



# Camden's Joint Health and Wellbeing Strategy refresh:

March 2019



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## Chair's introduction

I am pleased to present this progress update and refresh of our Joint Health and Wellbeing Strategy 2016-18, taking stock of progress over the last couple of years and looking ahead to the development of a new Joint Health and Wellbeing Strategy.

Health and Wellbeing Boards are now in their sixth year of existence. Through this partnership we are uniquely placed to work together to improve the health and wellbeing of our residents, offering democratic accountability, roots into and knowledge of our local community and the hopes and aspirations of our citizens.



We continue to focus on tackling the root causes of health inequality and improving the health and wellbeing of our residents, in spite of the challenging financial context in which we are working.

The past year has been a very busy period in the Health and Wellbeing Board - with a number of new plans and strategies in place both locally and nationally.

We have been trialling a new approach to ensuring we meet our priorities, with the aim of:

- › Shifting from monitoring delivery to a more influential role as an anchor of place.
- › Looking to develop new priorities focused on people and communities.
- › Adopting a stronger system leadership role and influence joint solutions in addressing local need.

On top of our existing five strategic priority areas, for 2019 the Board has agreed to look in-depth at two areas. The first is looking in-depth at and exploring all the levers at our disposal to tackle obesity in Camden. Obesity is one of the most serious public health challenges of the 21st century. Without action, the health of individuals will continue to suffer, health inequalities associated with obesity will remain and the economic and social costs will increase to unsustainable levels. Obesity is a complex problem with

a large number of different but often interlinked causes. No single measure is likely to be effective on its own. To have a significant impact on obesity levels, it is clear that everybody needs to get involved.

We know to make a positive impact, we require a ‘whole system’ approach, bringing together partners from across the community to work together to address the multiple drivers of obesity. Among a range of other actions, building on progress to date under our Healthy weight, healthy lives strategic priority (more detail later in this report) we will think about how health fits into our wider policies and strategic plans, and where we have the best opportunity to use the levers at our disposal to affect positive change. In another key initiative, we will shortly be launching a communications campaign which aims to make Camden a place where everyone has the opportunity to maintain a healthy lifestyle through physical activity and a healthy diet.

Our second area of focus is around developing a citizen-led approach to health and wellbeing in the west of the borough (across Kilburn, West Hampstead, Fortune Green and Swiss Cottage) working closely with residents to explore opportunities to improve health and wellbeing outcomes.

Fundamentally this area of work is focused on engaging and empowering citizens to improve their own health and wellbeing, and that of their communities and reduce inequalities. It’s about:

- › Citizen-led health creation, enabling and supporting citizens to be **active agents** in their health and wellbeing.
- › Engaging the community, organisations and partners living and working in a local area to think more deeply about **opportunities and barriers** to health and wellbeing, and to work together to **find and test solutions**.
- › Citizens co-designing what an **integrated, place-based health and wellbeing system** looks like at a neighbourhood level (e.g. primary care, community services, mental health, social care, Voluntary and Community Sector (VCS), leisure, arts, culture, employment support among others).

We have reflected on this landscape and the learning and insight we will gather in 2019 will inform the development of a new Joint Health and Wellbeing Strategy for 2020.

As we work as a partnership and with our citizens on developing our new strategy, throughout 2019 we will remain focussed on drawing on all the levers available to us in tackling obesity in Camden and piloting new ways of working through our citizen-led neighbourhood approach to health and wellbeing. Alongside this, we will continue to champion and provide system leadership against our five continuing Health and Wellbeing Board priorities, which is illustrated on the opposite page.



*Georgia Gould*

**Cllr Georgia Gould  
Chair**

## Health and Wellbeing Board areas of focus and key outcomes



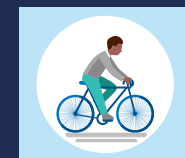
Citizen-led  
neighbourhood  
approach pilot

Focus areas  
for 2019



Obesity whole  
system  
approach

### Strategy priorities 2016-2019



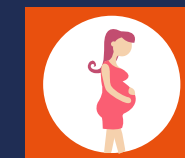
Healthy weight,  
healthy lives



Resilient  
families



Reducing alcohol-  
related harm



The first  
1,001 days

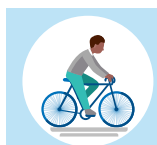


Ensuring good  
mental health for all





## Healthy weight, healthy lives: Making Camden a place where everyone has the opportunity to maintain a healthy lifestyle



One-in-five children in Camden start primary school overweight or obese, and by the time they leave at

11, this figure has risen to one-in-three. Just under half the adult population in Camden is overweight or obese, which considerably increases risk of a range of diseases that reduce length and quality of life. The factors contributing to this are complex, with social, economic and cultural drivers influencing our diet and levels of physical activity. This requires a whole system response, bringing together partners from across our community to make Camden a place where everyone has the opportunity to maintain a healthy lifestyle, through physical activity and a healthy diet.

