



Ministry  
of Justice

# Establishment and Early Implementation of the Flourish Wellbeing Hub

Protecting and advancing the principles of justice

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### **Disclaimer**

The views expressed are those of the authors and are not necessarily shared by the Ministry of Justice (nor do they represent government policy).

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# 1. Executive summary



## 1.1 Flourish Wellbeing Hub

The Flourish Wellbeing Hub (referred to as 'Flourish' from this point onwards) was established by Citizens Advice Wirral in response to a need for a social prescribing hub in Wallasey, in north-east Wirral. Citizens Advice Wirral identified the key partners to be involved, based on their knowledge of the needs and service gaps in the local area. Additional funding support was provided by NHS Property Services (for the setting up of the service) and by the Ministry of Justice (who funded the role of a day-to-day facilitator, a Data Management Tool, and an evaluation).

Flourish is based at Victoria Central Hospital in Wallasey. Flourish provides a range of support for people experiencing social and economic issues that impact on health, and very often have a legal component relating to welfare rights. The organisations currently involved in Flourish include Citizens Advice Wirral, Age UK Wirral, Wirral Mind, Involve Northwest and Change Grow Live. In 2022, Citizens Advice Wirral commissioned an evaluation of Flourish (funded by the Ministry of Justice) that spans three phases:

- **Phase 1:** An implementation study to explore how the Flourish model operates in practice, investigates the value of collaboration between organisations, understands key barriers and enablers for establishing co-located services and informs ongoing improvement and successful implementation of the service.
- **Phase 2:** Development of a Theory of Change and logic model to detail the expected outcomes of Flourish and how they would be generated. This will inform an evaluation framework and methodology, to be implemented in Phase 3.
- **Phase 3:** Evaluation of Flourish, involving primary and secondary qualitative and quantitative data to determine the outcomes and impact of Flourish.

This report presents the findings from Phase 1.

## 1.2 Key findings

### Flourish purpose and vision

Flourish is underpinned by an ethos of collaboration, with organisations working together to address people's needs and deliver the best outcomes for individuals. Flourish aims to provide a seamless transition between services, allowing people to tell their story once before receiving appropriate support. There is a prominent focus on welfare rights and Flourish embodies the principles of 'health justice partnership' (integrating welfare rights advice with patient care). The physical environment and use of space were described by stakeholders as key factors in providing better collaborative working opportunities, connectivity of services and access to appropriate referral pathways.

### Establishing services

The location of Flourish was deemed key to making the services accessible to people. The use of a shared space allows services to work alongside each other, enabling seamless referrals between services and collaborative working. The needs of the community informed the choice of organisations that were approached to be co-located within Flourish. Early input from partner services was important to create a space that met the user's needs.

### Service delivery

A range of networking and promotional activities was important to make other organisations and the local community aware of the services offered through Flourish. Partner organisations were able to see the benefits of working in a shared space, however, differing processes and ways of working could be challenging to navigate. The initial single point of contact, the co-location of services and the work of volunteers enabled fast and accessible support. Working from one system was deemed critical if Flourish is to become a true one-stop shop for users to access support, but time is needed to embed new data management systems.

## Impact of Flourish

By focusing on community presence, Flourish aims to support more users through referrals from health professionals and health departments. Early findings show that services are now reaching individuals early, providing support to people before their issues have the potential to escalate. Acting as a trusted provider and developing a strong presence in the local community is felt to be key to the success of Flourish.

## Barriers to implementation

In order to maximise the benefits of operating from a shared location, organisational cultures, processes and ways of working will need to change, and this may take time. The range of services provided at Flourish will continually change according to the needs of the local community, which can create uncertainty to the capacity of the partner organisations. Management of future demand would be dependent on engagement with the local community, with the need for Flourish to continually adapt its approach to deliver services that respond to local need.

