Sussex Health and Care Partnership

Embedding and Evaluating the NHS Volunteer Responders Programme

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1 Foreword

The NHS Volunteer Responders Scheme was set up shortly after the first lockdown began in Spring 2020 to support the NHS and the social care sector during the COVID-19 pandemic. It aimed to provide an "army" of volunteers to support vulnerable people in England at most risk from the virus to stay well. Response to the launch of the scheme was unprecedented - by February 2021 nearly 400,000 volunteers had switched themselves to "on duty" and 1.53 million tasks have been completed.

In late 2020, NHS England and NHS Improvement approached Integrated Care Systems in England with an offer of support to explore use of the NHS Volunteer Responders Scheme (NHVRS) across the system, and at 'Place' level, to better understand the use of NHSVRS and ongoing need for such a scheme.

Sussex Health and Care Partnership (SHCP) was selected to take part in this national level work, as the data showed that NHSVRS uptake across Sussex indicated some areas of high levels of volunteering offers and uptake. It was agreed that the focus would be on Hastings and Eastbourne, both areas of high uptake and usage. Crawley, with lower uptake and usage, was chosen as a comparator to aid understanding of the disparity.

A cross sector oversight group led research into the uptake of NHSVR in these locations, looking also at wider local volunteering and support schemes through the statutory and voluntary sectors, and how these impacted on the levels of volunteers and take up within NHSVR.

The report demonstrates how NHS Volunteer Responders has been utilised within the three places, how it is understood by local partners, and presents the views of people and organisations that operate in the volunteering landscape beyond NHS Volunteer Responders.

These views bring the data to life and provide context that will inform and shape how we can collectively operate to ensure people have access to volunteering roles that are of interest to them, and to make sure that people and organisations seeking support from volunteers have access to systems that ensure their needs are being met.

SHCP would like to thank all the people and organisations that took part in this research, and particular thanks to Phil Hale and East Sussex Community Voice for leading on and undertaking the work.

Jane Lodge

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Sussex Health and Care Partnership

2 Executive summary

Introduction

As part of the Covid-19 response, the NHS Volunteer Responders Scheme (NHSVRS) was developed at pace to deliver a suite of 'micro-volunteering' (task based) roles to provide support to people who are vulnerable to Covid-19 and to support the NHS. This scheme was originally set to continue through winter to March 2021. However, the scheme has now been extended until 31 May 2021.

The Sussex Health and Care Partnership (SHCP) was selected to take part in the Embedding and Evaluating NHS Volunteer Responders programme.

SHCP and NHSE have selected three geographical areas (Places) on which to focus, based on the data from the NHS Volunteer Responders Scheme (NHSVRS):

- Crawley
- Hastings
- Eastbourne

The overall aim of the programme is to better understand the need of NHSVRS in the immediate and longer term.

Project Focus

The four main foci for the project were:

1. Understand how NHSVRS has been used
2. Understand models each area has adopted and how or whether these are integrated with local services and schemes
3. Potential opportunities
4. Challenges and lessons learnt

Methodology

The project methodology included:

- analysis of data provided by NHSVRS in relation to usage and information about the volunteers
- contact with relevant local authorities in the three Places
- contact with a wide range of voluntary organisations.

A survey and data collection form was sent to both statutory and voluntary organisations, as another means of obtaining feedback about the NHSVRS and also about how the local services responded to the Covid 19 crisis.

Findings

There was a substantial difference between the take up of the NHSVRS between the three Places. In the period from April to December 2020 there were 200 referrals for people in Crawley compared to 966 in Hastings and 963 referrals for Eastbourne.

In all three Places, the majority of referrals came within the first three months. For example, in Hastings 78% of referrals for the period April to December 2020 came within the first three months. For Eastbourne, the figure is 70%. The slight exception to this is for Crawley where the figure for the first three months is lower, at 58%.

The trend in all three Places was for the referral rate to be much lower in the summer months, after the first lockdown had ended. With the introduction of a new lockdown in December, there was a subsequent increase in referrals to the Scheme. In Crawley, the number went up from 13 in December 2020 to 61 in January 2021. Eastbourne had a bigger increase, with this being from 27 in December to 128 in January 2021. There was a negligible increase for Hastings; from 44 referrals to 47 referrals.

The conclusion is that there was high demand for the NHSVRS at the time of the first lockdown, from March 2020, but with a much lower demand for this service from Crawley. When this lockdown ended, the demand also reduced in all three places over the summer period.

There is some evidence that the disparity in usage across the three Places was related to the high levels of referrals in the first two months from East Sussex County Council (ESCC), who had taken responsibility for people deemed to be Clinically Extremely Vulnerable (CEV). ESCC referred all those people who needed assistance to the NHSVRS. It was agreed that ESCC would prioritise CEV and that Community Hubs would prioritise other people experiencing vulnerability in order to manage demand and respond as effectively as possible.

The same process did not occur in Crawley, where West Sussex County Council, also with a responsibility for those deemed CEV, worked in partnership with the Crawley Borough Council run Community Hub and referred to them accordingly. The percentage of referrals from the local authority category to NHSVR for Crawley was 5% compared to 28% for Eastbourne and 62% for Hastings.

Looking at the figures for 2020, there were some similarities in the tasks being requested across the three Places. The most requested task was for *community response* (76% Crawley, 72% Eastbourne and 77% Hastings). Community response is a one-off task and was primarily to collect shopping and prescriptions.

There is evidence that volunteers for the NHSVRS wanted to do these practical tasks, but also preferred one-off involvement rather than more longer-term work with individuals.

Evidence shows in all three Places there was a rapid growth in local support systems at the beginning of lockdown. All local authorities started up support systems even before the official announcement of the lockdown. Alongside this, the voluntary sector also began to mobilise, not only from existing services but also new ones. There were high levels of community resilience, with local organisations meeting high levels of need, working well with each other and developing and adapting as support needs changed.

All people spoken with, from both statutory and voluntary agencies, reported that all organisations worked well together. Central to the inter-agency working were the local community networks, often initiated by the statutory agency but soon taken over by the

coordinating voluntary agency in each Place. The NHSVRS was not party to these local community meetings and operated completely independently of local support systems.

A major difference between the centralised NHSVRS and local support schemes was that the latter aimed for consistency of volunteer. Voluntary organisations felt it to be important to provide some consistency. It enabled a more holistic and person-centred approach to be taken.

The NHSVRS worked best when it provided specific one-off practical tasks. This was what the vast majority of their volunteers wanted to do. It did not work well in providing longer term and more consistent support. The latter tasks were the ones that NHSVRS sometimes struggled to allocate to a volunteer.

The introduction of the NHS Volunteer Responders Scheme galvanised a whole new group of people to volunteer. At the beginning of lockdown, many people decided they wanted to help in a time of crisis. It is possible that the NHS 'brand' may have resulted in some people volunteering for the national scheme rather than getting involved in a locally based one. This view was expressed by a couple of voluntary organisations.

From discussions throughout this evaluation, there has been consensus on the future pressures on the support systems linked to the pandemic. It is anticipated that unemployment will increase once furlough schemes end. Evictions will begin to resume once the moratorium ends. All issues related to unemployment, such as food poverty, homelessness, debt, will be impacted on an increasing number of people and families.

Alongside this, is the impact of the last year on people's mental health and wellbeing. Support services have already experienced an increase in demand and referrals. Befriender schemes have played a part in supporting people who have felt isolated, but a new issue is anxiety about returning to the outside world and to the community.

The lockdown periods have increased our reliance on digital technology. Access to health-based appointments have increasingly moved to on-line systems. Access to shopping is also moving more to online. NHSVR itself used digital technology through the Good Sam app. For most of the population, this may not be a problem but for some people, they do not have access to the digital systems and would struggle to utilise it even if they did. This disparity also needs to be addressed.

Recommendations

Eight recommendations have been made below as a result of this evaluation. With an expected reduction in the need for task-based support, there will be less need for a centralised task-based support system. The local support systems in all three Places have been strong and have successfully grown to meet the needs of local people. They are aware of the changing needs and are adapting what they do accordingly. This illustrates the strength of local support systems.

Finally, there is a need to continue to support local voluntary organisations who are carrying out the key function of on-going support to people affected by Covid 19 and who will continue to be effective in the future.

Recommendations

1. The NHS Volunteer Responders Scheme should be wound down, as the need for practical level support, which the scheme does best, is diminishing as we come out of the latest lockdown.

2. Lessons from the NHSVR Scheme should be collated and shared widely, in order that local systems can develop and build on local initiatives; this may include the continuation of a forum specifically related to task-based volunteering to continue to share good practice.

3. Consideration should be given to harnessing the motivation of those who have volunteered for NHSVR, with signposting to local volunteering and/or community support opportunities.

4. Any future centralised volunteering scheme should be integrated with local community support networks so a coordinated approach can be taken.

5. NHSVRS needs to identify those people they have been supporting regularly and provide an effective handover with them to a local and relevant voluntary organisation so that local support continues appropriately.

6. NHS England needs to consider how to support local organisations – practically and financially - to respond to expected increases in demand, as outlined in this report. This need has some urgency as increased demand has already commenced and will only increase further once furlough and eviction suspension end, together with the full impact of delayed care and treatment coming to light. Some areas of support will need trained personnel, such as debt management, and this training takes some time to complete.

7. Digital systems for volunteering such as the GoodSAM app need to be further explored to enable more people to access volunteering opportunities and to address digital exclusion.

8. The actions above could play a part in rectifying some of the health inequalities that exist and are potentially widening due to the impact of the pandemic over the last 12 months.

3 Introduction

As part of the Covid-19 response, the NHS Volunteer Responders Scheme (NHSVRS) was developed at pace to deliver a suite of 'micro-volunteering' (task based) roles to provide support to people who are vulnerable to Covid-19 and to support the NHS. These roles are identified in Appendix 8. This scheme was originally set to continue through winter to March 2021. However, the scheme has now been extended until May 2021.

NHS England (NHSE) and NHS Improvement supported local NHS systems (ICS/STPs) to Explore the Integration of the NHS Volunteer Responders programme with local services and to support the national evaluation of the programme.

The Sussex Health and Care Partnership (SHCP) was selected to take part in the Embedding and Evaluating NHS Volunteer Responders programme.

SHCP and NHSE have selected three geographical areas on which to focus, based on the data from the NHS Volunteer Responders Scheme (NHSVRS):

- Crawley
- Hastings
- Eastbourne

The overall aim of the programme is to better understand the need of NHSVRS in the immediate and longer term, including:

1. to understand how volunteer capacity is distributed across the system;

2. to work with partners on how NHS Volunteer Responders can be best utilised locally; and

3. to enable participation at both system and 'place' level with the national programme of evaluation and shared learning.

4 Focus of the project

There were four main foci for the project:

4.1 Understand how NHSVRS has been used

- Where it has been used and why (types of roles, who's referred in/types of organisation, local infrastructure, knowledge of scheme, experience of scheme).

- Where it hasn't been used, why not, any specific reasons (local infrastructure, knowledge of scheme, experience of the scheme).

4.2 Understand models each area has adopted and how or whether these are integrated with local services and schemes

Could NHSVRS be integrated with local provision, assisting to identify gaps, need, user involvement rather than a separate entity?

Is there merit and added value in having a national, transaction-based volunteer recruitment and/or response platform, alongside local volunteering systems?

And if so, how can it operate in a way that adds the most value to these local systems?

4.3 Potential opportunities

Exploring new ways of using NHSVRS; what and how could it be used, if this role doesn't currently exist.

4.4 Challenges and lessons learnt

Is there merit and added value in having a national, transaction-based volunteer recruitment and/or response platform, alongside local volunteering systems?

And if so, how can it operate in a way that adds the most value to these local systems?

Are there benefits of a national scheme and if so is this as a permanent addition to local provision or activated in times of crisis. There has been added value in some areas and with some functions, but are these needed in 'normal' times?

Does the NHSVRS add value at local level or are there alternative approaches being used which effectively cover this work and should be developed and shared? Indeed, Should NHSVRS continue for the longer term?

5 Methodology

The first meeting to plan the evaluation project was held on 27 January 2021. Two key areas for investigation were identified; analysis of the NHS Volunteer Responder Scheme, as set out on the FuturesNHS platform and to engage with the support systems in each Place.