## What have we achieved over the last three years?

Since the launch of the strategy in 2016, we have:

### Supported more residents to access programmes to help them maintain a healthy weight:

- › Trained over 600 staff in Camden under the Making Every Contact Count programme, to support them in signposting residents to programmes and services.
- › Increased the number of residents accessing adult weight management and exercise on referral programmes each year to over 1,000. In 2017-18, three-quarters of service users were from the most deprived areas in Camden.
- › Supported just under 600 families in making positive changes to their diet and activity through our Families for Life programme,

with over three-quarters from Black, Asian or Minority Ethnic groups. The programme has recently expanded to include peer-led sessions.

- › Launched an Innovation Fund, providing funding and support to people, communities and organisations with new ideas for tackling the issue of overweight and obesity, with seven new initiatives launched.

### Worked with families, schools, community settings and businesses to develop healthier lifestyles:

- › Supported 14 nurseries to achieve the Healthy London Early Years award; 38 schools to achieve Healthy School status; and four youth clubs to achieve the Healthy Futures status, embedding a whole setting approach to health improvement with a key focus on healthy diet and physical activity.
- › Supported 13 businesses in Camden to achieve Healthy London Workplace Charter accreditation, through which organisations actively encourage and enable staff to eat healthily and be physically active.
- › Launched the Camden Can Pledge scheme in which organisations sign up and pledge actions to enable access to a healthy diet and physical activity.

### Embedded a greater focus on tackling obesogenic environments in spatial planning, development and regeneration:

- › Increased consideration of the health impact in planning and development applications to the Council, as set out in the Camden Local Plan 2017.
- › Developed the Somers Town and St Pancras Healthy Living Partnership, a three year collaboration with residents and community groups in the ward to draw on existing local assets and new opportunities to support residents to have a healthy weight, eat well and be physically active.
- › Launched a schools 'superzones' pilot, using data and geographical analysis to look at the environment immediately surrounding the schools, including food outlets and advertising and working with the local community to use locally available levers to tackle these.

## What impact has this had?

### We set out to:



Double the number of Camden businesses signed up to a commitment to make healthier improvements to their food offering, from 24 in 2016 to 50 by 2018.

**58 organisations have signed up to the Camden Can Pledge**, with a wider focus on encouraging and enabling access to healthy diet and increasing physical activity.



Reduce the proportion of Camden residents who are physically inactive by 5%, from 21% in 2016. Latest data shows **15% of residents are now physically inactive**.

## 2019 What we will do in 2019

- ▶ Launch a large scale, long term, borough wide physical activity campaign under Camden Can.
- ▶ Embed active travel within the new Camden Transport Strategy 2019 – 41.
- ▶ Ensure the re-procurement of the leisure contract in Camden includes a focus on enabling physical activity among those least active within the borough.
- ▶ Implement a new Green Spaces for Health programme maximising the use of parks in increasing physical activity and reducing social isolation.
- ▶ Building capacity across the workforce to improve support for severely overweight children with more complex needs, by providing training for frontline staff, clinical advice and improved peer support among parents.





# 2

**Reducing alcohol-related harm:**  
Working together to reduce alcohol-related harm with a reduction in health inequalities, crime and disorder



Alcohol can have significant detrimental impacts on the health and wellbeing of individuals, families and communities. It is associated with increased risk of developing a number of diseases, including cancers, cirrhosis of the liver, mental ill health and premature mortality. At the family level, it can impact on family relationships, children's health and wellbeing and has a clear link with domestic violence and abuse. At the community level, alcohol is associated with a range of anti-social behaviour and violent crime. Camden experiences significant levels of alcohol-related harm. One-quarter of residents who drink do so at levels of increased or high risk and more than 3,000 residents are alcohol dependent, a higher rate than nationally.

