Delivering an innovative model of holistic primary care to young people through the Well Centre: Current successes and challenges

Report to the London Violence Reduction Unit

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Executive summary

The Well Centre is a unique, free, confidential primary care service for 11-21 year olds in Lambeth and Wandsworth. Launched in 2011, and led by general practitioners (GPs), in recent years the service has grown and changed. A significant number (approximately 1000) of young people aged 10-25 now access the service annually, which operates primarily in the boroughs of Lambeth and Wandsworth.

The core elements of the Well Centre are that it is GP led, youth friendly and responsive to young people's needs. Initial assessment by a GP is followed by a flexible service delivery by either the GP, or other practitioners such as youth workers or mental health practitioners, as appropriate. In recent years the service has pivoted from general primary care to focusing more on mental health problems, partly responding to the needs of commissioners and the young people they serve.

The clients range in age from 11 to 22, and reflect considerable ethnic diversity. Many live in areas of high deprivation, particularly in Lambeth. As well as tackling the presenting health problems, these factors, and being situated in a broad based, primary care setting offer a unique position to identify and address the factors that can lead to young people becoming involved with violence.

Overall, the Well Centre is a hugely and universally valued service, and a critical part of the broader context of services for young people in the areas where it is commissioned. A range of positive impacts can be identified including improved experiences for young people, improved health, better communication between young people and practitioners, improved practitioner knowledge and confidence, improved access to services, good use of onward referral and diversion from crisis services.

There is much support for a roll out of the Well Centre's approach, and a general sense that all young people should have the right to access this kind of tailored and expert support. However these are not easy services to design or deliver, and the challenges range from the funding context, the local complement of other services for the age group, the particular needs of the age group and the challenges of providing the right staff team at the right time in the right place, and supporting them appropriately. These are all considerations for a roll out or scaling up of the service, including how the service is situated and funded, how it is run, and what it seeks to deliver.

Background

The Well Centre model

The Well Centre is a unique, free, confidential primary care service for 11-21 year olds in Lambeth and Wandsworth (www.thewellcentre.org; Hagell and Lamb, 2016). Launched in 2011, and led by general practitioners (GPs), in recent years the service has grown and changed. A significant number of young people aged 10-25 now access the service – last year this amounted to approximately 1000.

Research suggests that primary care offers a unique and important contact with young people (Michaud et al, 2020), but how exactly to capitalise on this is less clear. Young people are keen for primary care to work for them but often feel that it does not (Upton, 2016; Yassaee et al, 2017). To fill this gap, the key aims of the Well Centre model include:

- Support for more youth friendly/youth centric healthcare
- Improved access to healthcare for young people through a unique staff complement of youth worker and mental health professionals as well as traditional primary care professionals
- Promotion of better youth health outcomes
- Reduction in health inequalities in the age group
- System change in how we conceptualise and deliver primary care to young people

As well as meeting physical health needs, understanding about the role of primary care in addressing young people's mental health problems is growing (Appleton et al, 2022). Over half (55%) of 16-25 year-olds surveyed by Young Minds in 2019 had visited their GP about a mental health concern at some point in their lives, and a third reported that they had been to their GPs between two and five times about their mental health (Young Minds, 2021).

Although the Well Centre is usually described as offering a general health and wellbeing service a large and growing proportion of the work is directed towards addressing the mental wellbeing needs of clients. This is partly a function of the age group, which is a time when many people experience their first mental health problems (Kim-Cohen et al, 2003; Kessler et al, 2005), partly a function of the context after the Covid-19 pandemic with associated changes in health needs in the age group (Montero-Marin et al, 2023), and partly because improving youth mental health services and reducing the 'treatment gap' is a growing concern for commissioners (Rainer and Abdinasir, 2023; England et al, 2019). There are also related and overlapping issues around early intervention, trauma-informed practice and violence prevention when undertaking primary care with this age group.

The Well Centre is unique in that it was designed to combine the health expertise of the GPs with something closer to the informal environment of a youth centre, and delivers an integrated and holistic approach to meeting the physical and mental health care needs of young people. Service level feedback has always

suggested this is highly valued by both the client group and the funders. However, apart from a publication from 2016 (produced by the current team, Hagell & Lamb, 2016), no formal evaluation has been undertaken. The evolving model needs articulating and assessing before it can be cascaded out to involve more primary care providers.

The aim of this project was to begin this process by tracking progress and change in recent years, and identifying the transferrable elements of the model. There has always been considerable interest in the Well Centre, and there is an increasing interest in how to utilise services such as primary care to deal with the rising tide of mental health problems in this age group, and to tackle other issues such as health inequalities and violence prevention. More publicly available information about the service is critical to cascading the learning and improving the primary care offer to young people.

What do we know about the role of primary care in the lives of young people at risk of violence?

This evaluation was funded by the London Violence Reduction Unit (VRU), and understanding the role of services such as the Well Centre in violence reduction for young people was a key question from the outset.

Poor mental well-being is a recognised risk factor for youth violence and a known consequence for those who are victims or have witnessed violence (Hughes et al, 2015). Overall, there is considerable concern around rising mental health problems post-pandemic for the adolescent age group (Montero-Marin et al, 2023). Health problems in adolescence can also have long-term implications for educational outcomes and social exclusion if they interrupt school, college or training during these critical years in the transition from child to adult (Hale and Viner, 2018), and these risk factors also then have links to experience of violence (Irwin-Rogers et al, 2020).

The relationship of mental health problems to violence and other negative outcomes in young people is also clear from research and the accounts of young people who end up in hospital (eg, Public Health England, 2015). Deprivation and marginalisation are other key factors which increase the likelihood of being a perpetrator or victim of violence (Irwin-Rogers et al, 2020), and there are increasing numbers of young people of secondary school age living in poverty in the UK (Barnardos, 2022).

Being in a primary care setting offers a unique position to identify and address the factors that can lead to young people becoming involved with violence (Roche et al, 2022). The Well Centre service treats both victims and perpetrators of violence and is currently commissioned by Lambeth youth justice system to assess and manage the health needs of their clients. For several years the Well Centre has provided in-house counselling for those affected by trauma delivered by specialist trauma trained mental health practitioners. The service sits in a unique position to identify and intervene with young people at risk of experiencing violence.

Methods

Research aims

The VRU funded project had several aims:

- Assess how the service is functioning, documenting purpose and evolution of the service model, development of new staff roles
- Document the demographics and health needs of clients for a specified year (2022-23)
- Assess the extent to which the service reaches young people at risk of violence
- Provide and initial assessment of enabling factors, barriers to and impact of delivering primary care to these clients.

Data collection

The data collection and analysis process included:

- **Evidence scoping:** to understand existing research on the role of public health in youth health outcomes and violence reduction, to inform data collection
- **Stakeholder interviews:** In-depth interviews were held with eight respondents including practitioners (3), service managers (3) and stakeholders (2), to explore views on the design and delivery of the service
- **Analysis of service data:** To provide a picture of client needs, service delivery and outcomes as recorded in the practice's regular data systems, focusing on one year (March 2022-February 2023). This included analysis of data from patient experience questionnaires from 2024 (responses to the Friends and Family Test, and a separate form for completion after the end of service engagement) from young people, which asked about what they thought.
- **Documentary analysis:** review of core documents providing insight about Well Centre service delivery including contracts
- **Meeting observations:** To complement documentary analysis and learn more about how the Well Centre functioned in practice.

