



Community Hubs in Lancashire and South Cumbria: Emergence, Development and Next Steps

Research Project: Final Report

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1. Introduction

1.1 Background, Rationale and Community Hub Characterisation

This report summarises research into the emergence and development of community hubs within Lancashire and South Cumbria (L&SC). The project has been funded by the University of Central Lancashire (UCLan) and was developed following discussions with the Partnerships Manager at Community Futures – the Community Council of Lancashire.

The phrase ‘community hub’ has existed for a number of years and usually relates to a range of community initiatives, including community centres, community spaces, and many other projects that provide services to a community [1, 2]. Most of these initiatives have originated in the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. However, since the proliferation of community hubs during the COVID-19 pandemic, hubs operated by district-level local authorities have emerged in greater number. These are perceived to have been a successful response to the challenges posed by the pandemic, and to have reduced barriers to communication between organisations and led to an increase in partnership working [3]. In L&SC there are a couple of large programmes being developed by public bodies such as Lancashire County Council and the local NHS foundation trust that build on the theme of community hubs.

The range of initiatives that the phrase ‘community hub’ can refer to has created some confusion amongst members of the VCFSE sector who are unsure how these programmes will affect them and what role, if any, they may be expected to fulfil within them. At times there is little agreement (and some tautology) over what constitutes either a ‘community’ or a ‘hub’ – ‘community’ indicating the constituents served by a hub, and ‘hub’ referring to the nature of the community initiative in question.

This report begins by outlining the geographical parameters of the study in the context of the L&SC Integrated Care System (ICS) before considering definitional issues, drawing on insights from the literature and our research interviews. It then sets out the study’s aim and objectives, summarises the study design and methods, and acknowledges some limitations. It goes on to introduce the ‘landscape’ of community hubs, before presenting findings from the qualitative data collection – examining the development of community hubs; motivations and drivers; challenges; facilitators; and public-civil society tensions.

1.2 Geographical Context

1.2.1 Integrated Care Systems – Overview

The geographical context for this study is L&SC, which forms the footprint for one of the 42 ICSs introduced by the 2022 Health & Care Act and established in July 2022. Covering populations of 500,000-3 million, ICSs focus on collaboration and place- and population-based approaches, and are “partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.” [4]. Each ICS comprises:

- an **integrated care board (ICB)** - a statutory NHS body responsible for planning and funding NHS services to meet population health needs across the 'system' footprint
- an **integrated care partnership (ICP)** - a statutory committee formed of system partners (including NHS organisations, unitary and upper-tier local authorities and VCFSE sector bodies) to produce a system-level integrated health and care strategy
- **provider collaboratives** - partnerships that bring together NHS trusts to work collaboratively at scale to benefit their populations through enhanced efficiency, sustainability and quality of care
- **place-based partnerships** (covering populations of 250,000-500,000 people and often operating on local authority footprints), which will lead the 'on-the-ground' design and delivery of integrated services to address the determinants of health, tackle health inequalities and meet health and care needs
- **neighbourhood-based primary care networks (PCNs) and multi-agency teams**, which will deliver joined-up and integrated community health and care services at the neighbourhood-level (30,000-50,000 people).

It is clear that VCFSE sector organisations are important strategic partners for ICSs in terms of tackling the wider determinants of health, delivering improvements in health and wellbeing and reducing inequalities - which often involves working more closely with communities. National guidance urges that VCFSE sector should be "embedded in how the ICS operates, including through involvement in governance structures in population health management and service redesign work, and in system workforce, leadership and organisational development plans" [5].

1.2.2 Lancashire & South Cumbria

L&SC ICS has a population of 1.8 million and is overseen by the [L&SC ICB](#) and the [L&SC Health and Care Partnership](#), which is co-ordinated by the ICB and unitary and upper tier local authorities. [L&SC NHS Provider Collaborative](#) brings together the five provider NHS trusts to work in partnership for the benefit of the population, while [L&SC VCFSE Alliance](#) brings together VCFSE sector organisations to work as valued partners within L&SC ICP.

Within the ICS geographical footprint, four [place-based partnerships](#) have been established aligned with the boundaries of the four unitary and upper-tier councils - South Cumbria, Blackburn with Darwen, Blackpool and Lancashire. Within each of these 'places', [PCNs](#) (formed by one or more GP surgeries) and other neighbourhood-based teams work to plan and deliver improved health and care.

There appears to be growing recognition of the importance of the VCFSE sector within L&SC ICB and a willingness to work closely with VCFSE initiatives, including community hubs. The L&SC ICB meeting held on 27th July 2022 discussed the configuration of place-based partnerships under Agenda Item 9 [6], highlighting an intent to "move away from a 'contract culture and develop longer term partnership relationships with delivery partners...[including] VCFSE organisations" (p.6). In discussing the Fuller Stocktake Report under Agenda Item 8 [7] it placed emphasis on community infrastructure, utilisation of existing public assets and the possibility of co-locating services. This referenced the L&SC Working with People and

Communities Strategy [8], which sets out aspirations for involving the public at neighbourhood, place and system levels. Noting the centrality of working with VCFSE sector organisations as key partners, the Strategy states: “our ambitions are to demonstrate that our local residents and communities are equal partners in the co-production of health and wellbeing services” (p.5).

This growing recognition within ICSs of importance of VFSCE and appreciation of their ability to respond rapidly and flexibly to community needs is highlighted by Wheeler et al [9] who notes that barriers to full parity and involvement still exist for the VCFSE sector particularly regarding funding and reimbursement for time.

1.3 Towards a Working Definition

As an aid to navigating this report, it is useful to provide the following definition, which has emerged from the research as being applicable to the wide range of initiatives that are referred to as community hubs:

A community hub is viewed as a focal point that gathers organisational efforts to improve the well-being of communities. It grants access to multifunctional services and typically works through collaborations and multiple partnerships. The active role of 'community' is pivotal often through the involvement of the third or voluntary sector and civil society organisations.

Although we believe that this definition would be applicable in all the cases we studied, it also belies the range of views that have arisen in part because they have been developed in different phases across the country – led either by the VCFSE sector, or statutory bodies such as local authorities and health services, or by a combination of these. The majority of public bodies appeared to regard community hubs as a new development while for the VCFSE sector ‘hubs’ were often seen to have a long history within community development and to represent a new term for existing initiatives (for example, referring to projects that might be designated ‘community businesses’ or ‘community centres’).

The Community Hub Handbook [1] proposes a definition of community hub as a project that responds to local needs with a clearly defined local area or community:

Community hubs are an incredibly diverse group of entities, ranging from communal garden sheds to multipurpose community centres. Community hubs are buildings (or parts of buildings). They provide and host community activities that local people need. They are led and run by the community and are open and accessible to everyone. This also means their purpose can change over time to be available to people. (p.6)

The report acknowledges the diversity that exists within how community hubs are framed, defined and understood, a recognition also highlighted by Traynor & Simpson [10] and reflected in the following web page definition from Locality: The Power of Community [11]:

A community hub is a multipurpose centre, such as a community centre, medical centre or school, that provides a range of high quality and cost-effective services to the local community, with the potential to develop new services in response to changing community needs.

