Impact Story Template and Guidance

Impact Story Template

Name of the NIHR Infrastructure Centre
NIHR Applied Research Collaboration (ARC) South West Peninsula
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*Please note that NIHR CC may approach the individual(s) named above for further information.

Title of the Impact Story

Title of Impact Story *[A short title using plain active language that summarises the impact (not the research findings)]*
Scaling Community Health and Wellbeing Workers to Tackle Health Inequalities in Cornwall
Does this Impact Story provide updated information for a previously submitted Added Value Example (AVE)?
No
If this is an update to a previously submitted AVE, please provide the title and year of submission of the AVE for which this is an update.
N/A

Impact Summary (maximum 150 words)

Briefly summarise, in plain English, what the problem was, how your Centre has worked with other NIHR infrastructure and/or parts of the health and care system to address it and what has changed as a result of your research evidence. Please include who benefits and how (using the types of impact outlined in the guidance), including benefits for the health and care system. Please include any 'if' statements as relevant e.g if shown to be feasible; if implemented regionally, if adopted nationally.
From 2020, PenARC worked with Cornwall commissioners and providers to: 1) identify and adapt an appropriate model of healthcare which addressed needs of people in deprived areas 2) evaluate the implementation of the model in four pilot sites; and 3) evaluate the subsequent rollout.

Imported from Brazil to the UK, Community Health and Wellbeing Workers (CHWWs) was identified as a way of engaging residents in deprived areas who are typically excluded from the health system. In a pilot programme ten CHWWs were trained and embedded within existing voluntary sector and primary care structures, undertaking proactive and preventative community outreach, often via door-knocking or local hubs.

The evaluation led by PenARC showed evidence of improved access to services and identified unmet needs in the population, especially related to mental health, debt, and loneliness, and influenced the scaling up across Cornwall, with 55 CHWWs now in post across 12 host organisations.

Impact Details

Please describe:

- What the problem is (e.g. overall prevalence of condition, capacity/skills gap, area for operational improvement, cost to society and/or NHS and social care);
- How your Centre has worked collaboratively with other NIHR infrastructure and/or parts of the health and care system;
- What the impact of the research has been (using the types of impact described in the guidance above);
- Who has benefitted and how; and
- How NIHR's Infrastructure funding has contributed to the impact, particularly in terms of system influence as outlined in the guidance above. What would have happened if this funding didn't exist?

This section can include impact (including evidence) that the team is aware of but has not been directly involved with.

500 words

The Problem:
Cornwall faces considerable health inequalities, especially in deprived communities with limited access to care. Traditional healthcare models often fail to reach people in these areas before crises arise. Households have complex and unique combinations of personal strengths and unmet health and social needs – from vaccination and cancer screening to long term conditions, frailty and mental health support.

Collaborative Working:
In 2020 Cornwall commissioners and providers, supported by PenARC and the Health Improvement Network (HISW, previously AHSN), obtained funding from the Health Foundation to review, identify, adopt, adapt and import models of healthcare suited to the Cornish context. CHWWs were one of two options identified with the aim of addressing health inequalities and strengthening community and Primary Care. Local NHS Primary Care Networks (PCNs) and voluntary sector organisations (VSCOs) collaborated to deliver the pilot. The CHWWs were hosted within VSCOs but worked closely with NHS teams, especially PCN social prescribers, sharing training, offices, and referrals. An evaluation of the implementation of the initiative was led by PenARC. It included interviews, observation and analysis of local data and documents and influenced the roll out of the initiative across Cornwall.

Impact of the Research:
The research generated evidence demonstrating examples of the following enhanced approaches to care including :
- Improved community engagement, especially among isolated and older residents
- Earlier intervention in issues such as mental health, debt, and housing
- Better data on community needs through consistent case monitoring
- Positive integration between CHWWs and Social Prescribing Link Workers, avoiding service duplication

- Increased public awareness of local services and support

Who Has Benefitted and How:
- Residents in the most deprived 10% of Cornwall have received direct, personal engagement from CHWWs
- GP practices benefit from reduced inappropriate service demand
- Voluntary sector organisations have strengthened relationships with NHS partners and expanded their service reach
- CHWWs themselves have reported improved job satisfaction and capacity to make meaningful impact

Contribution of NIHR Infrastructure Funding:
NIHR funding enabled the evaluation and process mapping necessary for replication and scale-up, and influenced the final decision to scale the project into a fully-fledged CHWW service across Cornwall. Without this funding, critical learning from the pilot - including recruitment, training, and engagement strategies - would not be available to inform future implementation.

