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ROYAL
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VOLUNTEERING, COVID & INTEGRATED CARE

CHALLENGES & OPPORTUNITIES
A DISCUSSION PAPER





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This report has been supported by Public Policy Projects, Royal Voluntary Service, and Stone King.



KEY RECOMMENDATIONS

Four key steps need action now to achieve the potential of volunteering over the coming years:

- Develop the role of volunteers in integrated care systems
- Improve volunteer management
- Invest in volunteer support
- Establish new partnerships to benefit from national volunteering expertise

EXECUTIVE SUMMARY

Volunteers have always played a significant role in the National Health Service, particularly in hospitals. However, there has been only limited change in the role of volunteers since the NHS was founded until now.

This report looks at what's changed in the last decade and particularly in 2020 as a result of the response to Covid, including the contribution made by NHS Volunteer Responders. A survey of system leaders looks at how far their attitudes have changed during this year. A series of discussion groups held during the summer and autumn reinforce key messages. Over 40 case studies were reviewed to illustrate volunteering best practice across England.

Even before the Covid pandemic, there was increasing awareness of the role volunteers could play to support patients. In part, this was due to a general reassertion of the role of society in contributing to wellbeing. There has been an increased recognition that health and social care need to be more integrated to achieve lasting and affordable change in patient support. More patient centred care, tackling inequalities, and increasing social prescribing also all point to an increased role for volunteers.

These trends were enhanced by the response to the Covid pandemic. New ways of delivering NHS services became necessary. The number and diversity of volunteers who came forward was a real demonstration of the power of community spirit. The roles undertaken by NHS Volunteer Responders and by those who enrolled in other volunteering programmes at the local level, made many in the health services aware that volunteers could contribute more than they had thought possible. More patients became more appreciative of the role of volunteers. For many, volunteering itself became a positive activity for their physical and mental wellbeing. The overall success of the NHS Volunteer Responders programme has helped many sector leaders better understand and appreciate the potential volunteering contribution.

Looking ahead, volunteering in the NHS is a key way in which the Government and citizens can join forces to support people in need. It can be an important contributor to delivering integrated care. Volunteers support person centred care. They are vital to the achievement of social prescribing ambitions. They can support the virtual delivery of services by being alongside the patient at home.

Four key steps need action now to achieve the potential of volunteering over the coming years.

By contributing their skills and commitment alongside staff, volunteers can enable the NHS to transform its relationship with patients and meet the challenges posed by Covid and its aftermath.

Jeremy Hughes CBE
January 2021

INTRODUCTION

The public response to Covid and the changing way people connect and are supported have thrown up new opportunities as well as challenges for health and social care.

The role and position of volunteers was centre stage. This paper reviews the current position at the end of 2020 and how volunteering can be taken forward in the coming period.

I have drawn on more than thirty years of experience in health and social care voluntary organisations in preparing this paper. Specific understanding of the current situation has come from research conducted for Royal Voluntary Service and discussion forums organised by Public Policy Projects.

The views and conclusions are my own and do not necessarily represent the policy position of any organisation. The intention is to support the current opportunity to recalibrate the role of volunteers in health and social care to the benefit of patients, beneficiaries, service-users, staff and volunteers themselves. The paper was written from evidence and data for England, yet the findings may also have value to other nations.



CONTRIBUTING MATERIAL

Interviews with system leaders

Previous studies have focused on the views and experiences of those involved in volunteering within health services. For this paper I conducted interviews with more than 20 leaders across health and social care in July and August 2020. The interviewees were predominantly senior decision makers not directly responsible for volunteering. Interviews were conducted under the Chatham House rule. Contributors are identified but comments are not attributed to any individual. All interviews were conducted face to face by Zoom, Microsoft Teams or Skype. A list of interviewees is appended.

Public Policy Projects events

Between July and October 2020, Public Policy Projects hosted several events that engaged hundreds of policy makers, service deliverers, politicians and other interested parties. Each was chaired by Rt Hon Stephen Dorrell and the author set the context for the discussion. Participants contributed live and through chatrooms. These events were kindly supported by Stone King LLP as a contribution to the production of this report.

Guest speakers were:

July Webinar: Niall Dickson, CEO NHS Confederation; Catherine Johnstone, CEO Royal Voluntary Service.

August Roundtable: Dr Neil Churchill, Director for Experience, Participation and Equalities NHS England; Catherine Johnstone, CEO Royal Voluntary Service; Karamjit Singh, Chair Leicester University NHS Foundation Trust; Julian Blake, Partner Charity & Social Enterprise Team, Stone King.

A full list of the roundtable attendees, where discussion was under the Chatham House rule, is appended.

Labour Party Conference: Alex Fox, Vice Chair Think Local, Act Personal; Cllr Natasa Pantelic, Chair Slough Wellbeing Board, Member Local

Government Association (LGA) Community Wellbeing Board; Catherine Johnstone, CEO Royal Voluntary Service.

Liberal Democrat Conference: Cllr Doreen Huddart, Newcastle upon Tyne City Council; Member LGA Community Wellbeing Board; Sir Norman Lamb, former Minister of State Department of Health & Social Care, Chair South London & Maudsley NHS Foundation Trust; Catherine Johnstone, CEO Royal Voluntary Service.

Conservative Party Conference: Cllr Ian Hudspeth, Leader Oxfordshire County Council, Chair LGA Community Wellbeing Board; Catherine Johnstone, CEO Royal Voluntary Service, Rob Wilson, former Minister for Civil Society.

Highlighted quotations in this report are from the system leader interviews and event speaker panels.

NHS Volunteer Responders Survey

In conjunction with Royal Voluntary Service, NHS England (NHSE) conducted sample surveys of the NHS Volunteer Responders programme covering volunteers, patients and referers. Data from these surveys has provided additional content for this paper. Over 12,000 volunteers, over 500 patients and 348 referers responded to the surveys in July and August 2020.

Case Studies

Over 40 case studies have been reviewed, providing excellent examples of how volunteers have contributed to the Covid response. These have been fundamental to my understanding of the opportunities ahead. A handful of these have been included in this paper to illustrate different areas in this report. I have chosen examples that are lesser known to try and enrich the overall availability of the powerful stories of volunteers working with health and care professionals.

VOLUNTEERING AND HEALTH

In March 2020, Royal Voluntary Service and GoodSAM were contracted by NHSE to run the NHS Volunteer Responders programme. This reflected the unique positioning of Royal Voluntary Service as a national provider of volunteers to the NHS, since its inception in 1948. Their experience led them to quickly discuss with NHSE the potential contribution volunteers could make in response to Covid.

ROYAL VOLUNTARY SERVICE – A HISTORY IN HEALTH AND CARE

Founded as the Women's Voluntary Services for Civil Defence (WVS) in 1938, the organisation was originally formed to protect civilians in an upcoming World War.

Then, as now, supporting the health and wellbeing of the nation was the core of its role. From January 1939 the WVS recruited hundreds of thousands of women to join the Civil Nursing Reserve and to staff Hospital Supply Depots, making bandages, bedsheets and pyjamas ready for the treatment and care of the wounded when the expected air raids began. A hundred thousand more of its volunteers evacuated 1.5 million children in three days in September 1939. WVS volunteers filled temporary non-clinical posts in hospitals as shortages arose, preparing food, answering telephones and cleaning floors; and its Volunteer Car Pool and ambulance drivers helped ferry the sick and injured to help, a service which continues to this day as patient and community transport.

Working side by side with Government and Local Authorities, and building on projects pioneered during the war, WVS began a revolution in social care. The organisation opened thousands of social and lunch clubs for the elderly, set up visiting programmes for the lonely and isolated and developed the first working examples of the modern care home, allowing people to live with dignity.

