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England

HELP

Mainstreaming Volunteering in Health & Care

2021

Foreword

The unprecedented response to the call for volunteers to support the response to the COVID-19 crisis has proved that there is no shortage of goodwill, skills and talent to support the health and care of our most vulnerable. Furthermore, the roles undertaken by volunteers and the critical part they played in supporting local services emphasised the true value of volunteering to our society.

The 'human' case for volunteering is unquestioned - volunteering is a 'good thing' - for the people being supported, for the staff working alongside them and for the volunteers themselves.

So why is it that many volunteer-led services are under-resourced? Vast pools of untapped voluntary talent sit on waiting lists as there are insufficient resources to onboard and induct them promptly so that they might get actively involved in supporting the health and care of people in our local communities.

This document provides the data, insight and examples to enable volunteer leaders to prepare a persuasive leadership and business case for additional investment to be made in volunteer services. And the good news for the accountants is that this is often a relatively modest investment which will deliver significant returns in improved outcomes, improved care and reduced demand. Don't take our word for it - the document is populated with numerous examples of impacts delivered by modestly funded volunteer-led health and care programmes.

The document focuses on four specific areas where volunteering can lead to improved outcomes: supporting hospitals, enhancing emergency and urgent care, transforming local care and enabling people. Each section gives examples with quantified impacts of how an investment in volunteering can deliver tangible improvements.

Leadership and culture are identified as key enablers of a thriving environment for volunteering. However, these in themselves can only go so far - to accelerate the take up of innovative volunteering interventions will often require investment in technology and infrastructure. This document will help you make the compelling case that is required to unlock the funds to do this.

If you are serious about engaging with volunteers to transform the patient experience, enhance quality of service and improve productivity, then this is the document for you.

If this document is not enough on its own and you would like some additional support and advice, please contact the Helpforce team - we would all be delighted to help you.



Good luck!

A handwritten signature in black ink that reads "Mark Lever". The signature is written in a cursive, slightly slanted style. Below the signature is a horizontal line.

Mark Lever
CEO Helpforce

The Leadership Case was co-developed by and for leaders of Integrated Care Systems (ICS) at partnership board level. Helpforce engaged with a diverse range of leaders across the health and care sector and we would like to thank all of those who contributed to the development of the Leadership Case including:

Altogether Better

Black Country & West Birmingham STP

Coventry & Warwickshire STP

Devon STP

Dorset ICS

Greater Manchester ICS

Hertfordshire & West Essex STP

Local Government Association

NHS England

North Central London STP

North Cumbria ICS

North East London STP

North West London STP

St John's Ambulance

Suffolk & North East Essex ICS

Surrey Heartlands ICS

West Yorkshire & Harrogate ICS

Context & purpose

About Helpforce

Helpforce is a not-for-profit with a mission to **accelerate the growth and impact of volunteering in health and care.**

Helpforce was funded by NHS England to create this report as part of the *Integrated Approaches to Volunteering* programme, which aimed to embed volunteering within plans for integrated health and care.

As NHS England's 'national delivery partner' Helpforce worked with leaders from 'systems' - Integrated Care Systems (ICSs) and what were previously Sustainability and Transformation Partnerships (STPs) - from across the country to identify how volunteering will support their strategic priorities, including:

- Improving care quality and outcomes.
- Expanding access to person-centred, integrated care.
- Alleviating pressures on workforce and services.
- Supporting wider social impact.

About this Report

The purpose of this report is to provide a shared resource for ICS leaders to accelerate the development and implementation of local plans. We recognise that volunteering is already a critical part of our NHS, and its profile greater now than ever due to the pandemic. This report aims to build on progress to date to enhance related opportunities and impact nationwide.

The goals of this reports are to:

- ▶ **Build a common understanding of the role of volunteering in delivering high-quality, person and community centred care.**
- ▶ **Harness existing evidence and best-practice to accelerate the development of your local plans.**
- ▶ **Provide the foundations for a robust business case that enables local investment and effective management of risks and benefits.**
- ▶ **Help systems meet the commitments of the Long Term Plan for how volunteers and communities can play the most effective role in supporting citizens, patients, staff, volunteers and services to achieve better outcomes.**
- ▶ **Respond to the learning of the COVID-19 pandemic to harness the commitment of individuals, communities and organisations to 'build back better'.**

A black and white photograph of three healthcare professionals standing in a hospital hallway. On the left is a woman with short blonde hair, smiling, wearing a dark polo shirt with a logo. In the center is a man with glasses and a dark polo shirt. On the right is a woman with dark hair, smiling, wearing a dark polo shirt with a logo. The hallway in the background has people and doors.

The Leadership Case for Volunteering

What is it?

A case to support **mainstreaming volunteering** with integrated care leaders

Who is it for?

Co-developed by and for ICS leaders at partnership board level

Why needed?

