

Return on investment from a resilient and sufficient

health and care workforce



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# Sustainable health care

Issues faced by the NHS around work force and demand are global issues. Driven by medical advances, an aging more complex population, workforce shortages for doctors and nurses and other skilled staff, workforce migration, burnout and early retirement. Low job satisfaction and high turn over

Services are fragmented and unequal, with differing experiences and quality of care. Health inequalities are rising, driven by unmet and unknown need.

How do we find cost effective, sustainable and effective solutions

# Sustainable health care

80% of health is determined by where and how we live, only 20% is determined by timely access to high quality care.

Loneliness has the same impact on heart health as smoking, but it's hard to measure and even more difficult to remedy.

Prevention is better than cure.

**SO HOW DO WE PIVOT TO PREVENTION AND HEALTH CREATION?**

OUR REASON

# BECAUSE CHWS WORK.





# The Brazilian Family Health Strategy – core features, a gold standard?



**C**omprehensive

**H**yperlocal

**U**niversal

**I**ntegrated

**Other locations implementing the Brazilian Model of CHW:**

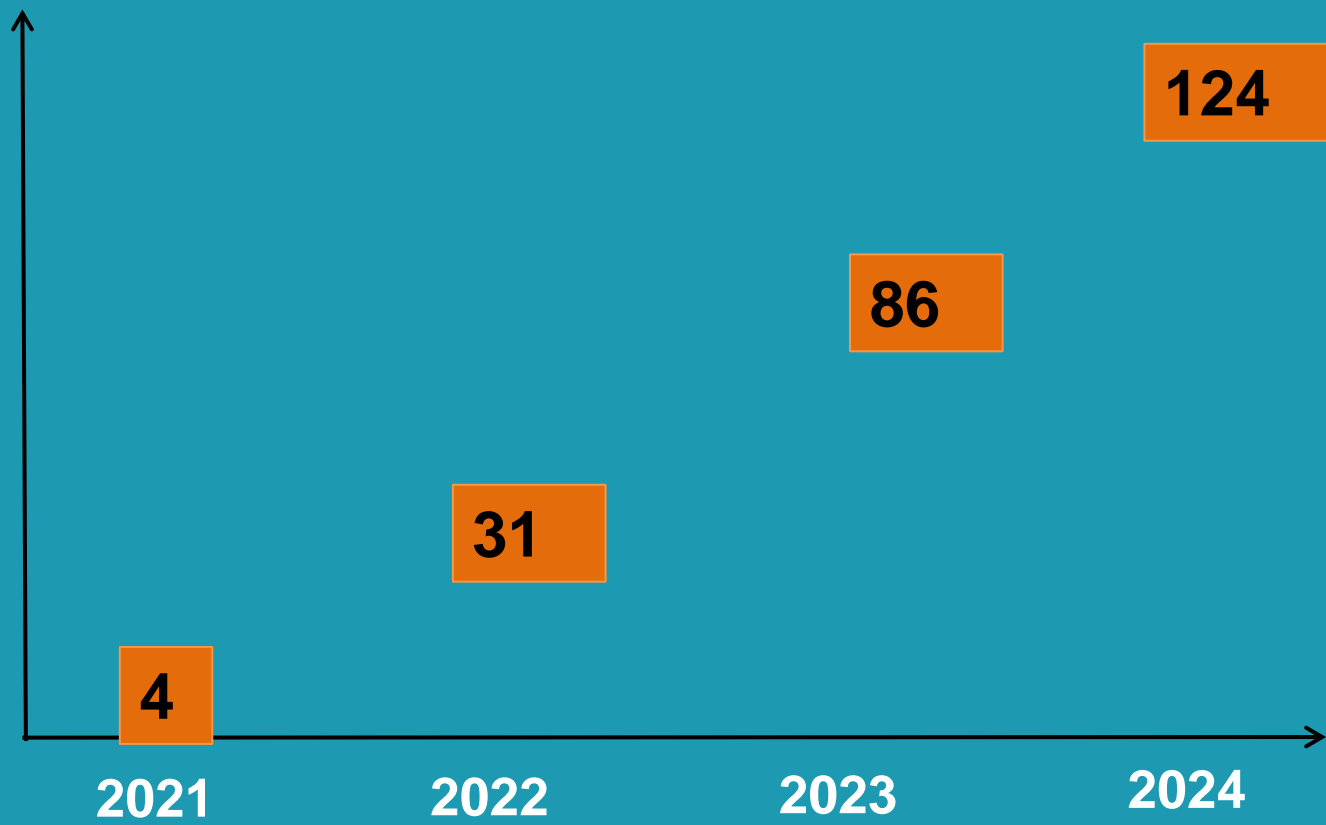
**Belgium**

**Netherlands**

**South Africa**



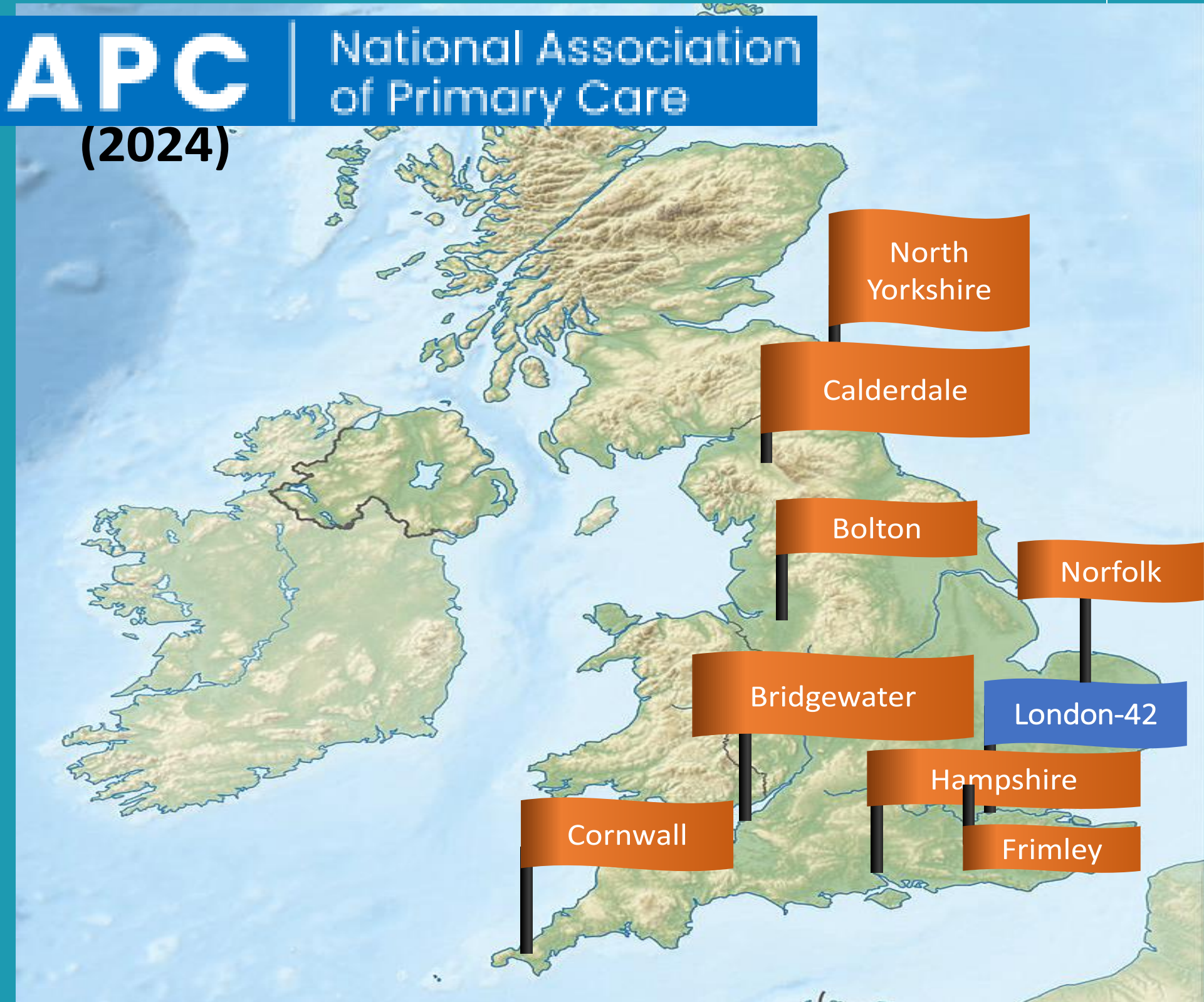
# The spread



**NAPC**

National Association  
of Primary Care

(2024)