Therefore, the following actions were taken, across all three Places (Crawley, Eastbourne and Hastings):

- Analysis of the data provided on the FuturesNHS platform

- A questionnaire/survey and data collection form was distributed to both statutory and voluntary organisations in all three Places (*Appendix 2*). For example, it was sent to organisations that attended the three community network meetings attended.

- Contact made with the coordinating voluntary organisation for each Place; Crawley Community Action, Eastbourne 3VA and Hastings Voluntary Action. They sent the questionnaire to partner organisations within their group.

- Contact made with the relevant local authorities; West Sussex County Council, East Sussex County Council, Crawley Borough Council, Eastbourne Borough Council and Hastings Borough Council

- Attended community network meetings for each place

- Contact made with Sussex Partnership Foundation Trust

- Contact made with East Sussex Resilience Team

- Attended the regular webinar meetings through FuturesNHS platform

Some specific organisations were contacted for each Place. These are listed in detail in Appendix 1.

6 Findings

6.1 General issues from all three Places

6.1.1 Usage

Appendix 3 provides a full analysis of the data for referrals.

There was a substantial difference between the take up of the NHSVRS between the three Places. In the period from April to December 2020 there were 200 referrals for people in Crawley compared to 966 referrals in Hastings and 963 referrals for Eastbourne. This is also reflected in the number of tasks requested. The figures for the same time period are: 2,574 tasks for Crawley, 14,372 tasks for Hastings and 12,225 tasks for Eastbourne.

NHSVR Referrals by place: April 2020 to December 2020
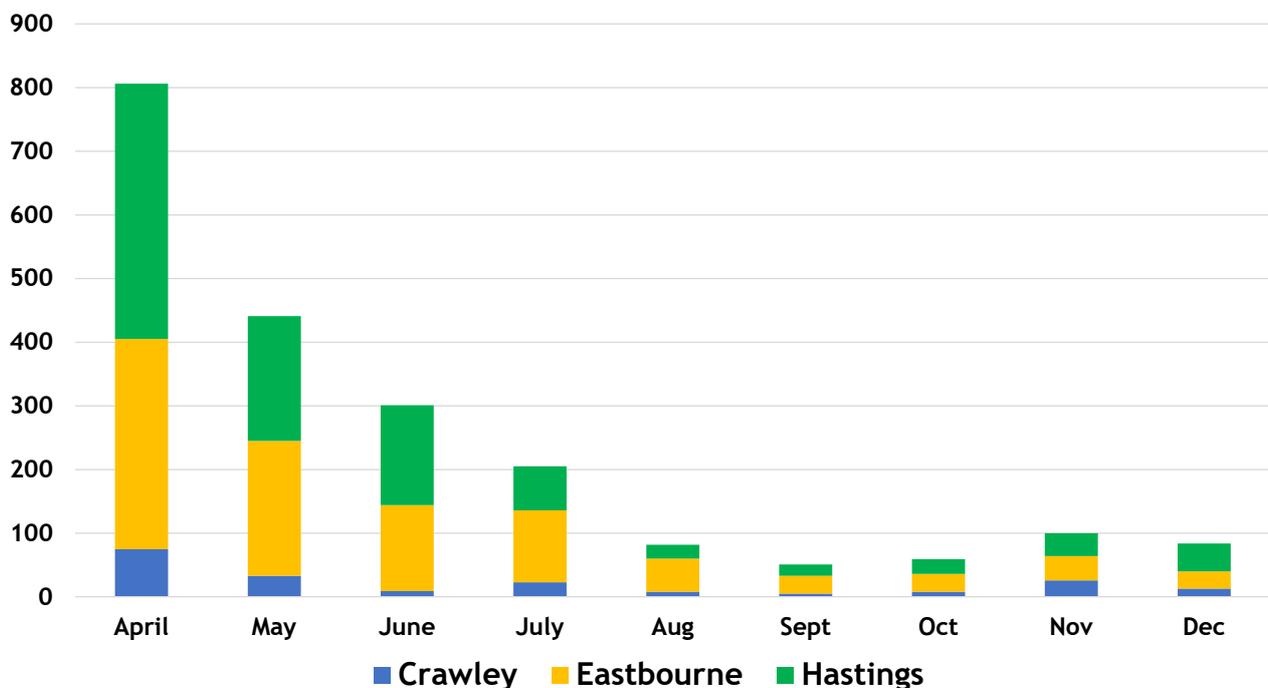
In all three Places, the majority of referrals came within the first three months. In Hastings, 78% of referrals for the period April to December 2020 came within the first three months. For Eastbourne, the figure is 70%. The slight exception to this is Crawley where referrals in the first three months were lower, at 58%. Part of this is explained by the relatively high percentage of referrals for November 2020 in Crawley (13% of the total) compared to Eastbourne (4%) and Hastings (4%).

The trend in all three Places was for the referral rate to be much lower in the summer months, after the first lockdown had ended. For example, referrals for Crawley were only 8 and 5 for August and September 2020, compared to a high of 75 referrals in April 2020. Referrals in Hastings for the same months were 22 and 18, from the high of 401 in April 2020. In Eastbourne, the figures for August and September were 52 and 28 compared to a high of 330 in April 2020.

With the introduction of a new lockdown in December, there was a subsequent increase in referrals to the Scheme. In Crawley, the number went up from 13 in December 2020 to 61 in January 2021. Eastbourne had a bigger increase, from 27 in December to 128 in January 2021. There was a negligible increase for Hastings, from 44 to 47 referrals.

The conclusion is that there was high demand for the NHSVRS at the time of the first lockdown, from March 2020, but with a much lower demand for this service from Crawley. When the first lockdown ended, demand also reduced, over the summer period. This was in all three Places.

From discussions with local authorities for the three Places, both West Sussex County Council and East Sussex County Council took the lead in contacting people who had been assessed as Clinically Extremely Vulnerable (CEV). Details of what occurred in each Place is provided below.

There were differences in approach. In East Sussex, the County Council decided to refer the majority of people they contacted to the NHSVRS. It was agreed that ESCC would prioritise CEV and that Community Hubs would prioritise other people experiencing vulnerability in order to manage demand and respond as effectively as possible

By contrast, West Sussex County Council were aware that Crawley Borough Council had already set up a Community Hub which had developed very good links with voluntary organisations that were setting up systems to provide support. This was the case for three areas of West Sussex, including Crawley and so they often referred vulnerable people to these services rather than to NHSVRS. The figures, below, illustrate this:

	Referrals from LA or LA (inferred)	% of total	Total referrals for April & May
Crawley	5	5%	108
Eastbourne	152	28%	542
Hastings	368	62%	597

In Crawley, about half of the referrals (55) came from NHS based people and organisations (GPs, NHS, Hospitals).

In Eastbourne about the same number of referrals came from Local Authority sources as from NHS related people and organisations (157).

6.1.2 Nature of the tasks requested

Looking at the figures for 2020, there are some similarities in the tasks being requested across the three Places. The most requested task was for community response (76% Crawley, 72% Eastbourne and 77% Hastings). Crawley had a slightly higher request rate for community response plus (11%) compared to Eastbourne (9%) and Hastings (8%).

In addition, Crawley had a relatively lower referral request for check in and chat (7%) compared to Eastbourne (12%) and Hastings (11%).

Nature of NHSVR tasks - by place

	Check in & chat	C in & c plus	Community response	C R plus	NHS Transport	Patient Transport
Crawley	7%	2%	76%	11%	2%	3%
Eastbourne	12%	1%	72%	9%	1%	4%
Hastings	11%	2%	77%	8%	1%	1%
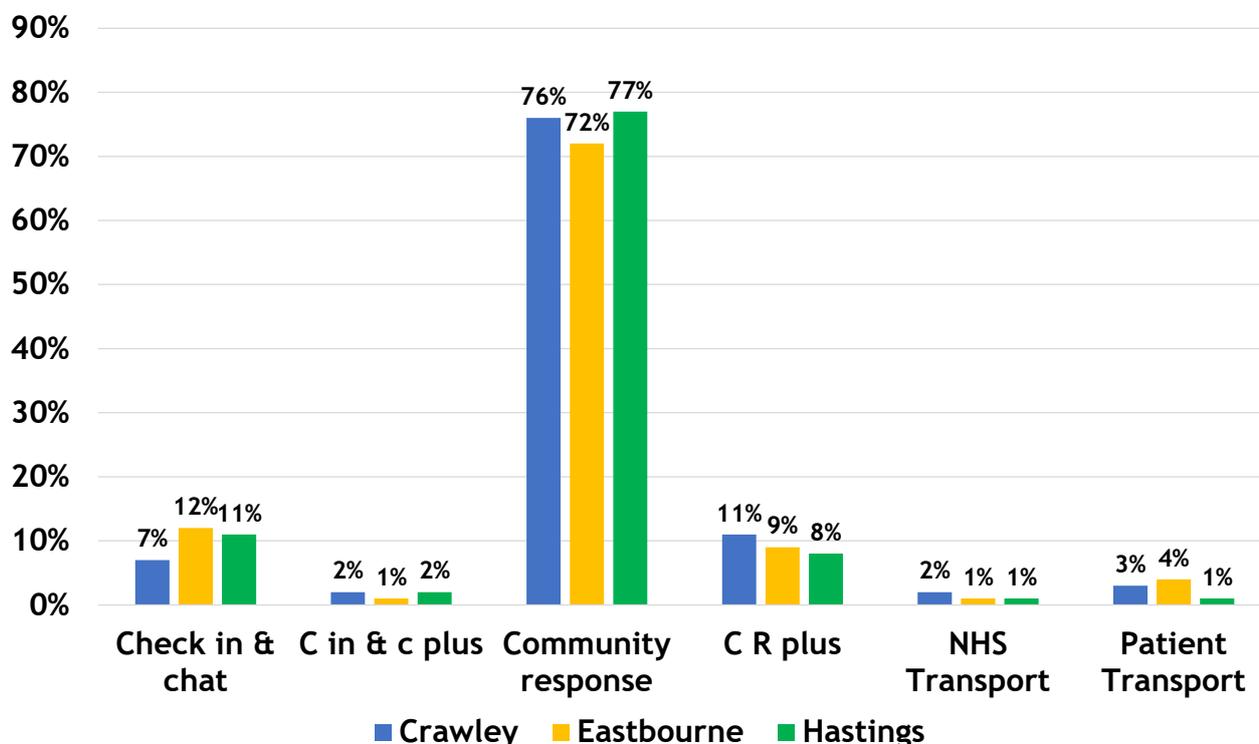
The trend is confirmed in the figures for the first three months (April to June 2020):

	Community response	As % of total	Total
Crawley	103	88%	117
Eastbourne	522	77%	677
Hastings	602	80%	754

When 'community response' and 'community response plus' referrals are added together, similar trends continue:

	Community response and CR plus	As % of total	Total
Crawley	106	90%	117
Eastbourne	553	82%	677
Hastings	638	85%	754

There is a potential link and explanation for these figures between the high demand in the first couple of months of the initial lockdown, high referrals from local authority

sources and the high usage of the community response related tasks. As the local authorities, but particularly East Sussex County Council, were identifying the support needs of the CEV group of people, these would be those who were shielding and self-isolating. The most important challenge for these people was to get food and provisions, as well as to collect prescriptions. This group is more likely to have been prescribed and need medication. Community response and community response plus were to assist people with such tasks as shopping and prescriptions.

6.1.3 Volunteers and completion of tasks

Appendix 6 provides an analysis of the data concerning volunteers.

High numbers of volunteers were recruited as soon as the scheme was established. Figures are not available for the first two months. However, by 18 June 2020 there were 1099 volunteers in Crawley, 991 in Eastbourne and 598 in Hastings. The figures show modest increases. For example, the data for 7 February 2021 indicates that there were 1245 approved volunteers in Crawley, 1190 in Eastbourne and 876 in Hastings. The data indicates that people are not removed from the approved list, even if they are no longer volunteering.

Interestingly, there were more approved volunteers for the NHSVRS in Crawley than there were in either Eastbourne or Hastings, despite a substantial lower figure of referrals in Crawley for support from the scheme.

There is some information about what tasks people had applied for, as outlined in the figures below. Not all volunteers had completed this section and so is not a complete picture.