To help ICSs to respond to individuals and community interest in volunteering and deliver on the ambitions of the Long Term Plan

Aims

1. Support leaders to articulate the **value of volunteering to their system colleagues and partners**
2. Showcase some of the **evidence that demonstrates how volunteering eases pressure on NHS services**
3. Identify immediate actions that can **help systems take this agenda forward**

Volunteering in health and care

A volunteer is someone who provides their time, experience and skills for free to benefit others

Around 3 million people volunteer for health, disability and welfare organisations in England: this is comparable to the combined NHS and social care workforce

Volunteers play a key role in improving patient experience and making integration work across our healthcare system, by helping people stay healthy and well, intervening early in times of need, and helping people to regain independence after periods of ill-health

Volunteers contribute in many ways including in hospitals, GP surgeries and via thousands of local voluntary and community groups. There is compelling evidence that volunteers contribute to the efficiency of a hospital, e.g. by improving patient flow and discharge processes

Volunteers are never a substitute for a paid workforce - the roles volunteers fulfil are complementary to paid staff

During the COVID-19 pandemic, community volunteers (such as the 'mutual aid groups') offered a first line of defence, improving community resiliency and helping to reduce pressure on NHS services

Achieving the full benefits of volunteering across England will involve leadership, commitment and investment in recruiting, training, mobilising and managing volunteers. Volunteering is not free but it is a relatively small cost for significant returns: supporting the workforce, improving productivity and the long-term sustainability of our NHS

The **H E L P** case

Volunteers in NHS or VCS organisations help with immediate health pressures while also supporting integration between local services

H.E.L.P. working together to create better outcomes

Supporting our Hospitals

Discharge

Pharmacy runners enabling patients to go home on time (reason for 73% of patient delays)

Patient flow

Helping to tackle deconditioning through patient feeding & mobility

Staff

Staff engagement improved by up to 24% when supported by volunteers

Enhancing Emergency & urgent care

Capacity

London Ambulance Service Emergency Responders (6k cases); St John Ambulance Community First Responders

Early intervention

Use of GoodSAM platform to notify 100k first-aid trained volunteers

Readmissions

Hospital 2 Home & Settle-in services reduced readmissions from 15% to 9%

Transforming Local services

Primary Care

Citizens in ‘Collaborative Practice’ shape and run services helping patients self-manage: 30% fall in frequent appointments, 26% higher lists with no extra staff, 10% reduction in A&E admissions

Prevention

Community health champions enable people to better self-manage long term conditions (LTCs). Volunteering has a positive effect and improves resilience for people diagnosed with chronic conditions. Specifically, beneficiaries saw volunteers as positive role models: as a result they made better decisions about their LTC treatment and felt empowered to manage their conditions

Enabling People

More NHS staff

James Cook scheme converted 435 volunteers into hospital employees

System capacity

Maximise value of 3m volunteers contributing to health & care

Wellbeing

Volunteering has a positive impact on: mental health, skills, confidence, social isolation. Evidence shows a positive relationship between volunteering and wellbeing amongst adults with chronic illnesses

Volunteering across health and care

How volunteers are helping with health service pressures

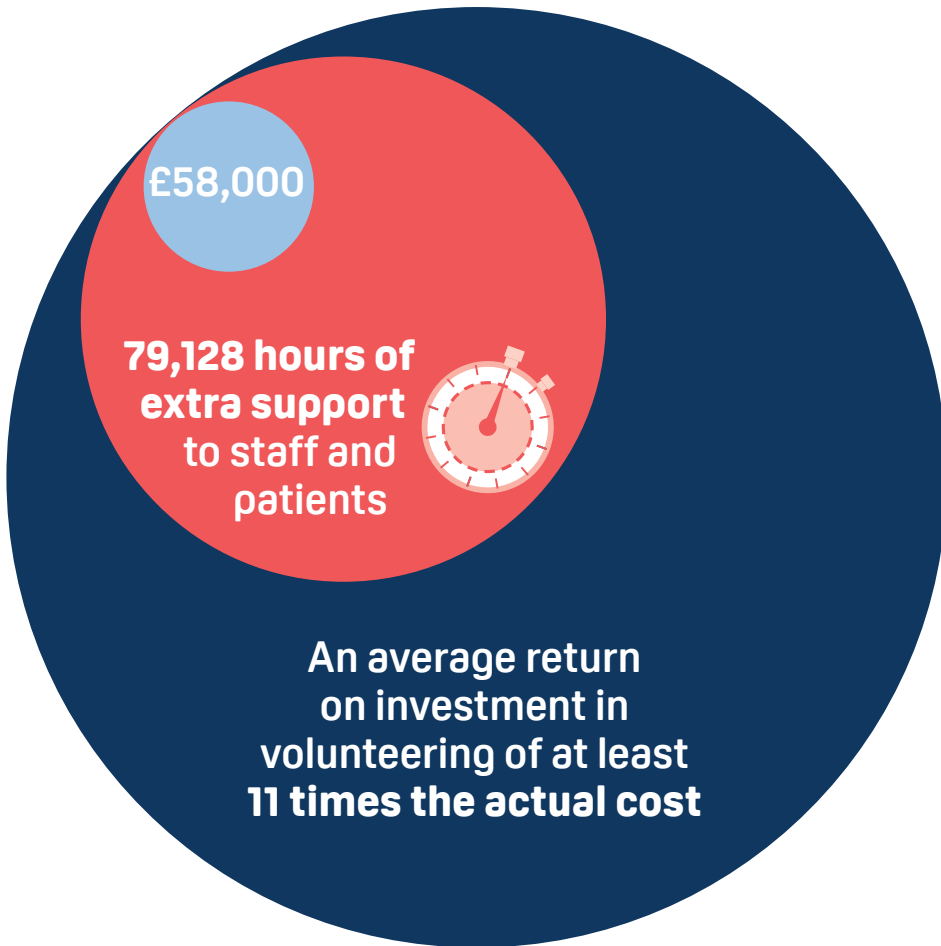


The **HELP** case in numbers

Low levels of investment needed – much of the cost already sunk

Average NHS Trust: cost £58k, return 79k volunteer hours (King's Fund 2013)

True value of volunteering to people, communities and systems far higher



£346
Cost of each 'excess' bed day of a patient in hospital

£252
Cost of a single ambulance 'see, treat & convey'

£160
Cost of a single A&E attendance

73p
Average cost to a trust of an hour of a volunteer's time



The Leadership Case: One Year On

Where we have come from

In 2019/20, Helpforce produced the Leadership Case to support systems looking to improve health and care through the power of volunteering.