From 1943 until the beginning of the 21st century hundreds of millions of hot nutritious

'meals on wheels' were delivered to those in need and the Home Help service created the template for modern home care.

Working with the newly formed NHS in 1947, and continuing today, Royal Voluntary Service has hundreds of hospital shops, cafes and trolley services which offer a friendly smile, a listening ear and welcome refreshment for patients, staff and visitors alike. They also raise important funds to improve the hospitals and communities they serve. Today, help from Royal Voluntary Service volunteers continues throughout the hospital. On-ward volunteers provide companionship to lonely patients and keep them moving through mobilisation and exercise therapy to avoid muscle-loss. Home from hospital volunteers support patients through discharge and the return home reducing readmissions, while guides assist visitors and patients to get where they are going during what can be a confusing and worrying time.

The breadth and scope of the contribution of Royal Voluntary Service volunteers to the development of health and social care over the past 82 years are difficult to truly comprehend. Their volunteers have helped create modern Britain and provide comfort to all in distress. Royal Voluntary Service has always been there to meet the most pressing needs of the day whether the common enemy is seen or unseen, and the charity will continue to pioneer new ways of working and thinking, challenging everyone to play their part through voluntary service.

For 70 years the position and role of volunteers had been fairly static within the NHS. Some of the ways that volunteer effort has been supported has developed over time, both by Royal Voluntary Service and more recent initiatives such as Helpforce. In social care, there has been a stronger tradition of volunteers being more central to service delivery, not least through a rich array of local and national charities.

In 2013, The King's Fund report *Volunteering in health and care: securing a sustainable future* stated "the reality that must be confronted is that it may not always be possible to sustain high quality services without involving volunteers and other sources of informal care". Two further reports by The King's Fund in 2018 highlighted the position pre-Covid. *Volunteering in general practice: Opportunities and insights* published in February, explored 10 case studies and concluded that "approaches to supporting volunteering in general practice provide an opportunity for practices to engage beyond their traditional boundaries, creating an interface with voluntary and community sector organisations and with the wider community". They cautioned "volunteers are not a substitute for clinical staff nor a saviour for the NHS; their support is not infinite or free, and requires significant investment.

At the same time, general practice comes with its own set of opportunities and constraints, and success requires stakeholders to invest in developing and maintaining the links with general practice, relationships with GPs, healthcare professionals and staff".

The second report published in December 2018 *The role of volunteers in the NHS: views from the frontline* focused on the experience of volunteering in hospitals. Almost 300 responded to an online survey and this was supplemented by 20 semi structured interviews. They concluded "there is strong support for volunteering among frontline staff. They clearly appreciate the various ways in which volunteers enhance the experiences of patients and staff in busy hospitals."

Despite these developments, volunteering had most often been seen as marginal, a 'nice to have extra' to the delivery of NHS services. In 2018, NHSE Director for Experience, Participation and Equalities Dr Neil Churchill commented "the NHS does not always give volunteers the opportunity to do all they are capable of contributing". In 2014, the NHS Five Year Forward View had made no mention of volunteers in its section on workforce. By 2020 this had changed, with volunteers included in the People Plan published in July.

"Generally, volunteering has always been the sleeping dog within the NHS. Whereas other things have changed over recent years, such as the growth of user movements and consumer influencing, the use of volunteers has not been modernised to the extent it should have been."

Even before the added impetus of handling Covid, a number of factors have driven this change:

'Big society' rather than 'no society'

Prime Minister David Cameron re-asserted the importance of community activism and society. 'Big Society', a term coined by conservative strategist Steve Hilton, became a catch phrase. One associated implementation was National Citizen Service, a volunteering programme for young people set up in 2011. Big Society thinking remains a cornerstone of conservative thinking and is reflected in the review of civil society engagement commissioned by the Prime Minister from Danny Kruger MP in July 2020 and presented in September.

Integration across health and social care

A central tenet of the NHSE Long Term Plan is more integration between health and social care. NHS 'Sustainability & Transformation Plans' (STPs) and then 'Integrated Care Systems' (ICS) have provided the framework for this. However, an on-going concern is that whilst notionally engaging with local authorities, social care providers and voluntary organisations, ICS are very much dominated by NHS thinking and perspectives. The Long Term Plan does not significantly move resources out of the NHS into social care.

Person centred care and social prescribing

Person centred care, long-term conditions, public health and an ageing society have all driven a greater recognition of the importance of non-clinical social prescribing interventions. Social prescribing link workers are being put in place for all GP practices and a National Academy for Social Prescribing has been set up. The voluntary sector, and volunteers, are recognised as central to the delivery of social prescribing.

Spotlight on inequalities

The Marmot Review into health inequalities was published in February 2010. In 2017, the umbrella body 'Volunteering Matters' highlighted the particular role volunteers can play in tackling inequalities in health. Ten years after his report was published, Sir Michael Marmot reviewed how little has been achieved. *Health Equity in England: The Marmot Review 10 Years On* shows that health inequalities have widened overall and the amount of time people spend in poor health has increased. It is recommended that there should be investment in the economic, social and cultural resources in the most deprived communities.

Recognition of the voluntary sector

The NHS has increasingly recognised that long term, affordable and sustainable health improvement depends on the engagement of local communities. National and local social organisations utilising volunteers are key enablers of that. In 2010, the Department of Health published a volunteering strategy *Volunteering: involving people and communities in delivering and developing health and social care services*. Initiatives since then have included an *Empowering People & Communities Task Force* set up by NHSE in 2017 to ensure progress on commitments in the Five Year Forward View. This contributed to stronger positioning in the Long Term Plan. The role of key national organisations is seen by the close engagement of the Richmond Group of Charities which brings together 13 leading charities in health, including Royal Voluntary Service.

VOLUNTEERING DURING A PANDEMIC

THE NHS VOLUNTEER RESPONDERS PROGRAMME

The NHS Volunteer Responders programme is a remarkable story of achievement. Of course there are learnings about how to improve and develop the programme further and these are noted below. However, the initial response from the public is reflective of a willingness to respond to national need. The last example of this was the 250,000 who volunteered to become 'Games Makers' for the 2012 Olympics. An indicator of public interest in supporting the NHS was the Helpforce Daily Mail Christmas campaign in December 2018 which generated 33,000 offers of volunteering.

However, the scale of response was so much greater in 2020. It took many by surprise. Within days, the ambition of the Secretary of State in launching the programme was greatly exceeded by the number of people coming forward. Harnessing existing technology in the GoodSAM app to manage volunteer engagement was a masterstroke as it gave confidence in a system that would work well and one that was already proven within the NHS. Over time, the referral system was refined to enable a wider range of people to refer in patients needing support, and ultimately those isolating to self refer for volunteer support.

“It was a tremendous opportunity to mobilise kindness. People wanted to help and it provided a big and unique opportunity to get targeted help to some of the most vulnerable.”

“From picking up medication to the chat to check if we were ok, it was everything we needed – 100% happy. We don't know what we would do without the service.”



By February 2021

647,405

have been approved for
NHS Volunteer Responders



Of these 397,940 have switched
themselves on-duty and

1.53 million

tasks have been completed

NHS VOLUNTEER RESPONDERS STORIES

THE PATIENT'S STORY

Owen referred himself for the NHS Volunteer Responders programme after hearing about its launch. The start of lockdown came at a difficult time when Owen was suffering with both his physical and mental health.

Owen said “The NHS Volunteer Responders service has really been the light at the end of a dark tunnel. I live alone, but until this pandemic, I never knew the real difference between being alone and being lonely. My mental health took a

toll when I found out we weren't able to go out and meet people and I was struggling to find the motivation to look after myself.