Community Hubs - Understanding Survival and Success [2], a 2019 study by Local Trust and Power to Change, charts the successes and challenges faced by community hubs and used the following definition:

'Community hubs', for the purposes of this study, are buildings (or parts of buildings) that are multi-purpose, open and accessible to the local community, and that provide services that the local community need. They also have a community-led governance structure, that is, the formal decisions about running and managing the building are taken by people who come mainly from within the community itself. (p.4)

When conducting interviews with respondents from L&SC, we detected considerable diversity, in part reflecting whether the stakeholder came from VCFSE sector, the NHS or a local authority:

A hub to an NHS person might be something completely different to what we mean by community hub...they'll be looking at it as a health hub, rather than a community hub, which personally I think should be one and the same. (Stephen Jones, Former Chair, Pennine Lancashire VCFSE Leaders' Forum)

'Hubs' is an interesting definition of the work, in a sense that a lot of that is about having integrated care models and care pathways between different services...From a hub descriptor perspective there are other hubs that typically we talk about in the NHS. So the [integrated neighbourhood teams], some would describe them as integrated hubs. We also have diagnostic hubs that are being developed across the NHS...[and] kind of same day access type hubs. (Peter Tinson, Director of Primary Care, NHS L&SC ICB)

[A family hub] is a place, in terms of a local neighbourhood centre, but it's also a network of professionals like...colonies of bees in different places in the neighbourhood. But they operate as a network rather than in a single co-located building. (Grant Murdoch, Programme Manager, Lancashire County Council)

For me, the critical point is the community have a real stake and a real say in what goes on there. So, it's not somebody coming in delivering a service for the community, it's the community being a part of that. (Jon Hutchinson, Programme Director for Communities, Groundwork - Cheshire, Lancashire & Merseyside)

From these situated perspectives it is possible to trace a set of features that are common to what is generally understood as a community hub:

- Focus on a local area and community (although understandings of what constitutes 'local' vary considerably).
- Deliver a wide range of services to the local community that are informed by and meet locally identified community needs.
- Operate from one or more places - sometimes a dedicated physical building, sometimes multiple community venues, sometimes a garden or park, and sometimes a virtual or digital space.

1.4 Aims and Objectives of the Study

1.4.1 Aims

- a) To characterise the emergence and development of community hubs in Lancashire and Cumbria, accounting for their diversity and key challenges they are attempting to address.
- b) To inform the development of a joined-up, coherent and sustainable approach to establishing effective community hubs in L&SC.

1.4.2 Objectives

- a) To examine the approaches to developing and resourcing community hubs within L&SC.
- b) To gain an overview of existing and proposed community hub-related developments within L&SC.
- c) To increase understanding of how these community hub-related developments are responding to community need, infrastructure and provision.
- d) To underpin a joined-up approach to working across sectors within L&SC and produce policy recommendations that can lead to better outcomes and less duplication.

2. Study Design and Methods

The study followed a mixed-methods approach and ethical approval was secured from the relevant UCLan Ethics Committee. There were three phases of data collection:

- Desk-based research and mapping exercise.
- Semi-structured interviews with decision makers and project managers from public bodies.
- Small-group and individual interviews drawn from the sample of community hubs

2.1 Phase 1: Desk-Based Research and Mapping Exercise

The first phase involved desk-based research, examining published literature and available online secondary data (e.g. national and local strategy documents) to contextualise the study and understand and map community hub developments.

2.2 Phase 2: Semi-Structured Interviews with Decision Makers and Project Managers

After the initial desk-based mapping exercise, semi-structured interviews with decision makers and project managers in the locality took place between September 2022 and January 2023. The aim of these were to gain in-depth knowledge of the different types of community hub programmes being developed in the area at the strategic and policy level along with an understanding of their diverse aims and the obstacles they confront. The interviews also aimed to investigate the involvement of the VCFSE sector in the development of these programmes. They were conducted with decision makers, project managers and

other stakeholders within relevant local authorities, key VCFSE sector organisations and the L&SC Health and Care Partnership. Interviews lasted from 45 min to 1 hour. Table 1 provides an overview of participants in phase 2.

Table 1 - Phase 2 Participants

Name	Role	Organisation
Alistair Rose	Director of Strategic Estates, Infrastructure and Sustainability	NHS L&SC Integrated Care Board
Christine Blythe	Chief Officer	Burnley, Pendle & Rossendale Council for Voluntary Service (CVS)
Colin Ranshaw	Third Sector Network Executive Representative	Cumbria Health and Wellbeing Board
Craig Russell	Trustee	Stricklandgate House, Kendal
Damian Sharkey	Programme Manager	The Bay: A Blueprint for Recovery
David Allen	Chief Executive	Cumbria CVS
Debra Bretherton	Associate Director of Operations	Lancashire & South Cumbria NHS Foundation Trust
Grant Murdoch	Programme Manager	Lancashire County Council
Jon Hutchinson	Programme Director for Communities	Groundwork (Cheshire, Lancashire & Merseyside)
Peter Tinson	Director of Primary Care	NHS L&SC Integrated Care Board
Sam Mortimer	Clinical Director for Transformation	Lancashire & South Cumbria NHS Foundation Trust
Stephen Jones	Former Chair	Pennine Lancashire VCFSE Leaders Forum

2.3 Phase 3: Small-Group and Individual Interviews with Community Hubs

The third phase of the project (November 2022 to January 2023) involved conducting semi-structured small-group and individual interviews with participants from a sample of different types of community hubs. The hubs were selected to ensure a wide geographical coverage across L&SC ICS. The aim of this phase was to clarify the function, aims, challenges, and rationale of the identified types of community hubs. The relationship between already existing community hubs and new programmes led by public bodies was also tested out in interviews. Interviews and focus groups lasted from 45 minutes to one hour. Table 2 outlines the participants in this phase:

Table 2 - Phase 3 Participants

Name	Role	Organisation	Location
Adam Kirkby	Community Connector	Lancaster City Council	Lancaster
Andrew Mullaney	Development & General Manager	Haslingden Community Link	Rossendale
Annie Wynn	Development Director	Let's grow Preston	Preston
Barry McCann	Community Engagement & Wellbeing Officer	Revoelution	Blackpool
Cath Powell	Community Development Manager	At the Grange Community Hub (Groundwork)	Blackpool

Charles Tyrer	Chief Executive Officer	Gregson Community & Arts Centre	Lancaster
Chris Davis	Visual Co-ordinator	Soundskills	Brookfield, Preston
Elizabeth Leeke	Digital Programme Lead	Intact Centre	Preston
Jeanette Newman	Director/Manager	Green Hill Hub	Skelmersdale

2.4 Limitations of the Study

Limitations of the study included:

- At the time of the study community hubs were an emergent and evolving phenomenon. The sheer variety of organisations self-identifying as hubs is probably matched by hub-like initiatives that do not describe themselves as hubs. Rather than a comprehensive overview, we have therefore been studying a developing trend.
- Many hubs operate with stretched resources and could not spare the time to take part in the study, nevertheless our sample included a significant range. Participants came mainly from urban areas.

3. The Landscape of Community Hubs: Origins, Development and Strategic Context

3.1 VCFSE-Led Community Hubs

A number of community hubs were set up in the 2010s, primarily by the VCFSE sector, many with support and funding from the National Lottery Big Local Programme [2]. These have been studied by Power to Change and The Institute for Community Studies [1, 2], which have – as noted in Section 1.3 – produced reports outlining the nature of these projects, their successes, and the challenges they face.