Ethical considerations

This project is classified as a service evaluation, and thus did not require formal NHS ethics approval. AH holds an honorary contract with the Herne Hill Group Practice, which runs the Well Centre, and is bound by the practice's confidentially and consent procedures. She is also an associate of the Association for Young People's Health (AYPH), which has its own standards for ethical engagement and research. As a Chartered Psychologist and member of the British Psychological Society, she is additionally bound by their rules around ethical research. Research methods were discussed in full project meetings with representatives of AYPH, the Well Centre and Herne Hill General Practice.

All data received from the service database ware anonymised by practice staff before sharing with AH. Patients can opt out of having their data used for research purposes (few do).

Results

Service objectives and underlying principles

The Well Centre team's vision is for high quality, nationwide primary care for young people, that tackles presenting health issues but sets these within a wider view of all of the biological, social and psychological factors that are impacting on the young person's life.

The core elements of the Well Centre service are that it is GP led, youth friendly and responsive to young people's needs. Initial assessment by a GP is followed by a flexible service delivery by either the GP, or other practitioners such as youth workers or mental health practitioners ("Health and Wellbeing Practitioners"), as appropriate. The majority of clients see several different kinds of staff. As we noted in our original paper in 2016, the ability to offer access to a range of professionals who are trained to communicate with young people is central to the offer.

As such, the Well Centre offers a service, rather than a distinct intervention from a specified menu. The response to each young person will be personalised and unique, depending on their needs, and providing a holistic approach to health is a key part of the service model. Much of what the young people need is provided in-house, but liaising with other services and social prescribers who can help is also important (*"acting as a gateway into other services and building their resilience to live happy healthy lives*" Spring Impact, 2024).
Over the years the Well Centre has also offered a range of additional activities around the 'edges' of the core offer including, for example, running specialist workshops, visiting schools, and doing outreach work at youth centres, and delivering primary care support to youth offending teams or other organisations working with the age group.

The underlying principles of Well Centre delivery as described by staff in discussions and interviews are outlined in Box 1.

Box 1: Summary of Well Centre principles for youth friendly primary health care

- Easy access (accessible appointment system; drop in clinics)
- One stop shop for young people's health needs
- Holistic assessment and treatment approach, flexible and responsive to individual needs
- Led by GPs with specialist interest in adolescent health
- Services provided by a range of practitioners in addition to the GP, trained in principles of youth friendl health care
- Focus on empowering young people, solution focused and trauma-informed interventions, building up their resilience and ability to navigate systems
- Effective integration of primary care with secondary care and other local services
- Reduction in health inequalities
- Better support for young people with specialist needs (neurodiverse, gender questioning etc)

Current service delivery model

History and service evolution: Originally the Well Centre was delivered from a purpose built annex to the Streatham Youth and Community Trust building in Lambeth. The primary care service was delivered there as outreach by the Herne Hill Group Practice. Staff consisted of GPs, youth workers and a nurse counsellor, the latter being a senior CAMHS mental health practitioner embedded in the service (see Hagell and Lamb 2016 for more details). The service was run in partnership with a voluntary sector organisation, Redthread. After a number of years of running on grant money, the service was commissioned by the Lambeth Clinical Commissioning Group (CCG).

In 2019 the partnership between Herne Hill Group Practice and Redthread came to an end, and the premises ceased to be available. The Well Centre regrouped at the original Herne Hill practice, taking over several rooms on the top floor of the large GP practice. It continued to be commissioned by Lambeth and, in addition, developed a new service delivery model for working in Wandsworth. The Wandsworth part of the service is delivered in partnership with GPs working in their own practices in the borough, so it does not have a dedicated space.

The two locations have different commissioners and are situated slightly differently within the local commissioning landscapes for children and young people. In Lambeth the service is a well established part of the broad picture of integrated commissioning for children and young people, whereas in Wandsworth it falls more specifically within clinical commissioning for mental health for adults and children. However, in both locations the commissioners view the service as located within mental health and wellbeing services rather than as pure primary care. It is described by them as *"an integrated Tier 2 emotional health and wellbeing service"*, or a "*Tier 2 and a half"* service (stakeholder interviews).

'Tier 2' refers to targeted, community based mental health services that provide support to young people who are known to be vulnerable, requiring tailored support over a short period of time. Tier 1 would indicate universal services for all young people, and Tier 3 means specialist child and adolescent mental health services (usually CAMHS). The Well Centre services thus fall between these two levels, and in both current delivery locations they are clearly framed by commissioners as primarily addressing mental health problems (thus, for example, *"the initial money, I have to say, came from a mental health pot of fund"*, stakeholder interview).

This represents a shift in the framing of the service from the early days, when the focus was as much on physical health issues as mental health issues. As one staff member commented, *"…the nature of the business has changed. It used to be drop in, it was very sexual health driven, it was very one off, word of mouth, this and that, - it wasn't focused on mental health. Whereas now we have become a mini CAMHS basically".* This was partly driven by changes in demand following the pandemic. In practice there is a considerable overlap between mental and physical aspects of adolescent health, as a physical health problem to a young person quickly impacts on their relationships with peers, self confidence, mood and ability to take part in everyday life, all of which can spiral into mental health problems. And vice versa, mental health problems in this age group swiftly affect diet, exercise and sleep, contributing to the development of other physical health problems.

Staffing: The shift in emphasis to mental health support has led to a change in the staffing complement at the Well Centre. When the service began it was a partnership between primary care and youth work, with sessional contributions from a CAMHS nurse counsellor who was embedded in the service (and remains so). In the intervening years a new role has been developed to respond to the increased mental health case load, and the original youth worker role has now been complemented – or indeed superseded - by new Health and Wellbeing Practitioners.

The current staff group – delivering across both locations – consists of five GPs (including the clinical lead and founding GP), two CAMHS practitioners, 11 Health and Wellbeing Practitioners (HWPs), and four service managers. Of the current Health and Wellbeing staff one has a background in youth work, but the majority have backgrounds in various aspects of psychology and counselling.

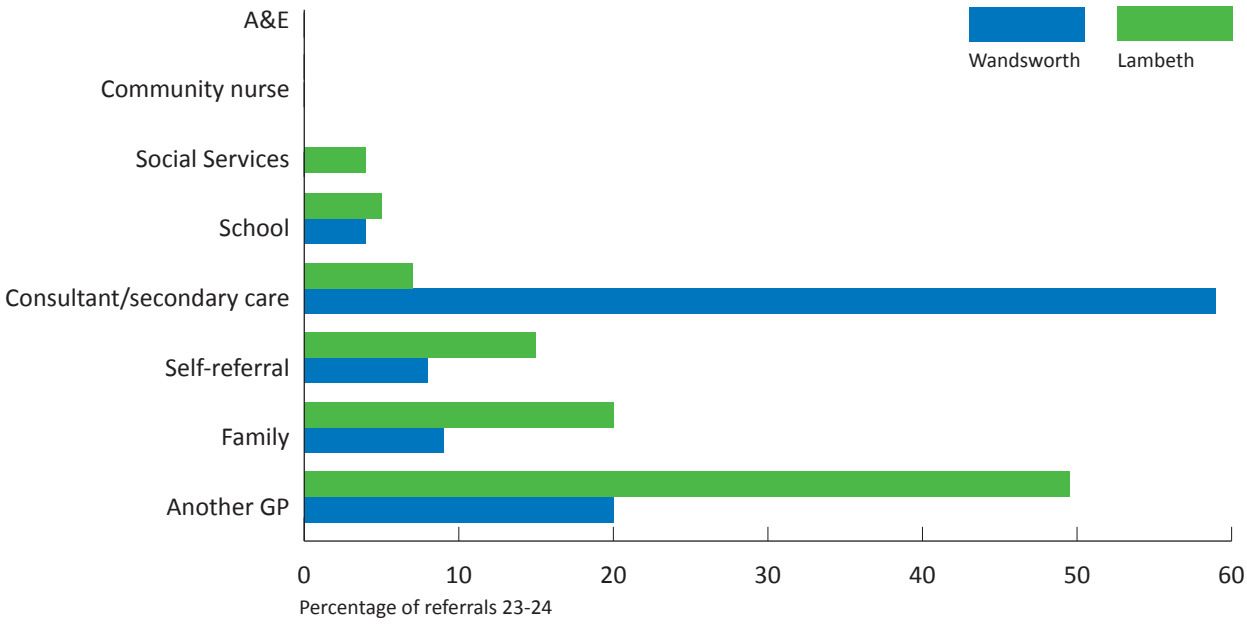
There is no formal training for the Well Centre Health and Wellbeing Practitioner role, unlike other psychological wellbeing practitioner roles in the NHS, but the coordinating GPs run well regarded internal, bespoke training sessions for new staff, including the principles of youth friendly service delivery, motivational interviewing, solution focused therapy and social prescribing.

