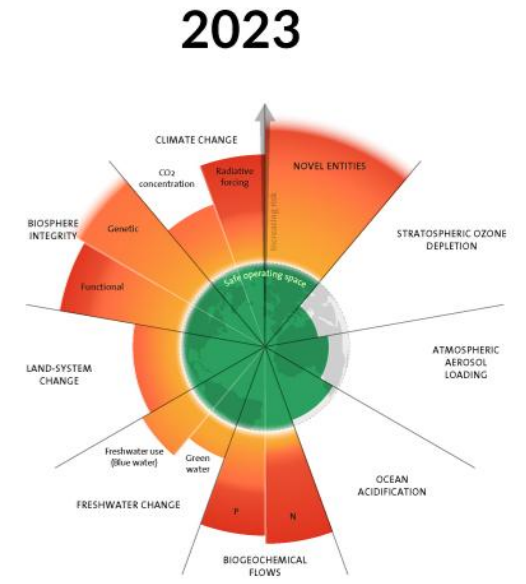
1. Climate change
2. Biosphere integrity (biodiversity loss)
3. Nitrogen and phosphorous cycles
4. Stratospheric ozone depletion
5. Ocean acidification
6. Global freshwater use
7. Change in land use
8. Atmospheric aerosol loading
9. Novel entities (chemical pollution)



3 boundaries crossed



4 boundaries crossed



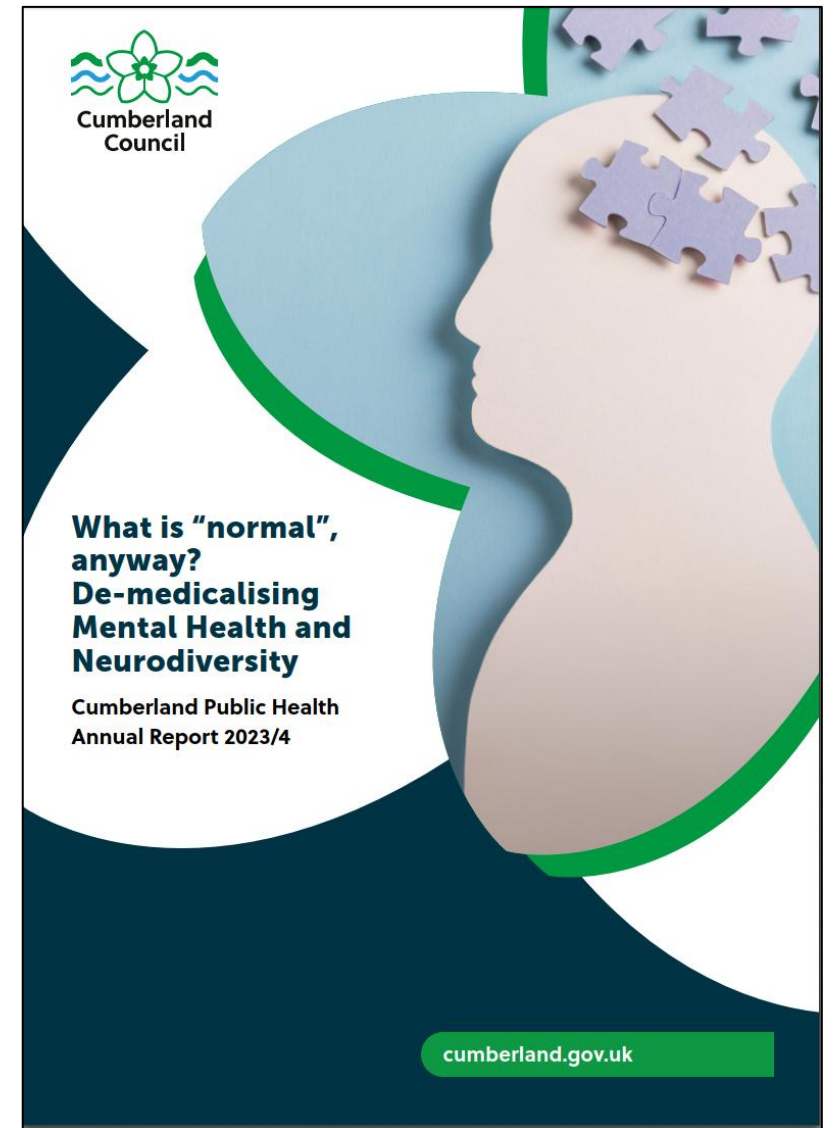
6 boundaries crossed

# Focusing on the mental health crisis

- 26.6% of 16-64 year olds (*and 36.6% ♀ age 16-24*) positive for a common mental health condition “in the last week”
- 13.9% of 16-74 year olds (*and 27.2% ♀ age 16-24*) screening positive for ADHD

Abnormal is so common, it's practically normal

Corey Docterow,  
“Little Brother”

