

## **Cabinet – 18 March 2015**

### **Community Hubs Final Evaluation Report**

**Portfolio:** Councillor K Hussain – Community, leisure and culture

**Related portfolios:** All

**Service:** Communities and Public Protection

**Wards:** All

**Key decision:** No

**Forward plan:** No

#### **1 Summary of report**

- 1.1 The report sets out the evaluation of the two Community Hubs pilot projects in Moxley and Ryecroft, considering how Hub activities have impacted on organisational working practices and how this has changed individual people's circumstances and take up of services.
- 1.2 There are a number of observations and conclusions that can be drawn about the Community Hubs pilot after two years of activity:
  - The pilot project increased access to local services that affect life chances of residents by around 60%, including the main issues of accessing employment and improving health.
  - Increasing the role of the voluntary and community sector in the delivery of services within neighbourhoods can increase the take-up of services by residents.
  - The success of the engagement of the voluntary and community sector depends upon the professionalism of these organisations, including leadership, management and governance.
  - Despite developing innovative partnerships, the project has not changed service delivery arrangements or redesigned Council services due to the limited range of services that engaged in the pilot activity.
  - Different organisations currently operating in the same area with the same client groups but with limited interaction can lead to duplicated activities and costs. There was very limited interaction with some organisations despite there being similar objectives being worked to.

- Closer collaboration between organisations targeted at similar objectives can bring different organisations together that have not previously worked together and increase the flow of service users across different services.
- Collaboration in service delivery is more effective when started at the design of services to develop a shared vision of the problem being tackled.
- Bringing organisations together which have never previously worked together takes time to develop a working relationship.
- Services do not necessarily need to be delivered within all neighbourhoods to appear local but there initially needs to be a local point of access for the services.

1.3 This learning can help shape the development of the rollout of the Community Hubs project through Area Partnerships.

## **2 Recommendations**

2.1 Cabinet notes the evaluation of the activities of the Community Hubs project in Moxley and Ryecroft.

2.2 Cabinet agrees to incorporate the main learning points from the evaluation into the development of the rollout of Community Hubs.

## **3 Report Detail**

3.1 The Community Hubs pilot project was established towards the end of 2012 to identify ways of working that enabled residents to improve their life chances and lead more independent lives. Two areas were chosen to lead the pilot activity in Moxley and Ryecroft for activity that will run until March 2015.

3.2 Cabinet has previously received updates of progress of the Community Hubs project in April 2013 and March 2014. This evaluation summarises the conclusions and learning during the final three months of the pilot activities.

3.3 The evaluation is attached as **Appendix A**.

3.4 The learning is particularly important as the Council is developing the framework to rollout the Community Hubs model through Area Partnerships and at a time when the Council faces massive budget cuts. Community Hubs allows the Council to define its role with reduced budgets as:

- a facilitator to bring service delivery organisations and communities together,
- a commissioner of activities against local needs,
- an owner of facilities and buildings for use in target areas.

- 3.5 The evaluation has shown factors that increase the access to local services by residents but show the work needed to maintain this. This has included the value of engaging with the voluntary and community sector with service delivery but shows that VCS organisations need to be professionally managed and solidly governed. It has also shown that bringing different organisations together that currently do not work together but have similar objectives can increase the flow of residents across services, but this takes time for organisations to understand and trust each other's ways of working.
- 3.6 Despite developing innovative partnerships between organisations from different sectors which had previously not worked together, the pilot project has not changed service delivery arrangements in the long term. The original intention to redesign Council services did not take place due to the limited range of Council services that engaged in the pilot activity.

## **4 Council Priorities**

- 4.1 The learning from the evaluation of the Community Hubs pilot project can help shape the Council's priorities:
- Support the cost of living
  - Creating jobs and helping people get new skills
  - Improving educational attainment
  - Helping local high streets and communities
  - Promoting health and well-being
  - Helping to create more affordable housing.

