

**Business Case for:**

***Volunteering Community & Outreach Service***

**For Consideration at:**

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| **Trust Board**  |  |
| **FIC** |  |
| **Investment Committee** | **X** |
| **Capital Control Committee** |  |
| **Medical Devices Committee** |  |
| **Other (Please Specify)** |  |

*Please see Scheme of Delegation below to inform which Committees are required to approve this case*

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| **Review by related departments** | Yes |
| **Date: April 2024** | **Enclosure:**  |
| **Purpose of the Report / Paper:** To seek approval for the substantive appointment of a fit for purpose Volunteering Community & Outreach Services Sub-Team for Place Partners Kingston Hospital NHS Foundation Trust, Hounslow & Richmond Community Healthcare Trust and Your Healthcare. This is a team operating a portfolio of Community & Outreach Services whose impact reach across patients, workforce and communities, Kingston & Richmond Places. The team underpins the success and impact of x5 preventative healthcare[[1]](#footnote-1) services with proven benefits for the individual, operational teams and wider system delivering outcomes for. * Patient flow: reduced LOS through discharge support and preventing deconditioning.
* Deconditioning: maintaining and improving patients’ strength, mobility and active lifestyles in and outside of hospital
* Admissions Avoidance: Working to reduce falls-risk and associated costs of falls and deconditioning in hospital admissions and community based services; increased patient take-up of voluntary and community sector services.
* Optimising our AHP workforce: increased NHS volunteer workforce for delegation and sustained health outcomes for patients once statutory services come to an end.

With optimal investment, the Community & Outreach portfolio will serve communities across the Kingston and Richmond Place partnership, increasing the scale and reach to realise social and health benefits, remove barriers to access and increase take-up by patients and staff referrers. Options table: Without investment, the risk is that all of these services will close on 1st June 2024 with the exception of the Community Rehabilitation Volunteers which will end when charitable funding ceases in July 2024. Collectively, services are supporting upwards of 1,000 patients per year. The purpose of this paper is to request recurring funding to create and sustain an optimum Place based Volunteering ‘Community & Outreach Team’ establishment, and in turn, to sustain improved health outcomes for our systems, communities and individual patients.  |
| **For Information** **[ ]**  | **For Decision [x]**  |
| **Sponsor (Executive Lead):** | Name: Nichola KaneSignature: Nichola Kane  |
| **Author:** | Laura Greene, Head of Volunteering & Community Partnerships |
| **Author Contact Details:** | 0208 934 6912Laura.greene2@nhs.net |
| **Finance Lead** | Name: Irfan MundiyaSignature: |
| **Financial Implications****Aligns to which Breakthrough Objective?** | Revenue **[ ]** Capital **[ ]**  |
| **Capital within plan****(*Nb. Capital codes will be issued on approval*)** | Yes **[ ]** No **[ ]** Not applicable **[ ]**  |
| **Document Previously Considered By:**  | Caroline Hopper Chief AHPIrfan Mundiya, Deputy Chief Finance OfficerNic Kane, Chief NurseTracey Moore COO |
| **Recommendations & Action required by the Committee:**To consider substantive funding via options 0 – 3, Section 6, for the Volunteering Community & Outreach Services Team provision in accordance with the options below, funded ***jointly*** by HRCH, KHFT and Your Health Care as a Place Based partnership for Kingston & Richmond. The proposed split is 66% HRCH & Your Healthcare representing Kingston and Richmond community services and 33% KHFT. Should the preferred Option 1 be agreed at Finance Investment Committee the breakdown of funding allocation is as follows:**HRCH & Your Healthcare: £33,611****KHFT: £17,314** |

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| **Name** | Investment Business Case – Volunteering Community & Outreach Service |
| **Author** | Laura Greene, Head of Volunteering & Community Partnerships |
| **Sponsor e.g. CD or DD** | Nichola Kane, Chief Nurse |
| **Finance Lead** | Irfan Mundiya, Deputy Chief Finance Officer |
| **Approval Route**  | Sign off from Executive Director and Financial Business Partner, then via the Investment Committee |

