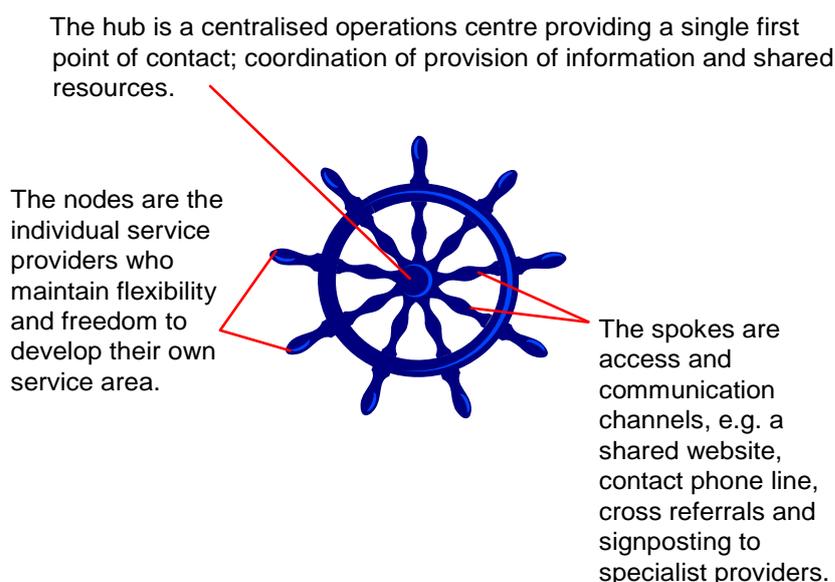


The hub and spoke model

A. The basic **hub-and-spoke model** is a system of connections arranged like a chariot wheel, in which all traffic moves along *spokes* connected to the *hub* at the center. The hub is a single centralized operation centre. The *nodes* are the points of delivery and the spokes are the communication routes between the nodes and the hub. There are variations, but in its most simple form, there are no point to point routes directly between nodes. All traffic must go through the hub and then out again.



B. An **alternative way** this can be organised is to have the hub the same, but the spokes are services. Providers cooperate on each spoke to coordinate the service provision. One provider can be on several spokes.

The model emphasizes integration of services throughout the various service areas to ensure sustainability and to promote accountability for these services. It builds on a core capacity (the hub) while building capacity and strengths through providers in each of the services (the spokes). The core functions of the Hub are to provide leadership, resources, oversight, strategic planning, quality assurance (training) and accountability to the user groups. The Spoke component of this model builds capacity for service provision in the community.

Variations on the model

A. Virtual hub - a single contact point from which information is disseminated, with a range of access channels e.g. website, email and (free) phone lines. Can signpost / make referrals to / appointments with other agencies. Phone advice line (can be to member group offices or home workers). There is no physical or face to face presence. The nodes are other agencies that provide face to face services.

B. Virtual hub with face to face mobile unit - The additional access point of a mobile unit. The POP bus uses this model. Signposting and advice services are provided by the mobile unit, with space for other agencies to provide consultation.

C. Virtual hub with face to face at community centres - Makes use of community centres within the catchment area, with a timetable of service providers/ support groups offering activities or advice sessions on a regular weekly basis. Also offering referrals to specialist organizations, ad-hoc or regular invitations to specialists to attend sessions.

D. Premises based hub - Provides the same services as a virtual hub, and also has a physical location that carers can visit as a drop-in centre and by appointment. These can be situated in their own premises, or permanently based in an established civic or community building.

In addition to the 'shop front' area there can be office provision and rooms that can be used for meetings, consultations, training or activities. Group partners and other service providers can use the space to run their own sessions or take part in coordinated events. Some hubs have spare office space which is offered at low rent to small charities to reduce costs.

E. Premises hub with mobile unit as above

F. Premises hub with satellite/community centre presence as above

Management options

There are two main ways in which multi-agency hubs are managed:

A. Consortium:

Key service provision divided between several lead organizations, each providing one aspect of the service e.g. peer support; phone advice and information; 1:1 appointments – with signposting and partnership with other service providers.

B. Partnership:

Signposting between service providers that work collaboratively, with a joint steering committee. Often, but not necessarily, there is a lead organization to co-ordinate the hub and manage activity.

Common features for all models

For carers:

- Less confusion, single coordinated first point of contact
- Single information source with links to other organisations.

- Improved signposting and access to appropriate services and providers.

For network members:

- Savings on some operational costs and improved efficiency, allowing more resources to be directed to services
- Improved outreach, referrals and signposting
- Reduced duplication / gaps identified through partnership and collaboration – opportunities to develop specialized services
- Shared training and development resources to increase access and reduce costs
- Network members will retain their independence and direct contact with carers

Strengths and weaknesses

Strengths (+) and weaknesses (-) are influenced by a number of factors including availability of resources, needs of the community, transport links and accessibility.

A. A virtual hub

- + Has low overheads
- + It requires fewer resources to staff and maintain
- + Effective efficient model for providing information, Advice and signposting to partner organizations
- There is no focal point for those service users who prefer to have somewhere to go
- Excludes the possibility of casual enquirers

B. A premises hub

- + Provides a focal point for service users
 - + Allows for a drop-in service for people who would like a chat and a cup of tea
 - + Depending on the size of the premises, provision for meeting rooms, activity rooms
- Cost can be shared by offering low cost office space for small groups/service providers
- + Provides town centre presence for small community based carers groups.
 - + Shop front presence can attract casual enquirers and outreach opportunities
 - + Could include computers or information kiosks for carers to find their own information if they have no access to the internet at home
 - Has higher overheads (although this can be minimised by using space in civic building e.g. the healthy living hub, central library)
 - Requires site management
 - Requires higher staffing and resources to run