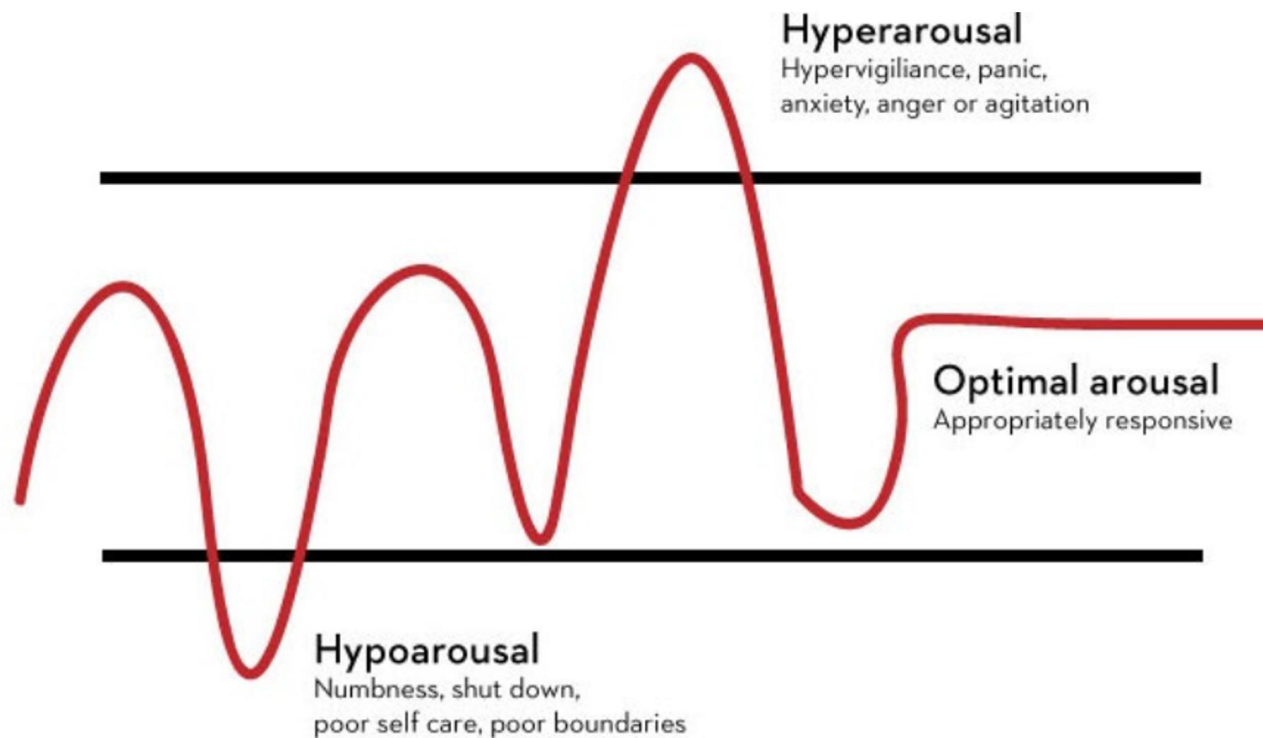


DIAGNOSTIC AND STATISTICAL  
MANUAL OF  
MENTAL DISORDERS  
FIFTH EDITION

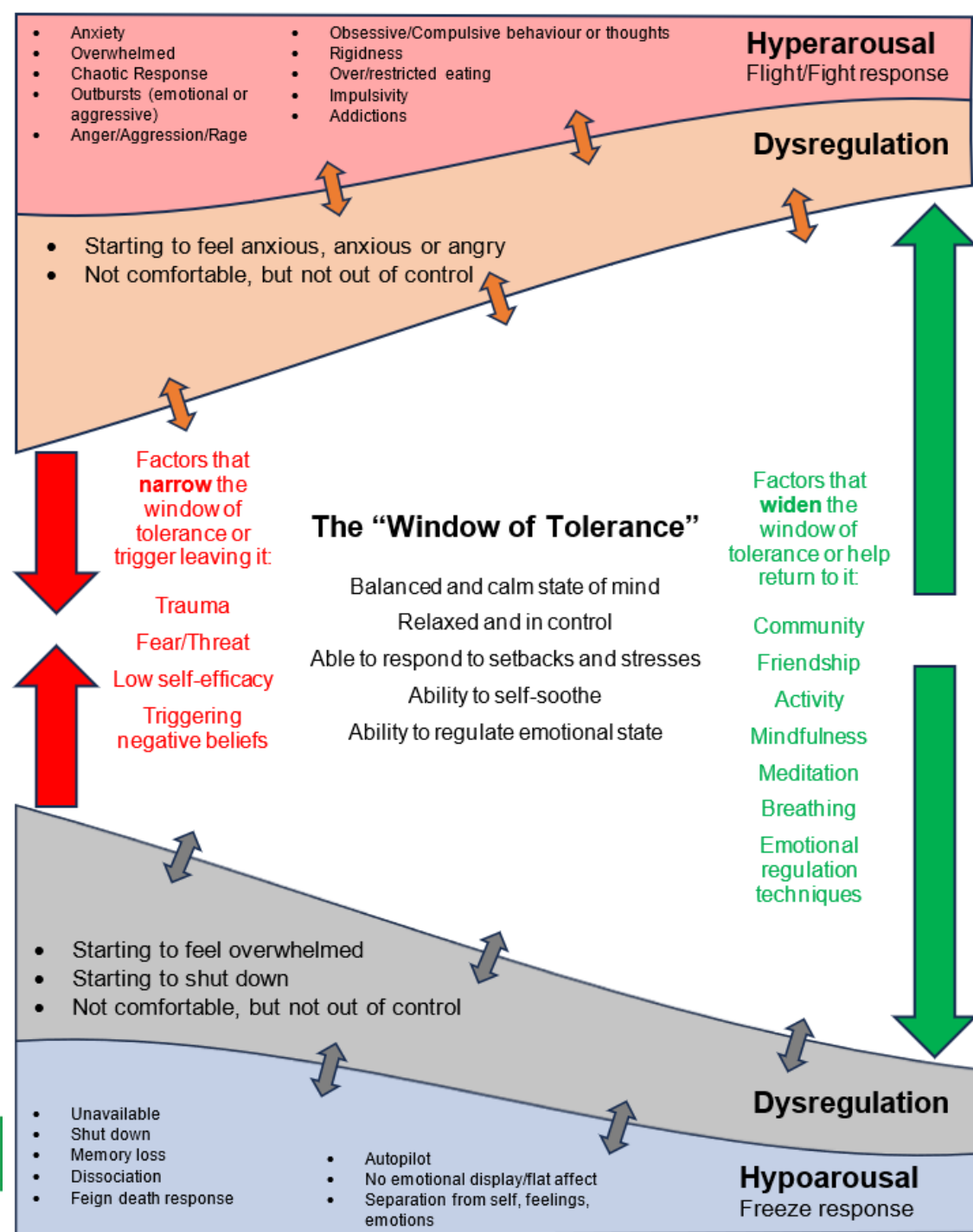
DSM-5™

No biomarkers  
Arbitrary boundaries  
Fuzzy definitions  
Cultural biases  
Non-specific treatments  
Missing social influences

# Window of Tolerance



[cumberland.gov.uk](http://cumberland.gov.uk)



