



Community Health & Wellbeing Workforce

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From Brazil to Cornwall

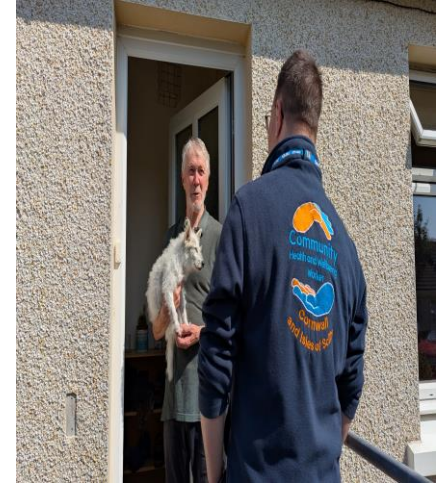
- The Model, Principles & Origin
- Delivery Areas
- How it Works
- Resident – Barry's Story
- Impact Data
- What Worked





What is the CHWW Model & Origin?

- Community-based workforce supporting health & wellbeing
- Focus on prevention, relationships and proactive engagement, empowerment & independence
- Delivered at neighbourhood/micro-area level
- NO referral model – open access via community presence – top 10% IMD areas of need & local intelligence
- Brazil 32 years ago – Family Health Strategy
- Adopted in Westminster 5 years ago
- Adopted Cornwall & IOS ICB – February 2023



CHUI Principles

• **COMPREHENSIVE** -
holistic at household
level (covering the life
course, all age
groups)

HYPERLOCAL -
defined geographies
of 120 households
per (FTE) CHWW,
recruited locally

UNIVERSAL - offering
visits to every
household at least
once a month,
nobody is excluded

INTEGRATED – with
GP practices and
local organisations in
the community

Locations and Organisations



How it Works?

- Volunteer Cornwall commissioned to lead delivery locally – 12 Partner organisations
- CHWWs embedded in communities (micro areas) – 120 households per full time CHWW
- Door knocking and active outreach, groups and activities , visits once per month
- Integrated with local partners and VCSE sector – long term programme approach

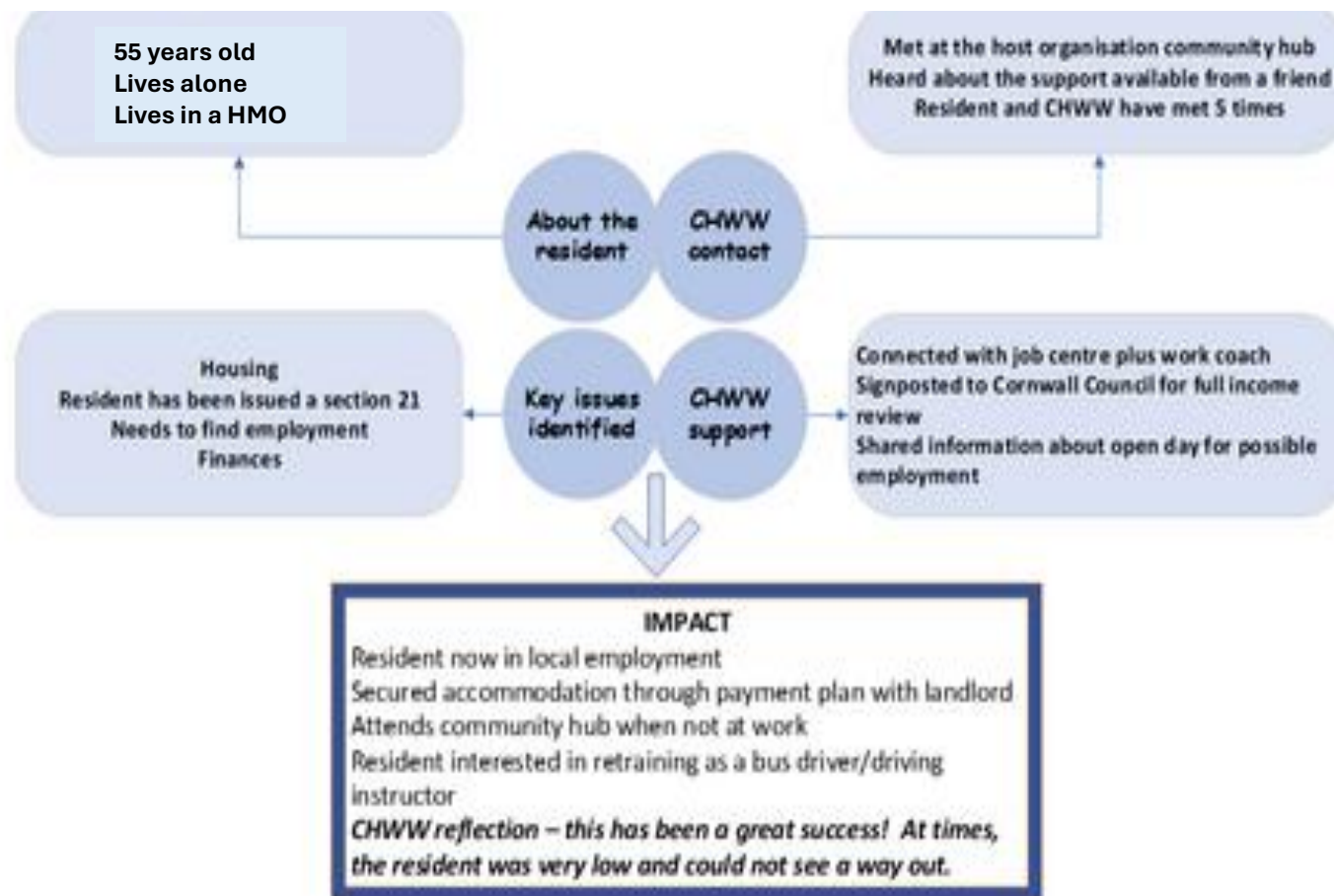


Barry's Story – supported by CHWWs from Bodmin Way



<https://vimeo.com/1127862397/951bc696b2?share=copy&fl=sv&fe=ci>

Case Study



High Level Impact

Social Return on Investment (SROI)



- Demonstrates broader value of CHWW model £2.33 return on investment per £1 spent = excess of £4.6 million per annum social value to the area.
- “Strong contribution to reducing health inequalities”



Data/Impact



- CHWWs improve wellbeing and reduce the impact of health inequalities across Cornwall
- 30% of resident concerns related to finance and housing, underlining the importance of addressing social determinants of health
- 88% of residents reported meaningful improvement in their primary concerns following CHWW support
- CHWWs recognised by residents for trusted relationships, continuity of care and access to support services

High-Level Impact

	Working with CHWW	Remainder of patient cohort not working with CHWW	
ED Attendances	  +1.4%	  +22.5%	Lower increase than wider population
Primary Care Face-to-Face Contacts	  -12.3%	  +5.1%	Reduction in cohort vs increase in wider population
Primary Care Non Face-to-Face Contacts	  -9.7%	  +7.2%	Reduction in cohort vs increase in wider population
SWAST Hear & Treat / See & Treat	  -2.2%	  +19.8%	Lower ambulance activity than wider population

What Worked

- Trusted relationships in communities
- Proactive, no-referral model
- Strong local partnerships – integration is key
- Embedding within existing community networks
- Strong training, support, supervision and care for Workforce
- Career progression (Team Lead, Social Prescriber, Research Asst. CHWW Programme evaluation).
- Use of Enablement Fund - £27.07 average spend