## Integrating social welfare legal advice

The focus on social welfare legal advice was evidenced as part of the wider offer provided by some of the Flourish partners, in addition to the support provided by Citizens Advice Wirral, but this requires further exploration, in terms of how this is operating across Flourish. At present, the integration of social welfare and legal support into Flourish is not clear; in addition to Citizens Advice Wirral, two partners described providing legal support as part of their wider service offer (Age UK and Wirral MIND), but this is not widely known among all partners within Flourish.

## Recommendations

Several recommendations have been developed for consideration by Flourish and the wider partner services, to maximise the impact of the partnership. These recommendations have been made with reference to evidence for developing effective healthcare partnerships and will be relevant for others to consider as part of the development and delivery of future health justice partnerships, to improve user journey, service delivery and collaborative working.

- In order to maximise the efficiency and impact of Flourish, it would be beneficial for all partners to have a clear understanding at this implementation stage of the remit and services that each partner provides, particularly in terms of access to legal support. Anyone requiring legal support or social welfare advice could then be efficiently directed specifically to this service and the appropriate support provided.
- Partners felt it would be beneficial to know more about the specific support that each Flourish organisation can offer. It would be useful to develop a working protocol to identify the breadth of provision delivered by each of the Flourish partner organisations and the internal training offered within each service.
- There is a risk of the Flourish facilitator picking up tasks beyond the scope of their role. It would be useful to develop a protocol to outline the specific roles and responsibilities of the Flourish facilitator and set out expectations for partners.
- Continue the ongoing work to increase awareness of Flourish among wider partners within the health and social care systems.
- Identify one key person who is the central point of contact for each partner organisation, in order to streamline communications. This includes wider partners, such as funders and academic evaluators.



- Promote co-production and ownership among the local community by engaging with them to identify their needs and how best Flourish could work collaboratively to address them.
- Good practice (e.g. LEF, 2021) recommends that a referral quality framework be established to detail expectations for referral processes. This should include the mapping of onward referrals.
- Engaging with an architect is important for ensuring that the space in which health partnerships are located are appropriate for the range of activities that will be provided.
- Ensure that the location of Flourish is clear to people when entering Victoria Central Hospital. More signage inside Victoria Central Hospital would be useful to direct people.
- While Flourish is based in a central location in Wallasey that is easily accessible to the local community and car parking is currently free, it was noted that people may be less likely to attend Flourish if they are required to pay. It was also noted that problems with the lift not working would mean that certain people (e.g. the elderly, people with prams) would not be able to access Flourish. Issues of accessibility and parking should be noted and placed on the Risk Register.
- Allow adequate time to consult with all stakeholders involved in the design, development and use of the shared space. Identify the requirements of non-NHS organisations (such as voluntary and community sector organisations) who locate to an NHS property from the start of the process.
- Continue to embed the Data Management Tool and document the challenges and barriers faced to inform future learning and scaling up of Flourish.

## 2. Introduction



## 2.1 Policy background

While health inequalities have long been highlighted as a critical issue, the rising cost of living, compounded by the socioeconomic and health impacts of COVID-19, has exacerbated these variations (Institute of Health Equity, 2023; Health Foundation, 2021). Lower income groups are worst affected, particularly in terms of access to adequate housing, food, employment, childcare and healthcare (Institute of Health Equity, 2023). Evidence has suggested that GPs spend around 20% of their time addressing social problems not principally related to health, and for which support could be provided through access to community services (Report of the Annual Social Prescribing Network Conference [RASPNC], 2016). Further to this, evidence suggests that, of those people who visit their GP for social problems, 15% of these require social welfare advice (The Low Commission, 2015, cited in RASPNC, 2016).

Social and economic issues that impact on health very often have a legal component relating to welfare rights. Welfare rights provide citizens with protections and entitlements that act as a safety net, covering issues such as income and welfare benefits, debt, housing, employment, education, community care and immigration. In many cases, people experiencing social welfare problems can benefit from legal support to help address their needs in a timely way, ensuring they have adequate living and working conditions, and minimising the risk of these problems clustering and escalating. Health justice partnerships integrate legal assistance with patient care and are delivered in a variety of ways (e.g. in different settings, by different organisations).