## **5 Risk Management**

- 5.1 The evaluation findings can help ensure the rollout of the Community Hubs programme creates opportunities for those most at need within communities and identify opportunities for more effective delivery of services.

## **6 Financial Implications**

- 6.1 This report is providing information on past activities so there are no financial implications going forward.

## **7 Legal Implications**

- 7.1 There are no legal implications from the evaluation report.

## **8 Property Implications**

- 8.1 There are no property implications from the evaluation report.

## 9 Health and Well-being Implications

- 9.1 The findings from the evaluation can contribute to the improved health and well-being of residents through the rollout of Community Hubs across Walsall.

## 10 Staffing Implications

- 10.1 There are no staffing implications from the evaluation report.

## 11 Equalities Implications

- 10.1 An Equality Impact Assessment was carried out for Community Hubs (**Appendix B**).

## 11 Consultation

- 11.1 The development of the evaluation report has involved consultation with a range of stakeholders including the local community, service providers and partner organisations.

## Background Papers

Cabinet report, 25 July 2012 – Strengthening Community-based Services  
Cabinet report, 24 April 2013 – Community Hubs Pilot Evaluation Report  
Cabinet report, 19 March 2014 – Community Hubs First Year Evaluation Report  
Cabinet report, 4 February 2015 – Community Hubs – Shaping a Fairer Future

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9 March 2015

Councillor Hussain  
Portfolio Holder



9 March 2015

# FINAL EVALUATION OF COMMUNITY HUBS PILOT PROJECT MARCH 2015

### Summary

The Community Hubs pilot project was established towards the end of 2012 in response to the challenges faced by Walsall Council in delivering public services:

- substantial reduction in financial resources for the foreseeable future requiring major changes to how the Council operates,
- the need to improve the life chances of residents and to help overcome the inequalities that exist in and between different parts of the borough,
- the need to redesign Council services around the needs of customers and to take out wasteful activity that does not contribute towards this.

Two areas were chosen (Moxley and Ryecroft) to pilot activities that would increase the role of community-based organisations in the delivery of local services. Two organisations in the areas were selected (Moxley Peoples Centre and Ryecroft NRC) that were expected to develop a role as a single point of contact for multi-purpose facilities and services to enable people to lead more independent and self-sufficient lives.

There are a number of observations and conclusions that can be drawn about the Community Hubs pilot after two years of activity:

- The pilot project increased access to local services that affect life chances of residents by around 60%, including the main issues of accessing employment and improving health.
- Increasing the role of the voluntary and community sector in the delivery of services within neighbourhoods can increase the take-up of services by residents.
- The success of the engagement of the voluntary and community sector depends upon the professionalism of these organisations, including leadership, management and governance.
- Despite developing innovative partnerships, the project has not changed service delivery arrangements or redesigned Council services due to the limited range of services that engaged in the pilot activity.
- Different organisations currently operating in the same area with the same client groups but with limited interaction can lead to duplicated activities and costs. There was very limited interaction with some organisations despite there being similar objectives being worked to.
- Closer collaboration between organisations targeted at similar objectives can bring different organisations together that have not previously worked together and increase the flow of service users across different services.

- Collaboration in service delivery is more effective when started at the design of services to develop a shared vision of the problem being tackled.
- Bringing organisations together which have never previously worked together takes time to develop a working relationship.
- Services do not necessarily need to be delivered within all neighbourhoods to appear local but there initially needs to be a local point of access for the services.

### **Pilot project establishment**

The pilot process started with a 'health check' of Moxley Peoples Centre and Ryecroft NRC to understand their existing strengths and weaknesses, followed by a structured discussion with centre managers and some board members on their future aspirations and constraints. While both organisations were good, competent organisations, it also showed that the organisations were small and had some practical constraints about their readiness to lead the pilot activities:

- limited resources or staff time to spend on developing new activities,
- skills restricted to their existing core activities, making it difficult to expand into new areas expected within the pilot projects,
- some building issues, such as the lack of long-term leases to allow them to access external resources or the necessary room available to deliver new services.