“I signed up to the Check in and Chat service in the hope that it would help support my mental health and I can't explain how much it has. The little chats lift my spirits and it's so nice to just have a conversation with someone new. All of the volunteers are interesting and kind and the service has been vital for my mental wellbeing.”

THE VOLUNTEER'S STORY

Working in the fire service, Mark is very used to helping out those in need. When the call up came for NHS Volunteer Responders, that's why Mark was one of the first to apply. Mark also has mental health and wellbeing training so was particularly keen to support those self-isolating with Check in and Chat calls.

Mark said “The feeling you get from helping someone who needs it is something you just can't beat. I have actually struggled myself with mental health and I have found that volunteering as an NHS Volunteer Responders

has helped me as much as I have helped others. It's given me a reason to get out and do something that I know is meaningful which is incredibly rewarding.

“I have a busy job with the Fire Rescue Service, but whenever I can, I place myself 'on-duty' to help out with whatever I'm needed for. I had a long chat with a lovely man in his 90's who had sadly lost his wife. I was humbled by the fact that he was able to open up to me and I think we both took comfort in having a friendly conversation while both living alone.”

THE GP'S STORY

“I have used the NHS Volunteer Responders GoodSAM portal to refer several patients who are at increased risk of coronavirus and who are self-isolating at home. These are particularly vulnerable patients and I don't want them putting themselves at risk so arranged for them to receive their shopping and prescriptions this way. I've also set up a number to receive 'check in and chat' calls to alleviate loneliness.

“I've found the referral system extremely easy to use and think it is a wonderful scheme. All of my patients who have received volunteer support have given positive feedback and been happy with the support provided. I've been utterly charmed by both the speed and sensitivity of the volunteers and think it's a real force for good. I hope it will continue post covid-19.”

OTHER NHS VOLUNTEERING

Much existing volunteering within the NHS had to change as a result of COVID. Face to face support inside hospitals was largely no longer possible, with central directives at times stopping all volunteering activity. Many have been imaginative in how to repurpose existing volunteers into new roles.

In September, Helpforce reported on a study of volunteer managers in 10 trust health systems. They reported “throughout the early stages of the Covid crisis response, we became aware of a shift in attitude to volunteers, and an acceleration in the transformation of volunteering initiatives. In some cases, the same

systems that had highlighted a need to develop volunteering infrastructure were able to create new solutions within a matter of weeks”.

Across the country there are examples of individual trusts working creatively with volunteers to provide the support that those shielding and otherwise at risk needed. Some made extensive use of connections to the NHS Volunteer Responders programme others developed parallel initiatives. As Nav Chana from the National Association for Primary Care comments “volunteers have helped reach out to at risk households who are in most marginalised communities”.

CASE STUDY – HOSPITAL

In March 2020, Kingston NHS Foundation Trust had a successful and high performing hospital volunteering team.

We had approximately 450 volunteers active across 30 different roles. We had funding to increase volunteering activity in support of winter pressures, had high profile partnerships with charities including Macmillan Cancer Support and supported volunteers from their first expression of interest. We worked across the hospital with teams ranging from Dietetics to Physiotherapy who had made volunteers’ part of the way they delivered their care. We were capable of recruiting 80-100 new volunteers every six weeks into these placements. On 23rd March, we paused all volunteering on site.

We saw our colleagues at the front line working hard in new and overwhelming situations. We wanted to encourage our colleagues to look after themselves so we began delivering tea and coffee regularly to the wards along with donated snacks. Soon our volunteers were supporting this, wearing their T-shirts and helping to deliver the 2.30pm coffee run to the Emergency Department (ED) and delivering over 5,000 slices of cake to the front-line. Our volunteers felt proud to support us during these challenging times with a small group helping us to deliver

the vast numbers of donated items – from John Lewis Chocolate, to L’Occitane hand creams and hot meals across the Trust, ensuring all staff members received their share.

As most volunteering on site was paused, we had to go back to the drawing board. We needed to define a new way of volunteering that could involve as many volunteers as possible, whilst eliminating the need to be on site to make a difference. The answer was virtual volunteering.

Between June and September 2020, volunteers have virtually visited 80 patients with dementia, virtually supported over 30 patients through our discharge support service and reviewed four pieces of patient literature in partnership with the Patient Experience Team.

From late-September, we progressed with volunteering assessments remotely and hope to welcome these volunteers as and when the vacancies become available.

Our new strategy was prepared for the Board Meeting in September 2020, developing the range and scale of virtual volunteering. This ensures that many teams across the hospital will have the chance to work alongside volunteers as a way to enhance the care they provide.



CASE STUDY – HOSPITAL TO COMMUNITY

University Hospitals of Leicester NHS Trust have a strong tradition of engaging volunteers to support patient care. In response to Covid, this support continued and adapted.

They have worked closely with Royal Voluntary Service and ensured that those in Asian communities isolated by Covid were supported. Overall, Royal Voluntary Service has supported up to 700 people each month in Leicester by checking in on their safety and wellbeing.

Jasma is 48 and has been supported by Royal Voluntary Service volunteer Janet since her discharge from Leicester Royal Infirmary in February. Jasma felt isolated, as her family were isolating in their homes. Janet, who normally drives for Royal Voluntary Service was also isolating but wanted to still do something great for vulnerable local people. Janet started calling Jasma regularly for support. Jasma was absolutely delighted and would look forward to Janet's calls. Janet's daughter is a school teacher and told her class about her mum's volunteering role. The children were inspired and started to make cards for Janet to send to Jasma.

Later, Janet met Jasma face-to-face and they would have a chat when Janet dropped the shopping off. Over time Janet raised safeguarding issues. Jasma was purchasing a very large amount of shopping each week. There was a lot of clutter in her property. From what Janet could see there was a very small amount of floor space available to move around in. The whole of her kitchen work surface was covered with food tins/packets.

With Jasma, Janet suggested talking through what shopping she needed. She tried this one week and saved over £60 on her shop. She was elated and has continued to do this each week. Janet will always go through the list with Jasma and if she feels there is something on there that she doesn't need, she will talk to her about it, and because of the relationship they have built up, Jasma usually takes the advice.

Royal Voluntary Service are constantly reviewing Jasma's situation, and will continue to support her until she is well enough to go back to shopping. Being supported to stay safe and well at home helps avoid unnecessary readmission to hospital.

CASE STUDY – GP PRACTICE

Elliott Hall Medical Centre in Pinner was quick to identify the opportunity for volunteers to contribute to patient care and support.

In March 2020, they identified over 1000 patients with potential needs. At the same time they started recruiting volunteers, dovetailing local reaching out with the national NHS Volunteer Responders programme. A diverse range of people came forward, some on furlough, but the majority working from home. A group of medical students said they'd help set something up and so the 'Heroes' volunteering programme was born. A quarter of patients identified were interested in being contacted about the scheme and of these just over a third didn't require a linked volunteer. 181 patients were linked to a volunteer for one-to-one support and the feedback was enormously positive.

Comments included "I can't praise her enough – much more than 100 per cent praise"; "I've really formed a relationship with my volunteer – I consider him my friend and hope to remain in contact"; "I couldn't have coped without my volunteer".

Shopping was the support most in demand, followed by medication delivery and phone support. One member of staff commented on the "resourcefulness and willingness of volunteers to support their linked patients in any way they can". Half the patients supported say they are going to continue to need help. Over 140 volunteers said they were happy to carry on for the longer term. Almost 120 said they would be interested in other volunteering opportunities.

CASE STUDY – COMMUNITY PHARMACY

Introduced in October 2020, the new contract between NHSE and community pharmacies requires them to become 'healthy living centres'. This recognises how close they are to their local communities with often more patient interaction on a day-to-day basis than any other part of the NHS.