They include a vast range of initiatives, not only those labelled ‘hubs’, but also community businesses and community centres. These often work in partnership with or are commissioned by health providers and public bodies to provide services.

3.2 Community Hubs in NHS and ICS-led Strategic Developments

More recently, community hubs (or at least co-location and integration of services across public and VCFSE sectors) have featured strongly in long term NHS strategy documents. Within the context of ICS developments, there appears to be a desire from the NHS to build on the success of existing community hub models, in terms of using them within specific services and the devolving of some care functions to the neighbourhood level through PCNs in conjunction with local authorities and the VCFSE sector. More widely, a range of other organisations and networks have published reports or established programmes relating to community hubs.

The NHS long term plan [12] outlines new investment into community multidisciplinary teams aligned with PCNs, resulting in the creation of fully integrated community-based health care.

This will be supported through “ongoing training and development of multidisciplinary teams in primary and community hubs” (p.15). The Plan references the National Maternity Review report [13] noting that 20 ‘one stop shop’ community hubs have been set up focussed on maternity services and working closely with local authorities to bring together antenatal care, birth facilities, postnatal care, mental health services, specialist services, and health visiting services.

Published in the run-up to ICSs being established, the Fuller Stocktake Report on Integrating Primary Care [14] emphasises the importance of evolving integrated and collaborative neighbourhood ‘teams of teams’ within the context of PCNs, to be delivered through NHS providers, local government, primary care and the VCFSE sector. Specifically, it emphasises the role of NHS Estates in facilitating the place-based development of hubs within neighbourhoods to co-locate services according to need, enhance accessibility for patients and foster positive working environments for staff.

In its report for NHS Property Services, ‘Creating spaces for community and patient wellbeing’ [15], the Health Creation Alliance noted that NHS property services own 10% of NHS estates, have a desire to make better use of NHS estates for improving health and wellbeing and tackling health inequalities, and have begun developing sites for community use (often linked to social prescribing). While not using the term ‘community hub’, the report advocates the wider development of premises and spaces for community wellbeing - highlighting the importance of accessing local knowledge and insight by coordinating with local authorities and VCFSE bodies.

3.3 Community Hub Development in the Context of COVID-19

The Health Creation Alliance has also distilled learning from the community response to COVID-19, reflecting on the establishment of community centres and hubs and the potential for the NHS to support communities’ health and wellbeing through transforming vacant space into indoor and outdoor social prescribing spaces [16]. This social prescribing focus is further developed on the NHS Property Services web pages [17] and in a King’s Fund report [18], which discusses how the NHS estate can facilitate the development of vibrant and innovative community-based health and wellbeing hubs.

The Carnegie Trust UK have published a further report [3] that reflects on lessons learned from the experience of COVID-19. This contains four case studies of community hubs that were established by local authorities as an ‘emergency response’ to the pandemic, bringing together public services with VCFSE sector organisations to address need. The emergency context of the pandemic resulted in the hubs overcoming long-standing barriers to agility and flexibility. The report concludes that there is enormous potential for existing relationships to be built upon and strengthened - and that “by working across sectors, community hubs can be the vehicle through which resilient communities are supported and a preventative approach can be taken to poverty, mental health, and financial hardship” (p.21).

3.4 ‘Specialist’ Community Hub Development

Alongside ‘generic’ community hubs, a number of organisations have promoted the establishment of more ‘specialist’ hubs - for example family hubs, green hubs and mental health hubs. The National Centre for Family Hubs [19] conceptualises family hubs as being

founded on the principles of access, connections and relationships, and highlights the importance of co-location - with local authorities, other statutory services and VCFSE sector organisations working together to create what it refers to as a 'universal front door' where service users can access all they need in a single location. Responding to concerns about the 'politics' of family hubs and historical legacy of initiatives such as Sure Start, the website states:

We are critically aware of the progress made through previous - and ongoing - initiatives in local areas. Many of these have made great strides to support children and families, particularly in the early years of a child's development. We are committed to building on this... This is a real opportunity to make a difference to the lives of future generations. [19]

In its report 'Growing Spaces' [20], published during the COVID-19 pandemic, Groundwork UK explores community hubs (with a focus on 'green hubs') and their role in recovery. Informed by the growing body of evidence that social infrastructure is important in making neighbourhoods good places to live and in providing services and networks for health and wellbeing, the report reflects on 'repurposing' of community buildings and open spaces as part of the emergency response to COVID-19. Placing particular emphasis on the role of 'green' community hubs in promoting social cohesion, building trust and interaction, increasing knowledge, skills and social networks, and increasing physical activity, healthy eating and pro-environmental behaviours, it argues that: "the experience has led many to consider how this infrastructure might be more effectively sustained as part of the recovery, embedded more fully in our approach to longer-term place-making, and used as a platform for community-led solutions to the twin crises of social care and climate change" (p.5).

A number of mental health organisations have developed community mental health hubs. Community Living Well in London has brought together a range of specialist mental health services, including peer support workers and community navigators, centred around PCNs (21), while Birmingham MIND's Mental Health and Wellbeing Hub is a combined integrated service operating around four hub locations (22). Nationally, MIND has partnered with other mental health organisations to campaign for Government funding for a network of early support hubs for young people (23).

4. Findings from Qualitative Research Interviews

4.1 Development of Community Hubs

4.1.1 Introduction

The interviews highlighted a number of different approaches to developing community hub programmes in L&SC, and overall an emphasis on health outcomes and services were seen to be more important than physical space. There was an openness to co-location of services but a feeling that this wasn't essential to the establishment of hub programmes.

NHS interviewees seemed to have a broad conception of the term 'hub', with some stakeholders describing newly developing "integrated neighbourhood teams" as an integrated hub. These integrated neighbourhood teams are being developed with the view

to them replacing PCNs and broadening the focus to a range of different care partners rather than being solely general practice focused. This is an ongoing L&SC ICS development programme up to 2025 with a build sequence that is responsive to population health data:

What we're very much seeing is, when I talk about integrated neighbourhood teams, and again I think this is not dissimilar to children and families' hubs, in a sense that a lot of that is based on longer term, more meaningful relationships, which may take place over many years. And that I think is also very much where general practice will end up being re-orientated in the future as well. (Peter Tinson, Director of Primary Care, NHS L&SC ICB)

There is a proposal for condition-specific hubs to be developed and a feeling that integrated neighbourhood teams should function as a 'glue' that integrates these hubs and other community care partners. Given their 'in the community' nature, it is not envisioned that there would be dedicated integrated neighbourhood team hubs but that, where appropriate, they could be co-located if this served a community need. In terms of estate strategy and potential for more NHS led hubs, past investment through the LIFT programme [26] has meant that new buildings that are presently underutilised - in locations such as East Lancashire and Barrow - could potentially function as community hubs.