The leadership case was co-produced with those responsible for the planning, delivery and assurance of health and care services across the UK, including those with direct experience of leading, managing, supporting and volunteering as part of those services.

It was written against a backdrop of growing pressures affecting all of our health and care systems. It was also a product of a growing consensus which was reflected in the ambitions of the 2019 NHS Long Term Plan, detailed further in the sections which follow and, in many ways, more urgent now than when the commitments were first published.

The consensus was that volunteering was a high potential opportunity that should be better maximised. Equally the latent time and skills from volunteers could make an enormous difference to the experiences of patients and service users, staff, communities, the NHS and volunteers themselves.

Volunteering in the pandemic

One year on, the case for greater involvement of volunteering in our health and care is stronger than ever.

When the COVID-19 pandemic reached the UK, the urgent focus on safeguarding individuals and services meant that many established volunteering schemes in our hospitals and in our communities found themselves scaled-down or unable to operate.

Despite the challenges, within a short period of time we saw a huge popular response, ranging from neighbourhood 'Mutual Aid Groups' that rallied to support those living in their communities, to the over 750,000 people (including tens of thousands of former and retired healthcare staff) who responded to the national call for help.

In our hospitals, GP practices, vaccination centres and across our communities, volunteers play a vital role in supporting people through COVID-19 and in bringing the pandemic under control. The NHS now has over 300 types of volunteering roles, covering people of all ages and backgrounds.

In parallel, Helpforce have been working with the many established volunteering programmes which have continued to provide vital support and services throughout this period, to understand the impact of their work and to enable that impact to spread. The learning from this period is incorporated in this updated version of the leadership case.

Help exists all around us

The pandemic has focused the national attention on the critical role of our health and care services, and the difference that volunteers make.

If there was any doubt about the willingness of people to step forward to make a difference, the unprecedented response to COVID-19 has demonstrated the level of support for our health and care services. The challenge for systems now is not only how they sustain that interest and enthusiasm. It is about how they maximise and provide volunteers with roles that help communities and services where the need is greatest, as we respond to the challenges ahead.

Far higher levels of cooperation between NHS, local authority and the voluntary & community sector (VCS) have emerged, as colleagues and organisations have come together to tackle the crisis and support their communities.

Ongoing collaboration across Integrated Care Systems will be critical to mobilising the power of volunteering to support our future health and wellbeing. This includes:

- Provider collaboratives, set up to enable acute trusts, mental health, community and related services to share capacity and drive improvement.
- Primary Care Networks, central to the vaccination effort and increasingly working to coordinate care and support around individual needs.
- A shared focus on improving preventative services, improving population health and addressing long-standing health inequalities, working across the NHS, local government and the VCS.

In each system and in each of the places that make up those systems are thousands of people who are standing ready to help - young and old; job-seeking; employed or retired - as diverse, as the communities those systems serve. However, they cannot make the contribution they and we would like to see, if they are not enabled to.

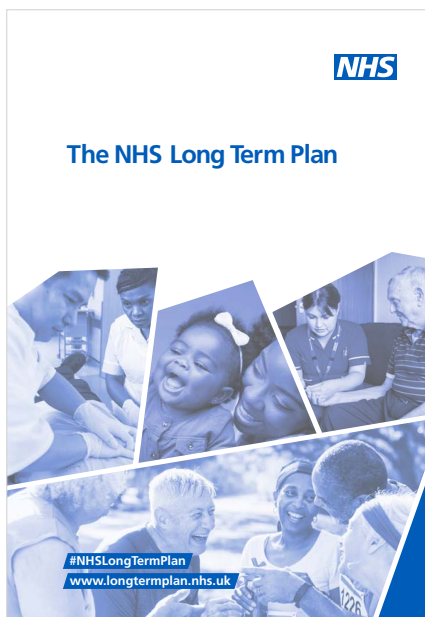
This is about not just seeing those people as a resource, but also working with them and helping them to make our health and care system better, more responsive and more effective.

Alongside unprecedented waiting lists and pressures on staff and communities impacted by the pandemic, these opportunities and challenges mean the H.E.L.P. case is more relevant today than ever.

We have a specific opportunity, today, to ensure that all of those who stepped forward during the pandemic and connected with the NHS in ways they never had before are recognised not only for their contribution to fighting COVID-19, but as part of a lasting, positive legacy across all of our communities.

This document describes how, with small amounts of support and investment, we can all make a huge difference to the lives of those who work within our health and care services, and all of those they serve.

The NHS Long Term Plan



‘Staff and patients alike will benefit from a doubling of the number of volunteers also helping across the NHS.’

‘So to succeed, we must keep all that’s good about our health service and its place in our national life. But we must tackle head-on the pressures our staff face, while making our extra funding go as far as possible. And as we do so, we must accelerate the redesign of patient care to future-proof the NHS for the decade ahead...’

‘Volunteers contribute across a range of NHS roles, from first responders and care companions to trust governors and transport volunteers. They enable staff to deliver high-quality care that goes above and beyond core services.’