**SHAREPOINT**

# Progress and findings over first 18 months



7.3%

Drop in unscheduled GP visits



11

Number of door knocks to engage



90%

Improvement in wellbeing score



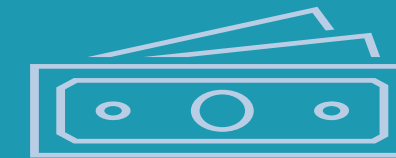
47%

Increased likelihood of vaccinations



82%

Increased likelihood of cancer screening and NHS checks



£4 ROI

£3 ROI, cost effective on just 3 interventions

Top issues of concern: **Finance, Housing, Mental Health, Loneliness, Food**

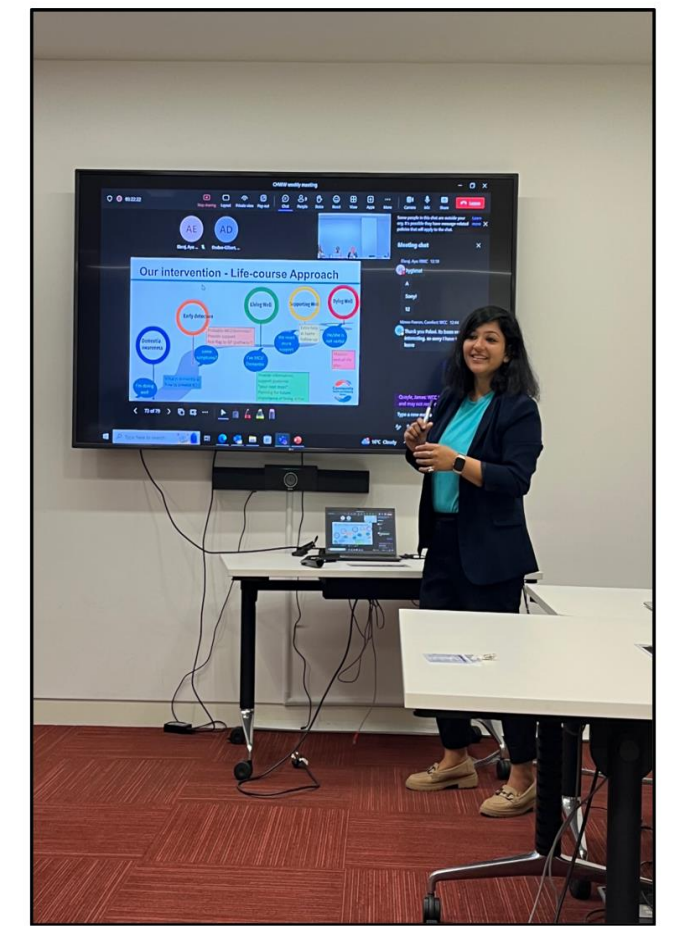




# LOTS OF TRAINING



Public Health  
Vaccinations  
Health coaching  
Mental health first aid  
Motivational interviewing  
Cancer screening  
Data governance  
Dementia training  
Blood pressure training  
Information governance  
Diabetes  
Justice in listening  
Breast feeding support



**Our coffee morning on the 13th of September will be themed as September is Dementia month.**

DO YOU LIVE WITH ANYONE WITH MEMORY ISSUES, WORRY ABOUT A LOVED ONE OR EVEN WORRY ABOUT YOUR OWN MEMORY?

DO YOU WANT TO FIND OUT MORE ABOUT DEMENTIA AND WHAT HELP MIGHT BE AVAILABLE TO PREVENT DEMENTIA, DIAGNOSE MEMORY ISSUES OR LIVE WITH DEMENTIA OR SOMEONE WHO HAS DEMENTIA?

COME ALONG TO OUR COFFEE MORNING. WE WILL BE JOINED BY DR CONNIE MINTON, A LOCAL GP, AND DR PALLAVI NAIR A DEMENTIA EXPERT FROM IMPERIAL COLLEGE LONDON.