Ryecroft NRC reviewed their building arrangements and considered that they could not expand their activities from their current premises so moved to larger premises elsewhere on the Ryecroft estate.

Cabinet agreed to adopt an amended model for Moxley where Moxley Peoples Centre would be supported by a number of other partners to develop the pilot activities from April 2013.

### **Project priorities**

Both projects initially developed a range of project themes following consultations with local organisations and residents. These included accessing training and jobs, improving health, activities for children and young people, improving the environment and activities for elderly people. Following an assessment of the impact of likely activities within the available budget, both projects agreed to focus on the two main priorities identified within the Area Profile information:

- increasing access to training and jobs,
- improving health inequalities.

Both priorities were regarded as the main factors that contributed to reduced life chances for residents and would still allow activities to take place supporting the earlier priorities as long as there was a clear link to jobs, skills or health improvements.

## Evaluation development

Cabinet agreed in April 2013 that an evaluation framework would be developed that monitored three key areas:

1. Outcome improvements – ability to show improvements in service delivery performance data leading to reduced inequalities across the borough.
2. Resource improvements – actual cost savings generated.
3. Process improvements – changes in service delivery that can lead to increased effectiveness of activities.

Cabinet received interim feedback on outcome and process improvements in an update report in March 2014. This showed that there were some improvements in the ability of local services to be accessed by residents who were not currently accessing services to improve their circumstances. It also showed that more effective service delivery could be achieved by different organisations working more closely together when they were both providing services to similar groups.

As the interim evaluation took place with less than a year of operational activities taking place, it recognised that the pilot activities were in a very early stage of development and that any assessment of resource efficiency was not viable at that stage.

## Evaluation framework

This final evaluation of the pilot activities is taking place when many of the projects have still not reached a level of maturity – some Ryecroft activities have only been delivered for less than a year. Data from the final quarter is also not included. However, there is enough qualitative and quantitative information available to form a conclusion of the successes of the pilot activities and where further development is required.

Using the framework previously approved by Cabinet, the evaluation will consider the following areas:

### Outcome improvements – *benefits to residents*

- Have priorities and activities been targeted at disadvantaged groups and residents?
- Have activities been accessed by those in most need of improvements?
- Have activities resulted in improved life chances for residents?

### Resource improvements – *cost savings*

- Have any activities resulted in reduced longer-term costs?
- Have any delivery cost savings been identified or generated by different working arrangements?

### Process improvements – *better ways of working*

- Have barriers to services been identified and changed to increase access to services?
- Have new activities been developed to enable residents to access services better?
- Have delivery organisations collaborated in a way to increase connections between services?
- How did the Community Hubs model allow new ways of working to be developed?

## Evaluation results

### ***Outcome improvements – have priorities and activities been targeted at disadvantaged groups and residents?***

Following consultation exercises with residents and local organisations, and reviewing the potential themes against the Area Profile data, two key activities were significantly prominent when considering the quality of life for residents:

- Accessing jobs and training
- Improving health inequalities

These were adopted by both Hubs as the focus for activities within the partnerships. Community initiatives or activities for children would still be funded as long as a clear connection to jobs/training or health could be demonstrated.

Both Hub areas are in the lowest performing areas in Walsall for these priorities ensuring that project activities were targeted at some of the most disadvantaged groups and residents in Walsall. Around one in four working age adults are in receipt of out-of-work benefits in both areas – 7% higher than the Walsall average. Ryecroft is within the worst performing 5% of super output areas in England; Moxley is within the worst performing 10%.

### ***Outcome improvements – have activities been accessed by those in most need of improvements?***

The target areas for Hub activities are in some of the most deprived parts of Walsall, and targeting jobs/training and health has meant that the largest need for improvement services were tackled.