For a long time, some pharmacies have been leading the way in local community links as exemplified by the Green Light Pharmacy Group in North London. During Covid those community links became more evident and important when many saw other parts of the NHS as less accessible. The Euston Green Light Pharmacy had long established position leading the West Euston Healthy Living Partnership. They see themselves as 'not just a pharmacy' but more a 'community hub'. They connect to many groups in the local Bengali and other communities. Long established initiatives such as a walking group that sets off from the pharmacy every Thursday morning gave them a strong local presence. With the advent of Covid, Clinical Director Sanjay Ganvir said Community Pharmacy became the 'biggest walk-in centre the NHS has'.

Local volunteers already connected to the pharmacy were joined by NHS Volunteer Responders who enthusiastically wanted to do something to help their communities. The pharmacy set up its own clinical governance procedures to ensure the safe and effective use of volunteer support. As Mr Ganvir points out, "community pharmacy goes a long way beyond what it is paid to do by the NHS when responding to a crisis."



COMMUNITY VOLUNTEERING AND MUTUAL AID

As well as initiatives from within the health service, many local communities saw the development of community based responses to support neighbours and friends during the first wave of the Covid pandemic. In July, the New Local Government Network reported that there were over 4000 mutual aid groups with as many as three million people participating during the first Covid wave. In some places there were well established programmes, for example ‘The Wigan Deal’ that enshrined the mutual responsibilities of a council and its citizens. The response to Covid widened such engagement.

The Local Government Association in its report on accessing support at the beginning of June commented “They [local people] have signed up in their many thousands to different national and local initiatives. This brings enormous opportunities to harness and maximise this asset but also some challenges in ensuring that voluntary capacity is used effectively and safely”. They went on to advise that local mutual aid arrangements were probably best served to support people who knew each other previously rather than the wider public. Some national initiatives to support mutual aid, such as ‘Covid Mutual Aid UK’, started up but seemed to have lacked resources and accreditation to sustain an ongoing role.

CASE STUDY – LOCAL COUNCILS

There's nothing more local than the Parish or Town Council. They know their local community street by street and to say they inspired and supported local volunteering in response to Covid is an understatement. By June, the National Association of Local Councils had heard from over 400 Councils about how they had supported volunteering efforts.

New Alresford Town Council, Hampshire Electorate 4338

New Alresford Town Council encouraged local volunteer groups to work with them to set up 'The New Alresford Support Network' for residents. They printed 3000 leaflets and delivered them to each household in the town and those that were just on the borders. They also set up a dedicated email and telephone line which is manned daily from 8am to 8pm by council staff, councillors and volunteers. The town has been divided into sectors and each team leader assigned a sector. Within each sector there are several streets and each street has a dedicated street coordinator. The street coordinator is responsible for all volunteers in their street. The street coordinators are the core of the New Alresford Support Network and were issued with 'postcards' to deliver to each household in their street containing their personal contact details. Any resident can contact their street coordinator with a request and the street coordinator assigns a street volunteer to the task. New Alresford Town Council has issued guidance to street volunteers and street coordinators, including health and safety guidance.

Broughton Astley Parish Council, Leicestershire Electorate 7421

The single telephone help line number was replaced by a central free phone number enabling multiple calls to be handled at any one time and to take calls out of hours. As the calls for help came in, a dedicated volunteer was assigned to an individual. In two months the volunteers have assisted 179 households with shopping, delivered over 1265 prescriptions, arranged on average 10 medication requests per week direct to the doctors, organised over £1,700 credit or debit card payments for either cash or payment for shopping, delivered approximately 140 kilos of food weekly to the local food bank, organised emergency repairs for isolated residents and assisted the local butcher delivering in and around the village.

Wilsden Parish Council, Yorkshire Electorate 3775

When the emergency started it was recognised that, because of the older average age of their local population, Wilsden would have a significant number of residents who needed to socially isolate. Before the lockdown started a number of local volunteers came forward looking for ways to help. The parish council provided a framework to enable an effective network of volunteers to be established. Early in the crisis, a leaflet was delivered to every household in the parish. This offered help with shopping; collecting prescriptions and other needs as they arose. Wilsden Coronavirus Volunteers now has around 50 volunteers supporting nearly 100 households in the area. Volunteers are advised to limit their exposure to public places by doing shopping for the housebound at the same time as their own, and the number of visits to the pharmacy are greatly reduced by having two volunteers dedicated entirely to daily prescription delivery.

CASE STUDY – CITY COUNCIL

#StokeOnTrentTogether was established to co-ordinate the response from local residents and organisations to ensure everyone who needs help can receive it, and that everyone who is well and wants to help others, can do so.

The initiative originally aimed to recruit around 500 volunteers, who were willing to carry out a wide range of tasks such as fetching basic food supplies, prescription collections, gas or electricity meter top-ups, regular conversations and even dog walking.

The initiative has proven to be so successful that it is providing support seven days a week and can be accessed online or over the telephone. Since the launch of the scheme, it has brought together more than 800 volunteers and 177 voluntary/ community groups. It has received over 5,000 calls and made more than 100,000 proactive contacts with potentially vulnerable residents. More than 3,200 food parcels have been delivered and 500 prescriptions have been collected.

There was a clear vision from the outset around the VCS taking a lead in the community action response and the Council provided support and coordination through an established group chaired by the Council's City Director. There is a shared web-based system in place which enables partners to access information with a single route for volunteers, and this has also supported social care and other services with a clear option to direct people to local services which individual officers may not be aware. Given the urgency of the response, there was a requirement to trust other organisations assessments – which reduced the time and complexity of referral routes.

There are some key aspects the Council is looking to maintain in the recovery phase which includes:

- A single shared platform for VCS organisations to share learning and knowledge and for volunteers to offer their time. This will be a key part of enabling communities to lead in strengthening their neighbourhood and helping to support those who are most vulnerable
- Maintaining a shared vision for community action in the city which all partners can recognise and work towards
- Trusted assessments and simple referral routes

Learning includes:

- Recognising the skill set and strengths of each VCS organisation and making best use of these
- Clear lines of communication at all levels
- The council recognised there is a strong Voluntary and Community Sector with good relationships which enabled the response to be pulled together quickly



CASE STUDY – NATIONAL PROGRAMME

Alzheimer's Society's Dementia Friends programme is the biggest ever initiative to change people's perceptions of dementia. Dementia Friends Champions are volunteers trained to deliver Sessions in their community, raising awareness about dementia and the small ways people can help those living with the condition.

In response to the pandemic, Alzheimer's Society rapidly developed a new virtual Dementia Friends Session, which launched in early April 2020. The original content was adapted to include use of online platform features like polls and chat boxes to maintain the interactivity the face-to-face Session is well known for. Dementia Friends Champions were given additional training to deliver Sessions in either webinar or livestream formats. The training workshops included information and resources to deliver the Sessions, as well as guidance on digital skills, using online platforms safely and keeping audiences engaged.

Louise Rigglesford, a Dementia Friends Champion in West Sussex has been delivering virtually since the launch "I took part in additional training around delivering Dementia Friends online. The adaptations that were suggested by the Dementia Friends team were very clear, and I have really enjoyed the challenge of delivering sessions remotely. It has been fantastic to be able to continue offering Dementia Friends information sessions."

More than a thousand virtual Sessions have taken place to date and feedback has been hugely positive, with more volunteer Champions being trained to deliver them each week. The shift to a virtual model and the commitment of volunteers has enabled us to continue raising awareness at a time when people affected by dementia are facing isolation and more in need of understanding and support than ever.