‘Well-designed and managed volunteering programmes improve satisfaction and wellbeing ratings for staff, as well as volunteers and patients. Local volunteering allows older people to stay physically active and connected to their communities, and younger people to develop skills and experience for work and education.’

‘But not all NHS organisations offer these opportunities for their local community, as the ratio of staff to volunteers in acute trusts ranges from 2:1 to 26:1.’

Whilst the Long Term Plan represents the commitments of the NHS in England, local authorities are equally committed to increasing volunteering opportunities and maximising the effectiveness of existing volunteers. Councils have a track-record of working with the VCS, and both councils and VCS organisations are key local partners in the development of future integrated care systems.

Key challenges

Our work has highlighted a number of perceived barriers to increasing the numbers and impact of volunteering.

These include:

- **A lack of awareness or concerns around the types of roles volunteers can undertake** particularly beyond established hospital settings.
- **Lack of recognition of the time, effort and investments required** to create opportunities and to equip people to take on voluntary roles.
- **Competing pressures**, making volunteering seem a lower-priority agenda.
- **Funding reductions in the voluntary and community sector**, impacting the ability to partner on existing and new initiatives.
- **Measuring impact is hard** and capacity to do so is limited, affecting levels of support and funding.
- **Concerns about substituting for permanent staff** and investment in core services and teams.

System leaders play a key role in articulating the case for change. The following sections show how expanding the role and impact of volunteers link to the broader priorities of the Long Term Plan, and to the overall health and wellbeing of our local communities.



Mainstreaming volunteering across our NHS:

supporting our Hospitals

For many, **receiving support and care in their homes and communities** is the most convenient and cost-effective option.

- However, access to high-quality, sustainable **hospital care remains critical** to the success of our integrated care systems.
- Spending on NHS providers in England has risen **by 19.1% in real terms with acute and specialist providers accounting for 80% of this total.**
- Despite existing and planned increases, **surging demand** has left many hospitals struggling to cope, with **NHS providers holding £13.4 billion of outstanding debt on loans taken out from the Department for Health and Social Care at the end of 2019/20.**
- Chapter 6 of the **NHS Long Term Plan** described the ‘recovery trajectory’ requiring the provider sector as a whole to be in balance by 2020/21, and all providers in balance by 2023/24. We know this trajectory has been significantly impacted by the effects of COVID-19: short, medium and longer-term.

Providers are clear that increases in funding and conventional approaches to savings and efficiencies will not deliver the scale of change required.

- Volunteering is not a substitute for long-term, sustained investment. However for **small investments** in supporting volunteering, trusts can transform the **experience, quality and productivity of care.**
- Today volunteers are well established in most trusts, with an estimated 80,000 in NHS hospital trusts. But how they are involved and deployed, and the impact they make, vary greatly.
- When properly funded and well-led, volunteering services in trusts can make a major difference: providing more time for care, helping patients **return home and regain their independence** after a hospital stay, **improving patient flow and reducing length of stay.**

The Long Term Plan for the NHS:

- A new service model for the 21st century: reducing pressures on emergency hospital services
- NHS staff will get the backing they need
- Reducing delays when patients go home
- Recovery support delivered by flexible teams working across primary care

Our staff strive to offer an individual and personalised service, but face significant pressures on their time and resources. Volunteers freely commit their own time and in doing so can improve both the experience and outcomes of hospital-based care, including driving productivity, and supporting people to return home and regain their independence in a safe and timely way once medically fit for discharge.

High-impact volunteers are making a difference for hospitals

Working with a range of NHS trusts across England, the *Volunteering Innovators Programme* developed and tested a wide array of volunteering innovations across the patient pathway.

The evidence collected as part of the programme indicates that:

1. Volunteers help the wellbeing of NHS staff and create more time for care

- 71% of nurses in participating VIP trusts agreed that receiving support from **volunteers helped them feel less stressed**.
- Nurses involved in the programme estimated that **volunteers freed up an average of 26 mins per nurse per day**, giving them more time to focus on other activities including priority and clinical tasks (54%), providing support for more patients (23%), having more time for high-need patients (13%) and being able to discharge patients sooner (8%).

2. Volunteers improve patient experience and help patients feel more supported at a difficult time

- **Patients supported by volunteers were more likely to provide positive feedback about their healthcare provider**, from the perspective of being ‘interested in you as a whole’, ‘really listening’ and ‘making you feel at ease’, than patients who did not have volunteer support.
- The vast majority of patients who were supported by a volunteer (91%) said that **volunteers improved their mood** whilst more than three quarters (78%) said that **volunteers helped to reduce their anxiety**. 95% of patients who received handholding support during surgery indicated that volunteers helped them to feel less anxious (Moorfields Eye Hospital NHS Foundation Trust).
- **100% of patients with dining companion support said that they always receive enough to drink during meals** (Salford Royal NHS Foundation Trust).
- VIP evidence also suggests that **volunteers can help to personalise specialist care** such as mental health care (Camden and Islington NHS Foundation Trust) and End of Life Care (Liverpool University Hospitals NHS Foundation Trust).

3. Volunteers contribute to the efficiency of a hospital

- Active response volunteers assisting with the ‘To Take Out’ (TTO) process (collecting discharge prescriptions from pharmacy and delivering them directly to patients) were perceived by staff to **speeding up patient discharge by 44 minutes per patient** (Barts Health NHS Trust).
- Where volunteers supported patient mobility the evidence collected as part of VIP suggests that this can contribute to a reduction in avoidable re-referrals to **physiotherapy staff on behalf of patients who are otherwise ready for discharge from hospital** (Sandwell & West Birmingham Hospitals NHS Trust).
- There is also some promising VIP evidence to suggest that improved hydration and nutrition amongst patients with volunteer support could be contributing to a reduction in length of stay (Salford Royal NHS Foundation Trust).