At 8 February 2021

Number of volunteers for each role: as at February 2021

	Crawley	Eastbourne	Hastings
Check in & chat	351	374	513
C in & c plus	2	4	13
Community response	424	435	450
C R plus	9	22	6
NHS Transport	359	347	440
Patient Transport	8	14	7
Total listed volunteers	788	1190	876

	Check in & chat	C in & C plus	Community response	C R plus	NHS Transport	Patient Transport	Total listed volunteers
Crawley	351	2	424	9	359	8	788
Eastbourne	374	4	435	22	347	14	1190
Hastings	513	13	450	6	440	7	876

As can be seen, there is little significant difference between the three Places. The highest number of volunteers had stated that they would support people through community response. For example, in Crawley in February 2021, 424 volunteers had stated that they would provide community response support. This is 54% of the total listed volunteers. The figures for Eastbourne were 435 volunteers and 450 volunteers in Hastings. There were also high numbers for check in and chat and for NHS Transport.

At the other extreme, there were few people who volunteered for check in and chat plus and for community response plus. These are where the volunteer would be providing support over a period of time, rather than just a one-off type of support. The implication is that volunteers did not want to provide a longer-term commitment and felt happier doing something that could be completed and then move onto another task.

The data provides information about the number of volunteers "on duty". They also show how many volunteers completed a task. Despite the high numbers of approved volunteers, a much smaller percentage actually signed on as "on duty". For example, on 18 June 2020, in Crawley, only 248 volunteers were on duty, which is 23% of the total approved volunteers. This reduced month on month. In July 2020 there were 148 (13%) volunteers on duty and in August this reduced to 83 (7%) volunteers.

There is a similar picture in the other two Places. For example, in June 2020 there were 991 approved volunteers in Eastbourne, but only 133 (13%) were on duty. This had reduced in July 2020 to only 79 (8%) volunteers being on duty. In Hastings, in June 2020, there were 68 (11%) on duty and in July there were only 31 (5%) on duty.

As shown in *Appendix 6*, the percentage of volunteers completing a task is much lower for Crawley than the other two Places. This is not surprising, as there were more volunteers and substantially smaller numbers of referrals. As illustrated, the percentage of volunteers, who were on duty, completing tasks in Crawley has not varied greatly throughout the months. For example, 14% of the volunteers on duty undertook a task in June 2020, 17% in July, 17% in August and 11% in September.

The figures for Eastbourne and Hastings are much higher. For example, 52% of volunteers on duty undertook a task in June 2020, 34% in July 2020 and 42% in August. In Hastings, 43% undertook a task in June, 35% in July and 48% in August.

The figures remain low even during the most recent lockdown, in January 2021 and February 2021. For example, for 7 February, 18% of volunteers on duty in Crawley undertook a task, 29% in Eastbourne and 22% in Hastings.

Volunteers on duty as at 7th February 2021
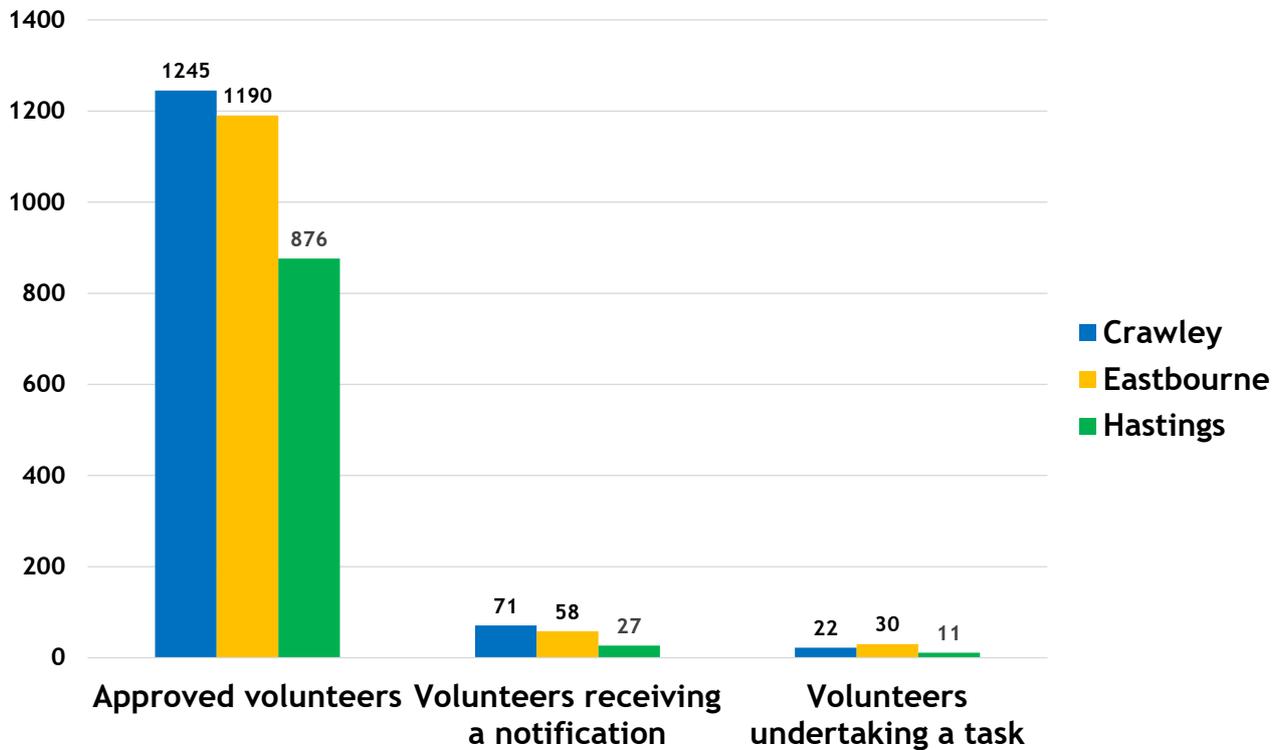
There is also information about what tasks were allocated to a volunteer and conversely, which tasks were not allocated. The figures for January 2021 are set out below.

Tasks not completed by place

	Check in & chat	C in & c plus	Community response	C R plus	NHS Transport	Patient Transport	Total (-not completed)
Crawley	91	48	189	34	0	0	369
Completed	91	48	185	31	0	0	362 (-7)
Eastbourne	524	80	643	167	1	5	1420
Completed	519	80	627	121	1	5	1353 (-67)
Hastings	364	52	1137	154	1	2	1710
Completed	361	52	694	29	1	1	1138 (-572)

The number of tasks required to be completed is substantially higher for Hastings (1710) compared to Crawley (369). Eastbourne is between the two, with 1420 tasks. Not surprisingly, the number of unallocated tasks is higher in Hastings (572 tasks) compared to Crawley (7 tasks). Despite Eastbourne having 290 fewer tasks, only 67 were unallocated. This will be explored below, when analysing data for each specific Place.

6.2 The wider support system

Information gained from various sources about each of the three Places will be explored in individual sections, below. However, some general trends can be identified in relation to the wider support systems in each Place.

In all Places, there was a rapid increase in people and organisations setting up and providing support in their local communities. Some were existing voluntary organisations and others were completely new and were set up in response to the pandemic. They were aware of the need to provide support for people who were shielding, in self-isolation or just generally struggling.

In all Places, the statutory agencies stepped up and, just prior to the official announcement of the lockdown on 23 March 2020, had already begun to set up systems within their organisations. This was both at a county and borough level. There was also good cooperation and joint working between borough and county levels.

All the statutory agencies identified staff within their organisations who were available to work in the support systems. These were primarily in those services and departments which had closed, such as leisure services. They were redeployed, rather than going out on furlough. This provided an immediate supply of person power. As stated above, the county councils had a list of people they were aware of who were in the CEV category. They set up call centres and used these staff to phone all CEV people.

At Borough level, they set up Community Hubs, to respond to the dramatic increase in demand for basic support, particularly for shopping and prescription collections.

Alongside the above, a system of community networks was established, to provide a link and cooperation between the statutory and voluntary agencies. Consistent feedback from all quarters has been positive about these network meetings. In all three Places, there were weekly meetings. They were used to coordinate support and minimise duplication. They were used constructively by agencies who had identified a specific need for someone which they could not meet. They raised this at network meetings and there was invariably another person or agency that could respond to a specific need.

6.3 Feedback from volunteers and organisations about NHSVRS

The Royal Voluntary Service (RVS) carried out a national survey of NHSVRS volunteers in July 2020. Just over 12,000 responses were received. 62% of respondents said they had been given a task to do. Of the 38% who had not completed a task, 76% said this was despite them putting themselves 'on duty'. No tasks had been given to them.

Satisfaction levels were dependent on whether they had carried out a task. Of those who had been given no tasks, 60% were either dissatisfied or very dissatisfied. In addition, 29% were neither satisfied or dissatisfied, leaving just 11% being either very satisfied or fairly satisfied. Whilst almost 70% said they were likely to continue with the NHSVRS, this was dependent on how active they had been.

The data shows high levels of volunteers at the start of the scheme. The earliest data available on volunteer numbers is 18 June 2020. The figure below gives some information about the number of approved volunteers in each Place:

	18 June 2020	28 Sept 2020	8 February 2021
Crawley	1,099	1,101	1,245
Eastbourne	991	1,000	1,190
Hastings	598	623	876

Appendix 6 provides data on the number of volunteers and how many in each month had put themselves on duty and so available to complete tasks. Throughout, there has been substantially fewer volunteers putting themselves on duty compared to the total number of approved volunteers. The implication of this is that many people volunteered initially but then never did any work through NHSVRS.

As the RVS survey took place in July 2020, many of the volunteers may already have decided to leave the scheme. These people are not taken from the list of approved volunteers, which accounts for the continuing high numbers of approved volunteers each month. Therefore, the volunteers who had 'left' the scheme would not have completed the survey. If they had, and the satisfaction rate is related to how active volunteers were, then the dissatisfaction levels would have potentially been even higher.

Feedback from voluntary organisations shows they were either unaware of the NHSVRS or when they were aware of it, they chose not to refer anyone to it. The main reason for the latter was because they were able to support the needs of the people they were working with or they knew someone who could, usually through local network meetings. They referred within their local network support system.

A few voluntary organisations reported that a few of their volunteers had also applied to the NHSVRS. Feedback from these volunteers is anecdotal, but has some validity. This feedback was that the volunteers either did not hear anything from NHSVRS or had been added as one of their volunteers but had been given nothing to do. These volunteers therefore focused on their support through the local voluntary organisation.

Feedback about the NHSVRS, including comments from organisations that made referrals, included the following:

- *It was a bit "clunky" and I found it hard to monitor what was happening to their referral. As a result, they asked people to let them know if the NHSVRS had not responded to their request.*

- *One organisation fed back that they had made referrals but that it was hard to find out the outcome. ie whether it had been picked up or not.*

- *Many organisations said they had some volunteers who applied to the NHSVRS but got nowhere and so gave up. Others said they did not hear anything back.*

- *One agency said they stopped referring to the NHSVRS in the summer of 2020 as they had found that their referrals were not being picked up. They also started to use the local support network that had by then been established.*

- *One organisation said that volunteers had reported that it was either all or nothing, ie could be lots to do or nothing. Volunteers also reported that they were encouraged by the NHSVRS not to do the same call twice. This organisation believes there are better outcomes where there is greater consistency.*

- *One organisation was very positive about the NHSVRS. "Process of making referrals - very easy to do and an extremely valuable resource for organisations like ourselves so we can log in, monitor, and have an overview of the referrals we make. We find it very useful that we can be notified with updates for individuals e.g. if the volunteer has not been able to contact the resident or to seek alternative contact details".*

One organisation, that used the NHSVRS gave the following detailed feedback:

- *"Very useful system to be able to funnel clients through who needed ongoing food shopping support, particularly during the first wave. Once that was over, the need dropped dramatically as people found their own means of accessing food etc and the need turned to increasing income deprivation food issues.*

- *Initially a learning process as the system developed. Always tricky to be able to speak to an officer at 'GoodSAM' to resolve any issues.*

- *The system is not always that intuitive as clients have multiple entries and it took a while to get to grips with what the different outcomes meant for a client.*

- *For some clients having multiple volunteers was not appropriate so we had to seek alternative methods to support them (ie policy of not having the same person do their shopping was confusing for those that were vulnerable)*

- *Some clients questioned the validity of the volunteer contacting them, worrying they were a scammer which caused additional workload*

- *The volunteers often phoned us for extra support as a client disclosed something or they were concerned about the client and hadn't been provided with the training or information to be able to know who to refer them to".*

This organisation stopped making referrals to NHSVRS in recent months as more were not being picked up. They linked increasingly with local support systems, which were working very well.