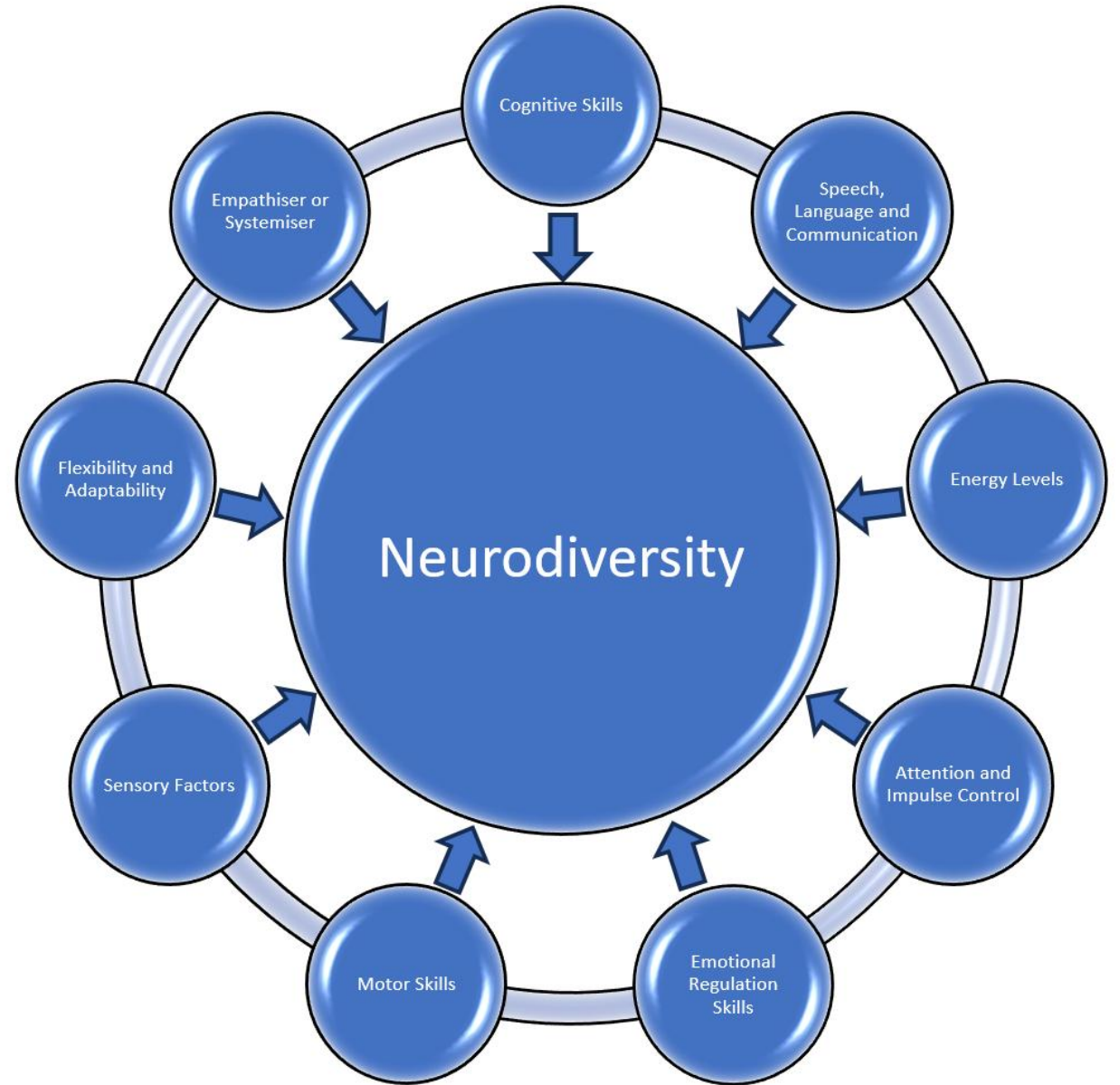
# Trauma

Simple  
Developmental  
Complex  
Adversity



# Neurodiversity

Attention Deficit Hyperactivity Disorder  
Autism Spectrum Disorder  
Specific Learning Disability



# Culture and Social Expectations



The neurofication of everyday life...is driving young people to reframe various forms of real distress and difficulty as indicating fixed disabilities, that neither they nor anyone else can change. This is debilitating a generation.

**Dr James Davies**

Associate Professor of Medical Anthropology  
and Psychology  
University of Roehampton

# Map of Mental Wellbeing

Mental  
Illness



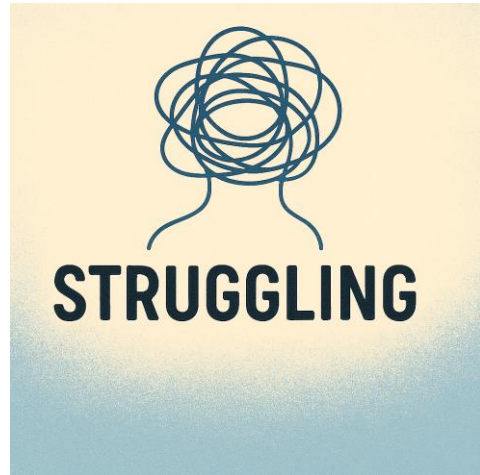
Mental  
Health



[cumberland.gov.uk](http://cumberland.gov.uk)