4. Volunteers may pursue a career in the NHS as a result of their volunteering

- 58% of volunteers strongly agree or agree that volunteering has increased their interest in working for the NHS.

Mainstreaming volunteering across our NHS: enhancing Emergency and urgent care

Our emergency care system is under intense pressure with record numbers of people attending A&E **waiting longer than 4 hours**; the highest ever 12-hour wait times; a 42% increase in emergency admissions over the last 12 years; and increasing pressure on ambulance services nationwide.

The NHS Long Term Plan describes **the priority actions required** to support our Emergency and Urgent Care services including:

- **Putting in place timely responses** to support treatment at home or in more appropriate settings.
- **Eliminating hospital handover delays** and improving overall flow, including same-day care.
- **Improving discharge support** and reducing rates of emergency re-admission.
- **Developing new models of delivery** including for smaller acute hospitals serving rural populations.

At times of crisis it is **members of the community who are often best placed to make the initial response**. This is true in urban areas, and even more so in rural and isolated areas.

- However, pressures on our urgent and emergency care system are **not simply about time and distance**.
- Growing numbers of people with **long term care needs** increase demands on emergency services if people are not supported to stay well at home, or to regain independence after a period of ill-health.
- **Volunteers will play a key role in our integrated care systems** in ensuring the earliest possible help, and the best chance of a good recovery, for those in urgent need; minimising unnecessary A&E attendance and unplanned admissions; and preventing emergency readmissions following hospital discharge.

The Long Term Plan for the NHS:

- A new service model for the 21st century: reducing pressure on emergency hospital services
- Pre-hospital urgent care
- Urgent community response and recovery support delivered by flexible teams working across primary care and local hospitals
- Reforms to hospital emergency care and same-day emergency care

Increasingly, supported by training and developments in technology, volunteers are playing a key part in responding to those in need of urgent and emergency care; and in helping those recovering from periods of ill-health to avoid the need for an emergency hospital admission or readmission.



Red Cross First Call Support offers emotional and practical support for those being discharged from hospital or experiencing a crisis at home and awaiting admission. Support is offered at 4 tiers and within 24 hours of contact. Volunteers work closely with older people, offering encouragement, practical and emotional support.



Altogether Better has established a model of primary care that can reduce frequent attenders to hospitals. Volunteers are involved as practice champions and help people manage long-term health conditions. One practice in Pudsey saw a 10% reduction in A&E admissions.



Ambulance services use the GoodSAM platform to notify first-aid trained volunteers of nearby emergencies via smartphone, who often arrive before an ambulance. GoodSAM has over 100,000 users worldwide and is integrated into 10 ambulance services in the UK.



St John Ambulance community first responders (CFRs) are volunteers who provide emergency treatment to people in their local area. On-call from home or work, they are dispatched by NHS ambulance services in response to specific medical emergency calls (999) and respond in their own cars to patients in homes, workplaces and public locations.



Norfolk and Norwich University Hospitals
NHS Foundation Trust

Norfolk and Norwich University Hospitals NHS Foundation Trust introduced a volunteer service that supported vulnerable patients at home on the day of their discharge from hospital, in order to reduce readmissions up to 72 hours post discharge. Volunteers meet patients and ensure that they have food and drink, and a safe environment at home (e.g. the lighting, water and heating are all fully functional). Evidence shows that volunteers effectively support people's wellbeing post-discharge, as beneficiaries generally felt safer, less lonely and frightened, and more reassured.

Mainstreaming volunteering across our NHS: transforming Local services

- Enhancing local services is at the heart of the Long Term Plan, and central to improving prevention, personalising care and tackling health inequalities.
- Primary care, local authority services, community services and the VCS are all under significant pressures, which negatively impact on individuals and services, including delays to people returning home or moving to more appropriate care settings.
- Investing in infrastructure within local communities is about mobilising the skills, experience, and capacity of people to make new social models of healthcare effective; and new primary, community and social services sustainable.
- A broad range of voluntary schemes are effective at reducing loneliness and isolation, improving health and wellbeing, and supporting individual and community resilience.
- Volunteering is not simply about addressing gaps in our statutory services or funding. Volunteers perform an important, complementary role in engaging and supporting people at a local level to enhance their health and wellbeing.
- This includes: working with people at risk of ill-health before they become ill; and harnessing community links and experts by experience to enable people with multiple long-term physical and mental health conditions to enjoy the best quality of life possible.
- The development of integrated community-based partnerships and Primary Care Networks (PCNs) creates an opportunity to expand the impact of volunteer roles within GP practices and broader community services.
- Volunteers play key roles: contributing to the planning and delivery of local services across our health and care systems; helping people to navigate and access support; and supporting the expansion of social prescribing.
- Volunteers support the care of people at every life stage from maternity through to end-of-life, at home, in communities, in care and in hospices.
- Volunteers contribute to enhancing recovery, by helping patients with their anxiety whilst in hospital and during surgery.

The Long Term Plan for the NHS:

- A new service model for the 21st century: boosting 'out-of-hospital' care; giving people more control and more personalised care when they need it; more action on prevention and health inequalities; and increasing focus on population health as part of the move to Integrated Care Systems
- Primary Care Networks of local GP practices and community teams
- Moving from reactive care to active population health management
- Accelerating the roll out of personal health budgets and social prescribing
- Guaranteeing NHS support to people living in care homes
- Improving end of life care

The development of integrated care and PCNs is an opportunity for volunteers to provide additional capacity to our GP practices, to meet our commitments to grow social prescribing, and to enhance support for people in care homes and in communities.