**Business Case Template**

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| 1. **Executive summary**
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| **1.1** Context and background:The Volunteering Service Community & Outreach (VC&O) sub-team provide a suite of services which anticipate the risks of patient deconditioning: social, physical, or emotional through evidence based approaches and high impact interventions which incorporate discharge support, social prescribing and physiotherapy-prescribed gentle movement exercise. VC&O Services support the Deconditioning Quality Priority and related strategies including AHP Strategy, Dementia Strategy (Active Days & Calm Nights), Volunteering Strategy. These volunteer-led services are preventative and therefore indirect cost-saving services impacting on outcomes including:* Reduced length of stay
* Reduced risk of deconditioning
* Admission avoidance

The current structure of the team is:**We have reviewed the efficiency of the team and concluded that Option 1 establishment is a true and accurate reflection of need, reducing investment requirement by £50,254 and a reduction in head-count by 1.4 WTE.****1.2** Rationale: Covid-19 has had a devastating impact on population health amongst older adults, reducing levels of physical activity, independence, cognition, social connectivity. Every year 50% of people over the age of 80 and a third of people aged 65 and over fall at least once and 5-10% of those who fall sustain serious injury, costing the NHS in England more than £2.3 billion per year[[2]](#footnote-2). A third of elderly patients decondition during a hospital stay[[3]](#footnote-3) sustaining unintentional harm, increasing demand on an already stretched NHS and Social Care system[[4]](#footnote-4). The Volunteering Community & Outreach Services comprise of interventions around discharge support, deconditioning and community connectivity that are actively addressing these issues and costs to the individual and wider society and system. **1.3** Achievements:* Collectively, services are reaching over 50 inpatients each week across wards at KHFT and Teddington Memorial Hospital with a gentle movement or discharge support intervention. In one year, the services reach upwards of 1,000 patients inclusive of the community based Volunteering outreach services.
* Gentle Movement Volunteers provide 240 hours of Gentle Movement Volunteering per month, equivalent to an additional 6.4 WTEs alongside professional AHP staff providing a skilled intervention.
* Community Exercise Volunteers reduce fear of falling by an average of 20%; strength improves by an average of 2.7 Sit to Stand movements, an 11% improvement in patients’ confidence to perform Acts of Daily Living and a 13% improvement in the overall health and wellbeing of the patients after completing the programme.
* The Discharge Support Service delivers a 42% increase in patient’s confidence to cope independently at home following hospital discharge.
* 63% patients discharged from the DSV Service were connected with one or more additional community based service.

**1.4** Why fund substantively:Patients are actively getting stronger which is in turn, increasing their confidence to stay mobile and combat the risks of deconditioning through sustained and independent exercise and ADLs. Patients are graduating from our services with increased community connectivity, ensuring a wider network of social support and recourse to social determinants of health including healthy food, social stimulation and regular exercise. The average cost of a hip fracture resulting from an unwitnessed fall in an elderly person is £14,642[[5]](#footnote-5) in costs to the Trust, social care and wider system. Community & Outreach Volunteering services are preventative, therefore inherently cost saving as well as impacting significantly on physical, social and mental health and wellbeing.*“I was very poorly and the Gentle Movement volunteers brought meaning and purpose to my day on the ward. At home, Bianca, my Community Exercise Volunteer motivated me to exercise regularly and I did them every day; I never missed a day! I’m not walking like you would, but I’m walking faster and further than before my illness. It’s not just about the exercise. Bianca has brought me joy.”* Jacqui, Community Exercise Patient, New Malden. *"I can now lift my legs off of my foot rests completely on my own and that's because I do my bed exercises every day and I come to the class every week. My goal is to eventually be able to stand again which I am determined to do with the teams help". David, Care Home Resident* **1.5** RiskThe risk of doing nothing at this stage equates to over 1,000 patients per year not receiving these community based interventions which support quality priorities such as Deconditioning, Prevention (admission avoidance) and Discharge Support and Waiting Well. This in turn increases the burden on professional staff to provide these services; or, patients return to a greater risk profile in depleted confidence, poorer independence post discharge and deteriorating physical outcomes both in hospital and across our Places. The potential of mobilising volunteers through intelligently designed community outreach services is not realised for hospital, community and primary healthcare and avoidable costs are incurred across the system.  |
| 1. **Brief overview of current services**
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| * 1. Gentle Movement Programme involves 30 volunteers across KHFT and TMH supporting patients with chair based and bed based exercises designed to increase safe mobilisation whilst patients are in hospital.
	2. Falls Prevention Community Exercise Service is an eight-week, physiotherapy prescribed home exercise programme for older patients at risk of falls discharged from TMH and KHFT.
	3. Community Rehabilitation Volunteering Service has demonstrated the capability to adopt and adapt the service model to reach clients referred via GP practices as well as in-reach into local Care Homes in Richmond and Kingston boroughs.
	4. Discharge Support Service provides x6 weeks of social prescribing phone calls for patients discharged from KHFT and TMH led by trained volunteers.
	5. Virtual Visiting is a service available to any hospital inpatient at KHFT who requires an Ipad and digital support to connect with loved ones who may not be able to visit them in hospital due to isolation, geographical distance and other such social issues. With this resource, the Virtual Visiting Service can be adapted and adopted for the TMH patient cohort.
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| 1. **Project description, objectives and benefits**
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| 3.1 The aim of this funding is to establish an optimally staffed Volunteering Community & Outreach Team enabling: * Continuity of care: from May 2024, all x5 services can be continued and extended to benefit patients from both Kingston and Richmond patient communities
* Innovation: Scoping and implementation of *new* volunteer community and outreach services for the local populations in line with quality priorities and population needs.
* Clinical leadership – ensure quality assurance across all services, patient and volunteer safety, escalation of operational issues and professionally skilled volunteer supervision. This is fundamentally a safety assurance mechanism in order for our services to run.
* Clinical triage of all clients, ensuring eligibility and suitability of patients referred for volunteers’ interventions.