The Community Hubs project aimed to ensure that residents can access services with reduced barriers. Following consultations with residents a common criticism was that local services were not perceived to be **available**, although it appeared that it was more likely that services were not easily **accessible**, particularly for residents who needed to access multiple services due to their needs. This factor resulted in Hub activities being delivered locally at either the lead organisation or partnership, and to ensure that there was very transparent signposting of activities and contacts when different but connected services were delivered by other organisations.

The job clubs in both areas were not mandatory activities for unemployed people, but Jobcentre Plus did promote the job clubs as voluntary activities so the services were directly targeted at unemployed people in the area. This was complemented by the job clubs promoting themselves locally as being established for unemployed residents in the areas.

The health activities in Moxley were promoted by the Moxley Medical Centre, particularly to people at risk of diabetes who needed coaching to change their lifestyles. While some of these services were led by the Medical Centre, others were led by partners including NHS Lifestyles and WHG. The GP surgery closely supported the process of referring residents to partners to ensure that the activities appeared as a coherent range of services rather than disparate, individual activities and targeted to the most appropriate residents. This had the effect of high rates of retention of residents on the associated activities.

However, developing new, close relations across organisations that had not previously worked together did highlight different working and cultural practices. This was particularly apparent when organisations worked in different sectors, requiring time for the organisations to understand each other's ways of working before high levels of trust and communication could be achieved.

***Outcome improvements – have activities resulted in improved life chances for residents?***

By the third quarter of the second year, 50 people had achieved employment through the Hub activities and around 100 people had completed health-related programmes.

Around 45 people on the health activities in Moxley had been on a number of activities operating across different partners, such as the GP surgery and moving to WHG or NHS, and then to Moxley Peoples Centre. This allowed a progression for participants, building their confidence in a comfortable environment. Many of the success stories included residents moving from poor health to volunteering activities, further building confidence and identifying future opportunities for lifestyle improvements.

The job clubs were delivered alongside computer classes, welfare advice and training courses to ensure that multiple barriers were reduced to accessing employment. The Ryecroft Hub also ran courses in self-employment and then supported people as they started new enterprises. Two people gaining employment have also been accepted onto the West Midlands School for Entrepreneurs.

While a more coherent arrangement of activities with greater engagement of participants has resulted in jobs and lifestyle changes for residents accessing Hub activities, the longer-term successes of the approach would benefit from checking the status of the participants at intervals in the future. At this stage, it is not clear how many participants are sustaining their lifestyle changes in the longer-term.

***Resource improvements – have any activities resulted in reduced longer-term costs?***

The costs to the state of an unemployed person are estimated to be around £22k per annum (Tax Research UK). As 14 people gained employment in the first year and 36 people gained employment in the second year, the potential savings to the public sector are estimated to be £1.4m.

These savings are not directly beneficial to Walsall Council as the main costs of unemployment are borne by central government. Direct costs such as Council Tax will be paid for via benefits for unemployed people, which would also include Housing Benefit to pay rent costs. However, the indirect costs such as reduced spending in the area could eventually have a direct impact on Walsall Council if local businesses fail or anti-social behaviour increases.

The Healthy Lifestyles project developed by the Moxley Medical Centre was established as the GP was seeing an increasing number of patients at risk of type 2 diabetes through poor diet and a lack of exercise. Treating diabetes is an extremely expensive process – diabetes currently accounts for approximately 10% of the total NHS budget, and is projected to rise to around 17% by 2035/36 (NHS Choices).

While it is difficult to predict any potential savings of the 45 residents completing the Healthy Lifestyles project without a long-term analysis of their health and lifestyles, the GP has been able to encourage patients at risk of diabetes to access beneficial activities locally. This has raised awareness within the group to enable them to reduce their risk of diabetes as well as take exercise in their locality. The GP and project leader have reported that it has also increased confidence within the group and encouraged participants to access additional services that can lead to health improvements and potentially delay their need for costly health services in the future.

