

Developing a Community Hub Funding Model for 2024/25

The Community Maker Team met on 21<sup>st</sup> February to consider the following questions:

- What might our funding model for hubs look like for 2024/25?
- How do we deal with issues like size of hub, size of population, number of hours open, number of services offered, level of priority given to health matters etc?
- Assuming the same money as now (£700,000) how do we share it across our 50 hubs?
- Where do 'unfunded' hubs fit into the model?

We began by setting our expectations of hubs 'baseline' after almost 18 months. These are the things we think all hubs should be doing or have in place by now:

- Outreach – at least into the immediate community
- Offering opportunities for social contact (coffee & cake etc)
- Understand the importance of prevention and offer services or activities to help prevent the onset or deterioration of common conditions
- Understand the importance of condition management and offer services or activities to help people living with common conditions
- Signposting / IAG
- Some level of networking with other organisations providing relevant services
- Have links with the local PCN (through SPLWs, GPs, Mental Health staff etc)
- Have links with the Community Gateway – be able to refer to or receive referrals from
- Engage with other hubs around them
- Have a focus on mental health as well as physical health
- Use of volunteers to support activities

If we took the above as a baseline, we would offer a flat rate payment to all hubs of £7500. This could then be enhanced further depending on the additional activities offered by each hub. We came up with a list of additional activities which might attract a payment of £1000 each:

- Offering health checks (via NHS, Healthy Cornwall or trained hub staff/volunteers)
- Delivering pain or cancer cafes
- Some form of diabetes support (via Diabetes UK or the PCN etc)
- Falls prevention via Balance & Stability classes (iCare iMove, Age Uk etc)
- Cardio-vascular or respiratory groups / peer support (breathers groups etc)
- Dementia support
- Menopause support
- Physical activity (walking groups, exercise, sports etc)
- Support hospital discharge patients via H2H
- Growing / cooking / healthy eating sessions
- Provision of transport to enable local people to access services
- Partnerships with other hubs or services to secure more resources for hub users

In terms of community venues/ potential hubs currently outside our funded network, what could we offer them as a minimum offer?

- Entry on the Community Hub map
- Support from a Community Maker
- Access to Community Hub emails, events, info/intelligence & training
- Buddying up with another hub
- Access to funding for Peer Support Groups

We also discussed supporting all hubs to look at their 'green credentials' and explore how to make themselves more sustainable

We discussed the question of inclusion and developing a common statement of intent

We discussed the reliance on individuals without whom, in some cases, the hub would cease to function. We thought about developing a workshop to help people with succession planning, delegation and capacity building