Location and appropriate service planning were cited as important factors in planning hubs, both for potential users (in terms of ease of access) and for staff (so they are not stretched too thinly, especially in rural areas). While 'maximum efficiency' from the provider standpoint might mean large, centralised hubs, participants highlighted that this model would be unlikely to meet users' needs and would also run counter to the NHS's net zero carbon targets. There was a recognition that digital services could play an important role (conceptualised as super-local) within users' homes, as could pop-up hubs and mobile services for reaching rural populations:

If you took it to its finest point, you'd put every single thing on your huge site in the middle of Lancashire by the motorway, because that's very efficient, isn't it, from the point of view of the provider, but absolutely flies in the face and in the opposite direction of what the net zero carbon agenda requires and also where we need to be putting services, near where people are and live... We found this when we were doing the vaccination programme for COVID. Dealing with the bigger conurbations was, you know, it was a challenge for all, but it was more straightforward. But in some of the very rural... we ended up putting on sort of pop-up type services, mobile type services, to make sure that we could get to the population. (Alistair Rose, Director of Strategic Estates, Infrastructure and Sustainability, NHS L&SC ICB)

4.1.2 Family Hub Network

The Family Hub Network is a development programme led by Lancashire County Council to develop integrated family, children and young persons' services. In form, it is a combination of local neighbourhood centres and a network of professionals - described as 'bees around a hive.' Emphasis is placed on the network rather than a single co-located building, with services provided in settings such as schools or community centres and methods of delivery determined by the requirements of each service. There is a desire for a tiered range of 'hubs' within a community from 'family hub' (delivery of digital and in-person services), 'family hub

bridge' (brief interventions and assistance in accessing family hub services) and 'family hub signposting' (places in a community such as a hairdresser that can advertise and signpost to services to the Family Hub Network). A Family Hub Playbook is being used to steer this process. This contains an emphasis on mapping the services already present within a community to allow engagement and avoid duplication.

4.1.3 Community Mental Health Hubs

The NHS Community Mental Health Transformation Programme is working to develop community mental health hubs. The intention is to co-produce these with communities, service users and their families, ensuring that they are locally nuanced and responsive to population health data. They are to be developed with reference to the Community Mental Health Framework [24] and a three-year roadmap [25] and at this stage it is believed they will comprise a combination of physical and digital services, the balance being decided upon based on local nuance. Those leading the programme recognise that the increased use of remote communication technologies during the pandemic has opened more possibilities for the digital delivery of services.

4.1.4 Characterising Community Hubs

Table 3 and the subsequent text provides a summary of how community hubs can be characterised, differentiated according to four interrelated dimensions: space, focus, governance and co-ordination. In identifying these dimensions we have drawn on data from the research interviews with participants active in community hubs. Box 1 provides vignettes - descriptive 'snapshots' - to illustrate what different types of hub look like in practice.

Table 3 - Community Hubs Dimensions

Dimension	Type	Description
Space	Dedicated or Pop-Up Physical Place	Central or temporary physical point for support and/or co-location of services
	Virtual/Digital	Digital technology used to signpost users to services and/or enhance cross-sector collaboration
Governance	Community-Led	Led by the VCFSE sector
	Statutory Sector-Led	Led by public agencies (e.g. NHS, local authorities)
Focus	Generic	Co-location of multiple and diverse services using a 'one stop shop' model
	Specialised	Focus on one specific area of need: e.g. mental health, specific life stage
Co-ordination	First-Level	Delivers services at the community level
	Second-Level	Networked hubs and efforts to facilitate multiple initiatives

Box 1: 'Vignettes' Illustrating Different Types of Community Hub

At The Grange - Blackpool

Dedicated Physical Place, Community-Led, Generic, First-Level

At The Grange is in the Grange Park estate, an area of Blackpool. Grange Park was built in 1948 as a home for 3000 people with its own community infrastructure such as a social centre, pub, church, and shops that have since been closed to the detriment of those living in the estate.

Groundwork was approached by the local council to run a hub in the former social centre building. The hub has been operating for 5 years and has engaged with people living on the estate. It provides a range of services including a community café providing discounted meals, food pantry, hireable spaces, a theatre space, and laundry facilities. Other services are also co-located at the site including a library and a local neighbourhood policing team.

Lancaster Community Hub - Lancaster and Morecambe

Pop-Up Physical Places & Virtual/Digital, Statutory Sector-Led, Generic, Second-Level

Lancaster Community Hub is a joint endeavour of customer services of Lancaster City Council and the community connector team (which supports the VCFSE sector).

They run a pop-up signposting service on rotation between two local shopping centres, St. Nicolas's Arcade in Lancaster, and the Allendale Shopping Centre in Morecambe.

Individuals and households can approach the hub for support with council services, such as waste collection issues or council tax support, while the Community Connector team assist people in accessing help they might need from the VCFSE sector. A recent focus has been the cost of living and the hub has been signposting residents to resources to assist with this,

The Bay: A Blueprint for Recovery - Barrow, Morecambe, Fleetwood

Pop-Up Physical Places, Community-Led, Specialised, First-Level

The Bay: A blueprint for recovery is a people's postcode lottery dream funded initiative with multiple partners, including Lancashire Wildlife Trust, Cumbria Wildlife Trust, The Eden Project North and the NHS.

The Bay was funded to put three teams in place in the communities of Barrow, Morecambe and Fleetwood, referred to as Hub areas. The Bay makes use of physical space for events although this is not space they own. For example. They use Wyre Council property for the delivery of sessions in Fleetwood and a disused retail space in the Morecambe Arndale.

The Bay mentioned that they would like to access more long-term physical space as the project develops and are keen to be involved in future related initiatives such as the Warm Hubs Programme.

They run sessions helping people engage with nature for the benefit of their wellbeing and the wellbeing of nature. People are referred to The Bay via social prescribing service but are also able to self-refer using The Bay's online platform.

Revoelution - Blackpool

Dedicated Physical Place, Community-Led, Generic, First-Level

Revoelution is a hub connected to a community centre in Revoe, Blackpool.

At its inception it was a Big Local project and has worked in partnership with local organisations such as Blackpool Football Club and Blackpool Coastal Housing, an agency of Blackpool Council.

Revoe runs a range of groups from their Hub including organised sports with youth groups, arts and crafts groups, and a twice weekly Job Club, which includes help with access to state benefits and access to the internet. They are responsive to the needs of the local community. For example, they presently run a Romanian Surgery to assist Revoe's Romanian community with problems that may arise due to limited use of English.

a) Space

Community hubs can be physically located, occupying either dedicated spaces (e.g Greenhill Community Hub in Skelmersdale) or be developed as a mobile model using 'pop-up' spaces (e.g. Lancaster Community Hub):

For us it's absolutely essential to have that physical place for people to come to, because they're people who maybe don't have the means or technology to be able to use social media or whatever, so we pick up those places. But there's definitely, in my mind, also a place for having something that's mobile that's connecting people. (Jeanette Newman, Director/Manager, Greenhill Community Hub, Skelmersdale)

The majority of existing community hubs within L&SC are led by the VCSFE sector and accommodated in buildings or on land that is owned by other agencies, such as local authorities and churches, but leased to VCSFE organisations. Most commonly, different services are co-located to support communities and bring together different community organisations and groups and deliver services from the VCFSE sector, the NHS and local authorities.

