

<b>Institution:</b> University of Exeter		
<b>Unit of Assessment:</b> UoA 14 Geography and Environmental Studies		
<b>Title of case study:</b> Transforming healthcare and community organisations' policy and practice in Cornwall		
<b>Period when the underpinning research was undertaken:</b> 2010 - present		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g., job title):</b>	<b>Period(s) employed by submitting HEI:</b>
Catherine Leyshon	Associate Professor	1996 - present
Michael Leyshon	Senior Lecturer	2002 - present
Tim Walker	Research Fellow	2014 - present
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Laura Colebrooke	Research Associate	2017 - 2019
<b>Period when the claimed impact occurred:</b> 2013-present		
<b>Is this case study continued from a case study submitted in 2014?</b> No		
<b>1. Summary of the impact</b> <p>The constraints of austerity combined with increased demand on social services in the last decade have provided the impetus for Leyshon and Leyshon's research into social transformations in tackling loneliness and isolation, building community capacity and volunteering as a pathway to employment in Cornwall, an area of high deprivation. They have developed new place-based and person-centred approaches and toolkits for building self-sustaining micro-communities of health professionals, volunteers, and service users to tackle social challenges. Impacts include:</p> <ul style="list-style-type: none"> <li>• <b>Improved pathways to volunteering, education and employment;</b></li> <li>• <b>Changed policies in health and voluntary organisations</b> (Age UK, Volunteer Cornwall, Veor Surgery) to adopt best practice, <b>increased access to funding for community and health organisations</b> (e.g. £750k grant for Age UK) and <b>24 new posts created</b> in community and health organisations;</li> <li>• <b>Improved wellbeing for patients</b> (patients improved by 1 to 4 levels, PAM indicator), <b>reduced emergency hospital admissions</b> with cost savings to the NHS of £293k (2019-2020), and <b>reduced demand for GP appointments by 44%</b> for participants (Veor Surgery);</li> <li>• <b>Preparedness ahead of the Covid-19 pandemic.</b></li> </ul>		
<b>2. Underpinning research</b> <p>The restructuring of the health and social care system in England has occurred through the Health and Social Care Act (2012) and the Care Act (2014). These Acts, along with the 2011 White Paper <i>Giving</i>, emphasise that "the voluntary and community sector is uniquely placed to reach socially isolated people and connect them to befriending services and other networks of friendship and support" (HMSO, 2012, 22). Responding to this shifting policy context, Leyshon and Leyshon have led the University of Exeter Social Innovation Group (SIG) in research on diverse aspects of Cornwall's voluntary, public service, and charitable sector. An overarching ethic of co-production has produced deep and sustained partnership working over ten years. There are two main strands to this research: (i) understanding volunteer training, organisation and retention in communities benefiting charitable organisations and volunteers [3.1, 3.2]; (ii) developing place-based, person-centred approaches to care in a period of austerity for service-users including older people, the unemployed and social housing tenants [3.2, 3.3]</p>		
<b>2.1 Geographies of Volunteering</b> <p>This research has explored the role of the voluntary sector in public service delivery, looking specifically at volunteer training, organisation and retention, and social innovation in the delivery of care. It has led to several insights:</p> <ul style="list-style-type: none"> <li>• In policy and practice, volunteers are often framed as units of action which satisfy a given need rather than individuals with unique skill sets and motivations. This</li> </ul>		

shortcoming can lead to missed opportunities, with volunteers not fulfilling their potential, or experiencing dissatisfaction [3.2].

- Mobilising volunteers, realising their potential, and involving them in the co-production of care requires improved volunteer management practices [3.2].
- Action is required at the structural, management and operational levels to enable volunteer action in the new decentralised state system [3.2, 3.4, 3.5].

## 2.2 Place-based, person-centred care

The reduction in state services and the responsabilisation of individuals to take community action has created the need for new place-based, person-centred approaches and tools that support social innovation. Leyshon and Leyshon have tested new models and tools for building self-sustaining micro-communities of health professionals, volunteers, and service users, working with the configuration of people, resources, agencies, energies and needs in a particular place [3.2, 3.3, 3.6]. SIG's Guided Conversation tool [3.3] uses an individual service user's wider needs and aspirations, and their views of their community, surroundings, and wellbeing, to help them participate in community innovations, and in cases of isolation integrate them more fully into their communities, reducing demand on health and social care services.