NATIONAL CHARITIES

A survey I conducted for the Richmond Group of charities early in the pandemic, in April 2020, showed that all had responded quickly to adapt to the needs of their target populations. Some had existing national emergency response roles, such as the British Red Cross who were key to local resilience fora as they coordinated response in many localities over the summer. Others adapted their existing information and service provision to support vulnerable people through national services and local networks.

CASE STUDY – NATIONAL CHARITY SERVICES

The Stroke Association's 'Here for You' telephone support service helps combat loneliness and isolation by providing stroke survivors and their carers with regular telephone support. The charity created the service during the Covid-19 pandemic to offer vital support to more stroke survivors and also attract more volunteers to help rebuild lives after stroke.

The Stroke Association set up 'Here for You' for stroke survivors and their carers who are feeling lonely or isolated so they can talk to volunteers to help them feel connected. Stroke survivors and their carers can sign up for a half hour phone call, weekly, for 12 weeks with a trained Stroke Association volunteer.

Jade Apperley from Thurrock in Essex, was inspired to join the Here for You campaign as a volunteer after having a stroke when she was just 21 in 2015.

Jade had a rare stroke that was caused by a clot in her sinuses and a bleed on her brain at the same time. Since leaving hospital Jade has also been diagnosed with epilepsy and will always have to be on blood thinners.

Jade said: "Initially I felt like my whole life had been taken over by appointments. It's also left me with bad anxiety and made me feel petrified to be on my own in case something happens, but thankfully this has now improved after therapy."

While previously working at an estate agency, Jade has now started training to be a speech and language therapist, after seeing it at work during her rehabilitation. She sees this and joining the Here for You campaign, as two positive things to come from her stroke.

Jade said: "I wish I knew about the Stroke Association at the time of my stroke. Working as a volunteer for Here for You has taught me how valuable support after having a stroke is – I wish I had had that. I have been volunteering for six weeks now and it's amazing how quickly you bond with the people you speak to. It now feels like talking to a friend and as a stroke survivor, I think you both get something out of it."

"I would recommend using the Here for You service to anyone that's going through a stroke whatever your age, old or young. Everyone has different experiences of stroke and it's important to share them. I would also recommend it to anyone that knows a loved one that's had a stroke, it really does help to share."

SOCIAL CARE PROVIDERS

Restricted access to care homes and other supported living environments inevitably limited the part volunteers could play, even when there was a long tradition of their contribution. Nevertheless there have been some creative approaches that have continued to harness volunteering as a way of maintaining community connection despite the Covid restrictions.

CASE STUDY – CARE PROVIDER

Methodist Homes (MHA) is the country's largest charitable care provider for older people, providing care, support and accommodation to more than 19,600 residents and members across England, Wales and Scotland. Our services cross over from care homes, retirement living and community groups who are majorly supported by 4,250 strong volunteer force.

Early in the Covid-19 pandemic lockdown in March 2020, MHA recognised that the traditional roles which volunteers delivered would change. For the safety of our residents and members, care homes restricted access and our MHA Communities schemes suspended face-to-face delivery of group-based activities, including home-based befriending, exercise groups and lunch clubs. Anticipating this situation, a range of new roles and opportunities for people to volunteer to support older people were developed.

MHA teams worked across functions to design a suite of practical support roles. The existing volunteering recruitment processes were redesigned to deliver a centralised response to enquiries from our social media and website-based recruitment campaign. This new structure provided a streamlined and agile response, enabling rapid recruitment and placement of volunteers.

Opportunities within our care services included support for catering and domestic services, and any other activities where staffing levels may have been affected. Volunteers coming forward into these roles included people who had been furloughed from jobs in the hospitality industry, who relished the opportunity to actively support older people in their communities, gain experience of a new sector, utilising their skills and free time. Within our MHA Communities schemes many existing volunteers transitioned to new roles, providing doorstep deliveries of shopping, telephone befriending and wellbeing checks.

With telephone-based services eliminating the need for volunteers to be in close proximity to our members, this enabled us to create volunteering opportunities nationally. We are building on this in the future through a new national MHA Communities Befriending service, to reach even more people to help enable them to live later life well.

The transformation of the volunteering structure proved so effective that this has now been established as the long term model. Although some of our volunteers have returned to work, many have continued to support our services, valuing the new relationships they have made. Additionally, what has become clear is how the nature of volunteers has changed over the last ten years and many now bring professional skills which they want to be of use to us, something we value greatly across MHA.

REFLECTIONS ON THE NHS VOLUNTEER RESPONDERS PROGRAMME

In 2019, Royal Voluntary Service published *Kickstarting a new volunteer revolution* based on a major survey conducted in September 2018. Unforeseen then, the NHS Volunteer Responders programme has enabled a fast and widespread start to implementing such a revolution.

There are a number very positive results from the Covid response by volunteers. The first is to see the widespread welcoming of the contribution volunteers can make by those looking for support. By November, over 1 million tasks had been undertaken supporting over 116,000 people. Many of these were patients who had never before received support from a volunteer.

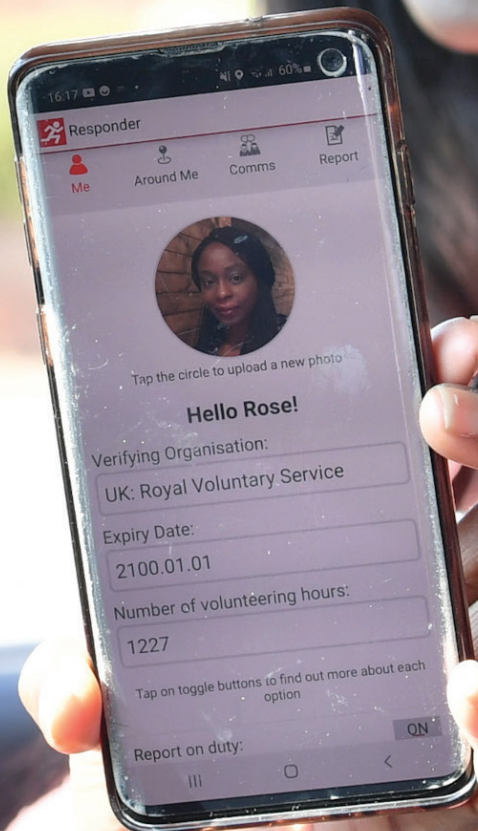
Notable has been the willingness of people to step up to the mark and participate in local community response and in support for the NHS at a time of critical need. There was a move to a wider demographic of volunteers than is conventionally seen. One in five volunteers coming forward were doing so for the first time and over a third were under the age of 54. 41 per cent were working full or part time and encouragingly over 70 per cent felt very or fairly likely to continue volunteering after the immediate Covid crisis response ended. Whilst 88 per cent said that their volunteering was in response to a national crisis very high scores were obtained for those who wanted to support the NHS (64 per cent) and those who wanted to support their local community (72 per cent).

The use of the GoodSAM app to connect volunteers to patients has proved to be very successful. Generally, the digital referral system also worked well for referrers. Both are important developments in the management and engagement of volunteers. Frustrations have arisen, for example in the timing of referrals and assignments, but these have not been widespread.

When surveyed, referrers were clear about the value of the programme. 80 per cent said that without it some of their patients/clients would have struggled to shield/self-isolate. 81 per cent referred multiple patients. 83 per cent said it helped reduce pressure on health and social care services. 59 per cent saw themselves making referrals all year round.

With the exception of a few well known and publicised examples, such as Bromley-by-Bow Health Centre, there has been relatively little engagement of volunteers in the NHS at the primary care level. In Bow, it is notable that the 'link worker' now being developed nationwide has been in place for twenty years. The tasks undertaken by NHS Volunteer Responders and by other volunteer initiatives at the local community level have changed the national experience. Far more General Practices now have first-hand experience of volunteers contributing to their patient support. Equally far more patients now have experienced how volunteers can add to their care and support.