One voluntary organisation felt strongly that people had volunteered with NHSVRS due to the NHS 'brand'. They thought people have a strong association with the NHS and this was the deciding factor about applying to them.

Generally, voluntary organisations thought that having a nationally and centrally organised support agency, with no links to the local support structure, was not productive. Many felt that if NHSVRS continues, it should be more focused and, more importantly, be part of the local support system.

Feedback through agencies in Crawley, Eastbourne and Hastings supports the conclusions of the RVS survey that there was a high take up of people applying to the NHSVRS, but that a large number did not continue with it for very long and those that did, were often not given any or little work. This affected their satisfaction levels. The issue of how many volunteers were available and completing tasks is covered later in the report.

6.4 Crawley

6.4.1 Usage

As stated above and highlighted in *Appendix 3*, the usage of the NHSVR Scheme was substantially smaller in Crawley than for Eastbourne and Hastings. There are a number of reasons for this.

For the period April to December 2020, there were 200 referrals for Crawley. 37% (75) of these were in the first month. There was a slight increase in referrals in November (26) and December (13), but these were still substantially less than the other two places. With the introduction of a new lockdown in late December 2020 and into January 2021, there was an increase in referrals with 61 being made in January 2021.

Local authorities, at both county and borough level, responded quickly to the lockdown in March 2020. Crawley Borough Council established a Community Hub, a Food Distribution Hub and a prescription pick up scheme. All households in Crawley received a leaflet about these services, who they were for and how to access them. This created a vast amount of work. Staff from various departments in the Council were redeployed to work on these schemes, including staff from the Community Development Team.

Once other schemes had become established, local authority activity liaised with these and reduced their involvement.

Alongside this, West Sussex County Council (WSCC) also set up teams of staff to provide emergency support and assistance. Libraries had closed the week prior to the official lockdown was announced and commenced. Library staff became key in identifying

people who needed support and set up systems to provide this. About 250 staff were redeployed to assist. Also, some people were recruited on fixed term contracts.

They had identified those people who were in the CEV category and had set up systems to phone them to see what support they required. They estimated that for the whole of West Sussex, there were between 30,000 and 34,000 CEV people. 15 of the larger libraries were set up as 'call centres'. They had a system of 'keeping in touch' calls which involved regular phone calls to some people to make sure they were alright and whether they needed anything. This was similar to the 'check in and chat' provided through the NHSVRS. They signposted people to relevant support services, including Adult Social Care, where necessary.

The sort of support provided from WSCC included the delivery of food supplies and prescriptions, until about August 2020. They carried out check in and welfare calls, priority supermarket deliveries and signposted people to other organisations who could support them.

Some data from WSCC included the following:

- 5,689 check in calls to people

- 4,664 people request ongoing support through these calls

- 94 referrals to community hubs, as these people required additional assistance

- 33 referrals made to the Prevention Assessment Team

- Since March 2020, more people have self-referred to their scheme than through another organisation.

- April 2020 was their busiest time, with 1,104 self-referrals and 639 from other organisations

- They experienced a dip in referrals in the summer 2020 but they increased in autumn and winter, reaching 247 in January 2021 and 100 in February.

They reported that they were aware that there had been 751 volunteer applications between April and August 2020, a huge number of people.

West Sussex County Council (WSCC) Library Service has a database called 'CLEO' and this was used to form a register of voluntary organisations. It included the nature of support each could provide. They used this to signpost people to a relevant support agency.

WSCC worked in partnership with the Crawley Community Hub which had developed a good network of support agencies in the town and so they referred directly to them.

WSCC did refer to NHSVRS, but not in great numbers. This was due to the effective systems that had been set up locally.

Both Crawley Council and WSCC reported that different departments in their respective organisations worked well together and systems were established very quickly, whereas normally such changes would take months. Things were set up in days and weeks compared to the usual several months. They also reported that there was effective liaison with the voluntary sector at a local level within Crawley.

Therefore, the key reason for the lower referral rate in Crawley compared to the other Places is that the County Council used the Crawley Community Hub to support people with practical tasks, such as shopping and prescription collections and also because they had their own check in and chat support system.

6.4.2 Nature of the tasks requested

In the period April to December 2020, 76% of the referrals were for the task of 'community response'. This was for a one-off call to a person to assist with practical tasks such as getting some shopping or collecting a prescription. 58% of the referrals came in the first three months of the lockdown, from April to June 2020.

Referrals from the local authorities in Crawley were relatively low compared to Eastbourne and Hastings. Only 7% were categorised as from a local authority. This backs up the information provided by WSCC and Crawley BC on how they responded to lockdown.

A high proportion of referrals came from the categories of self-referral, with 46% coming through this source. There was also a relatively high referral rate from NHS sources with this accounting for 31% of referrals.

In the period from April to December 2020, there were a total of 2,574 tasks. The vast majority (76%) were for community response. 19% were for check in and chat. Therefore, 95% of the tasks were for one off support.

6.4.3 Volunteers and completion of tasks

There were a high number of approved volunteers for the Crawley area. The earliest data is for 18 June 2020, when there were 1,099 approved volunteers. The comparative figures for Eastbourne and Hastings were 991 and 598 respectively. The number of approved volunteers for Crawley had increased to 1,245 by 7 February 2021.

Volunteers had mostly signed up to provide community response, NHS transport and check in and chat. The numbers for each of these at 8 February 2021 were 424, 359 and 351 respectively. Only two volunteers had stated they were prepared to do the more in depth check in and chat plus and only nine volunteers for the community response plus.

Despite the high numbers of approved volunteers, only a fraction put themselves forward as being on duty. For example, in June 2020 only 248 volunteers put themselves as on duty out of a total number of volunteers of 1,099. This is just 23%. The lowest figures are for October 2020 when only 5% of volunteers were on duty (57 volunteers out of a total of 1,118).

High numbers of volunteers, despite making themselves available to pick up tasks, had nothing to do. Between June and December 2020, the percentage of people completing a task, compared to total volunteers on duty, ranged from 7% in October to a high of 17% in July, August and November. The percentage improved in 2021 with this figure being 20% in January and 18% in the first week of February.

Data for January 2021 looked at number of tasks completed and those not completed. Only 7 tasks could not be matched with a volunteer. Four were for check in and chat plus and 3 were for community response plus. These are the tasks that volunteers are

least likely to want to do. The data for 8 February indicates that only two volunteers had said they would accept check in and chat plus tasks and only nine would do community response plus tasks.

In conclusion, there is evidence that high numbers of people volunteered to the NHS VR Scheme when it started in March 2020. However, the number of volunteers who actually put themselves on duty was a small percentage of the total. Even when volunteers put themselves as on duty, only a few were able to do anything.

6.4.4 The wider support system

As outlined above, Crawley Borough Council and West Sussex County Council responded very quickly to the lockdown and set up systems for supporting people. West Sussex redeployed about 250 staff to assist on the community hubs, some doing the hands-on work of collecting prescriptions and delivering food.

Crawley Community Action set up network meetings, for all the agencies, both statutory and voluntary, to liaise on what action they were doing to support people. This led to a great deal of community support and interaction as well as liaison between the agencies. These meetings were weekly.

Feedback has been obtained from a variety of voluntary organisations about what they have been doing in the last 12 months. These include:

- *Crawley Community Action* set up a befriender scheme and supported about 450 people. Most were GP referrals, as they were already linked to GP surgeries through their Social Prescribing Scheme. They work through eight GP practices. They did not have sufficient volunteers initially, but Metro Bank stepped in and supplied 15 of their staff to assist. They had about 27 volunteers in total, which was sufficient, once the ones from Metro Bank were added to their number. The service came to an end in September 2020.

- *'Love Your Neighbour'* had about 170 volunteers and provided a phone call support system for people who are isolated or feeling unwell, as well as emergency supplies.

- *The Easter Team* have been doing food deliveries twice weekly. They do about 80-100 deliveries each week and have been supporting about 240 households. They have about 50 volunteers doing a variety of jobs to ensure food gets delivered. Pre-Covid, the Easter Team provided a sit-down hot meal each week as well as some food deliveries.

- *Age UK* have also been providing several types of support including food deliveries twice each week, doorstep calls and welfare checks, telephone support, prescription collections and help with shopping. They already had a list of the more vulnerable people they had been helping pre-Covid and so they started with those people and then took on many other people, referred through the Crawley Community Hub. They had seven staff and about five volunteers.

- *'Spotted Dan'* has been providing food parcels seven days each week.

- *Free Shop Crawley* was set up in November 2020. They offer a 'click and collect' service. People phone in what they need and are given a set time to collect their items. Due to lack of space, they can only offer the service one afternoon each week and so have a waiting list. They support about 70 families. They have about 20 volunteers and 4 or 5 whenever the shop is open. They are looking to move premises so they can offer the services on more than one afternoon each week.

- *Giving Back Crawley* are a voluntary organisation supporting people who are homeless and so work with the street community. They provide meals every day, with four days being hot dinners. They have been providing food for about 89-103 people and have now delivered over 58.000 meals. They have a total of about 50 volunteers but with a core group of about 25 volunteers.

- *Crawley Town FC* have supported about 200 people through a project called 'Tackling Loneliness'. They provide a phone call support.

- *Gurjar Hindu Union* prepared meals for key workers and also responded to a new identified need by assisting with home education. They have about 200 volunteers, but not all are used.

- When lockdown happened, *'Café in the Park'* had to close. However, they identified a need for their services and so set up a system to carry out practical tasks such as prescription collection and shopping. They now deliver hot food twice each week, including a roast on a Sunday. They provide "support packages" as well. They can offer take away service from their kiosk in the park and offer free drinks and cake. This has developed into an outdoor drop-in centre for people who are isolated. They also provide a phone call line for people feeling isolated. At the October half-term they started school packages and have continued doing this. They get to know the families and so arrange the support and school packages to meet their individual needs such as the number and age of the children. At Halloween, they included pumpkins for the children to cut out.

These are just a few of the organisations that have been supporting people in Crawley over the last 12 months. They vary in size both in terms of numbers of volunteers and people they are providing a service to. They have been tackling the main problems of food supplies, food poverty and loneliness and isolation.

The key theme is that they are supporting people until those people no longer need their services. They do not just offer a one-off intervention. They also build a relationship with these people and so identify other needs. If they are unable to provide these, they refer to other support services they are aware of in Crawley. All people spoken stated that the network meetings have been very good and useful as a means of knowing who does what and when.

6.5 Eastbourne

6.5.1 Usage

The usage of the NHSVRS in Eastbourne was substantially more than Crawley and on a par with that of Hastings. There were 963 referrals in the period April to December 2020. The majority of referrals (70%) were in the first three months, April to June 2020. As can be seen from *Appendix 6* the numbers each month reduce, from 113 in July to 27 in December 2020.

One of the main sources of referral was from 'Local Authority' which accounted for 21% of the total referrals between April and December 2020.

East Sussex County Council (ESCC) took responsibility for all those people classified as Clinically Extremely Vulnerable (CEV). This group numbered about 21,000 people and ESCC contacted each of them to ascertain how they were and what support, if any, they required. From these phone calls they identified "hundreds" of people who needed some form of assistance. They referred them to the NHSVR Scheme.

It was agreed that ESCC would prioritise CEV and that Community Hubs would prioritise other people experiencing vulnerability in order to manage demand and respond as effectively as possible

This would be a key factor in the high number of referrals from 'Local Authority' particularly in those first few months and accounted for the high referral rate in April and May. Once these people had been referred to the NHSVRS, those people could then self-refer to the Scheme and so by-passed ESCC. This could account for the high numbers of referrals to the NHSVRS that are classified as self-referrals (44%).

East Sussex County Council returned the survey and data form. This confirmed that they had concentrated on the CEV group of people. They also signposted people to a range of local organisations who could provide the support each person required. During the first lockdown, they had about 50 staff working on this project. They received about 700 referrals during this initial lockdown, with the numbers reducing since then.

Following a steady decline in number of referrals throughout 2020 to the NHSVRS, there was a slight increase in January 2021. Having been at 27 referrals in December 2020, the number increased to 128 in January 2021. This coincided with the lockdown announced in December 2020.

6.5.2 Nature of the tasks requested

Nearly three quarters of the referrals were requests for community response (72% in the period from April to December 2020). This was followed by check in and chat (12%).

This is also reflected in the tasks completed (*Appendix 4*). There were a total of 12,225 tasks. 6,452 were for community response (53%), 2,758 were for check in and chat (23%) and 2,112 (17%) for check in and chat plus. The community response and check in and chat are one-off interventions, usually for practical tasks such as food shopping and prescription collection. Any phone call support would be for one occasion and not part of a longer-term support.