Evidence demonstrates health justice partnerships are effective in improving access to advice for people who would not otherwise engage with legal advice services, by delivering these in a place that is known and trusted by local community members; resolving welfare issues and improving socio-economic circumstances; supporting health and wellbeing; and supporting healthcare teams (Beardon,

Woodhead, Cooper et al. 2021). While models for delivering health justice partnerships differ, they commonly involve the co-location of advice services in healthcare settings, and the integration of welfare rights advisers within multi-disciplinary care teams. As well as being of interest to health policy, it is also useful from a justice policy perspective as it provides a way of facilitating early access to legal advice and targeting support towards the people who need it most.

Social prescribing, involving the referral of individuals to a link worker or equivalent, has been highlighted as having the potential to tackle health inequalities by reducing isolation and widening access to a range of interventions to support health and wellbeing (NHS, 2021; Polley et al. 2017). Typically, link workers might be based within a GP surgery, a primary care setting, or within the community (e.g. within a community organisation or hub). However, all share the same ethos: the link worker works collaboratively with the individual to identify their needs and develop a plan of activity to improve their health and wellbeing. Emerging evidence suggests that a number of social prescribing schemes already integrate legal advice services. However, the provision of such advice is unclear, and evidence is needed to fully understand how best to integrate social welfare legal advice into social prescribing (The Legal Education Foundation, 2021).

Despite growing support for social prescribing across the UK, the evidence around the mechanism of effectiveness is lacking, largely due to inconsistencies in the reporting and evaluation of such schemes (Bickerdike et al. 2017; Husk et al. 2020). Where evidence is available, it suggests that the growth of social prescribing networks can be hampered by a lack of suitable, dedicated space from which networks can operate (NHS, 2022). As part of the NHS Long Term Plan and its focus on helping people to stay healthier for longer, and supporting community activities that help improve people's wellbeing, significant investment has been made into social prescribing.

Further, as part of its approach to corporate responsibility, NHS Property Services are working across the NHS to transform vacant spaces (indoor and outdoor) into community hubs to be used by voluntary and community organisations to connect to social prescribing networks (NHS, 2021). The Health Creation Alliance (HCA) (2023) has explored the factors that affect how these spaces are used and has made a number of recommendations to support communities to reduce health inequalities and promote positive health outcomes. These include ensuring that venues are accessible, working collaboratively with communities to identify what is needed and what works, ensuring that venues are welcoming, understanding and overcoming issues relating to trust, and promoting an inclusive approach to facilities management that promotes ownership and control over premises and processes (HCA, 2023).

## 2.2 Local context

Wirral is a borough with acute health inequalities. Prior to 2019, Public Health England classed Wirral in the top 20% most deprived areas in England, finding that roughly 19% of local children lived in low-income households (PHE, 2020). In 2019, Wirral ranked as the 77th most deprived of 317 authorities in England. Differences in life expectancy vary in the most and least deprived wards in Wirral by up to 12.6 years in men and 11.9 years in women as of 2018-2020 (Wirral Intelligence Service [WIS], 2022a). Additionally, the difference in life expectancy between Wirral and England is the largest figure yet (1.6 years in males and 1.5 years in females) and as of 2022, Wirral residents will spend an average of 18 years of their lives in ill health (WIS, 2022b).

Some of the major factors that contribute to high deprivation levels in Wirral include poor housing, poverty, unemployment and undesirable living environments. In 2020, there were an estimated one in seven households in

Wirral considered to be in fuel poverty (WIS, 2022c). While employment rates in Wirral have risen from 72% in 2021 to 76.9% in 2022 (above the England average of 75.8%) (Local Government Association [LGA], 2023), data shows that between May 2022 and May 2023 there was a 6% increase in people claiming Universal Credit; local data show that 31,995 people claimed Universal Credit in May 2023 and of these, 20,239 were not in employment (LGA, 2023). The claimant count (a measure of the number of people claiming benefit due to unemployment) was 3.7% in May 2023, compared to 3.8% in May 2022; slightly below the England average of 3.9%.