The importance of the NHS Volunteer Responders programme to support some of the most vulnerable in our communities should not be understated. 89 per cent of patients said they were very satisfied with the service they got from their volunteer and 85 per cent said it was very important to their well-being. Indeed for 58 per cent of those who received support from a volunteer responder, it was the only form of support they received. 78 per cent had received support two or more times and 92 per cent said that it enabled them to stay living at home. One patient surveyed commented, “The service is wonderful, I do not want it to end! I love the phone calls! Please stay open!”. Another patient said “It was everything-absolutely 100 per cent happy from picking up medication to the chat asking if we were ok. Don’t know what we would do without the service.”

“Lots of people wanted to volunteer but didn’t know how to. The Volunteer Responders programme plugged that gap.”

A key finding of the 2019 Royal Voluntary Service report was that greater attention should be given to the needs and expectations of those who come forward to volunteer. This was reinforced by the feedback from NHS Volunteer Responders, where the positive impact of volunteering on the volunteers themselves and their health and well being is clear. 52 per cent of NHS Volunteer Responders surveyed said that participation improved their mental health and well-being and these scores were higher still the more tasks they completed. Included in the survey were 740 NHS Volunteer Responders who themselves were shielding. They showed higher well-being scores compared to a wider ONS survey of people with long term conditions.

“There was an appetite for, and recognition of, the role Volunteer Responders could play.”

“Management in the NHS hasn’t always had the imagination to develop the best use of volunteers.”

One volunteer commented, “This has been one of the most rewarding experiences of my adult life. I’ve met some lovely people and amazing characters and it’s something I’d consider doing in the future. It’s been a wonderful distraction in an uncertain time.”

The engagement of volunteers in response to Covid has also helped further an understanding amongst health service leaders of the potential volunteers have in future service provision. Having said that, the importance of volunteering is not consistently centre-stage.

As a new and innovative programme developed at scale and pace, there has been much learning during this year that will help inform the future of volunteering.

The satisfaction of NHS Volunteer Responders was not surprisingly much greater amongst those who completed more tasks than those who were seldom or never involved in providing direct support.

“The NHS Volunteer Responders programme showed commendable speed, clarity and purpose in creating a volunteering opportunity that would help meet the needs of those at high risk.”

One area of concern was the relationship between national and local volunteering. There was a suspicion that national initiatives like the NHS Volunteer Responders programme would divert volunteers away from local initiatives. However, in practice this does not seem to have been the case in most places. Indeed many volunteers have contributed both as NHS Volunteer Responders and in other local initiatives. More than one third of NHS Volunteer Responders were also involved in

other volunteering activity and more than 70 per cent of those in locally-driven formal or informal support networks. This diversity of volunteering response can throw up its own challenges. One patient commented, “I have received over 15 telephone calls from different volunteers over the past 10-11 weeks from a variety of different organisations/charities, all of whom have been ‘alerted’ to my needs by some unknown source”.

“Initially, we had a poor experience as it was seen as taking away volunteers away from local volunteering opportunities and we did lose some people. But then the position changed.”

Historically, a frequent concern has been that volunteers might be replacing full time staff in the NHS. When the Volunteering Strategy was published by the Department of Health in 2010, the Minister Phil Hope pointed out “This is not about replacing paid professionals. It’s about re-imagining how services interact with the people who encounter them and the communities they serve”. The concerns have persisted. The experience in tackling Covid has shown that there is plenty of space for volunteers to work alongside paid staff without undermining their roles. Volunteers have different responsibilities from staff. They relate to patients in different ways and do not face the same pressures on the amount of time they can spend with any one person. The need to invest and support them, including with training, is very much there. Indeed it would be valuable to start regarding the total resource as a ‘people force’ rather than talking about the ‘workforce’.

“Volunteers should be seen as an intrinsic part of the skill-mix to help provide solutions to the challenges we face.”

Successful engagement of volunteers presents challenges on how health systems are run. Volunteers don’t contribute through ‘standard hours’. This can be very advantageous to patient care but needs to be built into management systems. In the Covid response, we have also seen an increase in ‘micro-volunteering’ with a shorter-term commitment that may be combined with full or part-time working.

The skills volunteers bring also need to be better recognised. All too often volunteers are seen just for the task that needs to be done without any reference to their career and the skills they bring.

“It was disappointing that the role was limited to one-off transactions. There was no direct contact with the local system so we weren’t able to integrate the one-off tasks into more on-going support.”

Finally, the need to invest in communication cannot be overstated. Many of the challenges experienced in running the NHS Volunteer Responders programme arose where either the health service partners, local authorities or voluntary groups, or the volunteers themselves, felt inadequately communicated with. The clearest example of this is that many didn’t understand that being registered as a responder did not mean that they would be immediately asked to undertake tasks.

“What happens when the volunteer stops? It can lead to an expectation of on-going support from staff that cannot necessarily be met.”

THE FUTURE CONTRIBUTION OF VOLUNTEERING

The 2010, the Department of Health Volunteering Strategy tabulated the benefits of volunteering to all parties involved (see appendix). Ten years on, this remains a true summary of all that can be achieved.

The report commissioned by the Prime Minister on levelling up communities delivered by Danny Kruger MP in September 2020 highlights the wider context of volunteering as very much being on the agenda.

In response to Covid, more volunteers have been involved in supporting the health and care needs of their fellow citizens than ever before. More than a million people have engaged in the NHS Volunteer Responders programme and in support provided by national charities. Thanks to a well-managed and effective system, NHS Volunteer Responders have protected and transformed the daily lives of many of the most vulnerable. Many more have been involved locally often in informal mutual aid groups. As a result we are better placed to deliver on the ambitions set out in the 2010 strategy. However, these need to be focused on if they are to take effect. A salutary lesson is the finding of the National Audit Office in April 2013 reviewing the 2012 Olympics volunteering: “There is no clear path for capitalising on the contribution Games Makers can make to other volunteering initiatives”. By Autumn 2020, with the resurgence of Covid, some of the initial local volunteering support had waned, in part due to people returning to work and therefore being less available. The ending of the Thursday clap for frontline health and care staff removed one of the most visible signs of good neighbourliness. Action is needed over the next

six months if we are to secure the benefits of Covid inspired volunteering for the longer term.

DELIVERING ON THE ‘SOCIAL COVENANT’

Central to Danny Kruger MP’s report to the Prime Minister is the concept of a ‘social covenant’. He explains: “In a sentence, the social covenant is the mutual commitment by citizens, civil society and the state, each to fulfil their discrete responsibilities and to work together for the common good of all. This ambition is at heart profoundly radical, entailing transformation of our political, economic and social model. However, it is radical in a conservative way, working with the grain of British history, public opinion and the reality of our communities today. The ‘deal’ implied in the social covenant is one of mutual responsibility - there is work for individual citizens, for civil society (including businesses) and for the state (meaning public services, central and local government)”.

As the experience in response to Covid has shown, a social covenant to support people with their health and social care needs through volunteering is not just an “nice to have” but a fundamental part of delivering a 21st century health and care system. However, it is important to note that embracing this will not always be comfortable.

“Volunteers have a positive disruptive influence in changing the culture of organisations and getting them to look at things in different ways.”

“Volunteering doesn’t fit in a command and control culture.”

VOLUNTEERING IN DELIVERING INTEGRATED CARE

Volunteers can play a key part in delivering integrated care to the most vulnerable in society. They sit alongside healthcare professionals rather than compete with them and offer a unique way of engaging with patients in their own homes as well as in hospital and other care settings. This has been amply demonstrated in response to the Covid pandemic. It needs to be built into our long term planning.