6.5.3 Volunteers and completion of tasks

Appendix 6 provides details about the volunteers.

There was a good take up in terms of number of volunteers, with the earliest date available, June 2020, showing that there were 991 approved volunteers for Eastbourne. By February 2021 this had grown to 1,190 volunteers.

Despite these high numbers of approved volunteers, there is a consistent theme that only a relatively small number were active. For example, in June 2020, of the 991 volunteers, only 133 (13%) had put themselves on duty. This was lower for all other months in 2020, the lowest being October when there were only 45 (5%) on duty. There was a slight increase in active volunteers in January 2021, with 84 volunteers on duty.

Compared to Crawley, the percentage of volunteers on duty who had a task to complete was higher in Eastbourne. The highest figures were for June 2020 when there were 133 volunteers on duty and 69 (53%) completed at least one task. This figure was reduced in October 2020 to only 7 volunteers (16%) completing a task out of 45 who were on duty. Again, there was an increase on January 2021 when there were 84 volunteers on duty and 34 (40%) completed a task.

In terms of tasks that NHSVRS was unable to complete, there were 67 of these for January 2021. This was more than Crawley (7) but substantially less than Hastings (572). All tasks for check in and chat plus, NHS Transport and Patient Transport were matched and completed. The largest task group not completed was community response plus (48) followed by community response (16). Five check in and chat tasks had not been completed.

The implication is that volunteers were less likely to want to have more intense interventions and work with people, when this involved more face-to-face involvement.

This is supported by the choice of tasks volunteers said they wanted to do. In February 2021 only four volunteers had said they would do check in and chat plus tasks and only 22 wanted to do community response plus. Highest numbers were for community response (435 volunteers), check in and chat (374 volunteers) and NHS Transport (347 volunteers).

There were similarly low numbers of these tasks at the beginning of the Scheme. For example, in June 2020 no volunteers had indicated they would carry out check in and chat plus (although this was had been added to the list shortly after the scheme had started) and only 15 volunteers said they would do community response plus tasks.

6.5.4 The wider support system

Eastbourne Borough Council (EBC) had also identified a need to set up support systems for people shielding and self-isolating. They had set up the following by 31 March 2020:

- o A central council phone number to take calls and to signpost people to other organisations who could help them.
- o A directory of voluntary organisations so they knew who to signpost people to.

- o A community network for both statutory and voluntary organisations to share ideas and inform others what tasks they are doing as well as sharing any pressure points and need for additional support. About 100 organisations joined the network. Meetings were held weekly. A WhatsApp group was also established.

- o They had access to food included within their establishments and so they delivered food parcels. This was later passed to the food banks, who had started to do this task.

- o They worked with Eastbourne 3VA (voluntary sector umbrella body) and seconded three staff to them, to help with volunteer recruitment and support.

Similar to other local authorities, EBC redeployed many staff to support these schemes, rather than them going on furlough. They used social media to advertise their schemes. They also used a database to identify people in very small and specific areas that may need support and leafletted these areas. They were involved in a pilot scheme run through DEFRA, whereby Tesco's and Iceland set up priority lists for vulnerable people.

EBC were very busy in those initial weeks, in March and April, but the work subsided, as voluntary organisations became more stabilised in the support system.

EBC provided data about the work of the Community Hub. Key information, for the period April 2020 until February 2021, is:

- A total of 470 calls (some resulted in more than one task being completed). It should be noted that if someone just phoned for advice and was signposted to another organisation, this was not recorded.

- There were 296 requests for assistance with shopping

- There were 206 requests for help with collecting prescriptions

- 98 people wanted a befriender scheme.

- The greatest number of calls were in the first three months; with 131 in April, 136 in May and 67 in June. There was a slight increase in January 2021 (51) but this had reduced to 17 in February.

East Sussex County Council (ESCC) made contact with all CEV people and made referrals to NHSVRS and then to local schemes. They also assisted in food deliveries for CEV people particularly where government issue food parcels were being delivered, as these were only for the CEV person and not for their family. ESCC 'topped up' these food parcels so that all members of the household could be fed and remain self-isolating.

ESCC also redeployed many staff to the above tasks, as well as commissioning groups and external call centres to make the calls to the CEV people. Only one call centre is currently still active.

The voluntary sector in Eastbourne stepped up to support people as soon as they were able, and these included the following:

- *Eastbourne Wellbeing Centre* is well established and supports people with mental health and wellbeing issues. The centres had to close but continued to provide help through online groups and one to one sessions. Between 30-70 people take

part. They have witnessed a large increase in demand for their services particularly since November 2020. As a result, there is now a waiting list. Many of the new referrals are for younger adults, under 25 years of age. The have found that the key issue is social anxiety, linked with going out into the community for the first time in months.

- *The Kings Church in Eastbourne* decided that they needed to support their church members when the lockdown started in March 2020. They asked church members to volunteer and about 120 responded. Initially the demand was from church members but they had sufficient volunteer capacity to provide assistance to a wider network. They linked with the Eastbourne Community Hub. Referrals were initially slow, about 2-3 calls each day, but this soon increased. They have carried out over 400 tasks, some being one-off events such as shopping, whilst others were frequent contacts with a person. They linked with the food bank and delivered food to people. Referrals slowed down in the summer but built up again in the autumn, with another lockdown. Numbers were less than the initial lockdown and usually from the same people they supported in the first lockdown.

- *Willingdon Trees Community Centre*, supported through *Sussex Community Development Association (SCDA)*, has run for many years and was a very active community centre that had to close when lockdown came. They linked with the Eastbourne Community Hub and were involved in delivering food, collecting prescriptions and other practical support. They supported about 70 households. As demand increased, they recruited 15 more volunteers. They set up a befriender scheme called 'Join Together'. The benefit has been that they have identified new people that may come to the community centre when the lockdown ends. They hope some of the new volunteers will continue as well.

- *Christians Against Poverty* is a national scheme and one is based in Eastbourne, at *Victoria Road Baptist Church*. They only started in September 2020 and responded to the identified need in the town. Although their key function is debt management, they take a holistic view and work with the families on many of their issues. For example, they can provide food and assistance with topping up electric and gas meters. Their work is very intensive and so they tend to work with people over many months. As a result, they can only take on a maximum of three new families each month. They are currently working with 10 families, but anticipate this number increasing in the next few months.

- *Three Voluntary Actions (3VA) in Eastbourne* set up a register of voluntary organisations and was also involved in setting up the network meetings. They took on about 300 volunteers and have recorded their skills so they can match them to an appropriate voluntary organisation.

- *Compass Community Arts* had to move their support to online rather than in person. They supported just over 30 people, most of whom were known to them pre-pandemic. "We started out trying to encourage beneficiaries to look out for each other and then fell back on volunteers and eventually took on a contracted befriender and social connector with support from our sessional artists".

- *Linking Lives* completed the survey. The main support offered was a telephone befriender. They also provide practical support such as shopping, collecting prescriptions and dog walking. They had some existing volunteers but also recruited new ones due to increased demand for their services. The number of people involved in the scheme varied from month to month, from 56 in May to the lowest number of 46 in November. The number of people receiving support varied each month but averaged about 55 people. Pre-pandemic, their referral rate was about 12-14, but from March 2020 there was a big increase, going up to 86 in December 2020. The vast majority of referrals were for people over 60 years of age and nearly always people who live alone and/or are feeling isolated.

- *Care for the Carers* linked with the Community Hubs and received referrals from them. Through this, they helped with shopping and collecting prescriptions. They also ran a service called 'Carers in Touch'. This was a befriender scheme and ran with one member of staff and 10 volunteers. They also had 1:1 sessions with carers and had about 20 volunteers in this scheme. They probably supported about 240 people in some capacity.

6.6 Hastings

6.6.1 Usage

Similar to Eastbourne, Hastings had high usage of the NHSVRS. In the period from April to December 2020, there were 966 referrals, compared to 963 in Eastbourne. 78% of the referrals were in the first three months of the scheme, from April to June 2020. The numbers went from a high of 401 referrals in April down to 18 in September.

As stated above, East Sussex County Council took responsibility for contacting all those people deemed to be CEV and where they found someone who needed support, they referred them to the NHSVRS. This fact is reflected in the high number of referrals from 'Local Authority' or 'Local Authority (inferred)' with these accounting for 46% of the referrals. The second group making many referrals are those people who self-referred, with this being about 35% of the total referrals.

It was agreed that ESCC would prioritise CEV and that Community Hubs would prioritise other people experiencing vulnerability in order to manage demand and respond as effectively as possible

Hastings Borough Council set up a Community Hub which took phone calls from people needing support. In the first few weeks of the lockdown, they referred people to the NHSVRS, but then used local voluntary organisations, as they began to be established. This also explains the high number of referrals from 'Local Authority'.

6.6.2 Nature of the tasks requested

The vast majority of the referrals were requests for community response, a request for practical assistance with tasks such as shopping and collecting prescriptions. This accounted for 77% of the total referrals for the period April to December 2020. Check in and chat was the next highest request with this being 11% of the referrals.

These figures are supported by the number of tasks. There were requests for 14,372 tasks of which 10,734 (75%) were for community response and 2,505 (17%) were for check in and chat.

6.6.3 Volunteers and completion of tasks

At the start of the NHSVRS, based on data from June 2020, there were nearly half as many volunteers in Hastings (598) compared to Crawley (1099). Despite a growth in the number of volunteers, with this being 876 by February 2021, it remained lower than the other two Places.

With fewer volunteers, there were fewer people putting themselves on duty and able to take on a task. For example, in June 2020 there were only 68 volunteers on duty (just 11% of the total number of approved volunteers). Although the number of referrals had decreased from the earlier months, they were still at 157 and each referral may have included more than one task. Despite this relatively high number of referrals and tasks, only 29 volunteers (43% of those on duty) completed a task. The highest percentage of volunteers completing a task was 48% in August and the lowest was 19% in October 2020.

Hastings, out of the three Places, had the highest level of not completed tasks. For example, the data for January 2021 shows that the total tasks for that month were 1,138 but that 572 of these were not completed. The majority of these were for the community response task, 443 which is 77% of the total not completed tasks. The other task not completed was community response plus which accounted for 125 tasks and 22% of the total task not completed.

Even though there were high numbers of tasks not being completed in January 2021, in one week 50 volunteers had put themselves on duty, but only 16 completed at least one task. The implication is that volunteers had picked the tasks they felt able and willing to do and left those they preferred not to do.

Volunteers can indicate what tasks they want to carry out. As at 8 February 2021, 513 said they would do check in and chat and 450 said they would do community response. Only 6 volunteers had said they would carry out community response plus and so this could account for the relatively high numbers of these tasks not completed. There are high numbers of volunteers indicating that they would do community response tasks and yet these tasks were the ones mostly not completed. There does not seem to be any explanation why so many of this task group were left by volunteers.

6.6.4 The wider support system

As indicated above, East Sussex County Council set up centralised systems to support people, particularly those deemed to be CEV.

Hastings Borough Council (HBC) also became very active. They set up the Hastings Community Hub. They redeployed staff from other departments to run the Hub. There was a centralised phone number for people to use to seek assistance. They set up a logging in and referral system and did so within days of the first lockdown. The first few weeks and months were very busy and they took about 100 calls each day. They referred some people to the NHSVRS, as the local system was just beginning to be established, but then they mostly referred to local voluntary organisations.

Hastings BC completed a survey and gave the following information:

- The support provided has included; access to food via emergency food parcels, priority shopping slots, prescription collection and delivery, financial support, housing support and referral to other organisations who could provide additional help.

- Their staff were actively involved in the above.

- They liaised with the Hastings Community Hub partners.

- Currently, they are only providing support to those who are shielding and they are signposting other people to other organisations who can assist them.

They also provided the following data: "In the last 12 months we have recorded:

- 1,382 unique residents on our admin system

- We have received 4,645 calls to the Community Hub line

- Made 1,307 food bank referrals

- 173 weekend out of hour emergency food boxes

- 670 prescription collections

- 40 befriending referrals"

HBC had a data sharing protocol with East Sussex CC and also with the main voluntary organisations. This meant they could track who was being referred and if someone went to more than one agency for the same support. They could also use this system to make referrals to other organisations, which speeded up the process.

