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England

HELP

Mainstreaming Volunteering In Health & Care

The Leadership Case has been Co-developed by and for ICS/STP leaders at partnership board level. We have engaged with a diverse range of leaders across the health and care sector and we would like to thank all of those who have 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 at the forefront of a national movement to **improve health and care through the power of volunteering**. Backed by leading lights in the world of healthcare, we're bringing together innovative thinking and system change approaches to make community-integrated healthcare the norm across the UK.

About this Programme

Helpforce is supporting NHS England on a new programme to **embed volunteering** within plans for integrated health and care.

As NHS England's 'national delivery partner' Helpforce is **working with leaders** of Integrated Care Systems (ICSs) and Sustainability & Transformation Partnerships (STPs) 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 our workforce and services
- supporting wider social impact

About this Report

The purpose of this report is to provide a shared resource for STP / ICS leaders to accelerate the development and implementation of local plans. We recognise that volunteering is already a critical part of our NHS. This is about how we can build on progress to-date to enhance related opportunities and impact nationwide.

The goals of this reports are:

- ▶ **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.**
- ▶ **Develop a robust business case that enables local investment and effective management of risks and benefits.**
- ▶ **Meet the commitments of the Long Term Plan supporting staff, patients, volunteers and services to achieve better outcomes.**

A 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 white logo. In the center is a man with glasses, wearing a dark V-neck scrub top. On the right is a woman with dark hair, smiling, wearing a dark polo shirt with a white logo. The background shows a brightly lit hallway with other people in the distance.

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/STP leaders at partnership board level

Why needed?

To help embed volunteering within integrated care systems per the Long Term Plan

Aims

1. Persuade leaders of **value of volunteering to their system**
2. **Include volunteering** in their system plan submissions
Invest in volunteering resource to develop system-wide implementation plan

Volunteering in health and care

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

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

Volunteers contribute in many ways
including in hospitals, GP surgeries and via thousands of local voluntary and community groups

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

Achieving the full benefits of volunteering across England will involve leadership, commitment and investment in recruiting, training and mobilising volunteers
but with limited costs and significant returns: supporting our current workforce, improving productivity, and the long-term sustainability of our NHS



The **H** **E** **L** **P** case

Volunteers – in NHS or VCS organisations - are helping with immediate health pressures while also supporting integration between local services

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

Supporting our Hospitals	Enhancing Emergency & urgent care	Transforming Local services	Enabling People
<p>Discharge Pharmacy runners enabling patients to go home on time (reason for 73% of patient delays)</p> <p>Patient flow Helping to tackle deconditioning through patient feeding & mobility</p> <p>Staff Staff engagement improved by up to 24% when supported by volunteers</p>	<p>Capacity LAS Emergency Responders (6k cases); St John Ambulance Community First Responders</p> <p>Early intervention Use of GoodSAM platform to notify 100k first-aid trained volunteers</p> <p>Readmissions Hospital 2 Home & Settle-in services reduced readmissions from 15% to 9%</p>	<p>Primary care Citizens in ‘Collaborative Practice’ shape & run services helping patients self-manage: 30% fall frequent appointments, 26% higher list with no extra staff, 10% reduction A&E admissions</p> <p>Prevention Community health champions enabling people to better self-manage LTCs</p>	<p>More NHS staff James Cook scheme converted 435 volunteers into hospital employees</p> <p>System capacity Maximise value of 3m volunteers contributing to health & care</p> <p>Wellbeing Benefits of volunteering to people: mental health, skills, confidence, social isolation</p>