The similar roles in the NHS more widely are Psychological Wellbeing Practitioner, Children's Wellbeing Practitioner and Education Mental Health Practitioner. These all carry the requirement to do a one year accredited training course, and NHS England has directed that all Wellbeing Practitioners should be registered with either the British Association for Behavioural and Cognitive Psychotherapies (BABCP) or the British Psychological Society (BPS). There is room for some confusion between these NHS roles and those occupied by the Well Centre's staff, which might need to be addressed at some point. There are distinctions. For example, all of the NHS roles are firmly based in delivery of cognitive behaviour therapy (CBT) whereas delivery at the Well Centre tends to be more flexible. The focus on the adolescent age group and on youth-friendly healthcare is also unique to the Well Centre.

Referral: In principle, referral to the Well Centre is very open, in that referrals can come in from other health services, social services, voluntary sector organisations or through self-referral or family contact. The principle of open access is hard wired into the service and valued by the commissioners. In practice, however, pressures on the service and the nature of the contracts means that the majority of young people reach the service through referral by other health services.

Chart 1 presents a comparison of referral routes into the service in Wandsworth and Lambeth in the financial year 2023-34, where the route was recorded (90% of the time). It is clear that referral by a consultant or secondary care in Wandsworth represents the majority of the pathway. Most of this actually reflects referrals from CAMHS, which is the result of a conscious effort to streamline points of entry to mental health services in the borough, where there are around 34 different services for the age group. In Lambeth, referral from another GP is a more common way in.

Chart 1: Referral routes into the Well Centre, 2023-24



Service delivery: Contact with the Well Centre usually starts with an initial assessment by a GP, which consists of a 40 minute appointment where the GP will undertake a 'Teen Health Check' interview with the young person. This is a structured assessment of current medical problems, risk factors and safety, designed originally by the Well Centre clinical staff to identify prevailing health status and concerns. The Teen Health Check shares characteristics with other psychosocial interviews for adolescents such as the HEADSS (Goldenring and Rosen, 2004) but was specifically tailored for the UK primary care context in which the Well Centre operates.

After initial assessment by a GP, young people receive the most appropriate service depending on their issues. This might include an intervention for problems such as substance misuse, diet, mental or sexual health, or they may be referred on to other services in the community or on to secondary medical care (including being escalated up to CAMHS if they are too complex for level Tier 2.5 services). Meetings after the initial 40 minute session are usually around 20 minutes face to face or 10 minutes on the phone.

The Wandsworth contract specifies that up to eight contacts are included as part of the service. The majority of these are delivered by the HWPs. Delivery in Lambeth, which sees a more varied set of presenting problems, is more flexible. During their contact with the Well Centre young people remain registered with their 'home' GP.

In the 2022-23 financial year the Wandsworth team provided 1922 appointments, which were fairly equally split across the team with 42% delivered by the GPs, 34% by the Health and Wellbeing Practitioners, and 24% by the counsellor. In the same year in Lambeth, the service provided 5083 appointments, 36% delivered by the GP, 57% by the Health and Wellbeing Practitioners and 7% by the counsellor.

Box 2 summarises the ways in which the two arms of the Well Centre service are currently delivered:

Box 2: Well Centre evaluation sites

Wandsworth: The Wandsworth team consists of two GPs, a counsellor and two HWPs. Clinics are run in a variety of locations where rooms are rented from GP practices or community centres. Initially all communication with young people is managed centrally from Herne Hill, and text reminders are sent manually. Once clients start seeing a practitioner, management of appointments by the Wandsworth staff is taken over by them.

Lambeth: The team consists of 3 GPs, a counsellor and nine HWPs. The service is run from the top floor of the Herne Hill GP practice, in designated rooms. The team runs a regular clinic, a drop in clinic at the Health Centre, a drop in clinic at local youth services, and provides support to the local youth justice service, plus additional group sessions.

Central support: Both Wandsworth and Lambeth Well Centre services are supported by a core team of service managers based in Herne Hill, who maintain the on-line systems, contracts, HR etc. Core functions include training, peer training, weekly meetings, monthly teaching sessions, and data processing.

Youth engagement: From the start the Well Centre was founded with a strong commitment to youth engagement in the planning and delivery of the service. This has remained the case throughout up to the present day, although a number of challenges have arisen in keeping this going, including of course the pandemic. Currently it has a youth participation group that is scheduled to meet quarterly, which discusses themes such as what young people might want to change about the Well Centre, what they think of the session numbers and content, or of external communications.

The Centre also runs groups for young people on specific topics. Recent examples have included the Tiger Project, for young women and non-binary young people, covering six sessions focusing on boundaries, self-confidence, relationships and body dysmorphia. This is run by two HWPs and is always well attended.

Nature of client group, social demographics and health inequalities

Focusing on one financial year (2022-23), 208 new patients were registered at the Well Centre in Wandsworth. For all patients having an appointment in the year, 72% were female and 28% male, which reflects a general trend in general practice for more patients to be female. In Lambeth the equivalent number of new patients was 488. The gender breakdown (for the larger group of 718 having an appointment) exactly mirrored Wandsworth, with 72% female and 28% male. In both boroughs, the average age of clients is 16 years old, with a range from 11 to 22 years.

Chart 2 provides a broad indication of the range of ethnicities of the clients presenting at Wandsworth and Lambeth and the differences between the areas. In both cases the largest groups are those from multiple and mixed ethnicities. In Lambeth this category consisted of 49 different ethnicities.

Both of these London boroughs have high rates of deprivation amongst the population, and a considerable amount of income inequality. Chart 3 compares the proportions living in areas of deprivation for the two services.