They carried out follow up phone calls to people to make sure they were still getting the support they required.

By 2021, the number of calls had reduced to about 20-30 each week. These are mostly for food deliveries. They have some emergency food boxes, so use these. Many of the requests are for people who do not have sufficient money to buy food and so they refer to the Hastings Foodbank.

As in Crawley and Eastbourne, there was a big response to the pandemic from the voluntary sector, working alongside the statutory agencies. Actions included the following:

- *Hastings CAB* provided not only debt management and support but also food and assisting with top up for electricity and gas supplies. They have had very high demand and as a result have had to close two days each week, so they can concentrate on those people they are currently supporting.

- *Hastings Voluntary Action* set up a befriender scheme and are now supporting about 60 people.

- *Seaview Project*, for homeless people, is delivering food.

- *Love your Neighbour* is based at *Holy Trinity Church*, Hastings. They have offered a range of support services. They worked with the food bank in Hastings. They have supplemented the food parcels with perishable goods such as fruit and vegetables, dairy etc. Since November 2020 they have distributed over 11 tonnes of food, supported 217 single people, 113 couples, 140 small families and 80 large families (five or more people). They had about 20 volunteers. They have a scheme called 'Re-Work' which provides a six session employability course, through Zoom. It is aimed at people who have lost their jobs as a result of Covid. They have so far run two courses attended by 10 people. 4 of the 5 people who attended the course in December have found employment. They work with Christians Against Poverty who provide debt advice and support. In addition they have '*Safehaven Women*' and '*Safehaven Men*' *projects*. These support vulnerable people. They have supported about 150 women and about 30 men, with 27 volunteers.

- *STEPS East* worked with East Sussex County Council and made calls on their behalf to people categorised as CEV. They also continued to work with people aged over 60 years of age predominately about housing issues. They worked with Housing Associations, food banks and Adult Social Care to provide crisis support such as food bank deliveries, prescriptions collections and shopping for isolated people.

- *Warming up the Homeless* covers both Eastbourne and Hastings. They completed the survey. They linked with other organisation, particularly those who work with similar groups, such as Salvation Army, Foodbanks and Homeworks. They provided a wide range of services including practical support such as assistance with food provision, prescription collection but also regular contact with people to make sure they are safe. The biggest level of support was for people on an ongoing basis, with this being for about 80 people. About 35% of their referrals came from people themselves and the other 65% were from other organisations.

- *Southdown* run a *Community Connectors/Social Prescribing* Scheme in the Hastings area and feedback was obtained from one of their workers. They continued to work with the people they were supporting pre-Covid, but moved this to online support rather than face to face. There is also a *Buddy Scheme* which has continued.

- *Kings Church* in Hastings has oversight of the foodbanks in Hastings, which has one of the busiest foodbanks in England. April and May 2020 were very busy as were January and February 2021. They anticipate increased use of the scheme towards the end of this year, as furlough ends and there may be potentially higher levels of unemployment.

6.6.5 A case study – *Hastings Emergency Action Resilience Team (HEART)*

Prior to the pandemic, HEART did not exist, it was set up in March 2020. They have provided a range of support to people. Importantly, they have adapted their service, depending on the changing needs of people they come across.

They provide a regular evaluation of the scheme and a copy of the latest version of this evaluation is attached as appendix 7. It sets out the areas of support they have been providing over the last year and how they have grown from nothing to an organisation with about 1000 volunteers, who they are able to supply to other organisations as demand rises and falls.

It shows what can be achieved at a local level.

See Appendix 7 for the detailed case study

7 Conclusions

7.1 Understanding how NHSVRS has been used

There is clear evidence that the NHSVRS was widely used in Eastbourne and Hastings, with markedly less use in Crawley. In all three Places, the usage declined from June 2020, with a slight increase in December 2020 and January 2021, but then a further decline in referrals in February 2021.

There is some evidence that the disparity in its usage across the three Places was related to the high levels of referrals in the first two months from East Sussex County Council, who had taken responsibility for people deemed to be CEV and who referred all those people who needed assistance to the NHSVRS. It was agreed that ESCC would prioritise CEV and that Community Hubs would prioritise other people experiencing vulnerability in order to manage demand and respond as effectively as possible

The same process did not occur in Crawley, where the County Council, also with a responsibility for people deemed CEV, worked directly with individuals themselves or referred to the Crawley Community Hub operated by the Borough Council. The percentage of referrals from the local authority category for Crawley was 5% compared to 28% for Eastbourne and 62% for Hastings.

There is evidence from the data that the most requested task was for community response. This was for assistance with practical tasks such as help with shopping and collecting prescriptions. The data for 2020 shows that this task accounted for 76% of requests in Crawley, 72% in Eastbourne and 77% in Hastings. All people spoken with confirmed that assisting with practical tasks was the focus in the early days of the lockdown.

There is evidence that volunteers for the NHSVRS wanted to do these practical tasks, but also preferred one-off involvement rather than more longer-term work with individuals. For example, whilst 424 volunteers in Crawley wanted to carry out the community response task, only 9 wanted involvement in the more longer-term work of community response plus. The respective figures for Eastbourne were 435 and 22 and for Hastings, 450 and 6 (figures for 8 February 2021).

7.2 Understanding models each area has adopted and how or whether these are integrated with local services

There is evidence in all three Places of rapid growth in support systems at the beginning of the lockdown. All local authorities started to put together support systems even before the official announcement of the lockdown. They said that they set up systems, across departments, in record time as some traditional interdepartmental barriers were pulled down. Alongside this, the voluntary sector also began to mobilise, not only existing services but also new ones, such as the good example of HEART in Hastings.

All people spoken with, from both statutory and voluntary agencies, reported that all organisations worked well together. Central to the inter-agency working were the local community networks, often initiated by the statutory agency but soon taken over by the coordinating voluntary agency in each Place. These meetings took place weekly,

although they are less often now, as the pressure has diminished. They were able to identify any stress areas and any gaps in the support system.

Voluntary organisations were also able to adapt what they were doing in order to respond to these changing needs. If one organisation became aware of a need for someone they were working with, but they could not meet it, they generally knew someone who could. This was usually information they had gained from these network meetings. The latter became central to the success of the local support systems.

A major difference between the centralised NHSVRS and local support schemes was that the latter aimed for consistency of volunteer. Organisations felt it to be important to provide some consistency. It enabled a more holistic and person-centred approach to be taken. Examples were given of a volunteer identifying a range of issues that a person was facing and was able to refer them to a relevant organisation.

Importantly, the NHSVRS was not part of community network meetings and so operated completely independently of the local community support system. From discussions with voluntary organisations, whilst some were aware of the NHSVRS, no one had made any use of it. They managed within their own support system.

No voluntary organisation felt that the NHSVRS was in competition with what they were doing and so did not see it as a threat.

7.3 Potential opportunities

The NHSVRS worked best when it provided specific one-off practical tasks. This was what the vast majority of their volunteers wanted to do. It did not work well in providing longer term and more consistent support. The latter were the ones that NHSVRS sometimes struggled to allocate to a volunteer.

From discussions throughout this evaluation, there has been consensus on the future pressures on the support systems linked to the pandemic. It is anticipated that unemployment will increase once the furlough scheme ends. This will be a particular factor for Crawley, with employment being highly dependent on Gatwick Airport and related services. Evictions will begin to resume once the moratorium ends. All issues related to unemployment, such as food poverty, homelessness, debt, will be impacted on an increasing number of people and families.

Alongside this, is the impact of the last year on people's mental health and wellbeing. Support services have already experienced an increase in demand and referrals. Befriender schemes have played a part in supporting people who have felt isolated, but a new issue is anxiety about returning to the outside world and to the community.

The lockdown periods have increased our reliance on digital technology. Health based appointments have increasingly moved to on-line systems. Access to shopping is also moving more to online. NHSVT itself made use of digital technology through the GoodSAM app. For most of the population, this may not be a problem but for some people, they do not have access to the digital systems and would struggle to utilise it even if they did. This disparity also needs to be addressed.

It is unclear how a centralised system of volunteers will be able to play a part in the support systems for these new challenges. These are not one-off visits and involvement

but will need longer term and more consistent support. As identified above, local community-based support services are better able to provide this.

Therefore, a centralised system could only provide effective support if it was task based and mostly centred on one-off practical support. This was how the NHSVRS proved its worth.

7.4 Challenges and lessons

The introduction of the NHS Volunteer Responders Scheme galvanised a whole new group of people to volunteer. In fact, all those spoken with confirmed that they had been inundated with volunteers. At the beginning of the lockdown, many people decided that they wanted to help in the time of crisis. It is possible that the NHS 'brand' may have resulted in some people volunteering for the national scheme rather than getting involved in a locally based one. This view was expressed by a couple of voluntary organisations.

There was an oversubscription of volunteers. The data shows that there were very high numbers of volunteers for the NHSVRS. However, there were also high numbers of these volunteers who had nothing to do and so left. There was over expectation which could not be met. Fortunately, there is evidence that some of these volunteers moved to local and community organisations and so were able to get involved through them. Others would have left the volunteering sector, possibly never to return.

The feedback from volunteers through the national RVS survey confirms that volunteers' satisfaction levels are dependent on being given volunteering work to do. This, again, provides evidence for the potential volunteers being lost for the voluntary sector.

The demand for volunteering work continues, as seen by the number putting themselves as on duty this year. The challenge is how to utilise these volunteers.

There is evidence that some aspects of the voluntary sector have grown in response to the pandemic. Some new organisations have developed and others changed the way they operate. Most are planning to continue and amend their support to fit in with the changing demands.

The high demand levels for both the NHSVRS and the statutory and voluntary sectors illustrates the depth of the pandemic and its impact on people's lives. The likely demands for future support are highlighted above, centred on unemployment, debt, food poverty and mental health and wellbeing.

8 Recommendations

1. The NHS Volunteer Responders Scheme should be wound down, as the need for practical level support, which the scheme does best, is diminishing as we come out of the latest lockdown.

2. Lessons from the NHSVR Scheme should be collated and shared widely, in order that local systems can develop and build on local initiatives; this may include the continuation of a forum specifically related to task-based volunteering to continue to share good practice.

3. Consideration should be given to harnessing the motivation of those who have volunteered for NHSVR, with signposting to local volunteering and/or community support opportunities.

4. Any future centralised volunteering scheme should be integrated with local community support networks so a coordinated approach can be taken.

5. NHSVRS needs to identify those people they have been supporting regularly and provide an effective handover with them to a local and relevant voluntary organisation so that local support continues appropriately.

6. NHS England needs to consider how to support local organisations – practically and financially - to respond to expected increases in demand, as outlined in this report. This need has some urgency as increased demand has already commenced and will only increase further once furlough and eviction suspension end, together with the full impact of delayed care and treatment coming to light. Some areas of support will need trained personnel, such as debt management, and this training takes some time to complete.

7. Digital systems for volunteering such as the GoodSAM app need to be further explored to enable more people to access volunteering opportunities and to address digital exclusion.

8. The actions above could play a part in rectifying some of the health inequalities that exist and are potentially widening due to the impact of the pandemic over the last 12 months.

9 Consideration for next steps

This project has not looked in any depth at the future demands for support, as outlined above. If the project is to continue, it is suggested that these are the foci:

- It would need to link with the key organisations that are currently providing support related to the issues of debt management, housing needs, digital inclusion and mental health & wellbeing.

- It would need to assess the depth of the issues and expected growth in demand.

- It would need to investigate what exists currently and how the support systems could be expanded to meet this increasing need.

- The project would need to link with any work that is currently occurring on these issues, to prevent duplication.

Importantly, any work would need to link with any other research that is currently being carried out, to add value and to prevent duplication. There will also need to be some consideration given to exploring ways of engaging with the public about what the pressures are post lockdown.

Next steps could also include investigation of how the existing winding down of the NHS Volunteer Responders Scheme could be linked with future developments of the local voluntary sector in Crawley, Eastbourne and Hastings.

10 Appendix 1: Partners and contacts

Some specific organisations were contacted for each Place (those with an asterix were those who responded positively and where a conversation or correspondence was held and feedback obtained).