# Map of Mental Wellbeing

Good Mental Health



With Mental  
Illness

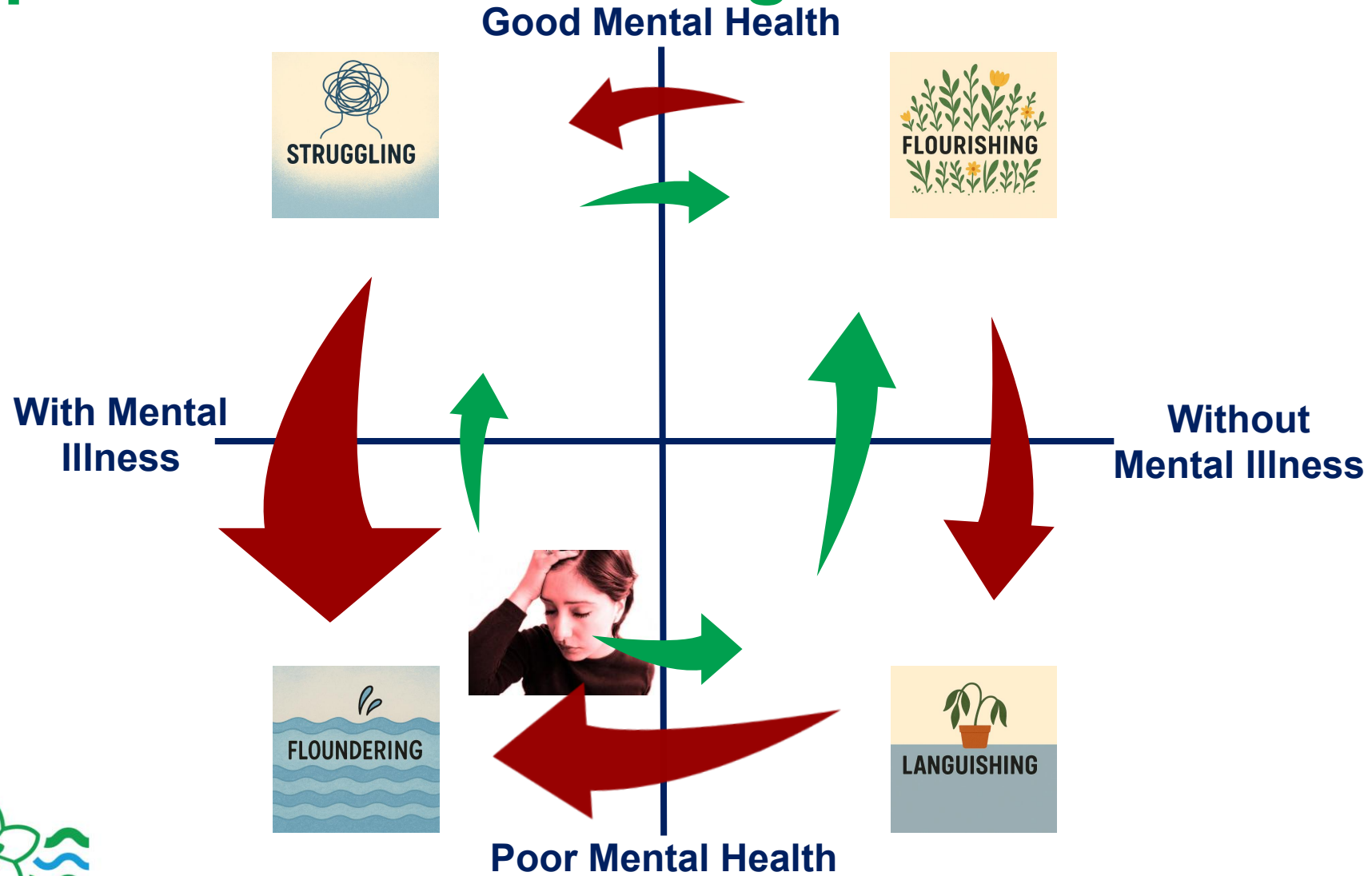
Without  
Mental Illness



Poor Mental Health

Venning, adapted from  
Corey Keyes' Dual  
Continuum Model

# Map of Mental Wellbeing



# Current (Fourth Wave) Responses



Mental Health Promotion



Early Intervention

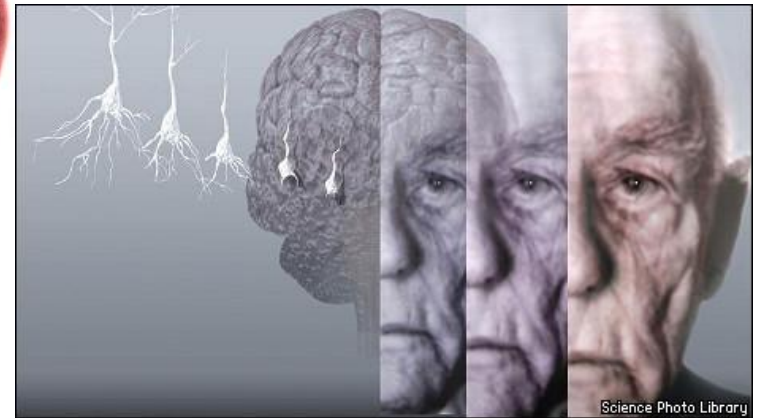
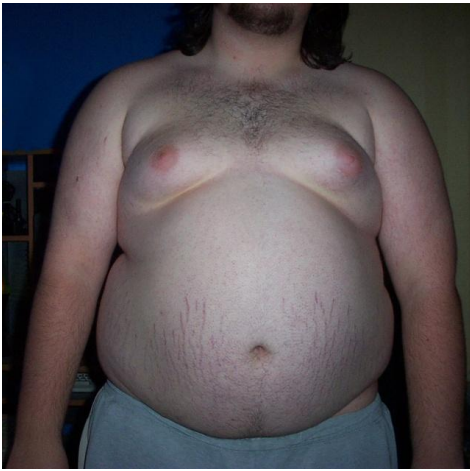