City of Westminster mmc Community Firstline Health The Marmot NHS

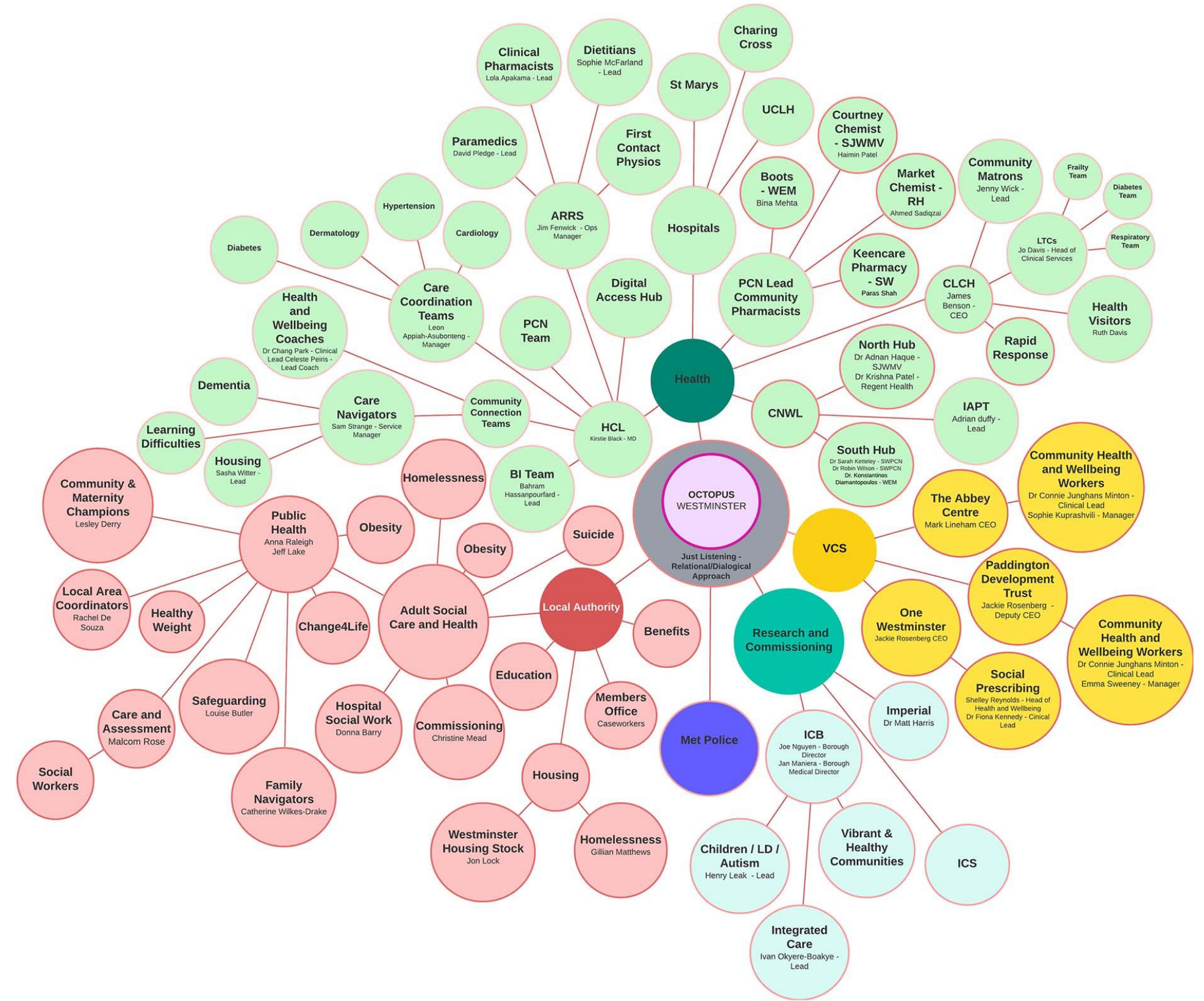
presented by  
**Humane Clinic**



**JUST LISTENING  
COMMUNITY**



# A pioneering model for community-led care and support





# What CHWWs are

- Local lay people, trained, employed and integrated
- A trusted contact who can personalise care and advocate
- A person who can involve other professionals
- Someone who cares about their community
- Good listeners, communicators, team players
- A bridge between unskilled and skilled work

# What CHWWs are not

- Gatekeepers
- Barefoot doctors
- A cheap alternative to technically skilled workers
- Volunteers
- Just a stepping stone into higher skilled roles



# Insights - why CHWWs work

## **Comprehensive:**

**one person coordinating, bringing in other services, talking to all members of the household, including wider determinants**

## **Hyperlocal:**

**people with proximity to local language, understanding the neighbourhood and services, investing into the place you live, being available and flexible**

## **Universal:**

**Finding unknown and unmet need, having the flexibility and agency to focus effort where there is need at any one time, non othering, increasing community cohesion and resilience**

## **Integrated:**

**Building a team around the resident, bringing in expertise and help as needed, personalised to the person in front of you**

## **Proactive:**

**Catching people when they are falling, not when they've been on the floor for a long period of time**

# **Job satisfaction is high**

**Sense of purpose and pride, contributing to their own community**

**Utilising assets in the community better themselves, benefiting**

**Learning lots on the job themselves**

**Working in teams**

**Agency, Belonging and Control – high degree of autonomy, able to direct their efforts where needs are greatest**

**Parity of esteem, local experts, valued for their insights**



# **Impact on community**

**Changing hearts and minds**

**Increased cohesion in the community through coffee mornings**

**Focussing on similarities rather than differences**

**Increasing community resilience through making connections and knowledge mobilisation**

# TOP TIPS

**Don't scale, propagate**

**ABC for the localities - TRUST**

**Enable cross locality learning**

**Flat hierarchy, polyphony and mutuality**

**Think LONG TERM AND SUSTAINABLE**



**Imperial College  
London**



**THANK YOU!**