## What have we achieved over the last three years?

Since the launch of the strategy in 2016, we have:

### Increased awareness of the harms caused by alcohol to promote lower risk drinking:

- Delivered training to a range of frontline staff including job centres, colleges, care providers, Age UK Camden, and Camden Carers, to support the delivery of identification and brief advice in reducing alcohol consumption.
- Increased the focus on alcohol and its effect as part of Personal Social and Health Education in schools.
- Enabled more than 11,500 residents to access an online screen to better understand the impact of their level of drinking and receive tailored advice on cutting down and how to access additional support.

### Promoted responsible retailing of alcohol:

- Increased the focus on reducing the adverse impacts of alcohol on health and wellbeing within Camden's Licencing Policy 2017 – 2022, used in consideration of applications for new licences.
- Expanded the Reducing the Strength initiative, to include 283 of the total 311 off-licences in Camden to remove from sale cheap, high strength beers and ciders.

### Strengthened the links between primary care, local hospitals and alcohol support services to improve identification and support recovery among those who are alcohol dependent:

- Established 14 alcohol satellite clinics in primary care across Camden delivered by the Integrated Camden Alcohol Service.
- Further embed the Alcohol Assertive Outreach Team, working closely with local hospitals, primary care and the mental health teams to identify appropriate referrals and to proactively offer a range of assertive interventions to individuals with complex alcohol dependency who frequently present to hospital.

## What impact has this had?

### We set out to:



Increase the number of dependent drinkers accessing treatment. Between 2014/15 and 2017/18, **the number of people accessing specialist alcohol treatment has fallen from 523 to 419**. This is in line with regional and national trends. While the numbers entering treatment have fallen, **the proportion of those who successfully complete treatment has increased, from 40% in 2014/15 to 46% in 2017/18**.



**Increase the number of residents receiving evidence based interventions** for their alcohol use in primary care, so that at least 370 people each year receive enhanced brief interventions in primary care, from a baseline of 270 in 2014/15. The latest available data from 2016/17 records 261 people as receiving this.



**Provide at least 550 residents** in substance misuse treatment services (including alcohol and drugs) **with specialist support to access education, training and employment each year**, from a baseline of 450 in 2014/15. In 2017/18, the figure was below the target, at 448.

## 2019 What we will do in 2019

- Further strengthening partnerships cross-council and with primary care to increase the numbers of people accessing alcohol treatment.
- Improving outcomes among the street population with substance misuse support needs, including mobilising a new integrated service delivering assertive interventions in a street setting and structured support and onward referral for vulnerable adults via a specialist hub.
- Complete comprehensive reviews of substance misuse provision for young people and adults across Camden to inform future commissioning intentions. The review will consider a range of options including how services can work to better meet the needs of families as well as individuals.





**Resilient Families:**  
building family and  
community resilience  
and shifting the balance  
of service delivery  
towards earlier help and  
prevention



The resilient families programme is a partnership response across the whole network of support for

children and their families to improve the identification of need earlier, streamline access to early help services and ensure a consistent approach to building resilience in families. Significant health and educational inequalities among children in Camden remain. Estimates suggest that 39% of children and young people in Camden are living in poverty<sup>1</sup> and one-in-three-children in Camden start school with skills and knowledge significantly lower than expected for their age.

**What have we achieved over the last three years?**

Since the launch of the strategy in 2016, we have:

**Increased the preventative role of universal services:**

- › Implemented the Growth Mindset in schools across Camden, encouraging challenge, perseverance and resilience among children and young people.
- › Launched the Young Camden Foundation, a community of cross-sector organisations working together to improve opportunities for all young people in Camden.

**Simplified pathways to make it easier for families to get the right help at the right time:**

- › Formation of the Children and Families Contact Service, made up of staff from the Multi Agency Safeguarding Hub (MASH) and the First Stop Early Help Community Team. This has created a single access point providing advice, information and support for children and young people who are vulnerable and at risk. Around 40% of all contacts now go direct to early help.
- › Introduced a shared system and single record facilitating improvements in support that can be provided by the network already involved with the family and reducing the need for onwards referral.

**Building a partnership workforce promoting resilience and preventing escalation of problems:**

- › More than Camden 200 staff trained in the Resilient Families early help systemic model. A version of the training has been co-produced with the VCS to expand the approach across partners in Camden.
- › Resilience Families Framework Train the Trainer has been implemented to ensure there is a sustainable training programme, with eight trainers recruited from across early help services in place to deliver the training over the next 12 months.
- › Developed closer working between early help and the primary and secondary care workforce, including trial of an early help adviser based with the safeguarding team at the Royal Free Hospital, and closer collaboration with GP practices across Camden to improve early help advice and guidance in surgeries. This includes early help input in GP multi-disciplinary meetings.