Trauma-informed approaches



Behaviour Change

# An integral approach to public health



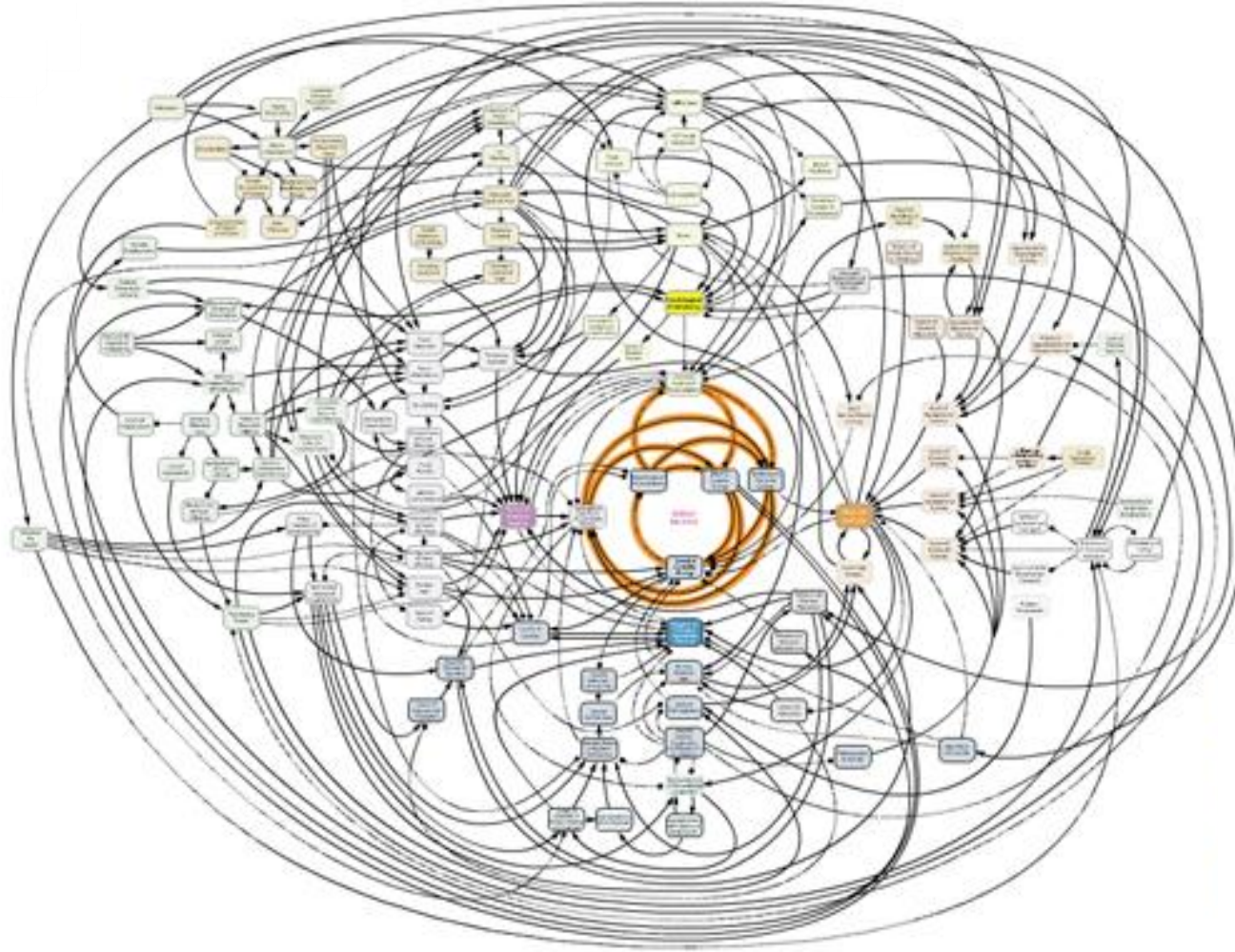