***Resource improvements – have any delivery cost savings been identified or generated by different working arrangements?***

The pilot activities were encouraged to identify ways to reduce costs by working differently. To date, it has been difficult to quantify actual cost savings generated by different working arrangements due to the time the pilot activities have been running.

There have been some novel partnerships developed that have shared objectives across organisations and reduced some of the overall costs for each organisation. With funding cuts potentially resulting in closure of libraries, or the mobile library service not being accessed by many residents locally, Moorcroft Wood Primary School has increased access to its school library by opening on an evening and weekend. Hub funding was used to ensure public access to the library could only be gained when access to the school was not possible, which only required a lockable gate to manage access. The school acquired an external grant of £6k to stock books for adults and managed staffing for the library when it was open to the public. The school plans to integrate this service with the job club at no additional costs.

Another example with a less successful outcome is the partnership developed between the Moxley Medical Centre and Birmingham and Black Country Wildlife Trust. The Wildlife Trust delivered volunteer activities in Moorcroft Wood that provided light exercise and confidence building. The Medical Centre did not have any provision for patients to undertake exercise and group work in a local setting at the start of the pilot. Despite there being an obvious connection between the two activities, the overall outcome was not very successful during the first year of the project. Both organisations came from very different professional regimes and had differing expectations of how the interaction of the patients/volunteers would be delivered. The Medical Centre expected a programme of activities with the physical requirements clearly described beforehand; the Wildlife Trust had a more laissez-faire approach stating that they would have to adapt activities depending upon the weather situations and would make sure participants would only work at their preferred rate.

This apparent lack of compatibility between the two expectations meant that the project was not particularly successful resulting in low numbers joining the Wildlife Trust's activities and delaying referrals of patients to healthy activities. The project was closed after a year and alternative arrangements for healthy activities arranged.

***Process improvements – have barriers to services been identified and changed to increase access to services?***

During the initial consultation events in Moxley, a common message given from residents was that services were not available locally. While the interpretation of 'locally' is subjective, Moxley does not appear to have any fewer services than any other similar area in Walsall.

Some residents appeared unlikely to access services in Darlaston which is less than two miles from Moxley, stating that poor public transport does not make it easy to travel, particularly during evenings and weekends. Services in Walsall town centre were even less likely to be accessed, unless there was a significant need such as Housing Benefit needs.

When this perception was challenged, it appeared that access to information on services was not readily available, particularly for people who were not computer literate. Information on services or activities was historically promoted at and by the service providers but there have been low levels of information flow between organisations. Information on medical matters were promoted at the Medical Centre and information relevant to parents was distributed through the school, but there was no central point for all local information. While an internet-based approach may be an easy method to collate different information messages, this will not be accessed by households without computers.

The Moxley pilot developed a simple approach to tackling this problem. Information was purposely shared across all partners and methods ranged from social media (accessed by more residents through smart phones) and leaflets posted to every household in the area. Moorcroft Wood Primary School allowed partners to promote activities through the school's text messaging service to parents.

It became apparent that different partners were visited by different sections of the community in Moxley which did not necessarily overlap. Not all Moxley residents use Moxley Medical Centre for GP services, many have no connection to the primary school if their children are either very young or have left the school, and residents who are not WHG tenants do not readily have information about services provided by WHG. These partners have developed a level of trust over time with their users that reduces barriers. This trust needs to be better capitalised upon to try to reduce barriers to other local services.

The depth of trust across Hub activities largely depended upon the level of activities designed jointly by different partners – even organisations that had not previously worked together developed a deeper level of trust and willingness to share service participants when they had jointly developed activities and had a collective reporting responsibility.

The approach taken in both Hub areas has increased overall access to community services at both areas. By the third quarter of the second year, there were around 3,000 visits to activities at both Hubs every month. This equates to around a 60% increase in users.