Poor health outcomes in Wirral have also been linked to high levels of alcohol misuse, smoking, poor eating habits and low activity levels (WIS, 2019). Alcohol consumption and alcohol related deaths appear particularly relevant to health inequalities in Wirral, with patterns of overconsumption of alcohol matching levels of deprivation across wards (WIS, 2021).

While there are a range of services available to support issues affecting local communities in Wirral, these are focused around the central-eastern areas of the borough. There is a lack of services available in the North East, an area characterised by high levels of deprivation and thus, inequity.

## 2.3 Overview of Flourish

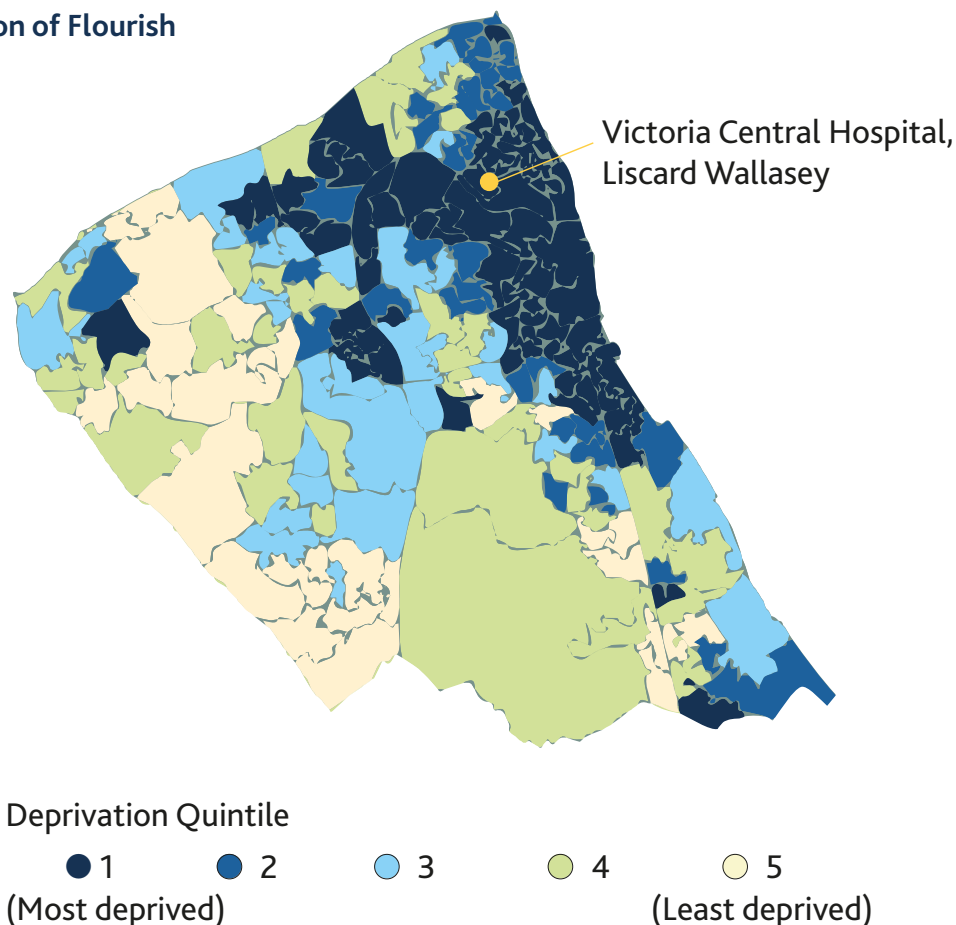
In response to an identified need and the opportunity to develop a social prescribing hub in Wirral, Flourish was established by Citizens Advice Wirral, who identified the key partners to be involved in Flourish, based on their knowledge of the needs and service gaps in the local area. Additional funding support was provided by the Ministry of Justice (which has funded the day-to-day Flourish facilitator, Data Management Tool and evaluation) and by NHS Property Services (for support with the setting and location for Flourish).