# Common Threads

- Materialism
- Consumerism
- Individualism
- Economism

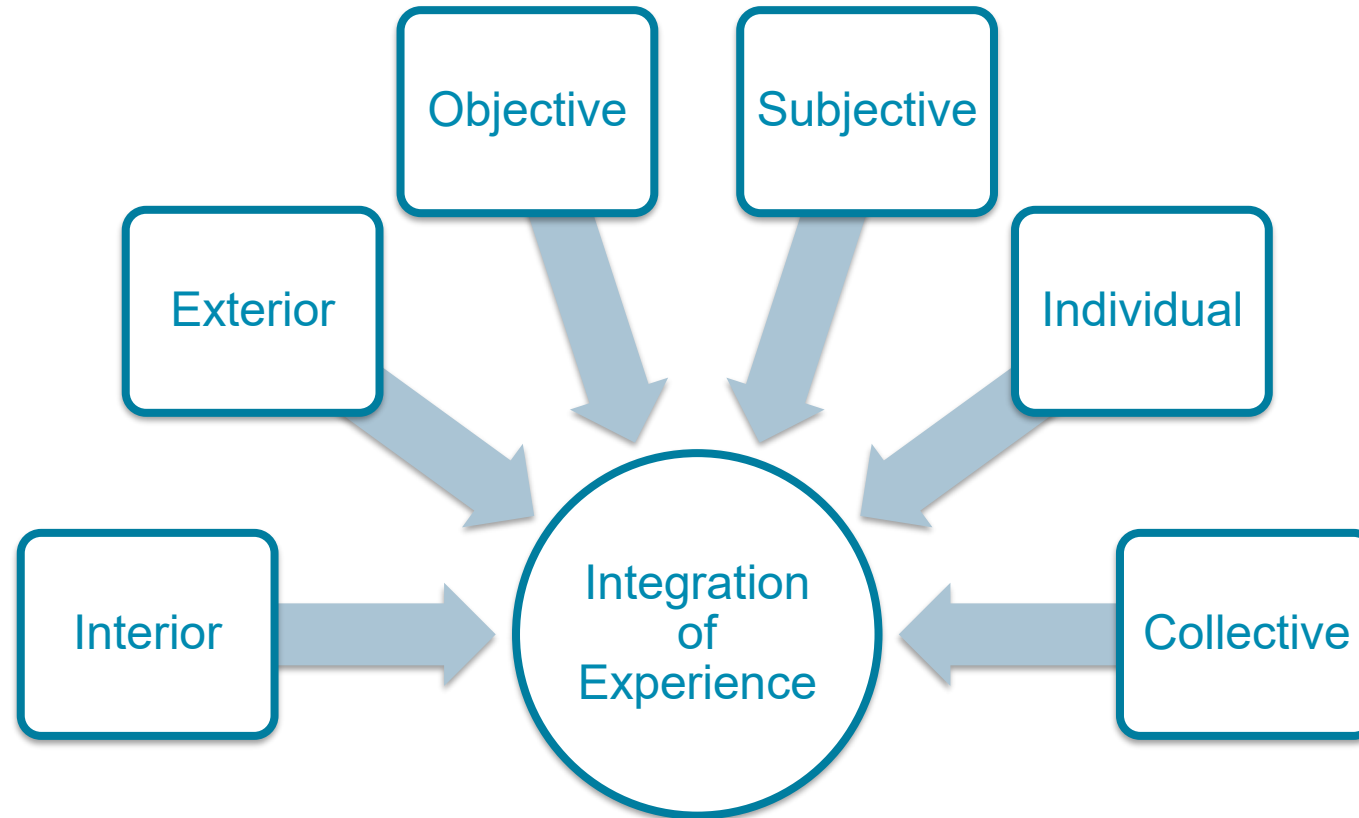
It's the  
stupid  
economy!