Collaborative Practice is Altogether Better's award-winning model, helping health services and local people to work together. Since 2008 Altogether Better has worked with over 25,000 individuals gifting their time alongside their GP practice, in their community, in hospitals and care homes. Practice Champions are volunteers who work with practices to improve services, run groups for patients and help them connect with local voluntary groups. Volunteers also provide a source of additional capacity to assist practices in health promotion and outreach work.

Community health champions are people who, with training and support, voluntarily help transform health and wellbeing in their communities. They empower and motivate people, create groups to meet local needs, and signpost to support and services.

Volunteers in hospices ensure the highest quality of care to people with life-limiting or terminal conditions and their families. Volunteers form an integral part of hospice teams, receiving training, support and development. There are at least 125,000 volunteers in the UK supporting care in wards, day services and the community.

Academic Specialist Palliative Care Unit at Liverpool University Hospitals benefits from an End of Life Care Volunteer service. Volunteers work across the hospital providing support to patients with a palliative diagnosis or those approaching the end of life. The evaluation shows that 81% of staff agreed or strongly agreed that volunteer support allowed them to have enough time to deliver good care to patients. 65% of staff agreed or strongly agreed that they felt less stressed when the wards were busy thanks to volunteers.

Mainstreaming volunteering across our NHS: enabling People

- With over 88,000 vacancies in the NHS there is a pressing need for systems to think differently about how they attract people to work in the sector.
- Almost 40,000 of these are nursing vacancies, putting a severe strain on the ability of our trusts to provide high-quality, patient-centred care.
- Attracting and retaining GPs is a growing issue. The need for new roles in primary care, including clinical pharmacists, paramedics, social prescribers and physiotherapists, creates pressures on other parts of the system which rely on the same professionals.
- Plans to support and grow the NHS workforce have been welcomed, but will take time to realise. There is a need to bring new people into the health and care workforce, and to support our existing people.
- Increasing numbers of people living with one or more long-term conditions are seeking to exercise greater control over their own health and wellbeing.
- Volunteering provides young people and others who might not otherwise have the opportunity with a chance to learn more about careers and opportunities in our health and care services.
- Volunteering provides older people who may have left the workforce with a way to build skills and confidence on the route back into paid employment, or to use the skills and experience they have to stay active and engaged in retirement.
- Volunteers bring and build skills from their personal and professional lives in organisations which might otherwise struggle to access those skills.
- Many volunteers have direct experience of living with health conditions, as a patient, carer or family member and help others with first-hand knowledge.
- Volunteers support staff by freeing up time to focus on tasks which require clinical knowledge and skills, whilst improving the working environment.
- Volunteers are members of our local community who benefit from improved health, wellbeing and social connection through the act of volunteering.

The Long Term Plan for the NHS:

- Ramping up support for people to manage their own health
- Improving upstream prevention of avoidable illness
- Stronger NHS action on health inequalities
- Supporting our current NHS staff
- Expanding and growing the workforce

Many volunteers bring practical, lived experience as a service user, family member or carer. Volunteers support others in accessing support and in taking control of their own health and wellbeing. For people who may have left or retired from work it is an opportunity to use and / or develop skills and experience; and a way for those interested in healthcare careers to gain practical understanding in a range of roles.

Expert Patients Programmes support people living with or caring for someone with one or more long-term health conditions. Volunteering in relation to long-term conditions improves well-being and health. Many participants to these programmes then go on to volunteer to share the benefits with others.

Stroke Association Voluntary Groups are examples of peer support groups run by volunteers that help survivors make the best recovery they can, reducing social isolation, improving mental wellbeing, increasing knowledge and self-management, and providing long-term improved quality of life.

GoodGym volunteers combine getting fit with doing good. Groups come together to help local organisations and support isolated older people with social visits and one-off tasks.

In the field of mental health, there is evidence of the positive impact of volunteering from various interventions. This includes decreased anxiety and reduced depression often associated with social participation, life satisfaction and wellbeing. Carers of people with dementia who took up and maintained the befriending, mentoring and peer support offered by volunteers for over 6 months saw a reduction in depression.

The Restraint Debrief Service at Camden and Islington NHS Foundation Trust gives patients who are experiencing severe mental ill health a voice through a debriefing session with an independent volunteer. Thanks to this support, patients' uptake of the debriefs has more than doubled and the patient voice has been more consistently captured in care plans.

The network of 130 local Minds provide peer support projects for minority cultural and linguistic groups, with local volunteers supporting other community members around mental health issues and access to services, as well as broader advice around health and wellbeing. This often involves bilingual advocacy and overcoming cultural barriers.

Supporting NHS staff is a key priority, especially in light of the pressures generated by the COVID-19 pandemic and response. Evidence from Helpforce's *Volunteering Innovators Programme* (VIP) shows promising findings on how volunteers can have a positive tangible impact on staff. 71% of nurses working in Trusts with a VIP intervention agreed that receiving support from volunteers helped them feel less stressed. They also estimated that volunteers freed up an average of 26 mins per nurse per day based on nurses surveyed across the programme.

Enablers

Leadership

Leadership support is essential to deliver any major change and to ensure that the full value of volunteering in a local area is maximised.