**What impact has this had?**

**We set out to:**



Increase the number of family assessment that are for early help. This has increased from **377 in 2014/15, to 710 in 2017/18.**



Increase the number of family and family plans that increase parental resilience and improved parent child relationships. Baseline data is not available. At the end of 2018, **75% of families** closed to early help **stayed free from further early help or social work intervention for at least 12 months.**

**2019** **What we will do in 2019**

Accelerating the Resilient Families approach by developing community-led early help, strengthening natural networks in building an enduring circle of support for families. This will include:

- ▶ Working closely with partners to trial innovative community problem solving models, including Full Circle, a community-led problem solving approach inspired by the values of Family Group Conference.
- ▶ Community-led Resilient Families training.
- ▶ Problem solving booths that promote mutual aid.
- ▶ Earlier help in youth offending.
- ▶ Family-led early help information and advice via parent champions.

1. Centre for Research in Social Policy (2018), Child Poverty Map of the UK. Available at: [www.endchildpoverty.org.uk/poverty-in-your-area-2018](http://www.endchildpoverty.org.uk/poverty-in-your-area-2018)





# 4

**First 1001 days:  
Ensuring the support  
we provide from  
pregnancy through to  
the first two years of  
life focuses on the most  
important outcomes  
for children**



The first 1001 days takes a specific life stage focus within the Resilient Families priority, focussed on bringing together all partners to ensure the best outcomes for children in the critical first stages of life where we can make the biggest differences to children's life chances.

## What have we achieved over the last three years?

Since the launch of the strategy in 2016, we have:

### Increased support for mothers, fathers and other carers to prepare for parenthood:

- › Launched the bump to baby programme, a 5 week targeted preparation for parenthood group which is delivered jointly by children's centre staff, health visitors and midwives. More than 230 families have attended the programme between its launch in January 2017 and October 2018.<sup>2</sup>
- › Embed a series of programmes across our children's centres promoting sensitive parenting and attachment, including baby play and baby massage.
- › Made good progress towards achieving Unicef Baby Friendly Status, having achieved stage 1 in early years and health visiting and working towards stage 2 and 3.

### Improved the mental health support we provide to parents early on:

- › Improved understanding of perinatal mental health needs through completion of a needs assessment and implementation of new pathways into support from mild to moderate to more severe needs.
- › Launched Camden Blossoms, a new peer support programme for women with additional support needs including mild to moderate mental health problems, lack of support networks, homeless, experience of domestic violence, previous difficulties with pregnancy/birth/post birth, or with English as a second language. In 2017/18, more than 300 women received support through the Camden Blossoms programme.
- › Delivered a programme of perinatal mental health training three times a year. The training is delivered by Perinatal Mental Health Champions and to date has been attended by 85 staff from a range of agencies including early years, health visiting and maternity services, VCS organisations and parent champion volunteers.

### Strengthened our approach in supporting the development of strong communication and language skills in infancy:

- › Expanded the range of services in our children's centres that support parents as their children's first educators, embedded throughout

programmes such as Stay and Play. In 2017/18 81% of children attending these sessions were from a vulnerable group, a small increase compared with 2016/17.

- › Trained Family Workers and Stay and Play Workers in speech and language development to support high quality adult-child interactions using the Adult Child Tally (ACT) model to help parents and carers support their child's speech and language development through play activities.

### Developed an integrated offer for children and families:

- › Embedded an integrated health promotion offer across our children's centres and beyond. This includes implementation of the Little Steps to Healthy Lives programme supporting children and families to have a healthy diet and to be physically active; 'Teeth for Life' oral health training programme for nursery staff, with a particular focus on disadvantaged 2-year olds and a fluoride-varnish programme providing protection for children's teeth; alongside the Healthy Start vitamin programme.
- › Co-located early years and health visiting staff and recently launched a new locality based model to further enhance collaborative working, including improving the join up of delivery strands across maternity and early years and enabling us to more effectively support our most disadvantaged families.