“Strategically the system still has to connect with and understand volunteering.”

“The role of the entrepreneurial (NHS) CEO to make volunteering happen was key. The legacy should be enshrining volunteering with a permanent place in planning and preparedness.”

“There is the opportunity to turn the rhetoric about volunteering into something more real, something here for the long term. The potential to be seen as valued by NHS professionals.”

“Volunteers can help us focus on metrics of success based on outcomes rather than institutions.”

PERSON-CENTRED SUPPORT THAT TRANSCENDS SILOS

Individuals and households have multiple health needs during the course of their lives. People with long term conditions are supported by multitudes of professionals from our amazing NHS. But all too often that support appears disjointed and sporadic. A truly patient centred approach which puts the consumer in the driving seat can be enabled by the effective deployment of volunteers who both understand the health system and are close to the patient. Our metrics need to reflect this.

“Volunteering isn’t about budget savings. It’s about high value outcomes.”

Volunteers can be the glue that sticks the disparate health and care services together. As well as linking to social care and community services, the volunteer can help join up hospital care and the many elements of primary care, for example optometry, audiology, dentistry, physiotherapy, pharmacy as well as GP practices.

“There’s lots of space for volunteers to be the ‘boundary spanners’ helping people navigate from one part of the system to another.”



ROLE IN SOCIAL PRESCRIBING

Central to the NHS Long Term Plan is the concept of “social prescribing”. A network of link workers across general practice can enable greater access to social prescribing. In essence it is primarily going to be provided by the efforts and enthusiasm of volunteers. Better coordinating and harnessing that local and national effort will be essential if we are going to best support people both as volunteers and as patients receiving the benefit of the social prescribing revolution.

We have also seen in the volunteering response to Covid that being a volunteer is in itself a very effective form of social prescription for many people. Supporting someone’s long term physical and mental wellbeing by well-structured and supported volunteering is a win-win for everyone.

ROLE IN ‘NHS AT HOME’

The requirements of safe healthcare during Covid has fast tracked the delivery of remote support in a way nobody could have expected. Both healthcare professionals and patients are now better used to consultations in both primary and secondary care by telephone or internet links. But for many of the most vulnerable, this can be challenging in itself. Volunteers can be key to the ‘virtual ward’. The volunteer who engages with the vulnerable, isolated and potentially digitally disadvantaged person will ensure that people get the best possible healthcare through these virtual forms of support.

Whilst the GP consultations might be increasingly virtual, there will be other important touchpoints for patients in their local community. Volunteers could, for example, have a role in the development of community pharmacies as ‘Healthy Living Centres’. This would build on some existing initiatives such as partnerships with Macmillan Cancer Support and the role out of Dementia Friends and Dementia Friendly Communities.

RECOMMENDATIONS

To realise the potential contribution of volunteers, four key actions need to be put in place.

1. Develop the role of volunteers in integrated care systems

Integrated Care Systems (ICS) are on too large a footprint to be the delivery mechanism for local volunteering. But they are the key decision making forum in planning the more joined up health and social care of the future. It is important that volunteering and the contribution it makes is a key part of ICS discussions.

“ICS probably don’t see volunteering very much. They are very focused on the big infrastructure of the NHS whereas volunteering is about local place.”

“We need to move volunteering from being part of emergency response to being an intrinsic part of the longer term.”

“ICS need to see volunteering as a strategic tool rather than something marginal.”

Every ICS should establish a Volunteering Committee with representatives from primary and secondary care, local authorities, care providers and the voluntary and community sectors. The Volunteering Committee should work to ensure that the potential for volunteering to support person-centered care, rather than siloed service from different providers, is maximised.

2. Improve volunteer management

Potential volunteers are put off by complex, bureaucratic procedures. New systems should be established that mean a single recruitment and assessment process can enable a volunteer to move between volunteering opportunities across health and social care. This should include micro volunteering as well as longer term opportunities. Such a ‘volunteer clearing house’ needs to be supported by central and local government, the NHS, social care providers and Voluntary Community and Social Enterprise (VCSE). It should harness the experience of those with the most experience in managing volunteers.

“There’s the risk of a crowded pitch on which different voluntary organisations seem to be competing. There needs to be some coordination to link the voluntary sector to the NHS.”

“We need to recognise that a good use of volunteering needs organising.”

3. Invest in volunteer support

Volunteering doesn't just happen. Volunteers don't stay if they are not well supported. The particular reach that volunteering can have into marginalised communities, and so help address inequalities, won't be realised without investment. Anyone engaging volunteers across health and social care should have an annual per capita budget to invest in supporting their volunteers. Volunteer management should include providing for training and development. There is also inadequate recognition of the skills volunteers often bring from their working life and other experiences. Investing in good, regular communication with volunteers is key to their belonging. The use of the GoodSAM app has also changed thinking about how to support volunteers digitally and this needs to be extended across other opportunities going forward.

“The NHS hasn't always been good at reaching the poorest and most marginalised. Engaging volunteers from those communities is a very good approach.”

“There's an asset base of volunteers in the community.”

“A false assumption is that you can just recruit volunteers and they'll just do it.”

4. Establish new partnerships to benefit from national volunteering expertise

The dichotomy between local and national organisations in volunteering is a false one. Health and social care support is delivered locally, by local volunteers, to local people in their local community. Some are organised by national organisations, some by local activity in a formal sense and some by informal mutual aid. Recruitment of volunteers to one does not mean a loss of volunteers to the other. This needs to be recognised. The resources at each level need to be deployed in a way that best reaches out to volunteers and to those in need.

The success of the NHS Volunteer Responders Programme which, with national organisation and publicity, mobilised unprecedented volunteer support should be consolidated for the long-term. The national engagement and support for those volunteers should continue and be harmonised with local volunteering opportunities.

National organisations specialising in volunteering have enormous expertise to contribute. The NHS, local authorities, social care providers and local VCSE should make better use of this expertise. National organisations need to make clear what they can offer and at what cost. They need to be clear in how they can support local volunteering initiatives across health and social care in a way that is cost effective and does not undermine local initiative. The ICS Volunteering Committee should support and monitor the take up of the national support offer.

CONCLUSION

This discussion paper has drawn on a wide range of sources to understand the impact of volunteering response to Covid on long term volunteering across health and social care.

The comments from health and social care leaders interviewed over the summer, some whom are quoted in this paper, have been particularly insightful. The findings are encouraging. Whilst many uncertainties remain, and many confused perspectives still need to be addressed, we've come further in understanding the contribution volunteers can make in 2020 than in the last 70 years. NHS Volunteer Responders and other volunteering initiatives in response to Covid have done much to overcome initial misgivings. Volunteers have a key part to play in the 'people force' of health and social care.

Volunteering benefits both the individual who does it and the person who receives support. It brings value alongside, rather than replacing that of paid staff. If we are to meet the healthcare challenges of the years ahead and develop truly ICS to enable that, then volunteering offers a key component to ensuring success. There are particular strategic areas where volunteering will make the greatest difference identified in this paper. Implementing the recommendations in this paper will make it possible to realise that potential.

ABOUT THE AUTHOR

Throughout the 2010's Jeremy Hughes was Chief Executive of Alzheimer's Society. He led the national and international repositioning of dementia as a major health challenge of the 21st century. He worked closely with the UK Government on hosting the 2013 G8 summit on dementia. He co-chairs the Prime Minister's Champion Group on Dementia Friendly Communities.

For more than 30 years he has held leadership positions in a number of health and social care charities including Action for Children, Leonard Cheshire, British Red Cross Society, International Federation of Red Cross and Red Crescent Societies, and Breakthrough Breast Cancer. He was awarded the CBE, for services to older people, in the Queen's Birthday Honours 2015. In December 2018, he received an Honorary Doctorate from Exeter University in recognition of his outstanding contributions to research. He now works as a consultant.