Some community hubs occupy virtual spaces using digital technology:

As far as physical spaces versus digital spaces, yes, it's both. It's definitely going to have to be more digital but there's a demographic that engage less with digital...but over time more people will use more services digitally. (Alistair Rose, Director of Strategic Estates, Infrastructure and Sustainability)

These often develop through partnerships across sectors for a common goal, hence coordinating and facilitating access to services rather than co-delivering them. For example, they can act as a reference point to signpost services, as in the case of the Lancaster Community Hub. During the COVID-19 pandemic, virtual hubs grew in importance.

b) Governance

Community hubs can be community-led (run by the VCFSE sector) or statutory sector-led (run by the NHS or local authorities). Community hubs led by VCFSE organisations strongly emphasise the importance of socialisation and combine business with voluntary activities. Most of these types of hubs are self-funded and strive for independence:

The Greenhill Community Hub is a community centre that we took over from the council. Our primary purpose was to save that community centre for the wider community, rather than it going to a single user group...So we took over eight years ago. Our strapline is 'Volunteers Building Community'. What we're aiming at really is to reduce social isolation and to improve health and wellbeing, improve the quality of life of people. (Jeanette Newman, Director/Manager, Greenhill Community Hub, Skelmersdale)

This means that, for example, community hubs might manage a café or rent rooms to other organisations as part of income-generating activities while also applying for grants or commissions. Statutory sector-led community hubs are usually connected to broader programmes, which means that they are often subject to their rules and parameters. When

comparing the agility, responsiveness and spontaneity that characterises many of their own hubs, VCFSE sector stakeholders tend to see statutory sector-led community hubs as relatively inflexible because of their dependency on bureaucratic procedures:

So, I think when it's...council run, it's a very staid, static, I mean it takes them six months from an idea, well probably twelve months, from an initial concept to try and get something new going in kind of these other centres...That's our motto, just do it, just get on and do it. (Cath Powell, Community Development Manager, At the Grange Community Hub, Blackpool)

c) Focus

Hubs can be generic or specialised. Generic community hubs co-locate services or act as a focal point for various services, aiming to provide access to cater to different community needs. Key benefits of this generic co-location are that the 'one stop shop' model can help reduce the stigma that might be experienced by users of a more specialist hub (e.g. relating to mental health) and also encourage the hub to be viewed more positively as a community resource and focal point. An example of this model is provided by At the Grange in Blackpool, run by Groundwork:

When we've seen talk of mental health hubs, I think there's a stigma around people wanting to go into that space. Whereas we deliver a broad range of mental health activities from our site but going through that door you could well be going to a professional meeting, you could be going to a training course. You could just be going and meeting your friends for breakfast at the café. There's no stigma about coming through that door and I think that's critical to making these spaces successful. (Jon Hutchinson, Programme Director for Communities, Groundwork - Cheshire, Lancashire & Merseyside)

Specialised community hubs focus on a particular topic, integrate a range of relevant services and usually are statutory sector-led. For example, the NHS Community Transformation Programme in L&SC is working to develop community mental health hubs that prioritise holistic and integrated approaches to address the full spectrum of mental health needs.

A further example of a community hub with a specialist focus is the Family Hub Network Development project - led by Lancashire County Council - which relates to particular life stages and focuses on coordinating services to improve social support (see Section 4.1.2).

d) Co-ordination

First-level community hubs, such as At the Grange or Revoelution, focus mainly on providing specific services to community groups. That is, they work very much on the ground:

We're attached to a community centre but we operate our own little hub. We're one of the Big Local Projects...Basically we run several groups at the hub. We've got a couple of youth groups, we have some youth workers who usually meet in the evening, take the youngsters down to the local park for organised football, things like that...We have an arts and crafts group...[and] a job club twice a week...[and] a Romanian Surgery because we've got a big Romanian community here. (Barry McCann, Community Engagement & Wellbeing Officer, Revoelution, Blackpool)

Second-level hubs, such as Lancaster Community Hub, bring different organisations together but may focus on more than one specific community. Their main activity revolves around facilitating community initiatives and other community hub work or helping coordinate a network of diverse organisations. In addition to the Family Hub Network outlined in Section 4.1.2, local CVSs provide an example of co-ordinated networks branded by some participants as community hubs:

Cumbria CVS is an infrastructure body...The indirect community hubs we do are mainly through supporting other organisations. So, I could tell you that through a funding officer programme that we ran for two years we supported over eighty different organisations, voluntary sector organisations, to obtain funding for their own community-based work. (David Allen, CEO, Cumbria CVS)

4.2 Motivations and Drivers

4.2.1 New Partnerships between Statutory and Voluntary Sectors

The perceived success of the pandemic response was a key driver for public bodies adopting a community hub model, opening new ways of working together across organisational barriers. The public sector has in this respect benefitted from the experience of VCFSE sector colleagues:

I think it's...a positive change because lots of different organisations got involved in the COVID vaccination programme...and started to realise that you could go somewhere that you didn't own and do stuff. The world didn't end, and it worked quite well. And that's, you know, for the community nurses and those types, that is a more familiar way of working, but for a lot of other NHS people it was very unfamiliar. But it started to put on the radar that to deliver services doesn't require property ownership, but it does require the ability to go somewhere to do them. (Alistair Rose, Director of Strategic Estates, Infrastructure and Sustainability)

4.2.2 Accessible Co-located Services Embedded in Communities

Hubs that focus on co-locating generic first-level services to meet the needs of different community groups must address the challenge of creating a safe, inclusive, and welcoming place for people where long-term relations can be built. These may well be places where people go, not primarily because they particularly need the services, but because they feel comfortable there:

So, they find it a familiar place and there's quite a few people who came in and went, 'oh I remember, that's my uncle there', it's really good. (Annie Wynn, Development Director, Let's Grow Preston)

I think there's a massive benefit to not being funded by the council...to being an independent organisation...The Gregson is so many things to so many people, but at the heart of it it's sort of a home for people really. It's a space that they want to be in ... I think that's where our success comes from...it's a space where age old traditions carry on, that are part of people's life and part of community life. And a space for people to come and try out new things as well and share things. (Charles Tyrer, CEO, Gregson Community & Arts Centre)

Consequently, a vital characteristic that drives and provides motivation for these hubs is their community embeddedness, with a strong focus on the social benefits offered.

4.2.3 Needs-Based and Action-Led

This focus on a place-based approach to developing community hubs and services spans the various types of community hub projects identified and is independent of whether they are led by the VCFSE or statutory sector. Many participants, particularly from the VCFSE sector, emphasised responsiveness to community need as an important driver. Statutory organisations may also see community hubs as a more effective way of delivering mandatory service outcomes. Although these perspectives are not necessarily in contradiction there is a perceived difference in priority on the part of some providers – reflecting different understandings of exactly what a ‘needs-led process’ involves. For family hubs, it was suggested that, while agreeing a broad vision, it is important to demonstrate agility by tailoring developments to the communities and places in which they are located:

You can outline an aspiration that says it will be maternity, early years, it will be early help, it will be safeguarding, it will be SEND, it will be mental health services, it will be adolescent services. You can set that as an aspiration, which is what we’ve done, but how that translates into reality is an area-by-area discussion. (Grant Murdoch, Programme Manager, Lancashire County Council)

Alongside this, there was a strong focus on ‘bottom-up’ development, with community hubs emerging in part due to the willingness of local stakeholders, often volunteers, to act and ‘get things done’.