# Complexity and Chaos



# The challenge for future public health



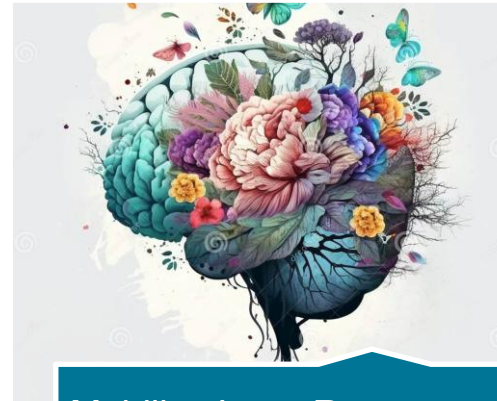
# Implications?



New Economic Models



Holistic Psychological Response



Mobilise Inner Resources for Self-Healing



Changing the Narrative

# Power/Threat/ Meaning



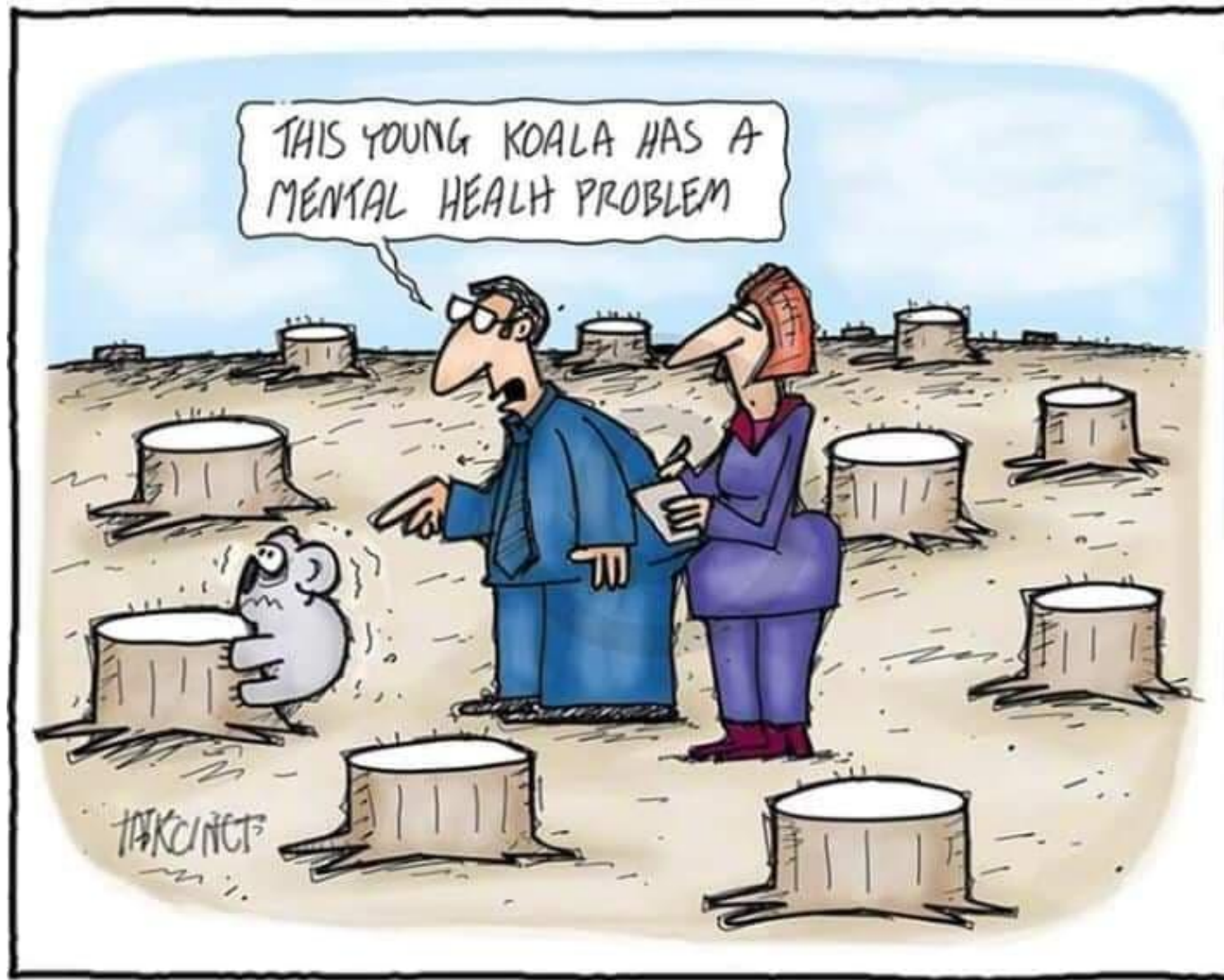
@creative.clinical.psychologist

# Wilber's integral model

	Subjective – Interior	Objective - Exterior
Individual level		
Collective level		

# Possible framework?

	Subjective – Interior	Objective - Exterior
Individual level	<b>I (mind)</b> <ul style="list-style-type: none"> <li>•Positive parenting</li> <li>•Promote reflective / mindful practices</li> <li>•Promote positive thinking / cognitive skills / sense of control</li> <li>•Promote creative participation</li> </ul>	<b>It (body and environment)</b> <ul style="list-style-type: none"> <li>•Health protection</li> <li>•Define and promote positive (salutogenic) environments</li> <li>•Holistic approach to personal lifestyle improvement</li> <li>•Asset based approaches</li> <li>•Clinical practice mobilising inner resources for healing</li> </ul>
Collective Level	<b>We (culture)</b> <ul style="list-style-type: none"> <li>•Create new narratives describing “how life should be lived” – challenging consumer culture, redefining “normal”</li> </ul>	<b>Its (society)</b> <ul style="list-style-type: none"> <li>•Build social networks based on positive health behaviours</li> <li>•Define and promote salutogenic and sustainable economic models</li> </ul>



# Break



PPN

NORTH WEST



Psychological  
Professions Network

Recognition Awards

2025



**INFORM**

**INFORM: Engaging a wider group regarding Psychological Professions. This category celebrates outstanding initiatives that broaden the reach and awareness of psychological expertise.**

**Nominees will have demonstrated innovation in sharing knowledge about psychological professionals with new audiences—be it through public campaigns, educational events, or the development of new and accessible resources.