SOURCES

1. Individual interviews

AGE UK Caroline Abrahams, Charity Director

ASSOCIATION OF DIRECTORS OF ADULT SOCIAL SERVICES James Bullion, President

BRITISH RED CROSS
Norman McKinley, Executive Director UK Operations

CARE ENGLAND Prof Martin Green, CEO

CHURCH OF ENGLAND
Dame Sarah Mullally, Bishop of London

HEALTHWATCH UK Imelda Redmond, CEO

KINGSTON HOSPITAL FT
Laura Shalev-Greene, Head of Volunteering

LOCAL GOVERNMENT ASSOCIATION
Sarah Pickup, Deputy CEO

NATIONAL ASSOCIATION OF LOCAL COUNCILS
Jonathan Owen, CEO

NATIONAL CARE FORUM
Vic Rayner, Executive Director

NHS CONFEDERATION Niall Dickson, CEO

NHS ENGLAND EAST REGION
Ann Radmore, Regional Director

NHS ENGLAND NORTH WEST REGION
Bill McCarthy, Regional Director

NHS ENGLAND NOTTINGHAM & NOTTS ICS
David Pearson, Chair (also Lead of the NHSE Covid Social Care Task Force)

PHARMACEUTICAL SVCS NEGOTIATING CTTEE
Alastair Buxton, Director NHS Services

PUBLIC HEALTH ENGLAND Duncan Selbie, CEO

ROYAL COLLEGE OF GPs Prof Martin Marshall, Chair

ROYAL COLLEGE OF NURSING Susan Masters,
Director of Nursing, Policy & Public Affairs

ROYAL COLLEGE OF PHYSICIANS
Prof Andrew Goddard, President

ROYAL COLLEGE OF PHYSICIANS
Helen Gentles, Medical Director Patient Involvement

STOKE ON TRENT CITY COUNCIL
Jon Rouse, City Director (prev Chief Officer Gtr Manchester Health & Care Partnership)

ST JOHN AMBULANCE Martin Houghton-Brown, CEO

2. Participants in PPP Roundtable

Julian Blake, *Stone King*

Dr Nav Chana, *National Association of Primary Care*

Dr Neil Churchill, *NHS E&I*

Rory Deighton, *NHS Confederation*

Mike Diaper, *Sport England*

Stephen Dorrell, *Public Policy Projects*

Dr Sam Etherington, *Tower Hamlets CCG*

Ian Hall, *ADASS*

Jeremy Hughes, *Consultant*

John Hume, *People's Health Trust*

James Hunt, *Public Policy Projects*

Catherine Johnstone, *Royal Voluntary Service*

Alvin Kinch, *Healthwatch*

Darren Knight, *Bolton CVS*

Hannah Kubie, *Stone King*

Barry Macleod-Cullinane, *London Ambulance; former Deputy Leader LB Harrow*

Isobel Mdudu, *SLaM NHS Foundation Trust*

Sam Monaghan, *Methodist Homes for the Aged*

Alyson Morely, *Local Government Association*

Kristen Natale, *Sport England*

Karamjit Singh, *University Hospitals of Leicester*

Dr Andrew Spooner, *South Cheshire CCG, RCGP Council Member*

Helen Stokes-Lampard, *National Academy for Social Prescribing*

Paul Streets, *Lloyds Bank Foundation*

Neil Tester, *Richmond Group of Charities*

Maria Willis, *Notts ICS*

Simon Wood, *NHS East of England*

APPENDIX

BENEFITS OF VOLUNTEERING

To leaders

- Demonstrates commitment to patient and public engagement.
- Promotes diversity and inclusiveness in the way services are delivered.
- Increases capacity for new service solutions.
- Leaders learn from volunteers and the patient/service user experience.
- Gives the opportunity to lead and build on best practice in volunteer involvement.
- Improves quality of patient experience and contributes to Quality Accounts.
- Contributes to workforce development and well-being.
- Contributes to cross-cutting local objectives for community well-being, regeneration and community

To commissioners

- Demonstrates a World Class Commissioning approach.
- Commissioners develop and deliver better services that are more responsive to the local community.
- An increased range and diversity of services to meet strategic objectives.
- Stronger relationships with the third sector.
- Access to services which complement those provided by paid staff.
- Contributes to local priorities and Compact values.

To providers

- Provision of better services.
- Improved patient experience.
- Greater involvement of local community.
- More responsive local services.
- Care quality evidence and validation of Quality Accounts.
- Provides support to achieve strategic and organisational objectives.
- Better two-way communication with patients and service users.
- A broader range of services and service solutions.
- Opportunities for workforce development

To volunteers

- Volunteers give something back to the local community.
- A chance to gain skills and experience.
- Provides a pathway into work.
- A chance to make friends and reduce isolation.
- Increases self esteem and confidence.
- A chance to make a difference to service delivery or be an advocate for positive change.
- Increases the range and diversity of people involved in service planning and delivery.
- Encourages personal pride and fulfilment – the feeling of being valued.
- Benefits volunteers' health and well-being.

To staff

- Additional help and support.
- Improved patient/ service user experience.
- More diverse and inclusive working environment.
- Staff learn from 'experts by experience'.
- Frees up capacity to concentrate on specialist care and clinical roles.
- Enhanced capacity, which can improve productivity and reduce stress.
- Opportunities to develop people management skills.
- Opportunities to enhance skills/ experience.
- Transition to healthy/active retirement.

To patients/ service users

- Provides supplementary services to those offered by paid staff.
- Enhanced experience of services.
- Service users utilise their own skills and capabilities rather than being a 'passive recipient of care'.
- Provides peer support and social interaction.
- Increases self esteem and confidence.
- Direct benefits to health and well-being.
- Service users gain awareness of opportunities to contribute expert knowledge and to use their own experience to help others.

ABOUT ROYAL VOLUNTARY SERVICE

In every corner of Britain, Royal Voluntary Service mobilises volunteers to support those in need, in hospital and in the community. Through the gift of voluntary service, our volunteers provide much-needed support for over-stretched public services. Our volunteers work at scale in the NHS, freeing up NHS staff to dedicate more time to patient care, and within communities to give practical help and support to people when they need it.

ABOUT PPP

PPP is a subscription based global public policy institute, based in London, UK. Executive Chair Rt Hon Stephen Dorrell, and Co-Chairs The Baroness Blackwood and Stephen Hammond MP, lead a truly unique policy institute that offers practical analysis and development within the UK.

PPP is independent and cross-party, bringing together public and private sector leaders, investors, policy makers and commentators with a common interest in the future of public policy.

ABOUT STONE KING

Stone King is a prominent firm advising public benefit organisations. The firm is independently rated by Chambers UK and the Legal 500 as a leading firm for charity law nationally, with offices in Bath, Birmingham, Bristol, Cambridge Leeds and London.

We are proud of our long history of service to our clients (going back to 1785) and our lawyers act for many hundreds of charities and social enterprises across the sector from household names, including almost 200 of the largest charities in the UK, through to local community groups.

We are immersed in the sector and are at the forefront of developments in public benefit law and practice for the benefit of our clients. Our work is sector-leading, with pioneering work on novel charitable purposes and sector responses to developments in society. We have one of the largest teams of specialist lawyers in this field in the country and the charities and social enterprises that we work with are the core of our firm.



**“OUR VOLUNTEERS PROVIDE
PRACTICAL SUPPORT AND
VITAL COMPANIONSHIP TO
HELP PEOPLE GET THE BEST
OUT OF LIFE.”**

Catherine Johnstone CBE | Chief Executive



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