Crawley

- Age UK Crawley *
- Crawley social prescribing agency *
- CAB Crawley *
- Love Your Neighbour
- The Easter Team *
- Giving Back Crawley *
- Gurjar Hindu Union *
- Free Shop Crawley *
- Café in the Park *
- RVS Crawley

Eastbourne

- Age UK East Sussex
- Southdown Social Prescribing Service
- Southdown Wellbeing Centre, Eastbourne *
- CAB Eastbourne
- Seaside Hub
- Kings Church, Eastbourne *
- Jpkproject *
- Willingdon Trees Community Centre *
- Linking Lives *
- Community Stuff
- Christians Against Poverty, Eastbourne *
- Compass Community Arts *
- Care for the Carers *

Hastings

- Southdown Social Prescribing Service *

- Southdown Wellbeing Centre, Hastings

- CAB, Hastings

- HEART *

- Kings Church, Hastings *

- Seaview Project

- Love Your Neighbour *

- Warming up the homeless *

Questionnaire/data collection forms were returned, or provided some relevant data, by the following organisations:

- Eastbourne Borough Council

- Compass Community Arts

- Chestnut Tree House

- Warming Up The Homeless

- Hastings Borough Council

- STEPS East

- Age UK West Sussex

- East Sussex County Council

- Linking Lives, Eastbourne

- Crawley Community Action (incorporating their Social Prescribing Service)

- Hastings Voluntary Action

- West Sussex County Council

- Hastings Emergency Action Resilience Team (HEART)

11 Appendix 2: Embedding and Evaluating the NHS Volunteer Responders (NHSVR) project: Key Questions for partner organisations

Following a recent conversation with you, or a colleague in your organisation, below is a brief questionnaire. It would be appreciated if you could complete this. The purpose is to obtain as much information about the support systems in place since March 2020 for people having to self-isolate due to the pandemic. Also, there is a section to provide useful data about the extent of the support you have provided since March 2020. This will assist us to assess the levels of need in the three areas of Crawley, Eastbourne and Hastings, and how these were met.

Please contact me if you have any questions. Thank you for your assistance with this project. The key outcome of the project is to identify ways of developing support systems in the future.

1. Since March 2020, what types of support have you provided for people in your community who have been affected by the pandemic, such as those people who have had to self-isolate?	
2. Who has been providing this support? Eg volunteers, staff?	
3. Since March 2020, have you had sufficient people to meet the demand for support?	
4. Did you recruit specifically for these roles or utilise your existing bank of staff and volunteers?	
5. Did you link with any other organisations to provide similar types of support? If so, could you state who they are so we could contact them as well.	
6. Were you aware of the NHS Volunteer Responders scheme? If so, did you register as a referral organisation and make any referrals to them?	
7. Were you made aware that it was the responsibility of the referring agency to monitor completion of the task/s?	

8. How did you find the process of making referrals? E.g. how useful was the GoodSamapp, if you used it, and how easy was it to monitor what was happening to your referral?	
9. Did you experience any problems and examples where NHSVR did not complete the task/s in a timely manner?	
10. Do you feel there has been any duplication between support services for people who have been affected by the pandemic, especially those who have had to self-isolate? If so, how do you think this could be prevented in the future?	
11. Do you think there were, and are, any gaps in the provision of support for people who are isolating?	
12. Did any of your staff/volunteers also take up opportunities through the NHSVR scheme?	
13. Have you any views on what system/s would be best to provide ongoing support in the future for people self-isolating or needing the types of support provided during recent lockdowns?	

Data collection (it would be helpful if the data could be broken down into each month, since March 2020)

1. How many volunteers and staff from your organisation were involved in supporting people since March 2020?	
2. Of the above, how many provided the following types of support: a) Check in and chat/phone call support, one task. b) Check in and chat – ongoing support, more than once c) Community response/shopping, collecting medication etc d) Community response – ongoing support, more than once e) NHS transport, eg transporting equipment f) Patient transport g) Any other support provided.	
3. How many referrals/people did you support and how many for each of the following: a) Check in and chat/phone call support, one task. b) Check in and chat – ongoing support, more than once c) Community response/shopping, collecting medication etc d) Community response – ongoing support, more than once e) NHS transport, eg transporting equipment f) Patient transport g) Any other types of support.	
4. How many referrals came from people themselves and how many from other agencies or people?	

Please provide numbers for each referral source.	

12 Appendix 3: Referrals for Crawley, Eastbourne and Hastings

Referrals April - December 2020; Crawley

Month	Check in & chat	C in & c plus	Community response	C R plus	NHS Transport	Patient Transport	Total
April	6	0	66	2	1	0	75 (37%)
May	2	0	29	1	0	1	33 (16%)
June	1	0	8	0	0	0	9 (5%)
July	2	1	14	3	1	2	23 (12%)
August	0	1	5	2	0	0	8 (4%)
Sept	1	0	2	2	0	0	5 (3%)
Oct	0	0	6	1	0	1	8 (4%)
Nov	1	0	16	7	1	1	26 (13%)
Dec	0	2	7	3	0	1	13 (6%)
Total	**13 (7%)**	**4 (2%)**	**153 (76%)**	**21 (11%)**	**3 (2%)**	**6 (3%)**	**200**

Referrers April – December 2020: Crawley

Referrer	Total	Referrer	Total
S-R Received letter	51 (26%)	S-R disabled	4 (2%)
NHS (inferred)	32 (16%)	S-R caring responsibilities	3 (2%)
GP	21 (10%)	LA (inferred)	2 (1%)
S-R newly socially vulnerable	13 (7%)	NHS 111/Ambulance Trust	3 (1%)
Local Authority	12 (6%)	Social prescribing/link worker scheme	1 (1%)
S-R high risk category	10 (5%)	Community Pharmacy	1 (1%)
Other	10 (5%)	A charity	1 (1%)
S-R over 70	9 (4%)	S-R Frontline health and care staff	0
Hospital	8 (4%)	Social housing provider	0
Other (inferred)	7 (3%)	Police or Fire Service	0
Approved charity partner	6 (3%)	Pregnant	0
RVS call centre Social care provider	5 (3%)		200

Referrals April - December 2020; Eastbourne

Month	Check in & chat	C in & c plus	Community response	C R plus	NHS Transport	Patient Transport	Total
April	48	0	257	14	6	5	330 (34%)
May	34	0	165	5	1	7	212 (22%)
June	19	1	100	12	1	3	135 (14%)
July	5	2	79	23	2	2	113 (12%)
August	2	0	27	8	1	14	52 (5%)
Sept	0	0	18	4	1	5	28 (3%)
Oct	4	1	13	8	1	1	28 (3%)
Nov	2	4	23	4	1	4	38 (4%)
Dec	3	1	15	7	0	1	27 (3%)
Total	**116 (12%)**	**9 (1%)**	**697 (72%)**	**85 (9%)**	**14 (1%)**	**42 (4%)**	**963**

Referrers April – December 2020: Eastbourne

Referrer	Total	Referrer	Total
S-R Received letter	245 (25%)	RVS call centre	9 (1%)
Local Authority	157 (16%)	Approved charity partner	5 (1%)
GP	119 (12%)	Social prescribing/link worker scheme	5 (1%)
S-R over 70	109 (11%)	NHS 111/Ambulance	3
NHS (inferred)	88 (9%)	Hospital	2
S-R high risk category	52 (5%)	Community Pharmacy	2
Other	53 (5%)	S-R caring responsibilities	2
Other (inferred)	32 (3%)	S-R Frontline health and care staff	2
LA (inferred)	32 (3%)	Social housing provider	1
S-R newly socially vulnerable	18 (2%)	Police or Fire Service	1
S-R disabled	13 (1%)	Pregnant	0
Social care provider	11 (1%)		**963**

Referrals April - December 2020; Hastings

Month	Check in & chat	C in & c plus	Community response	C R plus	NHS Transport	Patient Transport	Total
April	58	0	315	19	5	4	401 (42%)
May	26	0	158	8	2	2	196 (20%)
June	14	4	129	9	1	0	157 (16%)
July	1	4	55	7	0	2	69 (7%)
August	1	0	16	2	0	3	22 (2%)
Sept	0	2	12	3	0	1	18 (2%)
Oct	2	1	16	4	0	0	23 (2%)
Nov	3	0	25	8	0	0	36 (4%)
Dec	4	11	15	13	0	1	44 (5%)
Total	**109 (11%)**	**22 (2%)**	**741 (77%)**	**73 (8%)**	**8 (1%)**	**13 (1%)**	**966**

Referrers April – December 2020: Hastings

Referrer	Total	Referrer	Total
Local Authority	298 (31%)	S-R disabled	8 (1%)
S-R Received letter	208 (22%)	Approved charity partner	6 (1%)
LA (inferred)	146 (15%)	RVS call centre	6 (1%)
S-R over 70	69 (7%)	Hospital	5
Other	67 (7%)	S-R caring responsibilities	5
Other (inferred)	37 (4%)	A charity	2
S-R high risk category	36 (4%)	Community Pharmacy	1
Social prescribing/link worker scheme	16 (2%)	Frontline health and care staff	1
Social care provider	22 (2%)	Social housing provider	1
S-R newly socially vulnerable	11 (1%)	Police or Fire Service	0
GP	11 (1%)	Pregnant	0
NHS (inferred)	10 (1%)		**966**

Comparison: Number of referrals

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Crawley	75	33	9	23	8	5	8	26	13	200
As %	37%	16%	5%	12%	4%	3%	4%	13%	6%	
Eastbourne	330	212	135	113	52	28	28	38	27	963
As %	34%	22%	14%	12%	5%	3%	3%	4%	3%	
Hastings	401	196	157	69	22	18	23	36	44	966
As %	42%	20%	16%	7%	2%	2%	2%	4%	5%	

In first three months (April – June):

Crawley: 58%

Eastbourne: 70%

Hastings: 78%

Nature of referrals

Month	Check in & chat	C in & c plus	Community response	C R plus	NHS Transport	Patient Transport	Total
Crawley	13 (7%)	4 (2%)	153 (76%)	21 (11%)	3 (2%)	6 (3%)	200
Eastbourne	116 (12%)	9 (1%)	697 (72%)	85 (9%)	14 (1%)	42 (4%)	963
Hastings	109 (11%)	22 (2%)	741 (77%)	73 (8%)	8 (1%)	13 (1%)	966

Referrers

	Crawley	Eastbourne	Hastings
S-R Received letter	51 (26%)	245 (25%)	208 (22%)
Local Authority	12 (6%)	157 (16%)	298 (31%)
LA (inferred)	2 (1%)	32 (3%)	146 (15%)
NHS	32 (16%)	88 (9%)	10 (1%)
GP	21 (10%)	119 (12%)	11 (1%)
S-R over 70	9 (4%)	109 (11%)	69 (7%)
S-R high risk category	10 (5%)	52 (5%)	36 (4%)

S-R newly socially vulnerable	13 (7%)	18 (2%)	11 (1%)
Other	10 (5%)	53 (5%)	67 (7%)
Other (inferred)	7 (3%)	32 (3%)	37 (4%)
Total self-referred	90 (45%)	441 (46%)	338 (35%)

13 Appendix 4: Number of tasks

	Check in	Check in +	CR	CR +	NHS	patient	TOTAL
Crawley	493	33	1951	73	18	6	2574
Eastbourne	2758	2112	6452	713	38	105	12225
Hastings	2505	307	10734	775	28	23	14372

Number of tasks completed/not completed

	Total tasks	Completed	No match	% completed
Crawley	2574	2402	172	93%
Eastbourne	12225	7522	4703	62%
Hastings	14372	7769	6603	54%

Tasks not completed by type

	Check in	Check +	CR	CR +	NHS	Patient	total
Crawley	23	0	120	25	1	3	172
As % of type	5%	0	6%	34%	6%	50%	
Eastbourne	42	0	4013	570	3	65	4703
As % of type	2%	0	62%	80%	8%	62%	
Hastings	48	2	5907	622	0	21	6603
As % of type	2%	1%	55%	80%	0%	91%	

14 Appendix 5: Data for January and February 2021

Referrals for January 2021

	Check in & chat	C in & c plus	Community response	C R plus	NHS Transport	Patient Transport	Total
Crawley	0	1	43	17	0	0	61
Eastbourne	4	3	82	36	1	2	128
Hastings	0	2	32	12	0	1	47

	SR received letter	Other SR	Total SR	Other referrers	TOTAL
Crawley	23	23	46	15	61
Eastbourne	56	58	114	14	128
Hastings	20	24	44	3	47