## What impact has this had?

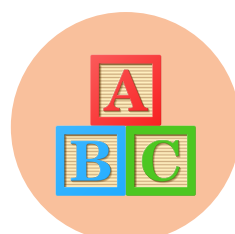
### We set out to:



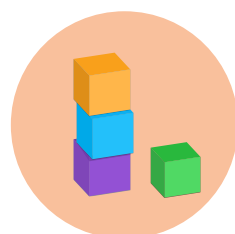
Increase the proportion of mothers breastfeeding at six to eight weeks after birth to 80%. Data collection methods have changed since the launch of the strategy, and baseline data is not available. In 2017/18, **the proportion of mothers totally or partially breastfeeding at six to eight weeks is 82%.**<sup>3</sup>



**Decrease the number of pregnant women smoking by 5%**, from a baseline of 5.7% in 2013/14. In 2016/17, 3.4% of all deliveries in Camden were to mothers who smoked at the time of delivery.



**Increase the proportion of 2 year old children taking up free education places**, from 41% in 2015. In 2018, this figure had risen to 64%.



**Increase the number of children who reach a good level of development at 5 years old to 70%**, from 63% in 2014/15. In 2017/18, this figure had risen to 71%.

2019

## What we will do in 2019

- ▶ Building on our parent engagement approach, expanding the role of our Early Years Parent Champion programme and Early Years Volunteer Partnership in systems leadership, increasing the number of parents with English as a second language and fathers' participation.
- ▶ Establishing and embedding the integrated service model between health visiting and early years and the new locality model.
- ▶ Develop a new approach, incorporating a pathway of services to support vulnerable parents in the perinatal period, including young parents, to ensure early identification of additional needs in pregnancy and sustained engagement in services during pregnancy and the first year.
- ▶ Complete an audit of father inclusive practice, establish an action plan for improving fathers' engagement in services and deliver a training programme to support all early childhood professionals to have the knowledge, confidence and skills to engage fathers and support them to find specialist help when needed.



**Ensuring good mental health for all: Promoting positive mental health and outcomes for people with serious mental health conditions and preventing suicide wherever possible**



Mental health conditions are common across all age and social groups in Camden and are the leading cause of ill health and disability among working age adults. Over 4,100 people in Camden are diagnosed with a psychotic disorder and 19,300 adults have a diagnosis of depression. It is estimated that in Camden, around 4,000 children and young people aged 5-16 years and 6,000 young people aged 16-24 years have a diagnosable mental health condition. The prevalence of diagnosed mental health conditions in Camden is higher than London and England. Our ambition is to **improve mental health outcomes for local communities and people of all ages and reducing inequalities, through promoting good mental health and wellbeing, ensuring access to early help for people**

who may be experiencing mental health problems and supporting recovery among people with mental health conditions.

## What have we achieved over the last three years?

Since the launch of the strategy in 2016, we have:

### Worked with communities to help change attitudes to mental health and build resilience:

- ▶ Trained more than 750 residents, volunteers and frontline staff in Mental Health First Aid Training to better understand the effects of stigma and discrimination, and be able to recognise early signs of mental health problems and to respond appropriately.
- ▶ Established the Cultural Advocacy Project, focused on developing bottom up community

2. Hear what parents in Camden have taken from the programme at: [youtube.com/watch?v=l6-fZ9yih4I](https://www.youtube.com/watch?v=l6-fZ9yih4I)  
 3. This is based on the total number of infants receiving a 6-8 week review who had breastfeeding status recorded. In 2017/18, 85% of all infants due a 6-8 week review received this on time, and 78% of these had breastfeeding status recorded. Data collection methods for breastfeeding have changed, and recording has improved throughout 2017/18.



approaches to identify and engage with target Black, Asian and Minority Ethnic communities and develop community awareness around mental health.

- Creation of the Resilience Network a partnership of VCS organisations, Camden and Islington Foundation Trust, Tavistock and Portman, commissioners and residents with the aim of building a network of services that support people in their community to access the right support at the right time, and to be better able to address and manage their mental health and take part in community life.
- Launched the Camden Dementia Action Alliance, bringing together 55 local organisations to support and encourage communities and organisations to take practical actions to enable people to live well with dementia.

#### Worked with schools and young people services and parents to promote better emotional and mental health and early intervention:

- Implemented a Mental Health and Resilience in Schools framework in 18 schools to date, supporting schools to identify opportunities for improvement against seven components that effectively develop children and young peoples' resilience, promote positive mental health and support those at risk of, or experiencing, mental health problems.
- Trained just under 400 staff and volunteers in Youth Mental Health First Aid.
- Developed a series of workshops for parents on helping build resilience and promoting positive mental health for their children. 300 parents have attended to date since launching in 2017.