## 2.3 Methodologies of co-production

The work has focused on person-centred, place-based, and community-led approaches to understanding social problems and proposing solutions through co-producing knowledge with individuals, agencies, and businesses [3.1, 3.6]. To engage individuals and organisations, SIG has used innovative methods such as tea parties which recreate a village fete refreshment tent with interactive activities [3.3, 3.2]. The Guided Conversation tool is redesigned in every new context, while retaining core principles: First, it is conversational, designed to be undertaken between a trained individual and a participant in a supportive atmosphere which encourages self-reflection. Second, it is primarily visual, using pictorial representations of the locality to prompt reflections on the participant's relationship to their neighbourhood and its services. It also uses radar diagrams which enable participants to subjectively score their feelings about a range of issues (arrived at through co-production with organisations by whom it is used). Third, it is focused on the needs, aspirations, and wellbeing of individuals in place, attending not only to their personal circumstances but their relationship with where they live [3.5, 3.6].

Critical insights have been generated by engaging with and acting as a knowledge base for a variety of projects in Cornwall. These have been focused on the role of the voluntary sector in transforming communities through innovative solutions to loneliness and isolation (Living Well), building community capacity (Smartline) and volunteering as a pathway to employment (Living Well to Work). They have entailed extensive partnership working with the NHS, Age UK, Volunteer Cornwall, local GP practices, housing associations and numerous community organisations. In 2020, the reach of this research increased thanks to a €5.3m ERDF-funded Interreg 2 Seas project on Healthy Ageing through Innovation in Rural Europe, bringing our approach and toolkit to 14 project partners from the UK, France, Belgium and the Netherlands in HE, local government, charities, voluntary organisations, and the public and private sector.

## 3. References to the research

- 3.1. Leyshon C., Leyshon M., Jeffries, J., (2018) The complex spaces of coproduction, volunteering, ageing and care, *Area*, <https://doi.org/10.1111/area.12504>
- 3.2. Leyshon C., Leyshon M., and Kaesehage K., (2014). *Living Well: How Does Change Happen?* Age UK and NESTA, <http://hdl.handle.net/10871/124661>
- 3.3. Walker T., Spooner K., Colebrook L., Leyshon M., Leyshon C., (2018) *Guided Conversations: Findings and Social Impact*. <http://hdl.handle.net/10871/124660>
- 3.4. Leyshon M., Fish R., (2011) 'Chain Gang Conservation': Young people and environmental volunteering. In Rogerson, R, Sadler, Green S, A, Wong, C (Eds.)

*Sustainable Communities: Skills and Learning for Place Making*, Hertfordshire University Press. <http://hdl.handle.net/10871/124691>

- 3.5.** Walker T., Esmene S., Colebrooke L., Leyshon C., Leyshon M., (2020) Digital Possibilities and Social Mission in the Voluntary Sector: The Case of a Community Transport Organisation in the UK, *Voluntary Sector Review*, Volume 11, Number 1, March 2020, pp. 59-77(19), <https://doi.org/10.1332/204080520X15787076882640>
- 3.6.** Esmene S., Leyshon C., Leyshon M., (2020) Beyond adherence to social prescribing: how places, social acquaintances and stories help walking group members to thrive *Health and Place* 64 <https://doi.org/10.1016/j.healthplace.2020.102394>

#### 4. Details of the impact

The impact from the research undertaken by SIG has and is being delivered through a set of distinct projects, guided by our principles of place-based, person-centred approaches that speak directly to the issues that Cornwall faces. Cornwall is the 83rd (out of 317) most deprived local authority in England, with 17 neighbourhoods in the top 10% most deprived areas (Source: 2019 Index of Multiple Deprivation) and 47.5% of its population is over the age of 50. According to Volunteer Cornwall, the county has an estimated 140,000 volunteers, without whom 14,000 full-time staff would need to be employed. Such efforts are conservatively estimated to contribute £490m to the Cornish economy (Source: Volunteer Cornwall). In this context, our impacts have been on policy and practice in health, social care, mental health organisations and the voluntary sector.

Policy and practice change has led to improved recruitment and training of volunteers; increased capacity in organisations; increased employment for inactive individuals including job creation and community engagement; reduced hospital admissions, and enhanced patient health and wellbeing.