**

**The award recognises those who have succeeded in connecting the profession with diverse communities, enhancing understanding and accessibility to psychological support and careers.**





**ENABLE**

**ENABLE: Developing, piloting, or implementing something new (e.g., research, innovation, AI). This category recognises individuals or teams who have applied new approaches in psychological practice, research, or technology such as AI.**

**Nominees could have developed or adapted a therapeutic method, piloted a new approach, or implemented digital tools—such as AI or digital platforms—to improve outcomes for service users.**



The image features a dark, almost black background filled with a dense field of small, golden-yellow sparks or particles, creating a shimmering, starry effect. The entire scene is framed by a solid purple border. In the center, the word "INFLUENCE" is written in a bold, white, sans-serif font.

**INFLUENCE**

**INFLUENCE: Engaging different audiences such as through coproduction, lived experience, or Third Sector collaboration.**

**This recognises those who have made a significant impact by collaborating beyond traditional boundaries. Nominees will have worked in partnership with people who have lived experience, coproduced solutions with communities, or joined forces with third sector organisations to effect change.**

**The category highlights work that may have shaped policies, enhanced services, or empowered voices such as widening access and participation.**



# Final Summary and Close



# Knowledge check

PPN Conference 2025 - End of  
Conference "check-in"



**NETS**

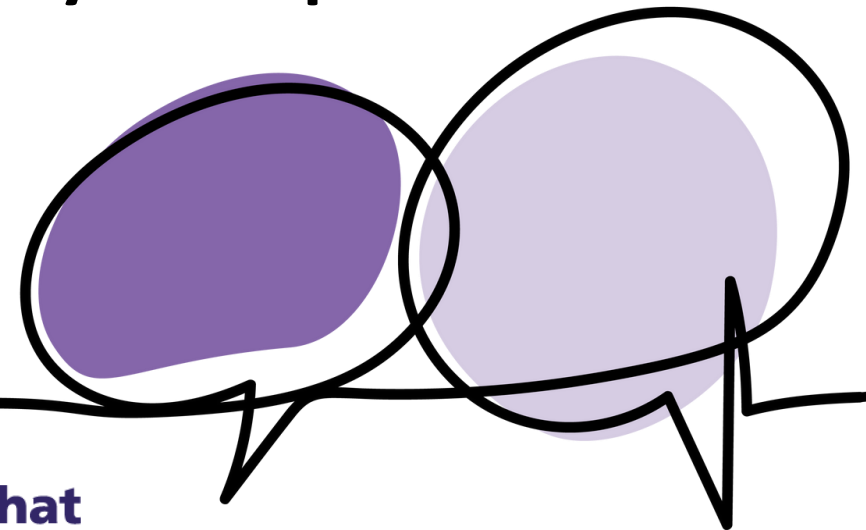
**NHS**

SCAN ME



**The National Education and Training Survey is open until 2 December 2025.**

**It takes 10 minutes to share your experiences.**



We each have  
**a voice that  
counts**

[www.hee.nhs.uk/nets-2025](http://www.hee.nhs.uk/nets-2025)

Take the survey  
Drive the change

# Thank you

Safe Journey Home 😊

Feedback - PPN NW Annual  
Conference 2025