Volunteering across health and care

How volunteers are helping with health service pressures

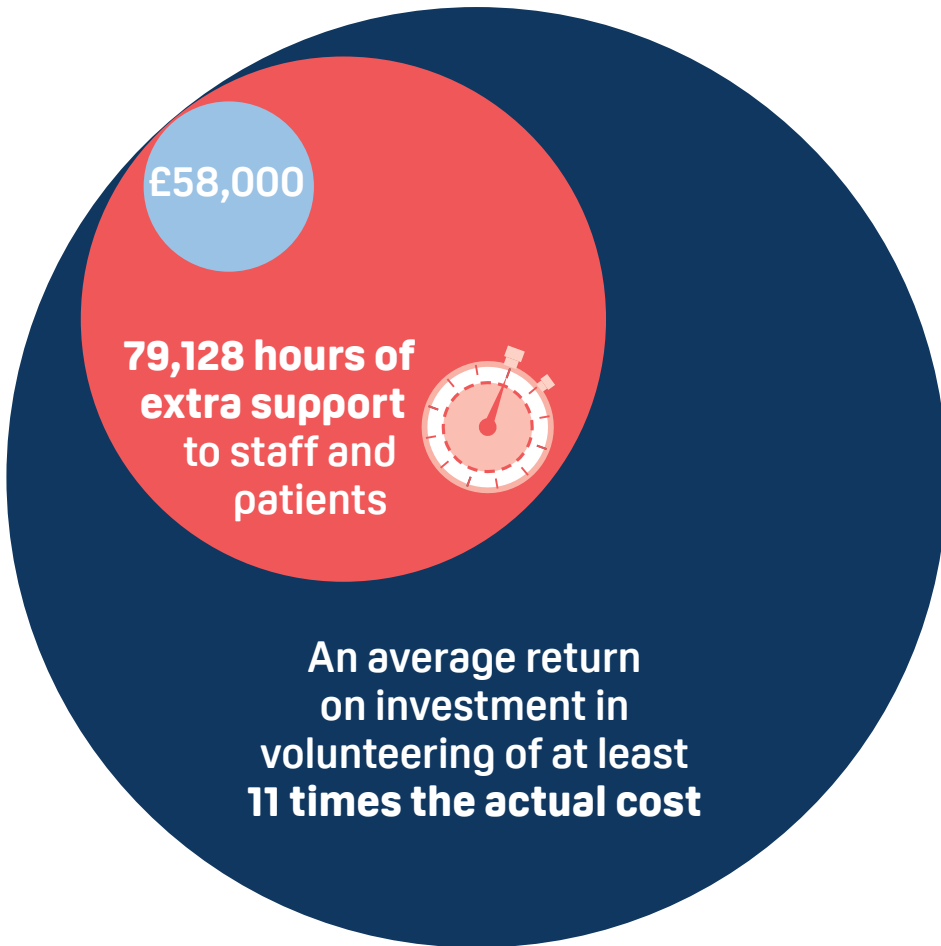


The **HELP** case in numbers

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 & systems far higher



£346
Cost of a each “excess” bed day of a patient stuck in hospital

£252
Cost of a single ambulance “see-treat-and convey”

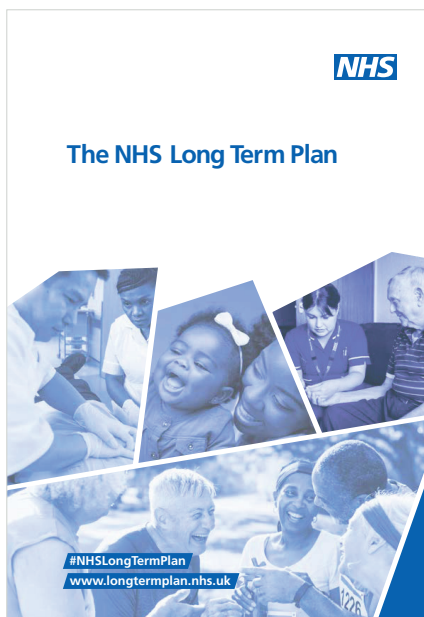
73p
Average cost to a trust of an hour of a volunteer’s time

£160
Cost of a single A&E attendance



The NHS Long Term Plan

January 2019



“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 voluntary and community sector and both councils and VCSE 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 both links 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 a record **£1.5bn deficit** in the last financial year.
- Chapter 6 of the NHS **Long Term Plan** describes 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.

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, varies 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 pressure on emergency hospital service
- **NHS staff will be Supporting our current NHS staff the backing they need the NHS**
- **Cutting delays in patients being able to 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.

Volunteers have been supporting the work of NHS hospitals since 1948. Ways that high-impact volunteers are making a difference for hospitals today include:

- **Reducing delayed discharge** through pharmacy runner volunteers (in response to the national average of 73% of patients delays on the day due to “waiting for medicines”).
- **Improving patient flow** through volunteer supported discharge lounge and transport home.
- **Reduced readmissions** through Hospital to Home / Settle in services post-discharge for vulnerable and high risk patients.
- **Reducing deconditioning and frailty** through mobilising patients on-ward and/or offering resistance based exercise classes.
- **Reducing malnutrition and dehydration** through offering volunteer support at mealtime.
- **Ensuring no one dies alone** through trained volunteers providing emotional support to patients, families & carers.