Please link to the sources of evidence of the impact described in this Story (e.g policy documents, reports, datasets, news articles, videos, reports, testimonials, websites, awards)

Evidence Sources:
Peer Reviewed paper:
Peer reviewed paper of the pilot published in BMC Primary Care's Collection on 'The Role of community health workers in primary care.'
Tredinnick-Rowe J, Byng R, Brown T, Chapman D. Piloting a community health and well-being worker model in Cornwall: a guide for implementation and spread. BMC Prim Care. 2024 Oct 15;25(1):367. doi: 10.1186/s12875-024-02595-y. PMID: 39407146; PMCID: PMC11476637.
https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-024-02595-y

Feedback from pilot site staff and residents
Feedback from pilot site staff presented in peer reviewed paper, the
Radio 4 Programme 'The World Tonight' CHWW resident from Cornwall and Dr Connie Junghans Minton talking about the programme from 30:10 - 37:45
https://www.bbc.co.uk/sounds/play/m002f9gd

Articles in the national press:
https://www.theguardian.com/society/2025/apr/08/health-workers-sent-door-to-door-in-deprived-areas-to-detect-illnesses

National Association of Primary Care reports
- Polley M, Elnaschie S, Seers H, (2024). Demonstrator project report of Measure Yourself Concerns and Wellbeing®, demographic data and outcome measures analysis for the CHWW project - year one. Meaningful Measures Ltd, England.
  Cited above peer reviewed paper (Treddinick Rowe et al., 2024)
  https://napc.co.uk/wp-content/uploads/2024/07/Demonstrator-project-report-of-Measure-Yourself-Concerns-and-Wellbeing%C2%AEDemographic-data-and-outcome-measures-analysis-for-the-CHWW-project-Year-One-24-07-24.pdf
- Riley, A. (2024) A comparative case study process evaluation of three Community Health and Wellbeing Worker pilots in England.
  Cited above peer reviewed paper (Treddinick-Rowe et al., 2024)
  https://napc.co.uk/a-comparative-case-study-process-evaluation-of-three-community-health-and-wellbeing-worker-pilots-in-england/

Websites:
https://napc.co.uk/chww-2025-driving-community-impact-across-cornwall/

https://volunteercornwall.org.uk/how-we-help/in-the-community/chww
https://cios.icb.nhs.uk/2024/03/06/cornwalls-success-with-community-health-and-wellbeing-workers/
https://www.nhsconfed.org/case-studies/community-health-and-wellbeing-workers-cornwall

Podcast:
https://soundcloud.com/user-227914318/napc-podcast-community-health-and-wellbeing-workers-in-cornwall

Next steps and Lessons Learnt

Please outline the next steps in your journey to achieving impact, particularly where the impact is still in the early stages. Are there any barriers you anticipate to the next steps you have outlined above and how can NIHR support?

300 words

The CHWW model has now expanded beyond the initial four pilot sites in the Central integrated care area (ICA) to cover all three ICAs in Cornwall. The evaluation of the rollout has also begun, led by PenARC collaborating with Volunteer Cornwall and Cornwall and Isles of Scilly Integrated Care Board. This is a mixed methods study using a researcher-in-residence (RiR) model to understand how the intervention is delivered, as well as the impact on residents, CHWWs and the system. Qualitative (interviews, focus groups, world café focus groups, case studies, semi-structured observations, and Ripple Effect Mapping) and quantitative (survey and analysis of collaboratively constructed dataset) methods will be used, as well as cost-offset analysis to examine the value and impact of the service. The mixed methods evaluation will additionally understand the delivery and impact of the model in the context of the establishment of Integrated Neighbourhood Teams. A key structural challenge is ensuring economic sustainability of the intervention. Additionally, developing clearer lines of communication with NHS partners will be essential, especially in areas where understanding of the CHWW role remains limited. We will seek to apply learning from this project to support implementation beyond the region.

Any lessons learnt along the way that might benefit someone else on a similar journey?

300 words

1. **Scoping work to identify innovations in other parts of the UK is an underused strategy:** It can be used for addressing complex system problems where local solutions have not been generated.
2. **Engagement must be localised:** No one-size-fits-all strategy works. Sites had to tailor outreach to local histories and cultures - for instance, in some places GP association helped, in others it hindered.
3. **Relationships are key:** Where CHWWs shared offices and training with Social Prescribers, collaboration and referral processes were smoother. Regular face-to-face meetings proved more effective than ad-hoc communication.
4. **Training is critical:** Role-specific preparation for community interaction, including roleplay for door-knocking, was underdeveloped but clearly needed.
5. **VSCO agility is a strength, but funding is fragile:** Voluntary organisations were better suited to adaptive, person-centred work, but often lacked stable funding and infrastructure. A hybrid model may be necessary to balance agility with long-term viability.
6. **Timing matters:** Sites that launched CHWW recruitment before systems and training were fully in place experienced slower roll-out and lower initial impact.
7. **Monitoring systems must be pre-planned:** Delays in deploying data capture tools reduced early evaluation capabilities and made backdating records burdensome.
8. **Integration is important:** Effective and thoughtful integration of the CHWW role with pre-existing social prescribing structures to enhance service offering and to avoid duplication.