#### Worked with employers to improve workplace mental health and wellbeing and improve employment outcomes:

- Established a series of pilot programmes testing different approaches in supporting people with mental health conditions into work. Learning from the pilots has fed in to the development of the new Camden Work & Wellbeing service which launched in late 2017.
- Launched a new training programme for employers, Mental Health in the Workplace, attended by over 350 staff in Camden to improve

understanding of how to support people with mental health conditions in the workplace.

#### Improved integration of physical and mental health care:

- Expanded the Integrated Practice Unit, working across primary and secondary care services so that people with serious mental illness receive an effective range of screening and interventions to improve their physical health, alongside their mental healthcare. This includes wellbeing clinics in each of the mental health community bases, alongside primary care based mental health nurses delivering physical health checks among people with serious mental illness.

#### Improved co-ordination in suicide prevention:

- Implementation of a new suicide prevention plan bringing together a wide range of partners to improve data collection; build better awareness of suicide risk among a wide body of frontline staff; focussed prevention on high risk groups; improved crisis care; and the provision of support to those bereaved by suicide.

### What impact has this had?

#### We set out to:



Promote good mental health with **360 vulnerable mothers-to-be and new mothers and their partners**, through an innovative baby steps programme. Since its launch in January 2017, 230 families have attended the bump to baby antenatal programme.



Increase the proportion of children and young people referred to child and adolescent mental health services (CAMHS) seen within 8 weeks of referral from 50% to 90%. In 2014/15, **50% of young people referred to child and adolescent mental health services (CAMHS) were seen within 8 weeks of referral**. By 2017/18, this figure had risen to 70%.



**Help at least 540 people with mental health conditions in to employment, training or volunteering.** Between 2016 and 2018, 250 people with mental health conditions were supported in to and remained in employment for at least 6 months. Data on the number of people gaining training and volunteering opportunities is not available, however this is supported throughout commissioned mental health services in Camden as being an important part of recovery.



Increase the number of Dementia Friends by 10% per year, from 2,750 in 2014/15 to 3,650. In 2017/18, **3,750 people became a Dementia Friend**.



Double the number of women experiencing, or with a previous history of mental health conditions accessing perinatal mental health services, from a baseline of 121 in 2014/15. In 2017/18, more than **380 women accessed perinatal mental health services**.

### 2019 What we will do in 2019

- Embedding a public mental health approach through the adoption of the Prevention Concordat for Better Mental Health to promote good mental health and prevent mental health problems.<sup>4</sup>
- Engaging eight more schools in the Mental Health and Resilience in Schools framework and 100 more parents in our resilience workshops.
- Expanding our approach to early intervention mental health services for young people through implementation of two new Mental Health Support Teams (MHSTs) targeting young people with mild to moderate mental health difficulties as part of CAMHS across our 10 secondary school and 20 of our primary schools.
- Further developing our primary care model to improve the physical health of people with mental ill health, building on the work of the Integrated Practice Unit and adherence to NHS England guidance on health checks for people with serious mental illness<sup>5</sup>.
- Introducing the 'three conversations'<sup>6</sup> innovation sites into primary care to ensure that frontline staff focus on people's strengths and community assets when supporting those with mental ill health.
- Reviewing acute care pathways for all mental health patients, including developing a jointly-funded Crisis Cafe model to ensure appropriate and timely support in the community.
- Developing an alternative model for preventing mental health crisis through providing appropriate accommodation and wraparound support for those in need.
- Convening a partnership group to ensure we are providing more effective support and services for adults with Severe Multiple Disadvantage (i.e. people who face a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health), and to improve outcomes for this group of people.
- Further development of our suicide prevention approach, with establishment of a new multi-agency prevention steering group; increasing the emphasis on prevention; and refreshing our suicide action plan.

4. Public Health England (2017), Prevention Concordat for Better Mental Health. Available at: [www.gov.uk/government/collections/prevention-concordat-for-better-mental-health](http://www.gov.uk/government/collections/prevention-concordat-for-better-mental-health)

5. NHS England (2018), Improving physical healthcare for people living with severe mental illness (SMI) in primary care: Guidance for CCGs. Available at: [www.england.nhs.uk/wp-content/uploads/2018/02/improving-physical-health-care-for-smi-in-primary-care.pdf](http://www.england.nhs.uk/wp-content/uploads/2018/02/improving-physical-health-care-for-smi-in-primary-care.pdf)

6. Partners 4 Change, The P4C 3 Conversation Model. Available at: [partners4change.co.uk](http://partners4change.co.uk)





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