

Deep End Community Health Workers for Wales's Most Deprived Communities



Why

General practices in Wales's most disadvantaged areas are overwhelmed by patients whose health problems stem from poverty, housing issues, debt, and social isolation. These are inter-generational issues and really hard to tackle. Our GPs say that at least 1 in 3 consultations involve non-medical issues that the NHS cannot solve alone. Meanwhile, valuable community resources exist but remain disconnected from those who need them most, and the most vulnerable families often don't access available support.

Our Solution

We propose embedding **Community Health Workers** directly into GP practice teams in those Clusters that have the highest proportion of patients living in the most deprived communities. These locally recruited lay people will be trained to be the missing bridge between healthcare and community assets, enabling everyone to work together to address the root causes of poor health.

What Makes This Different?

Unlike existing social prescribing services, our Community Health Workers will:

- **Be embedded within GP practice teams** - attending meetings, building relationships, and understanding patient needs firsthand
- **Focus on active outreach** – allowing each GP practice to target and reach out to those they believe have the greatest needs
- **Provide comprehensive support** – for anything that matters to the individual and family
- **Have no exclusion criteria** - open to all ages and conditions, to families and individuals
- **Offer sustained support** - no time limits or fixed number of sessions
- **Focus on equity** - deliberately targeted at communities with greatest need

What They'll Do

1. Advice & Advocacy – to always start with asking “what really matters to you”, to identify unmet need and prevent more of what can lead to poor mental and physical health, to help with financial security, pathways to work, benefits, housing, debt; support form-filling. But being ready to access expert services when this needs more than basic advice

2. Community Connections – to connect people to local activities, for example for physical activity, mental wellbeing, parenting resources, and social support; to work with community organisations to strengthen ties with GP practices: identifying what's missing and advocating to build this capacity

3. Health Improvement – to support health workers in improving vaccination uptake, cancer screening, health checks; reach out to families who are "missing" from care

Evidence of Impact

The evidence base is strong. Similar programmes have delivered:

- **Reduced NHS demand** - fewer GP appointments, A&E visits, and hospital admissions
- **Financial gains** - welfare advice services generate an average **£27 return for every £1 invested**
- **Better health outcomes** - improved mental health, better management of chronic conditions
- **Reduced poverty** - increased family incomes and reduced safeguarding issues
- **Reduced health inequalities**

The Project

Start with a 3 to 5 -year project in one Deep End Clusters, adding more as funding and interest allows.

Team: 3 WTE Community Health Workers + 1 part time Project Manager, £xxx- £500,000 over 3 years

What This Includes: Salaries, training, supervision, equipment, management, and independent evaluation. CHWs will be great communicators and need no health background. Training will use a bespoke combination of available resources for social prescribing, community development and healthcare.

Expected Outcomes

This is a new model in Wales, and we would expect to commission a robust external evaluation, looking at:

- Changes in financial security and income for families
- Changes in measures of mental and physical health,
- Client experience
- Changes in healthcare utilisation (GP and emergency care encounters)
- Uptake of preventive health services (vaccination, screening)
- Stronger connections between healthcare and communities

How does this fit into national priorities?

This project addresses multiple national priorities:

- **Tackling poverty and disadvantage** in communities most in need
- **Improving health and wellbeing** through prevention and community connection
- **Building stronger communities** by enhancing local assets and relationships
- **Reducing inequalities** with deliberate focus on Deep End areas
- **Evidence-based innovation** adapting proven international models for Wales

This is an opportunity to improve health equity in Wales, connecting communities with resources that already exist while reducing pressure on an overwhelmed NHS.

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