3.2 There are high impact evaluations for each community outreach service. Outcomes are centred on:* Improved patient flow across integrated healthcare services and back into their homes
* Anticipation and prevention of deconditioning at hospital and in the community
* Admission avoidance - increased connectivity with community and voluntary sector services as well as proactive take-up of preventative exercise interventions
* Delegation of tasks from skilled AHPs through a delegated volunteer workforce
* Waiting well – preventing deterioration and deconditioning whilst awaiting NHS rehabilitation, surgical and physiotherapy services.
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| 1. **Drivers for change**
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| * 1. Joint Trust Quality Priority on Prevention of Deconditioning;all services are closely aligned with the ‘Access to Services’ workstream of this priority and integrated into its plans for delivery and impact.
	2. Clear, evidence based service modelswith tangible proof of benefit for the Trusts, patients and volunteers: A set of 5 interdependent services will close without this investment. They are all tangibly improving measured outcomes: Increased confidence to cope at home post discharge, falls prevention etc as previously described and both Trusts are reaping the indirect cost savings of these improvements.
	3. Over 40 trained (almost 1/5th) of the Better Together volunteering community depend upon this team for their quality assurance, training, supervision and administration required to underpin call client referrals and clinical documentation. To cease their support would be detrimental and potential for loss of a large contingent of our most skilled and reliable partnership-based volunteers.
	4. Achieves the Trust's vision of Better Together, a joining up of acute, community and primary care services orienting around the 'place' of the patient and delivering care closer to or in the home, putting the patient first.
	5. Interdependent services will close in May 2024**,** including the End of Life Care SW London Innovation funded Community Companions Service for older people approaching end of life across our communities. This will be only 6 months into its inception and limit the amount of data available to the SWL ICB for its proof of concept and business case for further investment.
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| 1. **Stakeholder Support**
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| **5.1** Co-design from the outset: A multi stakeholder steering group has guided the Falls Prevention Community Exercise Volunteering model from its inception. They provide critical challenge as well as support to ensure our model enhances rather than duplicates local statutory provision of falls prevention services, both acute and community. **5.2** Interdependencies:Volunteering was cited by the Chief AHP in planning workshops as a key mechanism for the delivery of services which support deconditioning and preventative approaches.Volunteering is a key enabler for the success and impact realisation of the joint Trust Deconditioning Priority 2023-2025.**5.3** The VC&O team advice and support other Trusts to adapt and adopt these Better Together exemplar service models. A series of [service guide](https://helpforce.community/adopt-and-adapt/service-guides/setting-up-a-falls-prevention-service)s and [case study](https://helpforce.community/adopt-and-adapt/service-guides/falls-prevention-exercise-volunteers-at-kingston-hospital) available on the Helpforce website which provides detailed information about the Discharge Support & Falls Prevention: Community Exercise service models**5.4** Cited as an exemplar service by AHPs**:** Publication, [Front Line](https://www.csp.org.uk/frontline/article/involving-volunteers-falls-prevention-way-forward) as well as a clinical poster presented at the British Geriatric Society Autumn Conference 2021 which won the Eva Huggins Prize.  |
| 1. **Options**
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| *The options have been evaluated against the implications they would have on financial resources, safety, quality, service delivery, market share and Trust reputation.*A number of options have been considered with the financial projections below. The preferred option is option 1.Year 1 funding requirements will be £17k less as the Physio is funded until July 2024. The £50,925 is the full year recurrent funding required from year 2 onwards for the preferred option.With the proposed split of 66:33 HRCH& Your Healthcare: KHFT the respective contributions are:**HRCH & Your Healthcare: £33,611****KHFT: £17,314** |
| 1. **Option appraisal**
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| **Inclusions**  | **Option 1: Optimal establishment inclusive of clinical leadership and operational capacity** | **Option 2: Minimum spend which enables service; excludes clinical investment** | **Option 3: Includes provision for enhanced clinical oversight and management** | **Do Nothing**  |
| Continuity and extension of VC&O Services  | Yes | Yes | Yes | No |
| Innovation | Yes | No | No | No |
| Clinical Leadership | Yes | No | Yes | No |
| Clinical triage | Yes | No | Yes | No |
| Optimum establishment - managerial and administrative  | Yes | No | No | No |
| Median establishment - managerial and administrative  | No | Yes | Yes | No |
| **Funding required:** | **£57,337** | **£30,543** | **£77,156** | **£0** |
|   |   |   |   |   |
| **Risk profile** |   |   |   |   |
| Cessation of funding for Band 6 Physiotherapist | No | Yes | No | Yes |
| Reduced capacity for safe clinical triage and referrals | No | Yes | No | Yes |
| Reduced scope for innovation | No | Yes | Yes | Yes |