9. **Interaction between CHWWs and the NHS is crucial:** Close working either within or alongside PCNs supports information sharing and fostering relationships between CHWW teams and primary care staff.

Health category/ field of research

Please indicate 'YES' to **all** that apply.

HRCS Health Category	**Please indicate 'YES' where applicable**	**NIHR Priority Areas**	**Please indicate 'YES' where applicable**	**NIHR Goal Outcomes**	**Please indicate 'YES' where applicable**
Blood		Elective Care		NHS there when people need it	Yes
Cancer and Neoplasms		Primary Care	Yes	Fewer lives lost to biggest killers	Yes
Cardiovascular		Urgent Care		Fairer Britain, where everyone lives well for longer	Yes
Congenital Disorders		Cancer access			
Ear		Social care	Yes		
Eye		Mental Health	Yes		
Infection		Stroke and heart disease			
Inflammatory and Immune System		Cancer survival			
Injuries and Accidents		Suicide			
Mental Health	Yes	Smoking			
Metabolic and Endocrine	Yes (indirectly through lifestyle)	Alcohol			
Musculoskeletal		Air pollution			
Neurological		Obesity			

Oral and Gastrointestinal		Physical activity			
Renal and Urogenital					
Reproductive Health and Childbirth					
Respiratory					
Skin					
Stroke					
Generic Health Relevance	Yes				
Disputed Aetiology and Other					

Impact Story Guidance

1. Purpose and uses of Impact Stories

Impact Stories give DHSC and NIHR sight of the value that the research it funds brings to the health and wealth of the nation, including achievements in and progress towards improving patient outcomes, reducing health inequalities, serving the health needs of under-served communities and building national capacity and capability to conduct high quality health and social care research. They help DHSC and NIHR to (1) demonstrate this value to our stakeholders, for example, government ministers and departments, the health and care system and patients and the public; (2) evaluate and evidence the impact of the research we fund; and (3) inform decision-making about our funding processes and priorities.

2. What does NIHR mean by 'impact'?

For NIHR, research impact is about **making a meaningful difference to people's lives through the research we fund and support, making a difference to wider society and effecting meaningful change i.e an effect or benefit.** We recognise that the journey to achieving this looks different for research infrastructure and even different types of infrastructure. We have, therefore, developed guidance on the types of impact we would like to hear about from the infrastructure we fund, as outlined below.

Please note that **you can include progress towards impact, particularly if you're reporting impact from infrastructure that sits earlier on in the innovation pathway. It can also include information on what might happen when/if the research gets embedded in practice, as long as it is clear to the reader that this has not happened yet.** We are also keen to hear about the impact that the research we have funded has had that NIHR funded teams are aware of but have not been directly involved with. We want to be able to evidence our impact as described below.

3. Impact types:

Please consider the following impact types and types of evidence when providing your example. Evidence can be quantitative e.g number of patients affected, amount of money saved, number of people trained or qualitative e.g patient testimonials, quotes from service users or public contributors, statements from policymakers.

Types of impact	Types of evidence
Improvement in or progress towards patient/service user outcomes	● Improved outcomes in health or social care (also includes prevention of poor outcomes) ● Decreased time to diagnose or treat ● Improved health literacy and public awareness
Progress towards or implementation of changes in service delivery	● Improved patient safety ● Commissioning or decommissioning of a service ● Improved patient care pathways ● Improved management of a disease or condition ● Improved access to services or quality of care
Policy influence	● Influencing policy or clinical guidelines and subsequent implementation or de-implementation

Capacity, skills or workforce development	● Training or skills development that fills a gap ● Capacity development in under-represented professions or groups ● Increased capacity and capability to respond to needs of commercial companies and/or the health and care system
Systems influence	● Relationship building and improved collaborations and ways of working between different parts of the health and care system, including with ICB/S ● Improved adoption or uptake and subsequent implementation, including through HINs ● De-implementation or de-commissioning of services ● Improved operational efficiencies ● Improved embedding of EDI and PPIE
Developing and delivering operational excellence (particularly relevant for Networks)	● Developing operational excellence ● Developing novel or innovative methodology ● Improving cost-effectiveness ● Implementation, adoption or spread of good practice regionally or nationally
Progress towards or evidenced economic impact	● Cost savings to the NHS, public health and social care ● Increased revenues ● Jobs created