

## **Webinar: How to weave volunteer support into discharge pathways Q&A**

**Combined responses to questions from the Helpforce webinar.**

**How is the commissioning model being shared to activate greater change across the system? And how can we bring people together to help influence this?**

Agreed core part of strategic direction. Pathways are being encouraged to utilise the hubs, diabetes, health checks, respiratory etc. Embedding the Community Hubs at place within Integrated Care Areas and Primary Care Networks and citing the hubs as a core community asset/development project in our intermediate care strategy.

We also create monthly reports on the hub activities to feed back into the system and have shared the Helpforce evaluation report and winter hub support outcomes (from year 1 funding). The main routes for this are direct to ICB Execs, Integrated Transfer of Care hubs, other commissioners and our multi agency community hub steering group (a range of hub representatives, ASC/NHS/Public Health commissioners, Local Authority locality teams, VCSE sector etc).

**Do you have insights into your volunteering demographic - who onboards, nurtures and supports them?**

We have historical information on this; however, we now have three Community Volunteer Coordinators who will be building and developing this social capital around the hubs. We also have a volunteer strategy underway and working with University of Exeter to look at the wider VCSE in Cornwall

Volunteer Cornwall has a large body of volunteers but are trying to help the hubs build up their own volunteer capacity and are increasingly looking to the hubs to nurture and support their own volunteers. Volunteer Cornwall support the hubs in this by providing Volunteer Management training

**Would it be possible to share the Gold, Silver, Bronze - self assessment criteria?**

**Bronze - £10,000**

- Minimum 1-2 days/week service links to other services and support that can be activated as necessary.
- Development plan in place.
- 5 people to be surveyed each month.
- Monthly activity report consistently submitted.

**Silver - £15,000**

- Service for 3-4 days/week (average). Joint working with local orgs and access to signposting.
- Outreach into community.
- Development Plan in place.
- 10 people to be surveyed each month.
- Monthly activity report consistently submitted.

**Gold - £20,000**

- Service for 5+ days/week (average). Daily activities and access to IAG (Information, Advice & Guidance).
- Proactive outreach into the community.
- Specialist activities available – e.g. Falls Prevention, breathers groups, carers support etc.
- Development plan in place.
- 20 people to be surveyed each month.
- Monthly activity report consistently submitted.

**Are there evaluation findings on the number of individuals supported post-discharge through the hubs? (or plans to do further evaluation on this?)**

Currently there is no in-depth evaluation of this, as we have spent the first 12 months getting the network up and running with some core services. Development work will have to be undertaken with many of the hubs as they of course led by the community and we do not want to put them off with too much bureaucracy, this will be built in as more activities are delivered.

**With ICB funding secured, is there a return-on-investment model used with this analysis to date?**

As above early days to get the network functioning, more work to be done on this. We are currently considering how we can use the [social value engine toolkit](#).

**What is the role of Third Sector infrastructure support organizations (CVC's) in the model?**

We do not have one CVS in Cornwall but a collaborative of infrastructure organisations. Volunteer Cornwall develop social action, volunteering and mobilising grass root activity, Cornwall Voluntary Sector Forum are the 'voice' and coordinate representation and thematic partnerships, Cornwall Community Council look at funding and Cornwall Rural Community Charity looking into back-office support etc.

**What are the main challenges faced by the hubs?**

Recurrent funding, development of activities, recording information and recruiting more volunteers.

**Has there been any evaluation around reduced contact with PCN's, GP's, hospital admission?**

Not yet. But we do have some evidence from the [Helpforce evaluation](#) and the surveys that the hubs need to complete to access year 2 funds. For example, over a 9-month period over 2,00 people were surveyed on where they may have gone for help if they could not attend a hub and the results are below:

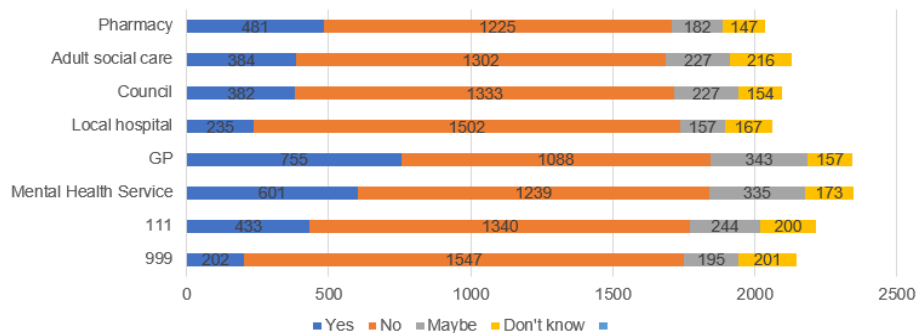
## Over 2,300 people were asked: “If you weren't able to get to the hub today, which service would you have approached for support?”

	"Yes" number and (% of total responses)	"No" number and (% of total responses)	"Maybe" number and (% of total responses)	"Don't know" number and (% of total responses)	Total number of responses
999	202 (11%)	1547 (72%)	195 (9%)	201 (8%)	2145
111	433 (20%)	1340 (60%)	244 (11%)	200 (9%)	2217
Mental Health Service	601 (26%)	1239 (53%)	335 (14%)	173 (7%)	2348
GP	755 (32%)	1088 (46%)	343 (15%)	157 (7%)	2343
Local hospital	235 (11%)	1502 (73%)	157 (8%)	167 (8%)	2061
Council	382 (18%)	1333 (64%)	227 (11%)	154 (7%)	2096
Adult social care	384 (18%)	1302 (61%)	227 (11%)	216 (10%)	2129
Pharmacy	481 (24%)	1225 (60%)	182 (9%)	147 (7%)	2035

32% of 2,343 hub attendees would have accessed their GP if hub support was not available

26% of 2,348 hub attendees would have accessed mental health services if hub support was not available

If you weren't able to get to the hub today, which service would you have approached for support?



### Are your services located in the directory of services so that pre-hospital access is available?

Some of them are, however, what is on offer and what happens in communities is too dynamic to be on DoS. Generally, we go through the [Community Gateway](#) and that taps into the network we have at place. We do have a [website with hub location](#) and some activity information on it.

### What are the operating hours for the hubs?

They vary depending on activities and maturity, many are now expanding their hours and offers.

There is also a Community Gateway service which complements the Hub model (that we didn't really have time to go into) This is a portal for accessing VCS support and acts as a

single point of access for the hubs and an “out of hours” service. It is run for and by the VCS and is available from 8am – 8pm 7 days/week, 365 days/year