Chart 2: Broad ethnic groupings for patients with appointments in 22-23

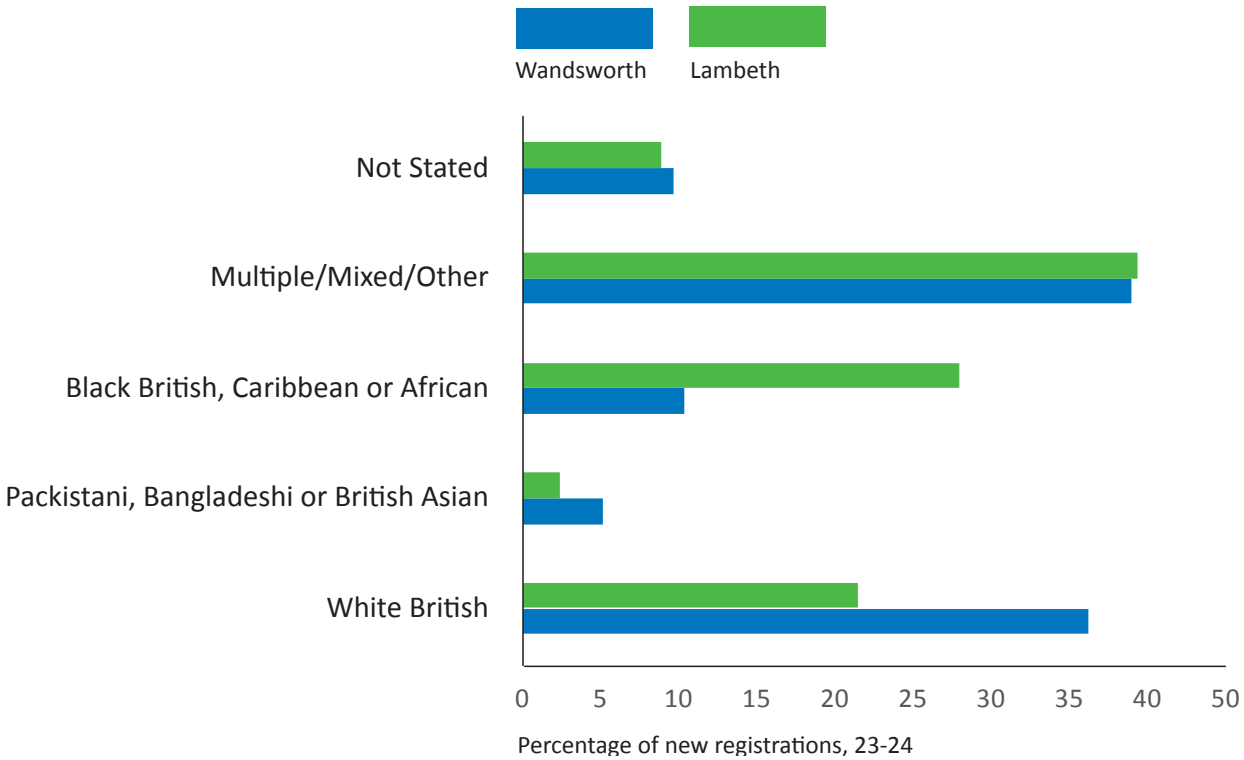
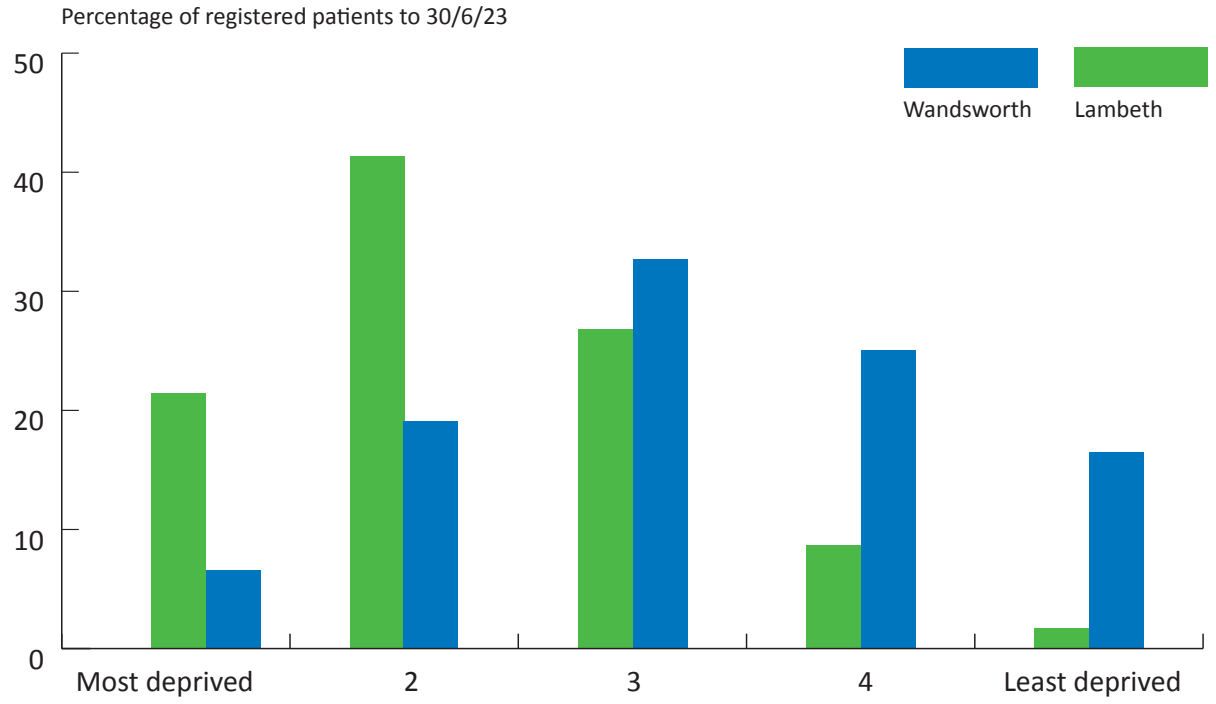


Chart 3: Percentage of patients to June 2023 living in areas of deprivation (Index of Multiple Deprivation quintiles)



While both areas clearly serve young people from areas of deprivation, Lambeth has a distinctly skewed distribution, with a much higher proportion than Wandsworth coming from these more deprived local areas.

Interestingly, the staff have a sense that the complexity of the cases being referred in Wandsworth is higher than Lambeth, which still presents as more of a 'bread and butter' primary health care service. In Wandsworth this often means *"a lot of back and forth with CAMHS"*. CAMHS may refer the staff to the Well Centre to help with waiting lists, only for the Well Centre to find they are above their threshold and have to be passed back. Mental health problems in this age group do show a correlation with deprivation, and we might have expected more clients in the area to have come from areas of more deprivation, but there may also still be issues with who actually reaches the service – noting the high number of parents who act as referrers in both areas. Middle class parents may feel more confident about pushing for access if they meet waiting lists.

Data on young people's primary presenting problem at primary care are difficult to extract from primary care data systems. Young people will often present with a secondary complaint rather than a primary issue, and it can take skill to get to the bottom of the problem, by which time the initial code is in the system. In addition, young people present with several issues at one time and different clinicians will prioritise different issues, making comparisons difficult. There are also many hundreds of codes in primary care systems and most practitioners have a particular subset that they stick to, again making comparisons complicated.

However, taking a broad brush approach, the clinical code breakdown for registered patients having an appointment in Wandsworth in the 22-23 financial year showed that of 589 patients recorded, the majority had anxiety and panic (31%) or depression/low mood (28%). The remainder included anxiety and depression (15%) behaviour issues (anger and aggression, 11%), issues relating to autism spectrum disorder or ADHD (12%) or gender issues (2%).

In fact similar codes are at the top of the list for Lambeth too, despite the different referral routes and less of a direct connection to CAMHS. These include anxiety and panic, depression and mixed anxiety, suicidal thoughts and behaviours, self-harm, behaviour issues and autism. However there is more reference to other codes such as PTSD, obsessive compulsive disorders and eating disorders. But neither list of clinical codes contains reference to long-term physical health conditions as the primary code. That is not to say that these issues did not present.

It has proved challenging to collect routine before and after data from clients, but one of the things the service attempts to collect is the 5-item World Health Organization Well-Being Index (WHO-5), which is a short and generic global rating scale measuring subjective well-being. The WHO-5 items are: (1) 'I have felt cheerful and in good spirits', (2) 'I have felt calm and relaxed', (3) 'I have felt active and vigorous', (4) 'I woke up feeling fresh and rested' and (5) 'My daily life has been filled with things that interest me'. The assumption is that all five items load on one latent factor reflecting generic wellbeing.