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| 1. **Preferred option**
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| Option 1. |

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| 1. **Impact on other services**
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| In the event that with the exception of the Community Rehabilitation Volunteering Service, all VC&O services cease in April 2024, the existing volunteers would be transferred over to the latter programme or leave the Trust. However, we will be in a similar position come July 2024 once the Inspiration Fund investment in the Deconditioning Physiotherapist comes to an end. These volunteers are likely then to leave the Trusts given the dissolution of all Community & Outreach Volunteering Services.  |
| 1. **Human resource implications**
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| *E.g. recruitment, training, job plans, timetable where relevant*If unsuccessful, the Band 6 0.4 WTE would become a challenge for staff recruitment and retention in their role if expected to deliver their capability without the Band 4 support role in place.  |
| 1. **Key milestones**
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| **End April** **2024** SW London ICB Innovation Funding comes to an end for the existing x1 WTE Band 4 KHFT post. **May 2024** – Recruitment would need to commence for B6 Physiotherapist should they be funded to continue.  |
| 1. **Key risks and mitigations**
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| *Risk Assessments must accompany all business plans and this must be escalated to EMC if the risk is scored 8 (moderate) and above where there is a budgetary restraint* |

**Appendix 1: Checklist of engagement re indirect costs**

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| **Key Stakeholder** | **Verification conversation taken place (job title of individual discussed with)** | **Date verification undertaken** |
| Nic Kane | Chief Nurse  | 27th July 2023 |
| Caroline Hopper  | Chief AHP | 4th December 2023 |
| Tracey Moore | Chief Operating Officer  | 4th December 2023 |
| Irfan Mundiya | Deputy Chief Finance Officer | 21st November 2023 |
| Caroline Hopper, Tracey Moore, Louise Hough  |  | 18th March 2024 |

1. 1. Falls Prevention Community Exercise Programme, 2. Volunteer Discharge Support Service 3. Inpatient Gentle Movement Programme, 4.Community Rehabilitation Volunteering Service and the ward based 5. Virtual Visiting Service [↑](#footnote-ref-1)
2. [Falls in the over 65s: facts, numbers and trends | Felgains](https://www.felgains.com/blog/just-how-likely-am-i-to-experience-a-fall-falls-in-the-elderly-facts-numbers-and-trends/) [↑](#footnote-ref-2)
3. Getting It Right First Time (GIRFT), 2020 [↑](#footnote-ref-3)
4. GIRFT 2020 [↑](#footnote-ref-4)
5. [Major disparities in NHS care and spending for hip fractures, study shows | UK Healthcare News (nationalhealthexecutive.com)](https://www.nationalhealthexecutive.com/articles/major-disparities-nhs-care-and-spending-hip-fractures-study-shows) [↑](#footnote-ref-5)