4.2.4 Flexibility, Effectiveness and Efficiency

While NHS and local government interviewees highlighted the need for programmes to be responsive to the needs of local communities (see Section 4.2.3), an overriding driver for public sector organisations was efficiency and effectiveness in meeting particular health outcomes. While participants did not go into detail about outcome measures and key performance indicators, they suggested that community hubs were perceived to offer a flexible model to enable them to successfully meet sector and organisation-level targets:

So, it’s about reducing demand on the system by behaving differently in these different organisations. I think that’s where we’re going. So, it becomes sustainable, and it becomes financially beneficial to support family hub networks because you can avoid other costs if those early helps are effective. (Grant Murdoch, Programme Manager, Lancashire County Council)

The Family Hub Network pointed to poor health outcomes as a driver, in the expectation that the development of family hubs will help overcome siloed approaches and a lack of joined up working, thereby providing integrated and more effective services.

As a means of further enhancing efficiency and effectiveness, community hubs were also seen to offer potential for ‘scaling out and up’: if a community hub or related programme has been thriving in a particular locality, this model and learning could potentially be replicated or built into a broader programme.

4.2.5 Policy and Strategy

Developments in policy and strategic planning provided a further motivation and driver. The NHS Community Transformation Team pointed to the NHS Long Term Plan [12] and Community Mental Health Transformation Framework and Roadmap [24, 25] - which are committed to improving access to mental health services and to developing multidisciplinary teams in primary and community hubs. There was also mention of the longer-term estates' strategy identifying services on hospital sites that don't need to be located there, and a desire to locate services closer to where people live as a means of increasing accessibility and helping meet net zero carbon targets:

If you can't deliver services digitally, then you wish for people to have the least amount of carbon footprint on their journey to receive the services they want. And again, that also helps support the ambition for community hubs and those sorts of services, to create the right spaces and places nearer where people live, rather than for the convenience of the provider organisation. (Alistair Rose, Director of Strategic Estates, Infrastructure and Sustainability)

4.2.6 Re-Purposing of Existing Infrastructure

In the case of community hubs that operate within a physical space, a crucial driver in their emergence relates to the availability of unused space or infrastructure. This infrastructure is usually a building owned by a local authority or a church, community centre or other space that has been unused for a continuous amount of time. This means that although the services and approach taken by community hubs depend on community needs and local characteristics, community hubs are also prompted by a more practical rationale - to make use of available resources:

It started because the old primary school was falling into wrack and ruin. People within the parish asked the local bishop, can we utilise this? The bishop was very supportive and said, yes, as long as you maintain...the fabric of the building, you can have the building as a peppercorn rent and it can be a community hub. (Andrew Mullaney, Development & General Manager, Haslingden Community Link)

4.3 Challenges

Community hubs face a number of challenges that can affect their success over time. These relate to themes such as resources, local variation and relations, data integration and the governance landscape.

4.3.1 Physical Spaces, Community Relations and Neighbourhood Geographies

In the case of community hubs occupying physical spaces, ownership was highlighted as a challenge. For VFCSE sector-led hubs in premises owned by public or private sector organisations, participants emphasised that maintenance of premises in poor condition can create financial burdens for the lead organisation if this is not underwritten. They also highlighted how a lack of long-term security can undermine efforts to build robust community relations:

We have a lease here but it's the unit, if somebody decides to rent this unit we've got one month and we're out, unless we take on the lease, which would be a massive cost. (Damian Sharkey, Programme Manager, The Bay: A Blueprint for Recovery)

From the NHS perspective, participants pointed out that not having control over premises or using premises owned by other organisations in which they are unable to make adaptations might be a barrier to reaching their net zero carbon targets. Looking ahead, NHS stakeholders saw hubs developing via integrated neighbourhood teams, sometimes but not always in the footprint of PCNs:

Without going into too much detail, one of our challenges is that we don't decide what a PCN footprint is, it's the practices that decide. But we can nonetheless decide what an integrated neighbourhood team footprint looks like. So, we will probably, I think, end up in a position where we have some integrated neighbourhood team footprints, which are different to PCNs, but that's fine and if it makes sense, it makes sense. (Peter Tinson, Director of Primary Care, NHS L&SC ICB)

It was also acknowledged that there could be tensions arising from working with neighbourhood geographies that don't represent 'natural communities'.

4.3.2 Funding and Resourcing Constraints

While participants from the NHS highlighted the workforce-related challenges likely to arise from organising staffing across potential hub sites, resourcing challenges for community hubs led by the VCFSE sector were more immediate. For those managing a physical space with costs attached to both premises and services, there was recurrent mention of the uncertainty attached to various funding sources and the need to balance steady income from business activities, grant applications and volunteer work:

Having an anchor organisation like the local authority and then having secure tenants that we have in the building, like the library, like the pharmacy, that means we know we have a certain amount of income coming in year on year. So, we can build our programme around that and that gives us stability. It means that we can employ a staff team without worrying that we're not going to have money to pay their salaries to do the roles that they have to do within the space. So, I would say the council's role within that is critical and without that, without the council's buy in we wouldn't have achieved what we have, nowhere near. (Jon Hutchinson, Programme Director for Communities, Groundwork - Cheshire, Lancashire & Merseyside)

Participants from this sector referred to the limits of currently available funding to support operations and infrastructure and also emphasised that some community hubs are not eligible for specific grants because of the income generated by renting spaces. Many participants from community-led hubs mentioned the particular challenges of accessing funding from commissioning bodies as a limiting factor:

So how do they get that commissioning, how do we get it? Why do they get it and we don't, what's so special? What have they done? What secret doorway have they managed to find that we can't generally? That's what I would love to know. (Annie Wynn, Development Director, Let's Grow Preston)

Tensions between commissioners and community-led hubs arise because of a perceived unevenness in funding outcomes, leading to demands for more transparency and better information.

4.3.3 Geographical Differences and Disparities

Participants noted that different localities have different needs and contexts. For example, setting up a community hub in a rural locality has a different development trajectory and structure than in an urban area. A 'one-size fits all' approach is therefore not suitable for rolling out programmes in different locations:

I think community hubs will vary place to place as to what they do. Some of those used to be called community centres in the past and again, some of those were run by local authorities, some of them were run by voluntary organisations, some were run by district councils. And so, there is no kind of 'one size fits all' model, it was dependent on what the local area had determined, you know, what was going to be provided in a particular area. (Grant Murdoch, Programme Manager, Lancashire County Council)

Some participants also perceived there to be an uneven focus on different geographical areas linked to an unequal implementation of programmes across L&SC - with a specific concern that the language of 'Lancashire and South Cumbria' made Cumbria an 'add-on'.

4.3.4 Data Integration and Measurement of Impact

Although it was acknowledged that there are challenges to working effectively across boundaries, participants from both public and VCFSE sectors suggested that a bigger challenge relates to data governance and integration. Specifically, it will be important to find acceptable and meaningful ways to measure value and impact, while appreciating the diversity of understandings and perspectives that exist about 'what matters'.

It was argued that for this challenge to be met, monitoring and evaluation of community hubs will need to combine multiple approaches. Firstly, quantitative metrics will be needed to convincingly demonstrate impact and value for money in relation to public sector targets. Secondly, qualitative methods will be needed to capture patients' stories and illuminate how community hubs and the new commitment to integrated working across boundaries have enhanced people's experiences and lives.