***Process improvements – have new activities been developed to enable residents to access services better?***

Although there may be a perception by some residents that services are not easily accessible in their localities, the pilot projects aimed to test this perception by establishing some activities closer to residents.

A job club was established at Moxley Peoples Centre delivered by Darlaston JET (DJET). While DJET already had a job club at Darlaston town centre, this was generally underused by Moxley residents. The new job club at Moxley was promoted by leafleting

every household with information about the services as well as promoting the welfare benefits surgeries that were taking place at the same time.

Within a month of the job club opening, around 12-15 people were attending the job club every week, with 4-6 new attendees joining the job club every month. By the end of the first year, around 60 people had attended the job club (around 40% of the people registered as unemployed in Moxley), 14 people had gained employment and 22 people had attended training courses.

Attendees of the job club stated several reasons for the successful outcomes:

- Friendly staff, caring about their needs,
- Word-of-mouth recommendation from friends and neighbours using the job club,
- Links to other services offered to the job club attendees, such as accredited training courses, welfare advice, IT training and confidence building,
- Located close to their homes.

The project wanted to test the final point so created additional job club and employment support services specifically targeted to residents using the Moxley job club at the Darlaston base in the second year. About equal numbers of Moxley residents accessed both job clubs but usually only attended the Darlaston activities after building confidence and taking time to develop the trust of job club staff at Moxley Peoples Centre.

This example shows that residents need several forms of support to access a greater range of services, which starts with local, easy access but also includes the need for 'horizontal' movement across different services to build confidence and trust before being willing to travel further to attend less-accessible services.

The Ryecroft Hub partnership approach will continue to deliver some Hub activities after the pilot funding has finished due to the mutual interdependence that has been developed by some of the new enterprises established.

***Process improvements – have delivery organisations collaborated in a way to increase connections between services?***

Both Hub pilot areas developed new partnerships that increased collaborations between organisations working with similar groups of residents or with similar objectives.

In Moxley, Moorcroft Wood Primary School developed activities involving Surestart and the Wildlife Trust to create healthy activities for young children, pupils and parents in the school grounds and Moorcroft Wood. These were enthusiastically received by people taking part so the school has committed to running these after the Community Hub pilot project using its own resources and working with Friends of Moorcroft Wood.

WHG's activities in the Ryecroft Community Hub brought together confidence-building health initiatives together with involvement of two new enterprises based at Ryecroft – The People's Gym for exercise and Gio's Italian Restaurant for healthy cooking lessons. None of these organisations had previously worked together and are now considering how to work more closely and bid for funds in the future.

Both Hub pilot areas attracted other statutory partners to bring their activities to compliment Hub activities. This included Public Health, NHS, Regeneration, Jobcentre Plus and Surestart. Where possible, additional activities were commissioned, Hub

activities promoted and existing activities targeted into the Hub areas. The Hub partners were able to promote the broader range of activities to local residents demonstrating the comprehensive range of activities that could be accessed locally.

However, this approach has not changed service delivery beyond developing innovative partnerships. Partners have commented on how delivering in partnership with local voluntary sector organisations can increase uptake of services but this does not change future planning of services. Some partners commented that focussing services in the Hub areas meant removing services from elsewhere or changing the schedule of services that have several priority areas across the borough. Some other organisations that deliver important services in the pilot areas did not engage with the project, despite requests to develop joint activities. The original intention to redesign Council services did not take place due to the limited range of Council services that engaged in the pilot activity.

There is also an interesting comparison between the partnerships developed in Moxley and Ryecroft, relating to the interdependence created between partners. The Council led the partnership development in Moxley and was able to quickly bring a range of partners together and deliver activities meeting the key priorities. A smaller partnership was developed in Ryecroft, partly as a result of the delays in refurbishing one of their buildings but also due to the larger focus on employment issues in the first year. The partnership in Ryecroft, with its focus on employment and mutual support, appears to be more sustainable due to the new enterprises being dependant on the success of continuing Hub activities. The more that the Ryecroft Hub can build its activities, the more benefits, customers and promotion the enterprises will receive.