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 and 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 re-admissions following hospital discharge.

The Long Term Plan for the NHS:

- A new service model for the 21st century: Reducing pressure on emergency hospital service
- 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 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 re-admission.



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 have established a model of primary care that can reduce frequent attenders to hospitals. By involving volunteers as practice champions they help people manage long-term health conditions. For one practice in Pudsey they saw a 10% reduction in A&E admissions.



GoodSAM

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) 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 (999) calls and respond in their own cars to patients in homes, workplaces, and public locations.

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 voluntary and community sector are all under significant pressure impacting negatively 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.
- This includes a broad range of voluntary schemes aimed 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 lived-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 creates an opportunity to expand the impact of volunteer roles within GP practices and broader community services.
- Volunteers have a key role to play in the planning and delivery of local services across our health and care systems; helping people to navigate and access support, and 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.

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 Local NHS organisations increasingly focussed on population health moving 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**
- **Guaranteed NHS support to people living in care homes**
- **Improving end of life care**

The development of integrated care and of primary care networks provide us with an opportunity to further harness volunteering in providing additional capacity to our GP practices, to meet our commitments to grow social prescribing, and to enhance support for people in care homes and living within own 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 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 connect with local voluntary groups. Volunteers 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 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.

Mainstreaming volunteering across our NHS: enabling People

- With over 100,000 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 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 learn more about careers and opportunities in our health and care services.
- Volunteering provides older people who may have left the workforce with 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:

- Giving people more control and more personalised care when they need it.
- More action on prevention and health inequalities.
- NHS staff will get the backing they need
- 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 ranges of roles.

Expert Patients Programmes support people living with or caring for someone with one or more long-term health conditions. Many participants will 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 of come together to help local organisations and support isolated older people with social visits and one-off tasks.

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.

Enablers

Leadership

Leadership support is essential to any major change and to ensuring 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 not only encourages people to volunteer and recognises their impact once they do.

This is about enabling 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 amongst staff of their roles.

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).

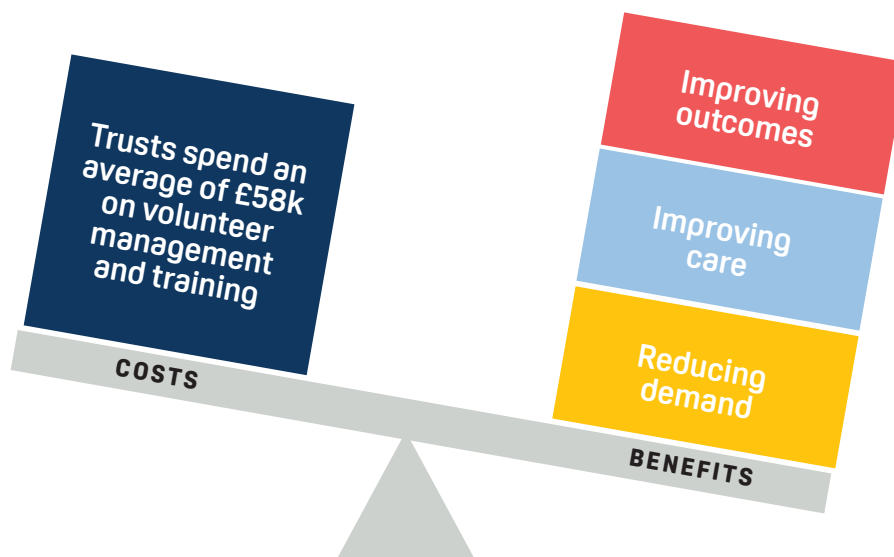
We recognise that STPs / ICSs and individual organisations are under significant financial pressure – that every penny counts.

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 in not just financial terms but 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 appointment, 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.</p> <p>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 support**

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), it 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.

E L**Integrated Breath Easy**

Research into the impact of Integrated Breath Easy 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 themselves.

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.

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 independent, making 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 can 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 2019 over three-quarters of volunteers (77%) reported it improved their mental health and wellbeing, 71% it provided new skills and experience, 68% it helped them feel less socially isolated, and 53% improved their physical health.

The H.E.L.P. case has been developed in partnership with NHS England and
For more information please visit: www.helpforce.community
or contact Paddy Hanrahan ph@helpforce.community

helpforce