Looking at the new registrations in Wandsworth April 2022 and March 2023, there were 143 young people with a first WHO-5 rating, and 64 who had two ratings, 14 who had three and 1 with four. These subsequent ratings were taken at later appointments. We assume that the 56 young people missing a first rating either were not offered or did not complete the WHO-5. The average population score is 70 (Topp et al, 2015). When WHO-5 is used for the screening of depression, a cut-off score of ≤50 is used. Taking an average of the first ratings the sample scored 41 confirming that this is a potentially depressed group on average.

Assessing the extent to which the service reaches young people at risk of violence

The Well Centre data system – largely reliant on an EMIS template [1] – was not set up to record the extent to which young people with violence were being helped by the service, and it is thus difficult to extract quantitative data relating to this issue. As the system was designed to identify the key current issues that needed to be considered, it was driven with clinical intervention in mind, not representative data collection. While there are codes in the system for recording, for example, experience of adverse childhood experiences, these are discussed as necessary rather than in a comprehensive way. Looking at these data thus presents the possibility that any frequencies may considerably underestimate the prevalence of experiences.

That said, the intersection between primary care and violence does come up regularly in cases that present, both for young people who may be at risk of being victimised, and those who may be involved in perpetration.

[1]Egton Medical Information Systems (EMIS) supplies electronic patient record systems and software widely used in primary care. EMIS includes the option to generate particular templates for collecting data on specific issues at the practice level.

In addition, the Well Centre treats a considerable number of young people who fall into the categories of interest for the Violence Reduction Unit – a disproportionate number, in comparison to the incidence of these issues in the general population. These include, for example, trans and gender questioning youth, children with experience of care, young people with special educational needs, and – as we have note - children with mental health support needs.

Staff and managers referred to the overlap with violence in their interviews. For example, one said:

> *"I think when you deal with the young people who are coming through our doors, they do have anger issues, they've got behavioural issues that can then I think later on in life manifest in violence, and a lot of them are at risk of being groomed. We do have a lot of young people coming from socially deprived areas and very gang controlled areas as well…They are at risk of mixing with the wrong crowd and so on, so I think the earlier you intervene with those issues and the earlier they get help and support, it will help in the long term. But it's very difficult to measure."* (staff interview)

Staff also noted a high proportion of young people who had suffered from domestic violence or lived in an environment whether others were victims, and the role of that being carried forward: *"We know that this is a massive issue, it just hasn't been really recorded in a routine way"* (staff interview). As another noted,

> *"…what we do that is very different to a normal general practice consultation is that we are proactive about asking about: do you feel safe? ….and then if they say they don't then that's looking at is there domestic violence in the home? …So we are proactive about asking about that and we are proactive about asking about ACEs [adverse childhood experiences]. And it feels like a lot of the young people certainly that I see or talk to have had some experience of either witnessing domestic violence or some sort of sexual assault, or some kind of bullying"* (staff interview)

The general incidence of trauma is also high:

> *"We see a lot of young people…, they've had trauma in one way or another, family members have died, committed suicide, sexual assault, abuse, suicide attempts, family. Lots of systemic issues."* (staff interview)

> *"It would be rare for me to see someone without a single ACE [adverse childhood experience] or any form of trauma…I don't like saying the word common, but we see it so often, it's just in pretty much every patient"* (staff interview)

The staff describe the Centre's approach as trauma informed, and there are clear and rigorous safeguarding procedures to deal with incidents as they occur. Anecdotally, the issues of violence seemed to be more prevalent in the Lambeth clients than in those referred to Wandsworth but again this is likely to be the result of the rather different referral routes.

Impact of delivering primary care to Well Centre clients

There is no doubt that the Well Centre provides a highly valued service that is viewed as successful by everyone involved, from commissioners to the individual clients. It is routinely described as *"fantastic",* "*brilliant*" and "*unique*". There is high satisfaction among stakeholders, who reported, for example, "*I have to say that the experience of our patients, our families, our practitioners has been excellent*" (stakeholder interview). Similarly, *"Those two services [Well Centre and one other] are by far the shining lights of our children and young people's mental health services and the statutory services…I'm really impressed with them"* (stakeholder interview), adding that these made other services in the area pale into insignificance.

The mental health elements are central to this feeling of need met:

> *"I think it's a really excellent example of [an] integrated Tier 2 emotional health and wellbeing service – that's what it should be and that's why we commission it – the fact that it is open access or has been open access, the fact that,..it's clinical but it doesn't feel clinical in terms of it's a much wider thing…it's a much more impactful intervention I think"* (stakeholder interview)

This is from inside the service as well as outside: *"I'd worked in a lot of places and I speak to a lot of other services, and I think this is the best service that exists in Lambeth and Wandsworth and I'm surprised that it hasn't' been spread already"* (staff interview); *"the first thing to say is I think it's the most fantastic model" (staff interview).*

Specific impacts that can be identified from the material available:

- **Improved experiences for young people:** Patient experience ratings are collected from clients, who are texted a link after their contact with the service. Between the summer of 2022 and the spring of 2024, 159 clients completed the text survey. It is important to note that this is only a small proportion of those who were seen during the year; it is notoriously difficult to collect these data. Of these, 80 answered a question that asked *"Any other comments about your experience at the Well Centre"*, which is the closest we have to an outcome evaluation by clients. Of these, 77 gave clearly positive responses, often glowing. Some examples of these responses include:

  "I'm so happy with the outcome and I'm so thankful to all of the staff"
  "XXX was an amazing counsellor who was incredibly supportive. I was very happy with the support I got from The Well Centre and will definitely be recommending it to other people."
  "it was a good way to get what I was thinking off my chest and actually understand my feelings
  "My experience with the Well Centre has been incredibly positive, and far better than other places. I really appreciate how kind the staff are. I really feel it's helped me a lot."
  "While I haven't been there for very long, I noticed improvement from how I have been feeling previously. Sessions have made me think differently about my mental health and the effect

that certain experiences have had on me. Overall I think it has been beneficial coming to the well centre."

Sometimes it can be hard to find a measure that reflects young people's feelings of comfort, but this comment stood out *"The only place I don't mind doing homework".*

Clients are also asked to complete the standard NHS 'Friends and Family Test', (F&F) which asks for a simple statement of whether the service would be recommended or not. Of the 77 F&F test results that were available for clients who had been seen in the first four months of 2024, 94% of these would recommend the service. Again, those 77 young people only represent a small proportion of those who were seen, and undertaking a more focused and representative piece of research on young people's experiences of the service would seem to be a priority for understanding impact.

In addition, staff say that *"…young people don't want to be discharged after eight sessions; sometimes they want to come back, they want to re-engage, and we have got a lot of returners because they love the service and they've never experienced any other service who would be so open and adaptive to young people's needs"* (staff interview).

On the other hand, clients could be aware of the limitations under which the Well Centre worked, and a small number of the text survey responses referred to a wish to continue with more sessions but realising that this wasn't possible. Others also referred to the limitations of what the Well Centre could do in terms of interventions and therapy (*"It was nice having someone to listen to me vent but I felt I needed more than just someone listening to me"*).

- **Improved health.** The comments by young people often refer to feeling better, but getting an objective measure of this is difficult. Given that much of what young people are being treated for is mental health, the best measure available in the current system is the WHO-5 measure of wellbeing, referred to previously.