Flourish is a new model of support that builds on a person-centred approach with a service that is wrapped around the individual. This way of working, where services work together to find the most appropriate support for an individual, rather than focusing only on their own specialist area, has not previously been tested in Wirral. Flourish is underpinned by an ethos of collaboration, with organisations working together to address people’s needs and deliver the best outcomes for individuals. Flourish aims to provide a seamless transition between services, allowing people to tell their story once and receive appropriate and personalised support. Flourish provides a range of support to people experiencing issues that can impact on health and wellbeing. There is a prominent focus on welfare rights and Flourish aims to embody the principles of ‘health justice partnership’ (integrating welfare rights advice with patient care): these tackle socioeconomic issues that are root causes of inequality. A range of other support provides social, economic, practical and personal issues in a holistic way.

The organisations involved in Flourish are:

- **Citizens Advice Wirral:** provides information and advice with welfare rights issues including benefits, debt, housing and employment plus access to a law clinic
- **Age UK Wirral:** provides a range of practical and emotional support for older people, their families and carers
- **Wirral Mind:** provides mental health services and support, including counselling, therapies, befriending, community connections and more
- **Involve Northwest:** provides a range of services, including domestic abuse support, welfare rights advice, community activities and job coaching
- **Change Grow Live:** provides help with drug and alcohol misuse, criminal justice issues and a wide range of practical support such as with housing and employment

**Image 1. Location of Flourish**



Work began on Flourish in October 2021, with the site being identified at Victoria Central Hospital (VCH), and the name being agreed in March 2022. VCH is based in Liscard, part of Wallasey, north-east Wirral. VCH currently houses primary, secondary and community healthcare services and is therefore ideally placed to provide a single point of entry to a wide range of services delivered by local third sector organisations. VCH is served by multiple bus routes and has free parking on site for patients and staff.

Work to develop the Flourish space was carried out in collaboration with an architect and in consultation with partners. This involved complete renovation of the space with the aim of providing a friendly, welcoming and non-clinical space out of which community organisations can work. Flourish has a kitchen, communal staff space, a space to hold group activities and private rooms where one-to-one support is provided (these one-to-one rooms have been designed with the seasons in mind, with rooms decorated in colours and tones relating to spring, summer, autumn and winter themes). Following a 'soft launch' in September 2022, when Flourish started to promote their services amongst service providers in the local area, Flourish was fully

opened in November 2022. Funding will continue until March 2025.

As part of resourcing Flourish, Citizens Advice Wirral commissioned a local organisation to develop a Data Management Tool to collect data on service use. The tool was developed in collaboration with Citizens Advice Wirral to scope their requirements, and then built from scratch. The tool will capture information about why a person has been referred to Flourish, what their needs are, and what support they receive. It is hoped that the Data Management Tool will work alongside the systems used by each organisation and that outcomes data can be captured. The Data Management Tool has already begun to evolve following service user feedback and can continue to develop as and when data capture requirements change. The reporting will be designed in a way that enables custom reports to be generated.

In addition to delivering services for clients, the Flourish team will also provide training for local healthcare professionals. This will be key to successful service delivery. The training will raise awareness of Flourish and increase understanding of the services and support it provides, with the aim of maximising engagement and referrals from healthcare teams.

**Image 2. Bespoke communal and one-to-one facilities at Flourish**



Flourish is included in the Transforming Spaces for Community Wellbeing video that is available at: <https://vimeo.com/793039515>

## 2.4 Research aims and objectives

Given the need to develop robust and systematic evidence about the effectiveness of social prescribing programmes, Citizens Advice Wirral commissioned Liverpool John Moores University and University College London to carry out a three-year evaluation of Flourish, starting in 2022. The evaluation uses qualitative and quantitative measures to develop evidence regarding both the implementation and impact of Flourish. The evaluation design has been co-developed with stakeholders and includes both primary and secondary data, in order to gather a comprehensive insight into the impact of this model (as recommended by Hamilton-West, 2019; Wildman et al. 2019).