##### 4.1 Changing policy and practice in organisations to enhance volunteer recruitment

Our research [3.2] showed that volunteers are essential to the co-production of care, but their recruitment is often hindered by administrative processes. This led managers at Age UK Cornwall to change their volunteer recruitment and training policy with new protocols for gathering feedback, streamlined reference checks and updates to the induction handbook. The Director of People and Estates at Age UK reported that without SIG's recommendations they would not have been able to make improvements [3.2, 5.1]. In 2016 SIG rewrote Age UK training materials to include guidance on integrating volunteers into multi-disciplinary teams. Using SIG's insights [3.3] Age UK secured £750k to roll out Living Well across five sites nationwide [5.1, 5.2].

The CEO of Volunteer Cornwall reports that using SIG's insights and recommendations they "made changes to their policy and practice which have had multiple benefits, including increasing recruitment and retention of volunteers" [5.3]. He told the House of Lords Select Committee for Public Services in June 2020: "For the last five years, we have been working with our health colleagues on integration. We have a partnership now. We have the integrated care system" [5.4].

At Veor Surgery the Strategic Partner commented: "We have now embedded the principles arising from [Leyshon and Leyshon's] work in everything we do and rewritten our policy to reflect this" [5.5].

##### 4.2 Improving access to volunteers across organisations

Volunteer Cornwall's Chief Executive said sharing volunteers across organisations had been "transformative": "The need and ability to share volunteers came out of the evaluation by the Leyshons. The concept of a 'passport' scheme is currently being carried forward by the NHS body Helpforce so that the whole system in England will now be using it. Applying the research insights has increased the effectiveness of our volunteer recruitment and increased capacity. Comparing the year 2013 with 2019/20, there was an increase in the number of volunteer enquiries from 2,454 to 3,790, the number of people supported in their community in Cornwall from 630 to 1,884." The number of volunteering opportunities developed from

1,113 to 2,551 [5.3]. “Following a call for volunteers in the context of the Covid-19 pandemic in March 2020, 3,937 volunteers signed up with Volunteer Cornwall. As a result, 3,695 individuals in Cornwall were helped and 1,069 are receiving ongoing support [as of August 2020] [...] I believe that without the work that we have been doing with Professor and Dr Leyshon, we would not have been in a position to respond to the crisis. The NHS trusted us to provide the volunteers needed and we are an integral part of three Community Coordination Centres in Cornwall.” [5.3]

#### 4.3 Enhanced employment, job creation and community engagement in Cornwall

Our learning about the importance of bespoke, place-based approaches to tackling social issues [3.2], combined with insights from previous research on environmental volunteering [3.4], informed the work of *Living Well to Work*. This scheme re-engaged a diverse group of economically inactive participants in training, employment, and volunteering. Underpinned by our research insights, it supported the activities and secured funding for the employment of 8 or more key staff members in a range of organisations including Volunteer Cornwall, Pentreath (a mental health charity), Young People Cornwall, Eden Project, Newquay for Excellence, Newquay Orchard, Truro and Penwith College, Cornwall Voluntary Sector Forum [5.6]. In July 2018, the then CEO of The Learning Partnership, reported that 80 economically inactive or unemployed participants had been engaged, with 17 moving into employment, education, or job search [5.6].

At Volunteer Cornwall, the Chief Executive observed that 16 new paid roles were created at the meeting point between the voluntary sector, health, and mental health because of Leyshon and Leyshon’s insights: “Six Community Makers working with the NHS, six Community Development Workers in the Children’s Family Service and four posts providing key interventions via collaborative support for High Intensity Users.” Three of these latter posts were funded by the NHS in recognition of the value of the approach [5.3]. At Veor Surgery, unusually for a GP Practice, volunteers are employed in roles such as the café. This helps individuals regain a sense of self-worth and, for some, “acts as a bridge to employment” [5.5].

Coastline, a social housing provider with 4,300 homes in Cornwall, used our bespoke, co-produced Guided Conversation tool to develop community-led innovations including armchair exercise classes, green space development, and IT and tablet training. This success led Coastline to write the Guided Conversation into their Customer First: Access and Inclusion Strategy 2019-2021 “with a view to expanding [their] customer voice” [5.7a]. The online version has been used in Coastline’s ‘Inspiring Futures’ programme for getting tenants back into work. Coastline’s Community Investment Manager commented that the Guided Conversation tool was “an unusual object in its presentation and interactivity, and permitted participants to engage with what their priorities were in a more innovative manner.” She commented, “It was empowering to the participants to be able to set their own frame of reference, stating what to them would be an important achievement.” [5.7b]