Leadership needs to exist at every level,

from those responsible for and developing our Integrated Care Systems to those working on the frontline, including both managerial and clinical leadership across Primary, Community and Acute care services.

Culture

Linked to leadership, we need to create a culture within our organisations that encourages people to volunteer and recognises their impact once they do.

Further, this culture should enable people to contribute as an integrated part of our health and care teams, whether on the wards, in GP surgeries, in care homes or in communities.

Technology

The technology to support volunteering is not complicated.

However, simple mechanisms for

- **making it easy** for volunteers to give their time
- **'passporting' between different organisations** without repeatedly going through the same processes
- **collecting and evaluating** impact all help to maximise opportunities and scale impact.

Infrastructure

Volunteer managers help to recruit and onboard volunteers, match people to the right roles, and support relationships between volunteers and organisations.

Volunteer training is a key part of ensuring that volunteers can operate safely and effectively, including raising awareness of their roles amongst staff

In many cases this infrastructure exists within individual trusts, local authorities and the voluntary sector, but is subject to funding and demand pressures, and is not a shared resource.

Finances

The current position

Significant investment has already been made in volunteering across many areas, including by hospital trusts and local authorities. Typical costs include:

- Volunteer managers
- Recruitment, training and onboarding
- Project management and evaluation
- Volunteer expenses
- Any associated IT and infrastructure

Scaling the impact of volunteering will not happen without investment.

Whilst a number of additional benefits can be secured through leadership and cultural change, there is finite capacity to take on additional volunteers within current resources.

Local VCS partners are in parallel under financial pressures which often limit their ability to respond to system demands.

The case for investment

As the King's Fund found in 2013, 'Putting a financial value on the work that volunteers do is fraught with both practical and conceptual difficulties'.

However, they also reported Institute for Volunteering Research calculations suggesting that the value of volunteering averaged around:

- £700,000 a year in hospital trusts
- £500,000 a year in mental health trusts and
- £250,000 a year for a primary care trust

...with each £1 investment in a volunteering programme yielding an average return of between £3.38 and £10.46 (Teasdale 2008).

Similar figures were arrived at by the New Economics Foundation (nef) assessing the impact of volunteer-led preventative services provided by the British Red Cross, estimating financial savings at least 3.5 times greater than the cost of the services provided (British Red Cross 2012).

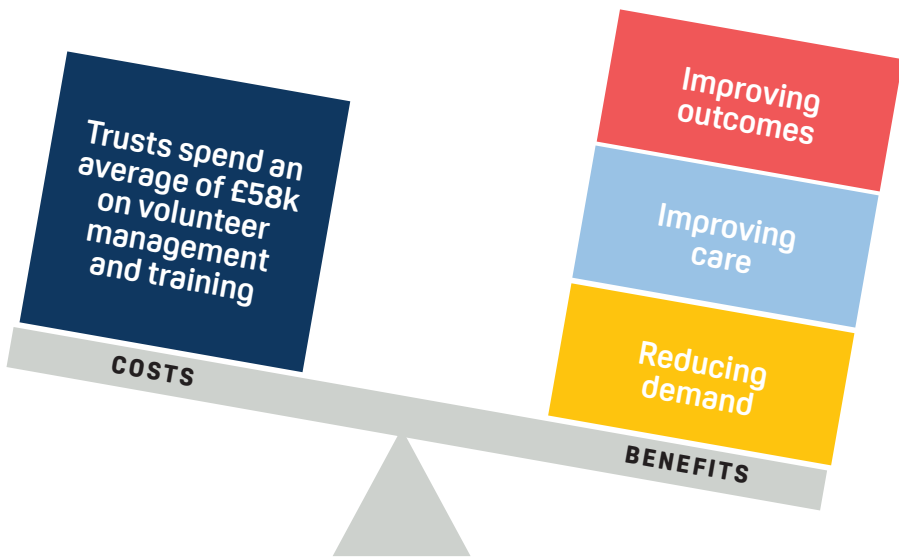
We recognise that ICSs and individual organisations are under significant financial pressure – that every penny counts.

There is also a long history in the health service of innovative schemes that promise significant savings and fail to deliver. Many of these schemes have required considerable financial investment.

The reality of scaling volunteering is that the costs are relatively low and the returns measurable not just in financial terms but also in improvements to the way we work, the quality and experience of services we provide, and the outcomes they deliver.

In most places, we are also not starting from scratch.

For small amounts of additional investment in volunteering infrastructure, including ensuring that the teams managing volunteers have sufficient shared capacity to support additional recruitment, onboarding and training of volunteers, **there are opportunities to produce immediate returns.**



In 2013 a King's Fund survey involving responses from 99 acute trusts showed:

- **The average trust spends £58,000 per year** on the management and training of volunteers.
- **Over a year the average contribution that volunteers make to a trust is 79,128 hours** equating to a cost to Trust of 73p per hour.
- **Example costs for a Trust with 1,000 volunteers** which had achieved a 1:9 volunteer to staff ratio were:

Volunteer service manager:	Agenda for Change band 7
Administration assistant:	Agenda for Change band 3
Recruitment checks & immunisations:	£200 per volunteer
Travel expenses:	£25,000 per year
Volunteer events:	£6,000 per year
Uniforms:	£2,000 per year
Miscellaneous expenses:	£4,000 per year

'We have around 200 people on our (volunteer) waiting list but we do not have the time and resources to deal with them. Not only could they be of benefit to the NHS but also give opportunities to many people looking for jobs or wanting to get experience and build confidence.'