4.3.5 Appreciating Complexity and Learning from Experience

A further challenge relates to the complexity of the community hub 'landscape' and its multiple governance systems and the importance of developing mutual respect and learning from experience. At the most basic level, there was recognition that building trust and cross-sector understanding is essential for effective partnership working:

I feel like everybody who's a participant in the community hub...needs some kind of on-boarding, some kind of training that we all access together, so that we make sure that there's a consistency in response. It's like, what do we need to know about each other's services in order to work effectively together...so that they have that trust in each other and they work effectively together? (Debra Bretherton, Associate Director of Operations, Lancashire & South Cumbria NHS Foundation Trust)

A number of participants pointed to the danger of new NHS-initiated community hubs being developed without understanding and appreciating the wider history of community development, and without respecting and embedding learning from existing hubs - both those led by the VCFSE sector (see 4.5 for a fuller discussion) and those led by local government. There was a strong emphasis on the importance of appreciating, harnessing and building on assets that are already in existence - which in turn requires the development of meaningful approaches to integrated partnership working.

This led interviewees to emphasise the importance of avoiding duplication and appreciating, harnessing and building on existing assets:

I think from a family hub perspective it's really interesting, that when we talked about integrated neighbourhood teams, and most recently we were talking at the Lancashire Health and Wellbeing Board about it, we were talking about very much how we need to learn from a lot of the work that's being done around children and family hubs. And what we don't want to do is duplicate it, detract from it. (Peter Tinson, Director of Primary Care, NHS L&SC ICB)

4.4 Facilitators

These challenges significantly impact community hubs, particularly those that are led by communities and focus on first-level service delivery. However, how easily hubs can navigate them depends on a number of facilitatory factors: connections within the community and across sectors; and the presence of a central coordinating body.

4.4.1 Community Connectivity and Ownership

One key facilitator to community hubs overcoming the challenges outlined in Section 4.3 is the development of strong and robust connections. Firstly, these connections need to be within the immediate community, so there is a strong sense of identity and ownership:

[Community hubs]...have to serve a purpose...There's no point in just creating them. That's why I think communities have got to be involved and the community have got to see a value in them. I think the community hubs have got to be part of the asset...they have to have a sense of ownership. (Stephen Jones, Former Chair, Pennine Lancashire VCFSE Leaders Forum)

Secondly, these connections need to be across sectors. For example, VCFSE-led community hubs already connected with local authorities or networks related to new NHS programmes for community hubs in L&SC were aware of the new landscape of funding and networks supporting wider hub development. Those that did not have these connections had difficulty fully understanding or appreciating the new programmes, and, if they succeeded, it was mainly because of informal links (e.g. delivering a service related to the project, such as video editing for a local authority). It was clear from participants' responses that building cross-sector connections is strengthened over time, particularly when a community hub can clearly demonstrate its relevance to the needs of the population it serves:

So for us, we don't own the building, the Council do, but our success, in five years, has been quite incredible really. And now everybody else in Blackpool is saying...what we need... is 'At The Grange' here, you know, in Bispham or North Shore or whatever. So the Council can't ignore that. Public health are very much behind the project...[and] champion everything that we do, which is fantastic. (Cath Powell, Community Development Manager, At the Grange Community Hub, Blackpool)

4.4.2 Central Co-ordination

Closely linked to this strength of connectivity, participants suggested that a further facilitatory factor could be a central organisation coordinating the already existing community hubs and acting as the point of contact to connect these community hubs with statutory and commissioning bodies. Although it should be recognised that CVSs do not represent the entirety of VCFSE sector organisations, it was acknowledged that they had established a strong partnership model with local authorities and other funders. With the reconfiguration of local government in Cumbria, it was noted that the CVS model could continue to provide a useful co-ordination function:

I think the CVS model is the one that we need to stick with. I've worked in the voluntary sector long enough to know that the big voluntary sector organisations are very good at coordinating activity, are excellent at delivering activity. (Craig Russell, Stricklandgate House, Kendal)

It was suggested that formalising a coordinating function could potentially help strengthen connections - increasing understanding of place-based needs, building mutual respect across sectors and facilitating the coherent development of community hubs. Conceptually, this can be understood as a second-level community hub that works as a network of first-level VCFSE sector-led community hubs. Such an organisation is perceived as positively affecting collective responses and increasing the ability to develop hubs coherently.

An alternative view was put forward by some NHS participants. Reflecting on the emergence of a neighbourhood focus within the context of L&SC ICS and its 'places', one interviewee suggested that the integrated neighbourhood teams would be well-placed to co-ordinate community hub development and facilitate holistic integration:

I honestly don't know, I'm not close to them. I think here's an issue in itself, in a sense that there are lots of hubs being developed kind of condition specific, whether it's a mental health hub or whatever...I think this is where integrated neighbourhood teams come in, they should be gluing together some of this. So integrated neighbourhood teams inherently include physical and mental health. And again, if there is one team, which has an overarching view of that community, that population, it should...be looking at how it refers into and accesses support from a number of different hubs, but it's got to act as that integrator. (Peter Tinson, Director of Primary Care, NHS L&SC ICB)

4.5 Public and VCFSE Sector Perspectives

As explained in Section 3, different waves of community hubs have developed over the years, with newer developments tending to be led by local authorities and the NHS. There have

been concerns about a lack of transparency in commissioning decisions (see Section 4.3.2) and the challenge of maintaining funding streams for existing VCFSE sector-led community hubs in what was perceived to be becoming a more competitive 'market place'. An obvious danger with the roll-out of large-scale community mental health hub programmes by the NHS and family hub networks by local authorities is duplication of activities and services already provided by established hubs.

Reflecting on the current rhetoric, one participant questioned how 'new' these proposed community hubs were, suggesting that they actually form part of a long and well-established history of community development:

About fifteen years ago, [the NHS] was calling it ABCD, asset-based community development. And their feeling around that was that in some way it would save money on kind of health provision, in that we'd enable local people to be able to do it, but that takes nurturing and training...A lot of what we're talking about that works, you know, you could have had a conversation with somebody in the 1960s who was doing this kind of work. It's kind of known, yes, the world's changed and the way people operate around technology and the stuff like that has changed, but ultimately, in terms of community development, not a great deal has changed...So for me, even the fact that there's research going on about what is a community hub and what could it be, it's the same thing it always was and always will be going forward, do you know what I mean? So just do it! (Chris Davis, Visual Co-ordinator, Soundskills, Brookfield, Preston)

In order to avoid duplication, it is essential that the statutory sector bodies gain a comprehensive understanding and appreciation of the existing landscape of community hubs and commit to meaningful partnership working. The interviews indicated a commitment from both the VCFSE sector and public institutions to engage in a joined up approach to developing projects across L&SC. Most community hubs and related programmes are in networks that integrate agencies from the statutory and VCFSE sector (at local and regional levels) that are connected to the services they offer or to local/national policies.