#### 4.4 Enhancing patients’ health and wellbeing

The Leyshons’ research and the tools and methodologies underpinning Guided Conversations have helped GP practices across Cornwall make better use of social prescribing. For example, Veor Surgery in Camborne, with 8,500 patients, was aware that the high level of deprivation in their practice area was contributing to long-term impacts on physical and mental health, which also exacerbated unemployment and benefit dependency. Veor’s Strategic Partner said the toolkit provided by the research “has had a significant impact on the physical and mental health and wellbeing of [their] patients. It has also led to [them] being more motivated to fulfil personal goals and in some cases return to work.” Veor Group embedded the benefits of the Guided Conversation by appointing a Social Prescriber and noted, “Our GPs and our Pharmacists have seen a reduction in repeat visits, which has increased capacity at our surgery” [5.5]. In the first year they saw a 44.3% drop in demand for GP appointments among participants. Out of 34 participants all of them moved up at least one level [using the Patient Activation Measure to assess wellbeing], 13 moved up as



much as three levels and one moved up four levels, showing a significant shift in individuals wanting to actively promote their own health.” [5.5] “On the basis of this success”, the Social Prescriber role was made permanent, and a second Social Prescriber role was created [5.5]. The Guided Conversation is in use in other GP practices in Cornwall including the Alverton Practice, the Stennack Surgery and St Austell Healthcare [5.5]. With Veor these surgeries have a total number of 57.5k registered patients (Source: NHS Digital). Veor Surgery’s Strategic Partner has presented this work to the Department of Work and Pensions and NHS England Executive Social Prescribing Collaborative and commented that he “would like to see these methods used in GP surgeries across the UK” [5.5].

Volunteer Cornwall used SIG’s research insights [3.3] to transform the approach to working with people with a history of repeated 999 calls and A&E visits by promoting and managing a person-centred, multi-agency response. Volunteer Cornwall’s CEO reports that they worked closely with the Acute Medical Unit at the Royal Cornwall Hospital. “From January 2019 to February 2020 the cost for one person in post to coordinate this was £49,000. In that period this has resulted in savings to the NHS of £293,000. [...] The benefits are not only in cost savings. “Lives have been transformed as individuals with little or no quality of life have benefited from this collaborative approach across services, regaining mental and physical health and financial stability.” [5.3] He cites an example of a service user who was the victim of financial and domestic abuse, had multiple health problems and was not taking her medication. “Her GP considered she was ‘committing suicide slowly’. After [Volunteer Cornwall] started working with her, her life was transformed. She left her abusive husband, moved into secure housing and is due to start an Open University course in September.”. The benefits have also been reflected in cost savings: “That one person saved the NHS £89,000” [5.3].

In sum, the work of SIG has been underpinned by a consistent ethic of co-production which has resulted in powerful benefits for individuals and organisations. For individuals, the benefits have been improved health, wellbeing and – for some – a return to education or employment. For health, charity, and voluntary sector organisations the benefits have been a more joined-up approach, greater efficiency, cost savings, new roles created and increased access to funding. Taking a place-based and person-centred approach, SIG has developed practical tools and advice for enhancing health and wellbeing, transforming the landscape of volunteering in Cornwall, and creating self-sustaining micro-communities in which every individual matters. Volunteer Cornwall commented on the timeliness of this given the challenges of Covid-19, stating, “Without the work that we have been doing with Professor and Dr Leyshon, we would not have been in a position to respond to the crisis.” [5.3]. The benefits demonstrated in Cornwall have been recognised and have led to application of the same principles further afield, in the wider UK and most recently in rural Europe.

## 5. Sources to corroborate the impact

- 5.1. Director of People and Estates, Age UK Cornwall, letter of testimony, 9 December 2020.
- 5.2. Age UK email: £750,000 award for national rollout of Living Well, citing [3.2]. 18 Nov 2015.
- 5.3. Chief Executive of Volunteer Cornwall, letter of testimony, August 2020.
- 5.4. House of Lords Select Committee on Public Services, June 24, 2020, at which the Chief Executive of Volunteer Cornwall presented:  
<https://committees.parliament.uk/event/1300/formal-meeting-oral-evidence-session/>
- 5.5. Strategic Partner, Veor Surgery, letter of testimony, 22 September 2020.
- 5.6. Former CEO of The Learning Partnership, letter of testimony, 31 July 2018.
- 5.7. 5.7a Coastline Customer First Access & Inclusion Strategy 2019-2021, referring to Guided Conversation (page 24); 5.7b Community Investment Manager, Coastline, letter of testimony, 14 October 2020.