There are three main research questions:

- What are the challenging and enabling factors when setting up a new health justice partnership, and what lessons can be learnt for future new health justice services?
- How are services working together to provide holistic support?
- Who is being reached by the services, and what outcomes are achieved for these groups?

The evaluation is being undertaken across three distinct phases:

- **Phase 1:** An implementation study to explore how the Flourish model operates in practice and to investigate the value of collaboration between organisations, understand key barriers and enablers for establishing co-located services and inform ongoing improvement and successful implementation of the service.
- **Phase 2:** Development of a Theory of Change and logic model to detail the expected outcomes of Flourish and how they will be generated. This will inform an evaluation framework and methodology, to be implemented in Phase 3.
- **Phase 3:** Evaluation of Flourish, involving primary and secondary qualitative and quantitative data to determine the outcomes and impact of Flourish.

**This report presents the methodology, methods and findings from Phase 1 of the evaluation.**

Ethical approval for the evaluation has been granted by the LJMU Research Ethics Committee (22/PSY/059).

# 3. Phase 1 evaluation methodology





### 3.1 Review of existing documents

The planning and establishment of Flourish took place over several months. Records detailing the process of establishing and implementing Flourish (such as notes on meetings, communication with other organisations, disruptions to timelines, etc.) were reviewed. This information enabled researchers to gain an insight into how Flourish was designed, developed and implemented.

### 3.2 Exploratory baseline interviews

To gather further evidence regarding the design, development and implementation of Flourish, stakeholder interviews were conducted in March and April 2023, three to four months after the official Flourish opening. This ensured that stakeholder experiences of the development and early implementation of Flourish could be captured. Interviews were carried out with 24 people involved in decisions around funding, designing and developing Flourish, representing a range of key organisations, as detailed in Table 1. Representatives included Flourish management/facilitators, service managers from partner organisations, local healthcare professionals and wider partners key to implementation such as NHS Property Services.

**Table 1. Interview participants**

Organisation	Number of representatives interviewed
Flourish	2
Citizens Advice Wirral	6
Age UK Wirral	4
Involve Northwest	1
Wirral Mind	1

Organisation	Number of representatives interviewed
Change Grow Live	1
Flourish Volunteers	3
Architect	1
NHS Property Services	2
App Developer	1
Ministry of Justice	1
GP	1
<b>Total</b>	<b>24</b>

All interviewees were provided with an option of participating in either a one-to-one interview, a paired interview or a focus group, depending on preference. A total of 17 one-to-one interviews, one paired interview and one focus group were carried out. In addition, one participant requested that the interview questions be emailed to them and they provided their response in writing.

The interviews followed a semi-structured format, using a pre-prepared topic guide which enabled active conversation and allowed participants to express their own experiences. The interviews took place in a private space to protect the confidentiality of the interviewees and were conducted one-to-one with the researcher, either in person or remotely (by telephone or video call) according to preference and participants work schedules. The interviews were audio-recorded to allow for transcription.

The interviews and focus group were transcribed verbatim and detailed notes were taken to assist with analysis. Data was analysed using Braun and Clarke’s (2022) approach to reflexive thematic analysis, whereby a deductive approach was taken to conceptualise high-level themes in line with pre-existing implementation evaluation theory. Inductive analysis was then carried out to identify sub-themes.

### 3.3 Reporting

Findings from the interviews are presented in Section 4 of this report. Quotes have been used to illustrate key points, and labelled with a stakeholder number rather than any other identifier (e.g. role, organisation) in order to protect anonymity. Where further anonymity is required, there are a small number of quotes not attributed to any stakeholder.

# 4. Findings



## 4.1 The purpose and vision for Flourish

### Drivers and aims of establishing Flourish

Stakeholders shared similar views about the aims of Flourish, describing a central ambition to have a shared space where key organisations can be co-located, enabling better connectivity of services across the wider health and social care system, and promoting collaboration. Stakeholders described that this would hopefully then increase patient accessibility to appropriate services beyond the GP, thus enabling people to access the support they need in a way that has not been offered before.