A joined-up approach should be the aim of larger community hubs and those operating at the 'second level' and focusing on strategic level work. Moreover, participants from those agencies perceive the work currently underway by the NHS and Lancashire County Council as being conducted in synchrony. Their programmes - for example, family hub networks and community transformation and integrated neighbourhood care teams - are based on a framework that acknowledges third sector collaboration, participation, and involvement:

So our playbook is an outline of a kind of set of principles in a direction of travel and one of those says, at the early design stage involve voluntary, community and faith sector organisations in the crew. So that's critical decision-making involvement from the start. And then we're saying, in composing and designing your assessment of what's a bridge, what's a hub, what's a signpost, all of that should include the voluntary, community and faith sector. (Grant Murdoch, Programme Manager, Lancashire County Council)

Nevertheless, the strength of this commitment was contested by some respondents from the VCFSE sector:

My gut feel is that they probably feel they haven't been and are not currently well integrated. My assessment is that the mood music from shadow authorities and from NHS, is that there are plans to do so, but my concern is it's on the terms of the public sector bodies, rather than the terms of the voluntary sector. (David Allen, CEO, Cumbria CVS)

This resonated in conversations with participants from the VCFSE sector where there was a common perception that work was being done in a disjointed manner, particularly current work on the ground. Among smaller community-led hubs, there was a view that the VCFSE sector is not being valued and that there needs to be active consultation for these programmes

I think we need to be treated as equal partners. Sometimes we do feel that because we're not, we're not seen as professional and we absolutely are. We're not always seen as, well you don't have to comply with the same legislation, well, yes, we do. So, there's something there as well. I could go on forever. (Christine Blythe, Burnley, Pendle & Rossendale CVS)

This relates to a perceived under-representation in strategic development and the limited organisational capacity of the VCFSE sector. In particular, the smaller first-level community hubs presented a relatively low awareness of relevant policy developments. It may be that there is active consultation and work with lower tier local authorities and some other large organisations, but less so with the more 'grass-roots' organisations. For example, in the case of the family hub network programme, strategy has been developed at senior level in conjunction with relevant statutory bodies in the area, while the place-based developments will be led by people from the county council working at the district-level:

The overall sort of partnership that exists in the children's arena in Lancashire has been around for a while, and it's called The Lancashire Children, Young People and Families Partnership. And that's a group of senior leaders from the NHS, from the police, from the local authority, from education and schools. And they essentially are the group that has commended the approach to each other and agreed with each other that this is what we will do...What we've set in plan is for the local senior people within each district who work for the county council, for them to get together what we're calling a 'local crew'...a specialist team whose got the role of bringing together these plans. And what they will do locally is go out and invite people into the conversation. (Grant Murdoch, Programme Manager, Lancashire County Council)

This programme is still at an early stage which means that there may still be room for smaller community hubs to become more actively involved in discussions. However, this will also depend on who leads that process. Among those interviewed, there seemed to be different perceptions of how receptive local councils are to integrating their work with already existing projects, sometimes even competing with them:

Maybe they've got a better deal going there this year, I don't know. That's where I'm saying, they actually come in and compete with you, when you're trying to help the community. I don't know whether they mean to do that. It's hard enough for community hubs to be sustainable, but then to be able to connect up and be able to do such marvellous work but

then it's taken away by the council. (Jeanette Newman, Director/Manager, Greenhill Community Hub, Skelmersdale)

Although there was a range of perceptions regarding the level of engagement of the VCFSE sector, there was a widespread feeling from participants based in VCFSE sector organisations that most programmes were being conducted following a top-down approach without always considering or understanding developments already up and running on the ground. In this sense, the new programmes were perceived as possibly 'reinventing the wheel'. Some participants argued that programmes should be based on a more robust assessment of community needs and assets, and a valuing of the community resources already available.

That said, it was also apparent that participants from the NHS Community Transformation Team, L&SC ICB and local authorities were aware of the dangers of programmes being run, or being perceived to be run, in a top-down way. They consistently highlighted the importance of appreciating the skills and competences of VCFSE sector organisations, and of moving beyond lip service - recognising them as equal partners in care delivery. They suggested that there was increasing recognition of the very real value of the voluntary sector and the need to move towards joint planning and resourcing, in some instances facilitated by funding ringfenced for engaging with VCFSE sector leads through L&SC ICB.

Overall, participants recognised the need to collaborate across boundaries and identify pathways for bridging the informational and consultation gap between the public and VCFSE sectors. However, responses from VCFSE participants also suggested that there is still work to be done in overcoming feelings of suspicion and building mutual trust - and that most community-led community hubs were ambivalent about working with local authorities and statutory bodies. Although acknowledging the need for joint work, they felt that it could also lead to public institutions taking advantage of their work:

But all you're doing is shifting that resource out of the third sector into the public sector at that point. And that becomes, that makes the third sector more unstable than it already is. So, I think shifting that and giving voluntary sector organisations the resource they need to deliver projects over a long time, you will see those shifts, but will that happen? I don't know. Will it happen quickly? I don't know. (Jon Hutchinson, Programme Director for Communities, Groundwork - Cheshire, Lancashire & Merseyside)

5. Conclusions and Recommendations

In this report, we have outlined the geographical parameters of the study in the context of L&SC ICS; considered definitional issues; set out the aim and objectives, study design and methods (acknowledging limitations); introduced the 'landscape' of community hubs; and presented findings from the qualitative data collection - examining the development of community hubs, motivations and drivers, challenges, facilitators and public-civil society tensions.

Looking to the future, we make the following recommendations:

- i. First, it is important that L&SC ICB and statutory sector organisations responsible for leading the commissioning and roll-out of large-scale community hub programmes demonstrate a critical understanding of the context into which these are being developed and implemented. This requires an appreciation of both the rich history of community development within L&SC and of the breadth of community hubs and related initiatives already in place (and the historical and current contribution of the VCFSE sector).
- ii. Second, it is important that the ICB and statutory sector organisations appreciate and take account of the differential resourcing of public sector and VCFSE sector organisations. Even though the NHS and local government face enormous funding challenges, the reality is that the VCFSE sector is largely funded to deliver 'on the ground' services and activities - and organisations may struggle to find the time and resource to engage in strategic-level discussions and forums.
- iii. Third, and linked to the above recommendation, it would be valuable to explore further with the VCFSE sector the possible benefits of putting in place and/or formalising a 'co-ordination and communication function' between VCFSE-led community hubs and the ICB and statutory bodies - a role that in many instances is already being undertaken informally by VCFSE Infrastructure bodies. This could help to increase understanding across sectors, reduce competition, remove barriers to commissioning opportunities and ensure transparency in relation to funding decisions.
- iv. Fourth, it would be valuable for L&SC ICB to commission the VCFSE sector to produce an online toolkit, comprising: a map/inventory of community hubs (and hub-related initiatives); a 'how to' guide for statutory and VCFSE sector bodies (drawing on the idea of the Family Hub Playbook); and relevant reports and documents. This would support other recommendations by increasing knowledge, know-how and cross-sector insights.
- v. Fifth, it will be important to foster mutual trust, respect and appreciation such that the differing strengths of VCFSE and statutory sector led programmes and developments are understood and valued. Potentially using a toolkit combined with training and development, this will mean celebrating both: the agility and action-focused nature of the VCFSE sector, which allows them to understand and be responsive to community needs and opportunities; and the relative stability of public sector bodies, combined with the strategic direction and commitment of the ICB, to find meaningful and effective ways to address health and societal inequalities and other entrenched challenges.
- vi. Sixth, there will need to be inter-organisation dialogue regarding data integration and governance. Specifically, it will be important to agree common approaches to monitoring and evaluation that combine quantitative metrics to demonstrate impact and value for money with qualitative approaches to illuminate how integrated cross-boundary working has enhanced people's experiences and lives through community hub related programmes.
- vii. Seventh, L&SC ICB may want to consider commissioning further research into community hubs, to build wider and deeper understanding of 'what works, in what contexts, and why'.

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