  In Wandsworth 64 follow up WHO-5s were available. For this group there was an average improvement after treatment, with this increasing from an average of 41 to an average of 48. Research suggests that in order to be clinically significant this should be a change of 10 points, to which it is close. However, this subset may not be representative and again too much cannot be read into these results. Finding more concrete ways of measuring clinical impact remain a challenge, particularly given the range of conditions that people present with.

- **Better communication with professionals, facilitating more effective healthcare.** A large proportion of comments about the service from the young people referred to the friendliness of staff, which creates trust and space to confide. Young people often rated the service in terms of their own personal relationship with their practitioner, and comments such as these were not unusual:

"XXX was honestly amazing, she helped me so much throughout difficult times and made me feel and think much more positively about the mental health services since I've had bad experiences with them in the past. Without XXX I still wouldn't have been able to get the help I need. Whoever gets to work with her in the future is really lucky :)"

"XXX was really good at making the space feel welcoming and safe to talk while I was there and was very understanding about what I felt.", and "The staff in the Well Centre were exceptionally nice and friendly. I am quite shy but I still felt very comfortable and welcomed."

"I would like to point out in particular how consistently exceptional XXX was throughout all my sessions. I truly have no complaints regarding her work with me." "It was good, wasn't a stressful environment, was nice, I felt safe talking to XXX"

"XXX has helped me out massively and has made a huge impact on my life for the better! I have loved every session and she has helped me work through my struggles and been so supportive. I was a bit nervous at first but she supported me and always understood me and never failed to make me feel better. Thank you so much for everything!! I will remember this forever!!"

- **Relatedly, improved practitioner knowledge and confidence**, and recognition of importance of their role in relation to promotion of adolescent health, are an important outcome of service delivery. A general primary care service targeted at a specific age group based on youth friendly principles will inevitably identify more health needs in the client group, as a result of increased trust and confidence in the service.

  There is no doubt that the practitioners in the Well Centre team are very expert in adolescent health, and seeing a specified age group in a defined clinic improves this over time. In the view of some practitioners, this leads to less medicalisation of social issues, more use of other forms of support, more efficient onward referral, and the ability to meet patient needs in the best way. It also leads to more disclosure and a better understanding of health needs.

  Young people appreciate the expertise, one identifying this as the best thing about the Well Centre overall; *"The way they discuss children's issues".* Understanding confidentiality is a key part of youth friendly healthcare and at least one client also commented on this as the best thing about the service.

- **Improved access:** Improved access to services is a key route to improving health outcomes for this age group, and a key aim of the service, hence: *"I want to get improved access for the children, which we have achieved"* (stakeholder interview). In particular, improving access for young people who live in more deprived neighbourhoods is a lever for the reduction of health inequalities:

  "we know very well in Lambeth that…our children and young people, particularly if they're from a Black Asian and multiethnic background or other protected characteristics are not comfortable with the NHS…I think the well Centre blurs that boundary and provides that accessibility which means that actually, where there are young people who we wouldn't have eyes on, the Well Centre is placed better to meet that need and at lest to engage with those young people. I think for me that's the key functionality of it at the minute". (Stakeholder interview)

From the data available at the moment it is not possible to determine how many young people are getting into this service who might not otherwise have been seen elsewhere, although this is usually an factor that improves if youth friendly healthcare is on offer. Again, targeted research might clarify the contribution of the Well Centre to this important outcome.

- **Improved onward referral for interventions.** Primary care both delivers interventions and treatment itself, and also acts as a route to other kinds of service, such as linking in with social prescribing. Much of the service involves direct delivery by the GPs and HWPs to the young people, but there is also a certain amount of onward referral to secondary care where necessary (*"With secondary care, we do step up quite a lot of young people, but I don't think it would be on a massive scale"*, staff interview). Some of this work is as much case management as onward referral, and staff suggested for example, *"I'm constantly emailing early help, social workers, schools…and this is again maybe why we're different"* (staff interview). This kind of help has the potential to reduce the escalation of abuse, improving feelings of safety, and the need for onward referral for further support from elsewhere.

- **Diversion** from emergency (expensive) care and CAMHS is also a potential impact of the Well Centre's service. As noted, social prescribing is a key part of the model, and some of the activities taken under this heading might reduce the need for higher tier mental health support, so that, for example, *"Ultimately we would have less referrals going into to CAMHS because children wouldn't be reaching the crisis that they'd get to"*(Stakeholder interview). Ultimately, the result should be *"…a better, more managed flow of need through the system so as opposed to it being a crisis…loads of urgent referrals…more managed"*(stakeholder interview). Early intervention is part of this picture:

  "we get a lot of 11 year olds actually at the moment, a lot of 11, 12, 13, but if we see them now, my hope is that by the time they're 18, 19 they've got the tools to cope a bit better than they would have done if they came to us at 19" (staff interview)

The Well Centre also has a strong culture of sharing learning more widely, impacting on the provision of services to young people in other areas. New primary care services for young people in other London Boroughs have been explicitly modelled on the work pioneered by the Well Centre in Streatham.

Key considerations for future planning

The kind of accessible, youth friendly holistic health care that the Well Centre offers is clearly a good vehicle for delivering any kind of care to young people, be that mental, physical, violence prevention, or coping with trauma. However these are not easy services to design or deliver, and the challenges range from the funding context, the local complement of other services for the age group, the demands of the age group and the challenges of providing the right staff team at the right time in the right place.

These are all considerations for a roll out or scaling up of the service. Some of the key considerations arising from the data collection for this evaluation are outlined below. These cover issues to do with how the service is situated and funded, how it is run, and what it seeks to deliver:

Identifying the core elements: Knowing exactly what 'the Well Centre' is remains a challenge. What are the active elements that have to be core to any effort to expanding the model to other areas? Is it something about how practices are delivering their care to this age group, or is it the safe place in the site, the actual designated 'Well Centre' rooms? Or the unique leadership and history of the service? One staff member noted that it is of course a combination *"because you can go and be in the right place, but if you have the wrong attitude, they're not going to come back"* (staff interview).

In order to scale up or roll out the Well Centre model there is a need for combination of 'pre-packaged' elements and flexibility to respond to local context (both provider context and client context). More intangibly, over and above the day to day service itself, stakeholders identified the potential key role for the Well Centre of "*providing some of the glue in the emotional health and wellbeing service…almost a supervisory and consortia lead role, overseeing and supporting the system to support the population"* (stakeholder interview). The outreach elements and easy access elements were also seen as critical by the stakeholders, getting clinicians *"out of their space"* and into the community – *"how can we learn from what's been done there and use that as a precedent for other service delivery?*

Developing the staffing complement: How important is the combination of staff? How should they be supported and developed? Clearly the multi-disciplinary team is much valued, as this comment suggests *"Especially for those children and young people who have got behavioural issues as well as mental health issues, especially for those who maybe aren't engaging in school as much….I think that the tripartite arrangement does seem to work really well. Otherwise it's just a counselling service"* (stakeholder interview).

The unique role of the HWPs was commented on by most respondents in one way or another, as in, for example: *"the difference it makes having these great health and wellbeing practitioners, the difference they make to these young people in a relatively short period of time has been phenomenal"* (staff interview).

Staff also mentioned that in fact it would be impossible to deliver the service now, with its heavy emphasis on mental health, with the original complement of staff, where the focus was more on youth work. On the other hand, the youth work elements have proved useful in the youth justice setting (in Lambeth the Well Centre provides support to the Youth Offending Service). Flexible and responsive complements of staff are needed to meet the demands of each particular location. This can make planning a challenge. As one staff member commented, *"young people's needs, young people's interests and problems – they vary and change and you have to keep adapting the service to what that is, you can't remain stagnant"* (staff interview).