**"It's a unique opportunity for organisations to be in a physical space together."**

Stakeholder 9

**"When I first heard about this before, it was a fantastic idea. And you know the more services I believe that we can get in there to support people in the current economic climate and the better."**

Stakeholder 11

Stakeholders highlighted how the Flourish offer is unique, with the ability to prioritise the use of the space to address gaps in provision. They also discussed the benefits of the geographical location of the service, given the specific health and social needs of the local community and the lack of appropriate services locally (prior to Flourish). Here, stakeholders described a range of needs for which there lacks local support, including child poverty, the impact of COVID-19 on social isolation and postnatal health in particular, mental health, and drug and alcohol use. Some stakeholders highlighted how services have 'come and gone' in the local areas, and that historically, funding for such services has been focused around the central-eastern parts of Wirral, such as Birkenhead, with 'outposts' not well served.

**"[We're] really looking at what are the gaps in services in that area and how do we bring those kinds of services in for the things that people need it."**

Stakeholder 12

**"If you look at the statistics for Liscard, it's an area where there is significant levels of ESA claimants, particularly for mental health and significant levels of child poverty...the statistics tell you that it's an area of socioeconomic deprivation... We were acutely aware that for some of the specialist services like drugs and alcohol support, they can't access that within the Liscard area at the moment, so some real, practical, access to support in your neighbourhood makes a big difference."**

Stakeholder 2

Stakeholders described the need for Flourish to provide an environment that facilitates access to a wide range of services, and the need for effective partnership working across various clinical and non-clinical partners. One stakeholder mentioned that traditionally, organisations could be suspicious of each other, working in silo and competing for the same sources of funding. However, stakeholders highlighted that there is an underlying feeling of goodwill and people want to work together. It was felt that Flourish would bring organisations together to work collaboratively to support the local community.

**"The Flourish Hub links the third sector with the NHS as well and links in the NHS with the third sector, you know, let's work together, we can't fix everything on our own and you can't do it on your own as a GP."**

Stakeholder 1

**“Funding was always an issue at that time, people were suspicious of each other. Didn’t want to work together, didn’t want to share ideas with other people in case they got picked up, you know...but what we found was there was a lot of goodwill.”**  
Stakeholder 16

Two stakeholders stated the importance of Flourish partners ‘showing up’ and ‘being present’, cautioning that collaboration is more than merely organisations delivering services in the same space. This collaborative practice needs to be developed and embedded in order to be successful. Stakeholders spoke about the importance of providing training and awareness raising so that each partner organisation is aware what each other does, to aid the client journey and speed of access to services.

**“I’d like to see there is some sort of information awareness sessions between the different services that exist... I think most services that are there have got a unique point, something that they’re an expert in. And we could all benefit from each other kind of having that awareness raising, which would then make it more of a space where a person can come and they’re dealt with in that kind of holistic whole family way, and that will help the telling of the story once and everything that we’re trying to achieve.”**  
Stakeholder group 15, participant 1

The physical environment and the use of space was consistently highlighted by stakeholders as being a key part of the vision for Flourish. The role of the architects in designing the space, and the contribution of stakeholders into that process, were highlighted as particularly important in creating a relaxing environment. Stakeholders all valued the opportunity to contribute to the design and use of the space. For example, one organisation described how it was important to think about the colours of the environment when considering the needs of their clients.

**“This was the right thing to do for the community. The vacant spaces programme tries to find different ways of using spaces effectively.”**  
Stakeholder 8

**“[Flourish has] that nice balance between feeling professional but also feeling non-clinical as well... It is warm. It’s comforting...and each of the rooms there’s relaxing areas. There is a lot of people who come in who have got a lot of trauma...that you’ve got just to think about spaces and how we support people in spaces.”**  
Stakeholder 12

Some stakeholders described a shared longer-term vision for Flourish to become sustainable beyond the initial funding period. Linked to this vision was a priority to evidence the impact of Flourish, with stakeholders highlighting the importance of collecting appropriate data to make the case to secure ongoing funding.