- **An average return on investment of at least 11 times** the actual cost.
- **Despite a shared belief volunteers played a critical role** a significant variation in use of volunteers with some trusts reporting as few as 35 volunteers, others as many as 1,300; with larger trusts often not matching the performance of smaller ones.
- **There are now significant opportunities to share volunteering costs, infrastructure and benefits across acute, community, primary and other local services** as part of the development of our integrated care systems.

Benefits

Volunteering benefits <i>the patient.</i>	Volunteering benefits <i>the NHS.</i>	Volunteering benefits <i>the volunteer.</i>
<p>Volunteers work alongside frontline staff, releasing time to care, improving the patient experience, delivering better long-term outcomes, and supporting families and carers in ways and in settings that paid staff cannot always do.</p> <p>The following sections detail some of the key benefits for patients across a range of schemes.</p> <p>In no area are we starting from scratch, but in no area are we achieving the full potential benefits for our patients and communities.</p>	<p>Effective involvement of volunteers to support the health and wellbeing of our communities provides us with one of the most cost-effective ways of reducing pressures on core services.</p> <p>This means reducing non-elective admissions, primary care appointments and medicines costs, through improved prevention, early intervention, peer support and self-management.</p> <p>And supporting people before, during and after hospital stays to regain their health and independence.</p>	<p>Volunteers come from all walks of life and all ages groups. Some are patients or healthcare professionals themselves. Some are retired, with time on their hands, or have full-time roles elsewhere and just want to make a contribution. Others have an interest in getting experience within health and care environments.</p> <p>Positive impacts for the volunteer range from improved personal physical and mental health and wellbeing; through to meeting new people, learning new skills and opening up new employment opportunities.</p>

KEY

- H** Supporting our Hospitals
- E** Enhancing Emergency & urgent care
- L** Transforming Local services
- P** Enabling People

H E P**King's Volunteers**

King's Volunteers support both the experience and outcomes of patient care, providing a combination of emotional and practical support to individuals and the staff, working with them at each stage of a patient's journey through the hospital.

H P**Helping in Hospitals**

Evaluation of the Helping in Hospitals programme in a partnership between Nesta, the Cabinet Office, DHSC and TSIP found the majority of hospitals showed statistically significant positive results around patient mood, nutrition and hydration levels, and releasing time to care.

H E L**Home From Hospital**

RVS and University of Oxford analysis of the Home From Hospital service in nine hospitals across Leicestershire suggests that the service not only reduced readmission rates (9.2% compared to a national figure of 15% for those aged 75 years and over), but also helped to significantly improve clients' health and wellbeing.

E**Resuscitation from out-of-hospital cardiac arrest**

Resuscitation from out-of-hospital cardiac arrest is largely determined by the availability of cardiopulmonary resuscitation (CPR) and defibrillation within 5–10 min of collapse, with each minute of delay to defibrillation reducing probability of survival by 10%–12%. Study of Community First Responders in Ireland showed over 90% of the population could potentially be reached under both peak and off peak conditions, within 10 minutes of a 999 call, as opposed to only 70% without.

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E L**Integrated Breathe Easy**

Research into the impact of Integrated Breathe Easy (IBE) by the University of Kent reported unplanned GP visits were lower in IBE groups (39% vs 67% in standard BE groups) as were unplanned hospital admissions (13% vs 30% in standard BE groups).

E L**Self Management UK**

Pilot studies by Self Management UK have shown a 57% reduction in unplanned A&E admissions and a 22% reduction in GP visits following self-management education, often delivered by volunteers who live or care for someone with a long term condition.

L P**Parents 1st**

Parents 1st offers services to support perinatal transition including one-to-one home visits; sharing information; providing help to access local services; introducing expectant parents to each other; antenatal sessions; and exercise groups. Evaluations show 93% of the parents who were supported reported improved wellbeing 3 months after the birth.

E L P**Collaborative Practice**

Evaluation of Altogether Better's Collaborative Practice (supported by the UK Government's Foresight Project and the New Economics Foundation) covered 216 types of activity by health champions in 30 practices. 94% of patients in clinics with Health Champions reported an increase in levels of confidence and well-being and 99% reported increased involvement in social activities and social groups. It increased ability to adapt, cope and live well with long term conditions and to understand how to use available services.

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E L P

Practice Champions

Practice Champions are volunteers working with practices to improve services. A majority in the Gateshead case study had enduring mental health problems. They are now running self-help groups, contributing to other community services and living more independently, attending fewer GP appointments as a result.

‘Patients and the third sector... are now equal partners in service redesign and planning. However, they are also a key asset to the social prescribing work we do.’

Local Practice Manager

‘I wondered how many patients would be interested because it’s a huge commitment. But it’s been a success. My regular patients have had great support and they’re coming to see me less and less.’

Local GP

H E L P

In addition to the direct benefits to our current health and care workforce that the additional pair of hands, experience and time volunteers bring, volunteering provides a pathway into the NHS, including for young people interested in a career in healthcare and as a way back into work for former professionals.


‘We have had 435 volunteers (most of them local young people) go into employment in various areas in and out of the Trust’

Lead Nurse, Therapeutic Support, James Cook Teaching Hospital

P

Time Well Spent

According to Time Well Spent, the National Survey of Volunteer Experience, in 2019 over three-quarters of volunteers (77%) reported it improved their mental health and wellbeing, 71% said it provided new skills and experience, 68% said it helped them feel less socially isolated, and 53% found it improved their physical health.



The **HELP** case has been developed
in partnership with NHS England and PPL

For more information please visit:
www.helpforce.community

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