### ***Process improvements – how did the Community Hubs model allow new ways of working to be developed?***

The pilot project aimed to see if new ways of working can be developed that can mitigate against funding cuts without reducing services for residents. The Enterprise Hub at Ryecroft shows an interesting approach to supporting the creation of jobs for residents and also creating broader community benefits.

The Enterprise Hub was created in the refurbished building in new Forest Road with an aim of helping residents establish their own new businesses by providing start-up and mentoring support. Within a year of opening, eight enterprises had been established creating 23 jobs. Ryecroft NRC provided support to the enterprises and launched a small business club for the enterprises based within Ryecroft and North Walsall. The NRC coached one of the businesses to the final stages of the Lloyds Bank Small Business Grants Scheme and entrance to the Midlands School of Social Entrepreneurs.

Part of the establishment of the Enterprise Hub included each enterprise committing part of its work to benefit the local community. Some of the community benefits included:

- X-press Printers designing and printing leaflets cheaply for community groups,
- Gio's Italian Restaurant running healthy food tasting and cooking for residents,
- The People's Gym running healthy exercise classes for residents.

This combined business and community support will be continued for all new enterprises basing themselves within the Ryecroft Hub.

Within Moxley, the reduction of funding available from the local authority has reinforced the need for Moxley Peoples Centre to work differently. The board of Moxley Peoples Centre has spent the last six months planning for a different future including reducing costs and alternative funding sources. MPC is also considering how it can change its structure by forming a closer working partnership with other organisations, including community associations and non-community organisations based in Moxley.

## Conclusions

While the project is being evaluated with less than two years of operational activity taking place, there are a number of observations and conclusions that can be drawn about the Community Hubs pilot:

1. **The pilot project increased access to local services that affect life chances of residents by around 60%, including the main issues of accessing employment and improving health.** Some of these residents have multiple barriers to accessing services.
2. **Increasing the role of the voluntary and community sector in the delivery of services within neighbourhoods can increase the take-up of services,** mainly by appearing to reduce barriers to services. The voluntary and community sector is likely to be more trusted by a community than statutory services, particularly when local residents can help shape the direction of services.
3. **The success of the engagement of the voluntary and community sector depends upon the professionalism of these organisations.** They need to be well managed, show strong local leadership and have robust governance procedures in place. Not only will this ensure that these organisations are likely to be financially sustainable, it is likely to give more confidence to statutory providers who have not engaged with the community and voluntary sector positively in the past.
4. **Despite developing innovative partnerships, the pilot project has not changed service delivery arrangements.** The original intention to redesign Council services did not take place due to the limited range of Council services that engaged in the pilot activity.
5. **Different organisations currently operating in the same area and with the same client groups but with limited interaction can lead to duplicated activities and costs.** Operating independently with limited information flow can result in a view that barriers exist between organisations and services. Organisations that did not engage in the pilot activities led to reduced information being available for residents and other delivery organisations. There was very limited interaction with some organisations despite there being similar objectives being worked to – these organisation failed to see the benefits of working in partnership in the pilot projects.
6. **Closer collaboration between organisations targeted at similar objectives can bring different organisations together that have not previously worked together and increase the flow of service users across different services.** This can appear to reduce barriers to services and enable residents to become more independent.

7. **Collaboration in service delivery is more effective when started at the design of services** and when different organisations have a joint responsibility for the success of the service and a shared vision of the problem being tackled.
8. **Bringing organisations together which have never previously worked together takes time** to develop trust, understand and value differences and embed a shared working culture, particularly when from different sectors with different ways of working.
9. **Services do not necessarily need to be delivered within all neighbourhoods to appear local**, but there needs to be a local point of access for the services initially to allow easy access for residents who will be prepared to progress to other activities as confidence and skills are developed.



### Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	<b>Community Hubs</b>		
Directorate	Neighbourhood Services		
Service	Communities and Public Protection		
Responsible Officer	Richard Bubb		
EqIA Author	Richard Bubb		
Date proposal started	1/12/12	Proposal commencement date (due or actual)	

1	What is the purpose of the proposal?	Yes / No	New / revision
	Policy	Yes	New
	Procedure	No	
	Internal service	No	
	External service	No	
	Other - give details		

2	What are the intended outcomes, reasons for change, who will it affect? (The business case)
	<p>The Community Hub project is expected to demonstrate an increased effectiveness in service delivery by:</p> <ul style="list-style-type: none"> <li>• better targeting of resources against local needs,</li> <li>• creative engagement of organisations and individuals to help prioritise and co-ordinate local services, better utilizing local assets,</li> <li>• developing a close dialogue with residents and frontline services to identify improvements to services.</li> </ul> <p>The priorities developed for project activities were based on the Area Profile information:</p> <ul style="list-style-type: none"> <li>• promoting and supporting residents to maintain healthy lifestyles and reduce health inequalities,</li> <li>• increase the opportunities available for residents to access employment and training,</li> <li>• promoting and providing volunteering and social action opportunities to increase skills and enable residents to change the area in which they live.</li> <li>• developing partnership projects that builds or strengthens capacity between</li> </ul>

organisations to work collaboratively on issues affecting their communities or that aim to enhance the capacity of the local community.

It is hoped that by providing more accessible and targeted services, more residents will access services to enable them to lead more independent lives, less dependent on public funds. This is particularly targeted at residents where improved intervention at an early stage can reduce costs in the longer term, such as unemployed people, people with health issues and people needing to engage in activities to increase their wellbeing.

### 3 Summarise your evidence, engagement and consultation.

Consultation has taken place with local residents and organisations for information on services that are not accessible or perceived to be available in the two pilot areas. This has included open days and visits to groups with questionnaires.

Information in the Area Profiles has been used to prioritise activities according to need in the two areas.

### 4 How may the proposal affect each protected characteristic or group?

Characteristic	Affect
<b>Age</b>	The Community Hubs projects aim to help people lead more independent lives, particularly elderly and isolated residents. Moxley Medical Centre has developed a project to identify all isolated residents which has actually shown that there are groups such as young, single parents and middle-aged parents that are medically regarded as isolated. Activities have been developed for all ages that need to lead more independent lives.
<b>Disability</b>	No
<b>Gender reassignment</b>	No
<b>Marriage and civil partnership</b>	No
<b>Pregnancy and maternity</b>	Activities have been developed for pregnant and new mothers, targeted at mothers who do not normally access mainstream services. This aims to address the high levels of infant mortality in the area.
<b>Race</b>	No
<b>Religion or belief</b>	No
<b>Sex</b>	No
<b>Sexual orientation</b>	No
<b>Other (give detail)</b>	All groups will be eligible to access services although the target groups are people with poor health and those needing to enter employment.

<b>Further information</b>	
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<b>5</b>	<b>Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details</b>	(Delete one)  <b>No</b>
	The project aims to bring service delivery organisations closer to local communities to encourage collaborative activities between organisations and increase access to services. As such, it is hoped that provision of services will have a cumulative effect for residents, although not on any particular equality group.	

<b>6</b>	<b>Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies)</b>	
	A	<b>No major change required</b>
	B	Adjustments needed to remove barriers or to better promote equality
	C	Continue despite possible adverse impact
	D	Stop and rethink your proposal

**Action and monitoring plan**

Date	Responsibility	Action
Ongoing	Richard Bubb, Community Hubs Project Manager	Overseeing project activities to ensure activities meet original objectives.
March 2015	Kate Bowers, Interim Head of Communities and Public Protection	Reporting to Cabinet on progress and evaluation of activities.