There are also issues around supervision and affiliation of staff. Over time several models have been tested. Originally, for example, youth work staff were employed by their 'home' charity, rather than by the primary care service, providing some governance and management challenges. The HWPs tend to be more embedded in the primary care structures.

The stress of the work: Providing mental health services to young people is inherently stressful; this is the case regardless of the kind of service. This is exacerbated if the service is oversubscribed, and if funding means

that ability to provide regular pay rises and reliable spaces to work are limited. Ensuring that these kinds of services can support their staff and provide the right kinds of robust safeguarding structures is critical.

There are also some stresses arising from the size of the caseload that individual practitioners carry. In primary care the expectation can be that these are very high – a regular GP will see between 30-60 patients a day. The expectation for relatively junior, relatively untrained non-clinical staff needs to be on a different scale. Currently the HWPs at the Well Centre have a caseload of around 30, with an expectation of weekly consultations. As one staff member commented, this would be OK for mentoring or youth work, *"…however, it's not, it is self-harm and passive suicidal ideation, PTSD, severe OCD, sexual trauma, domestic violence"*.

Equivalent figures for CAMHS are hard to obtain, but for social workers, for example, the current working average has been estimated to be approximately 25, against a suggested average for full-time equivalent practitioners given by the Department for Education being around 16 (Preston, 2022). Staff themselves have a sense the load is high. It may be that, in a roll out of the model, building up to larger case loads would have to be managed incrementally to ensure that staff were not overwhelmed. It may also be that this needs review within the current service. *"Having said that,"* commented one staff member, *"I think overall the model is brilliant. I just think we've got a lot of demand and we're trying to meet that and help everyone, and that means there's a lot of pressure on staff* "(staff interview).

The importance of location and accessibility: One challenge to service delivery identified by a range of interviewees was the importance of *"accessible place"*. This contributes *"a sense of being"* for the service as a whole. This was raised by everyone including stakeholders, staff and clients. One stakeholder commented *"The Well Centre in Wandsworth would definitely benefit from a physical space",* and similarly a client referred to room issues in their text survey, answering the question 'what one thing could be improved' with the answer *"For the staff to know what room we will be in before we arrive"*. Another young person said an improvement would be *"maybe just keeping the appointments at the same location for ease"*, and another adding that *"rooms are scary - too clinical"*.

In Lambeth the service has retreated back to traditional primary care, in Wandsworth it is also often delivered in traditional primary care settings *"Because now what happens is really it's in a GP surgery and it's all over the place…."* (stakeholder interview). This reduces the ability to create a rather different atmosphere for primary care to take place in. As one staff member said, *"…in my dreams we would be a hub and spoke, but our hub would be in a stand-alone building, co-located with other services…I think that does improve accessibility and I think you would get a different cohort".*

There are several issues here – the youth friendliness of the location, the need for reliable ways of booking rooms, and also the challenge of remote management of day to day elements such as handing out paperwork to clients and staff who are based in another borough from the central team.

The risk of the service becoming a victim of its own success: If new services are set up in a context where there is more need than resource, there is a danger of being overwhelmed. Services for the adolescent age

group are notoriously underfunded, with, for example, a huge reduction in Local Authority funding on youth services in the last decade. The Well Centre has not been immune from these pressures. *"What's happened is the CAMHS service now see it as its default referral place for children and young people who are quite complicated…and over time…it's just got busier and busier"* as one stakeholder said, *"We've now…paused the referrals until July because the waiting list has now got so long. I want it to be safe."* One practice manager reflected that *"I started in September 2021, and … after three weeks or after a month I managed to clear the backlog of referrals – there were no referrals. Since that date that's never happened".*

In fact the service is having to develop more rules about who can and can't be accepted which inevitably reduces accessibility and works against one of the core principles. As staff noted, the increased demands on their time extended beyond simply the number of clients, including the growing range of outside organisations they were also having to liaise with.

Issues around data collection and documenting success: The Well Centre has grown and evolved within existing primary care data systems, which can be quite complicated. The systems are not usually set up to work in the kind of outreach way that the Well Centre currently operates (eg, in Wandsworth), and in addition are not designed to record impact or outcomes. As a result it is a struggle to get enough impact data out of the system as it currently stands (*"I think there's a need for more data on outcomes…we probably need to be a little bit more rigorous to be honest",* stakeholder interview). By their own admission, data collection across the whole team can be *"very hit and miss".* This is partly a reflection on the complexity of what is being recorded. Streamlining data at all stages of the process was mentioned, including how to record and process referrals. Recording patient experience has also proved something of a challenge, as IT systems are commissioned and decommissioned, leading to some confusion over which practice data relate to, and also the low response rates already mentioned.

A related issue was raised by staff about around not having the capacity to improve the general communications strategy for the service, including communicating success, visiting schools, and clarifying the message about what the service is about. Again this is not unique to the Well Centre, but is a challenge that needs addressing if there is to be wider roll out.

Work is underway on this within the core team, including recording of more data around the point of discharge of clients. *"It's very important for staff to know how that counts towards not only the funding but actually knowing what happened to that young person as well"* (staff interview).

Communicating with young people and youth engagement: As with many services to this age group, maintaining a high level of engagement and input from clients can be a challenge. The Well Centre has been committed to youth engagement from the outset, and has had considerable success in this regard over time. As with other services aiming for continuing youth engagement, the number of young people providing input has ebbed and flowed, and this is a workstream that requires capacity, expertise and constant effort. There is always something to improve (*"I think they could have a better website…a more dynamic one",* stakeholder interview).

The pandemic created challenge, as did the change of location of services, and at times it has been hard to maintain the desired level of input from young people. However a new patient participation group with a Chair is now active, and there is good engagement with young commissioners from the local boroughs. The service is also inspected by young people from the local HealthWatch. However continuing to ensure there is capacity to maintain the youth engagement elements is an essential core principle and one that requires investment of time and energy.

Challenges of keeping open access going: In Wandsworth the Well Centre was not commissioned to run a drop in, and the service was not able to provide a drop in for Lambeth for some time because of social distancing during the pandemic. As staff noted, you need appropriate premises for a drop in and also a sufficient level of staffing to manage the unpredictable number of people who might call by (*"If I have one GP working in a clinic or an HWP working in a youth club, how am I supposed to safely run that kind of setting? I can't"*).

In Lambeth the regular Monday drop-in was re-introduced after the pandemic, now *"everyone just uses that for mental health to get quicker support…I've done literally I think about four pure sexual health consultations in the last two years probably"* (staff interview). In fact, at the time of interviewing, this drop in had been paused because of the need for a new health and wellbeing practitioner to run it. In addition to the Monday session, a new drop in has started up at new youth club premises in Lambeth, although attendances are low at the time of writing which is often the case at the beginning of this kind of offer. There are also logistical challenges of ensuring the only people receiving the drop in are those covered by the commissioning (Lambeth residents in this instance).

Sustaining leadership and planning for the future: The Well Centre's founding GP and clinical lead is a central figure to the organisation, a fact commented on by most of the people interviewed. Comments such as *"Steph Lamb is a brilliant leader, very inspirational"* (stakeholder interview) and *"I think Steph is a superwoman who can do all of this"* (staff interview) were not uncommon.