Tasks for January 2021

	Check in & chat	C in & c plus	Community response	C R plus	NHS Transport	Patient Transport	Total (- not completed)
Crawley	91	48	189	34	0	0	369
completed	91	48	185	31	0	0	362 (-7)
Eastbourne	524	80	643	167	1	5	1420
Completed	519	80	627	121	1	5	1353 (-67)
Hastings	364	52	1137	154	1	2	1710
completed	361	52	694	29	1	1	1138 (-572)

Referrals for February 2021

	Check in & chat	C in & c plus	Community response	C R plus	NHS Transport	Patient Transport	Total
Crawley	0	0	19	7	0	0	26
Eastbourne	3	3	45	20	1	3	75
Hastings	1	1	12	10	0	0	27

	SR received letter	Other referrers	TOTAL
Crawley	20	6	26
Eastbourne	61	14	75
Hastings	21	6	27

15 Appendix 6: Volunteer information

As at 1 March 2021

	Volunteers on duty	Volunteers receiving a notification	Volunteers undertaking a task
Crawley	140	85	19
Eastbourne	99	56	16
Hastings	55	33	8

Period 1-7 February 2021 inclusive (% of those who completed a task to those on duty)

	Approved volunteers	Volunteers on duty	Volunteers receiving a notification	Volunteers undertaking a task
Crawley	1245	120	71	22 (18%)
Eastbourne	1190	103	58	30 (29%)
Hastings	876	51	27	11 (22%)

Previous months

18 June 2020

	Approved volunteers	Volunteers on duty	Volunteers receiving a notification	Volunteers undertaking a task
Crawley	1099	248	150	35 (14%)
Eastbourne	991	133	112	69 (52%)
Hastings	598	68	54	29 (43%)

21 July 2020

	Approved volunteers	Volunteers on duty	Volunteers receiving a notification	Volunteers undertaking a task
Crawley	1101	148	104	25 (17%)
Eastbourne	991	79	64	27 (34%)
Hastings	619	34	31	12 (35%)

24 August 2020

	Approved volunteers	Volunteers on duty	Volunteers receiving a notification	Volunteers undertaking a task
Crawley	1101	83	54	14 (17%)
Eastbourne	991	57	56	24 (42%)
Hastings	619	31	29	15 (48%)

28 September 2020

	Approved volunteers	Volunteers on duty	Volunteers receiving a notification	Volunteers undertaking a task
Crawley	1101	76	47	8 (11%)
Eastbourne	1000	46	41	10 (22%)
Hastings	623	23	19	8 (35%)

26 October 2020

	Approved volunteers	Volunteers on duty	Volunteers receiving a notification	Volunteers undertaking a task
Crawley	1101	57	33	4 ((7%)
Eastbourne	1000	45	39	7 ((16%)
Hastings	623	16	16	3 (19%)

30 November 2020

	Approved volunteers	Volunteers on duty	Volunteers receiving a notification	Volunteers undertaking a task
Crawley	1118	70	43	12 (17%)
Eastbourne	1075	54	44	12 (22%)
Hastings	769	26	23	8 (31%)

11 January 2021

	Approved volunteers	Volunteers on duty	Volunteers receiving a notification	Volunteers undertaking a task
Crawley	1144	94	64	19 (20%)
Eastbourne	1103	84	70	34 (40%)
Hastings	816	50	41	16 (32%)

<u>Volunteer information</u> – number of volunteers for each role (NB there were some blanks and so no information about what role these volunteers had put themselves forward for)

as at 8.2.21

	Check in & chat	C in & c plus	Community response	C R plus	NHS Transport	Patient Transport	Total listed volunteers
Crawley	351	2	424	9	359	8	788
Eastbourne	374	4	435	22	347	14	1190
Hastings	513	13	450	6	440	7	876

As at 25 June 2020

	Check in & chat	C in & c plus	Community response	C R plus	NHS Transport	Patient Transport	Total listed volunteers
Crawley	354	1	425	9	358	9	1099
Eastbourne	354	0	413	15	332	6	991
Hastings	243	0	276	11	241	4	598

16 Appendix 7: HEART

AN EXTRAORDINARY YEAR SUPPORTING THE COMMUNITY OF HASTINGS & St.LEONARDS

WHO WE ARE

HEART is the registered Mutual Aid organisation for Hastings & St.Leonard's. It brings together volunteers from all walks of life to support individuals and families in need in the community with practical help and assistance, while also working closely with external agencies to co-ordinate and deliver the emergency response to the Coronavirus pandemic, and beyond.

Since its foundation in March 2020, our volunteers have committed thousands of hours to keep our community safe, well, fed and supported. Set out below are some of its – and their – achievements.

CREATING A VOLUNTER ARMY

HEART HAS:

- Established a Facebook Community Group with over 3200 supporters, one of the largest in Hastings

- Recruited a cohort of 1070 volunteers, all of whom have stepped forward to assist in supporting others within their community in a broad variety of tasks. Our thanks go out to each and every one of you.

- Worked with over 500 of this cohort to enable them to secure full, enhanced Disclosure and Barring Certification, enabling them to work safely with the most vulnerable within our community.

- Researched, written, designed and distributed a suite of volunteer guidelines, protocols and instructions in safe working practices to ensure volunteer and client security, achieving a 100% safety record throughout the pandemic

- Issued 160+ Certificates of Recognition to HEART volunteers, all distributed by hand, acknowledging their hard work and support during the pandemic

- Designed and supplied 80 hi-viz volunteering vests to identify HEART volunteers and 100 PPE facemasks to protect volunteers and clients.

SUPPORTING OUR COMMUNITY

HEART HAS:

- Developed an efficient, automated mechanism to co-ordinate the assignment of volunteers with volunteer tasks to ensure rapid response to community requests for help, usually within 2 hours.

- Delivered, in conjunction with external agencies, thousands of volunteer support tasks to ensure 4000+ of the town's most vulnerable citizens have received food, medicines, practical help, guidance and other support

- Worked with NHS GP practices to establish ongoing, weekly, volunteer practical support for over 60 referred, vulnerable patients on GP lists

- Provided over 30 volunteer drivers to transport keyworkers to and from shifts at NHS hospitals free of charge, recording 1000+ hours service during lockdown

- Provided over 70 volunteers to develop the Connect2 Befriending service, providing vital telephone support to concerned people throughout the Coronavirus pandemic

- Provided more than 20 volunteer helpers to Education Futures Trust to sort, package and deliver 100s of book, clothing and food packs to families in need

- Provided, on a continuing basis, nearly 30 delivery drivers to Hastings Foodbank, distributing 1000s of food parcels to people in need

- Assumed responsibility, during essential breaks in service, for the delivery of all Hastings Foodbank. Hastings Borough Council & Citizens Advice-referred food parcels to people in need within 24hrs

- Recruited volunteer workers for a host of additional agencies/ organisations in the town, including Oxfam, Hastings Dance, Heart of Hastings, Citizens Advice 1066 etc.

- Recruited over 40 volunteers to test-run and participate in the town's successful, virtual Jack-in-the-Green celebrations

- Established, in conjunction with the NHS Clinical Commissioning Group, the town's escorted Vaccination Transport Service for people struggling to get to their vaccination hub free of charge, with vaccinated drivers.

- Recruited & deployed x8 HEART vaccinated volunteers to support hospital discharge at East Sussex Hospital's Conquest Hospital.

WORKING WITH PARTNERS

HEART HAS:

- Been a founding member of (and participated continuously in) the town's Community Hub, bringing together the NHS, statutory agencies and wider community organisations to co-ordinate the emergency response to the Covid-19 pandemic

- Liaised with partner Mutual Aid organisations to develop cross-referral procedures in compliance with data protection legislation

- Registered with the Data Protection Registrar to establish a formal data sharing agreement with Hastings Borough Council for secure client referral

- Researched, produced & disseminated an innovative report into economic opportunities & re-development, post-pandemic.

- Raised funds for the Heart of Hastings charity through a successful online appeal.

- Established 'Check-In' – free, confidential, therapeutic service offering all volunteers working in the community a one-off chat to a skilled listening ear.

- Participated in a broad and growing range of regional and national research programmes into the community/volunteer response to Covid, including programmes conducted by University of Sussex, DCMS/NatCen, the National Lottery, NHS England/Sussex Health and Care Partnership and the NIHR Applied Research Collaboration (ARC) for Kent, Surrey & Sussex.

COMMUNICATING WITH OUR COMMUNITY

HEART HAS

- Created two functioning websites providing an online mechanism for the community to request urgent help and information to promote community health, safety and commerce.

- Designed, produced & distributed 2x 300+ posters across Hastings to promote the services & contacts of the Community Hub Emergency Response organisations

- Hand-delivered approx. 1000 leaflets promoting Community Hub contacts and info

- Projected, nightly for a week, details of how to get help during the pandemic on buildings throughout Hastings

- Secured TV, radio & press coverage to tell people throughout the community how to get help and advice

- Produced regular volunteer newsletters, Facebook, Instagram & Twitter postings, press releases & information reports to keep people up to date with news, health & safety issues, volunteer opportunities and activities.

- Designed, produced & distributed 7000+ leaflets for distribution at NHS vaccination centres advising on post-vaccine behaviour & ways to access further help

- Hosted the town's first Hastings Question Time, bringing together 7 Civic leaders to be quizzed on burning community issues, now watched by 1000+ viewers online.

- Devised, recorded & presented a live webinar for the national Charity Digital online conference, attended by 2000+ subscribers, on 'recruiting & managing volunteers on a budget'.

MANAGING ITS AFFAIRS

HEART HAS:

- Established and agreed a formal Constitution & Memorandum & Articles of Association for the organisation

- Established a not-for-profit, Company Limited by Guarantee, with three Directors, to continue the organisation's work going forward

- Developed a suite of policies, protocols and procedures covering Safeguarding, Equal Opportunities, Complaints, backed by a broad array of easy-to-understand, clear Volunteer Guidelines setting out procedures for anyone supporting people in the community.

- Secured operational funding from a broad range of supporting foundations and agencies including the Hastings Relief Fund, Sussex Community Foundation, the National Lottery Community Fund, the Tudor Trust, East Sussex County Council and NHS Clinical Commissioning Group.

- Established weekly online feedback for volunteers to meet with Core Team members to provide ideas and discuss issues identified in field operations

- Established a monthly online 'Coffee Morning' event for all HEART volunteers to meet colleagues and enjoy more informal discussions

- Established a new telephone line & call-back service for people unable to get online to contact the organisation over the phone.

WORKING FOR THE FUTURE

HEART is now currently embarked on the following:

- Started application work to become a formally registered charity.

- Development of a 'Buddying' outreach scheme to provide ongoing volunteer support to vulnerable adults to reduce isolation, loneliness & anxiety.

- Development of a pilot project, in conjunction with East Sussex Hospitals NHS Trust, to develop new mechanisms for community support post-hospital discharge, reduce hospital readmission, support patient mental health and wellbeing, and address health inequalities.

- Development of a wider programme for post-hospital discharge aftercare in conjunction with Citizens Advice 1066, ESHT, and Hastings Borough Council.

- Gathering data on patient experiences of healthcare in both primary and secondary care settings to help model future provision.

- Research into emerging town-wide priorities for health, economic development and social care to assist in planning by external services.

- Working with Community Hub partners to refocus activities to cope with future public health, community & economic wellbeing issues expected in the short and medium terms.

- Fundraising to support & sustain the organisation's administration to establish a permanent volunteer workforce in the town.

WE L♥VE OUR VOLUNTEERS

THANK YOU !

web: www.hastingsheart.com

17 Appendix 8: NHS Volunteer Responder Roles

Community Response Volunteer: Involves collecting shopping, medication or other essential supplies for someone who is self-isolating and delivering these supplies to their home. A DBS is not required for this role.

Community Response PLUS Volunteer: Provides the same type of support as the standard role, however, it supports individuals who have been identified by referrers as living with a significant vulnerability. An enhanced DBS check with barred list is required for this role.

Check-in and Chat volunteer: Provides short-term telephone support to individuals who are at risk of loneliness as a consequence of self-isolation. A DBS is not required for this role.

Check-in and Chat PLUS Volunteer: Provides a regular check-in by telephone support to the same individual for a duration of 10 weeks, with 3 calls taking place each week. An enhanced DBS check is required for this role.

NHS Transport volunteer: Involves transporting equipment, supplies and/or medication between NHS services and sites, it may also involve assisting pharmacies with medication delivery. A DBS is not required for this role.

Patient Transport volunteer: Supports the NHS by providing transport to patients who are medically fit for discharge or to transport patients to medical appointments. An enhanced DBS check with barred list is required for this role.