These statements sometimes came with a corollary, such as *"…but I think expecting anyone else to get to that level, it doesn't work"* . This raises a question about how much passion, support and pro-bono leadership is needed for cascading, and where that might come from if Steph was not available or control was delegated. One staff member queried how roll out could be achieved if alternatives for Steph were not available – *"'Give me the menu book and off I'll go and I'll do it all myself' -…it doesn't really quite work like that"*. It might be possible but it would require thought -

> *"Whoever is replicating this anywhere else in the country needs to have the passion…Young people …will sense it, they will not use it and they will drop out if they feel that they are not heard"* (staff interview)

Successful integration within the broader service delivery context in the borough: Success depends on the extent and quality of the surrounding services (early help, learning disability/autism diagnosis, CAMHS, youth justice, social care…), which impact on what can be achieved as the Well Centre does not and cannot operate alone. Integration with other related services such as CAMHS is essential for managing young people's pathways through the system. The lack of other services for the age group provides an important context, and means that cases can be very high risk and complex as no one else has a service for them.

Against this background, the Well Centre has to be able to effectively integrate within the local infrastructure for the other impacts to be sustainably delivered. *"I think there's definitely something about how we absolutely need to link up all of the knowledge and awareness and questions that the Well Centre are asking with our Early Help Children and Social care front door",* said one stakeholder, in the context of staging earlier interventions and help young people to avoid crisis. Integration with wider youth services in the borough is also an issue, and stakeholders asked whether *"…we could think more creatively about where the Well Centre goes, does it need to be in a primary care facility? Could it be in a youth club for four hours on a Saturday?"* Potential links with housing services were also mentioned. Interestingly, schools were not particularly raised by interviewees, perhaps reflecting a growing sense that quite a lot of attention is going into mental health support in schools via other routes.

The way things are commissioned: Mental health services are often split off and funded differently from, for example, primary care, which can have implications for how much resource the service has or how it fits into the overall picture, depending on where the funding comes from. *"I think it's the way things are commissioned,…there's very little left for actually place based commissioning to support local services"*, as one staff member commented.

As noted, despite them being core to the original Well Centre service, in Wandsworth the commissioning does not currently cover a drop in or a development of a more holistic health model. This inevitably means that the kind of Well Centre service delivered will vary depending on resources and funding sources.

Tensions between local commissioner needs, and the Well Centre vision: Relatedly, one of the main issues is the gap between what the Well Centre ideally wants to deliver and what commissioners are worried about on the ground. As the concern about young people's mental health problems have risen, this has taken priority in commissioning, illustrating how local and contextual variations/considerations and how these shape service delivery. Staff notice this shift and comment on it: *"I do still think we need to see people as a whole person, mind and body, and the ambition was never to be a purely mental health service, or a purely sexual health service. That was what made us quite unique. And I don't quite know how to get that back at the moment"* (staff interview). Even commissioners have some tensions about just setting it just within or beside statutory mental health services such as CAMHS. The holistic approach is important to everyone.

On the other hand, services do need to be locally responsive – as one staff member said:

> *"I think it needs to be very bespoke because…the difference of clinical and skill mix that you'll need within that service will be different, and I think that's the case for different boroughs, different ends of the country", and "It's about recognising what's needed, scoping the demographic, what's available in the locality, and pulling all of those resources together to deliver a very joined up, cohesive service for young people".*

This requires planning in terms of the appropriate staffing complements to suit the need.

Intermittent and uncertain funding. Funding is of course under threat in many local authorities and funders acknowledged the precarious position that they were in themselves and the difficulties this posed in providing consistency to the Well Centre itself. Inevitably, keeping the service in place was a challenge against this background, and this required constant effort. This is often particularly an issue in the early years of a new service, so that, for example, *"…for years we didn't actually know if we were going to get funding for the following year, and then suddenly they would find £200k and say right invoice us, we'll get it out of the account on 29th March and there's your funding for the following year"* (staff interview). This is not a situation restricted to the Well Centre of course, but one that impacts on a lot of organisations that bridge the statutory and voluntary sector sectors, or that are not easily classified. It does not promote a climate for service development and innovation.

Challenges of holding risk – This was an issue that arose a number of times across the interviews for this project, and related largely to the severity of cases that were being seen, over and above what perhaps might have been anticipated, falling, for mental health in between Tier 2 and Tier 3, rather than lower: *"…this is the challenge, that they want us to hold really quite high risk kids sometimes, and not take them into Tier 3…but we are not CAMHS"* (staff interview).

This requires supervision, support, safeguarding and governance structures to be suitable, and this can be a concern in terms of a wider roll out of the service, particularly if things are expanded at speed; *"I actually think it would be really irresponsible for us to just try and replicate what we're doing somewhere else when there's not the expertise to hold it all and to manage it all"* (staff member). There is also the need to ensure that people are suitably qualified to do the work that they are doing, and not taking on more than they should.

Ensuring staff are delivering the right service Thus, *"it works because they're recruited by us, they're mentored by us, they're supervised by us. I'm not sure, if they were just left in their practices, how that would work, because they need that structure and support and infrastructure around them to be able to do their job"* (staff interview). Again, this is a consideration in terms of how roll out would work and how some kind of programme integrity would be maintained.

Conclusions

The Well Centre is doing a very difficult job. It does so well and is a hugely valued service, and a critical part of the service delivery to young people in the areas where it is commissioned. It is a service that is constantly trying to improve, revising systems and reconsidering delivery. This kind of responsive, holistic, accessible primary care is a good vehicle for delivering any kind of care to young people, be that mental, physical, violence prevention, or other forms of early intervention. Primary care is already a largely trusted source of help, and one that most young people will already be familiar with, so it makes sense to build on this and improve its offer to young people. The Well Centre is the right approach, at the right time.

But there is an increased focus on young people and interest in young people's services more generally which has meant that *"all of a sudden people are just sitting up and being quite interested in what we offer". "It's like a big light bulb's gone off – if we start engaging with your young people now, we'll be able to prevent when they're older them having 10 different chronic diseases and obesity and all the other things that cost the healthcare system huge amounts of money".* This increased interest in the age group combines with a widespread acknowledgment that there are not enough services to meet rising mental health needs in the age group.

As a result, there is more need out there than can be met – and the service is creaking at the seams and having to introduce waiting lists and curtail drop-ins as a result. To some extent it has had to pivot to focusing more explicitly on mental health. This was not the original intention for the Well Centre as a whole, but it is the main driver for many of the staff – the health and wellbeing practitioners in particular – and it is part of the commissioning and a route to funding. To some extent, some of the broader holistic aims of the original service are slipped in under the radar. There are also practical challenges such as pressure on space/rooms. Many of these issues are not specific to the Well Centre of course, but managing the pressures and establishing the balance is a major challenge to the core team and a consideration in terms of growing the model.

That said, there is a lot of support from all angles for rolling out and 'sharing' the Well Centre model more widely. This generally stems from a sense that young people have a right to these kinds of services and most of them do not get them, and also from a sense that this kind of service is an integral part of a sensible early intervention model. (*"I just think we're letting down this whole generation of young people who have got this need",* staff interview). Interviewees generated some concrete considerations about how this could be done, together with some anxiety about how other GP services could cope with the kinds of stresses that delivering this kind of service to this population can bring. Finding ways to develop and expand incrementally, while putting the right supports in place (including training and skill development), is critical.

Although the service is broad, and does not have violence reduction as its central aim, it was clear throughout the project that this is an important client group for early intervention and prevention, and that generic primary care of this kind can be a key lever to better outcomes for young people at risk. By focusing on improving access to service for young people, and reducing health inequalities by so doing, it inevitably draws in a client group with features that make them at risk of experiencing violence, as well as a large number of other concerns. The youth friendliness of the service, the expertise of the practitioners, and the trust they build with their clients, are key to improving health outcomes for this age group.

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