**“After that five years [Flourish] will be able to fund itself because NHS Property Services can see the benefit of it, but up to that point they’ll fund that space. Obviously, the services are funded, the actual service, but the cost of the upkeep of the building, which is the normal upkeep of the building, NHS Property Services will fund that... The property is being used but NHS Property Services want to see useful and valuable data that’s hopefully going to come out of that.”**  
Stakeholder 8

## Partner contributions to Flourish

Each stakeholder described their unique contribution to Flourish, in addition to how they envisaged working collectively to deliver a collaborative offer. For example, NHS Property Services described how they invested in Flourish as part of their corporate social responsibility aims to better use vacant spaces within the NHS. Service providers from other partner organisations described the wealth of contacts between services within Flourish, with some describing having worked collaboratively across the Wirral area for a long time.

The third sector infrastructure across Wirral was highlighted as being strong, and a key facilitator to providing immediate support for people with a range of issues including food, fuel and mental health. Within Flourish, there is a café called Nightingales, run by Change Grow Live (CGL). The café was opened on Monday 12 June 2023 with the intention of being used as part of the triaging process, as well as providing a good opportunity for people to come into Flourish and learn about the services they have to offer. A representative from CGL explained plans for people who attend the GP to be given a 'Coffee Card', which can be presented to the café, and will tell the café staff in a confidential way that they need support. Triage will then be carried out by Flourish volunteers so that an appropriate pathway can be identified.

**"The services that people can access at Flourish Hub are varied and wide, including drinking alcohol services, council services, and eight-week courses for new mums."**  
Stakeholder 13

While a number of the stakeholders described how partnership working would be enhanced by being based in Flourish, two said they would work collaboratively with a wide range of partners, regardless of whether they were based in the same location. These participants felt their ability to deliver their service was not contingent on location.

**"They don't actually physically need to be there, do they? It's just that you have those kind of key partners there."**

Stakeholder 13

**"It doesn't matter where you actually are. As long as that client's okay and feels safe in front of you when you're doing your job, it doesn't matter where you're based."**

Stakeholder 14

Some stakeholders described their hopes for working in partnership with other organisations based at Flourish, how they welcomed the opportunity to take a new working approach and that this could have a positive impact on their own working practices. Flourish offers potential to be a space where staff can work among wider colleagues, rather than in isolation. However, some stakeholders cautioned that services may continue to work in silo, even though they are co-located in the Hub.

**"I think perhaps if we opened this pre-COVID, we may have struggled a little bit more with the idea of not being gathered at our central building in our space that we're used to, but we've got a little bit more used to now. Having things stored on online rather than having paper files in places...[it's] easier now to have a bit more flexibility in our location."**

Stakeholder 15, participant 1

## 4.2 Laying the groundwork for Flourish

### Initiating Flourish

Citizens Advice Wirral have played a key role in bringing partner organisations together to collaborate on the Flourish project. The needs of the community informed the choice of organisations that were approached.

Stakeholders felt it was important to have a clear and compelling vision to ensure that services would join Flourish and that collaborative working would operate smoothly. The physical co-location of services was also felt to be critical to the success of Flourish.

**“The idea was always to be able to bring these organisations together to collaborate rather than cohabit, but in an NHS setting.”**

Stakeholder 1

**“I think we quite quickly hit on the idea that if there was an opportunity to collaborate in an NHS space, we wanted it to be collaborative. We didn’t want it to be a space where services operated autonomously because we weren’t then maximising the opportunity to really support people in a seamless way.”**

Stakeholder 2

Accessibility was a key priority in considering how Flourish would work in practice. Locating Flourish in the same building as GP practices was purposeful, enabling Flourish to be ‘on the patient’s doorstep’, and supporting ease of signposting from the GP through to Flourish. A lot of thought was also put into where Flourish would be based with regard to transport links, journey times and parking, all of which made

VCH a suitable location. Some stakeholders questioned the location of Flourish on the 3rd floor of VCH, which was felt to make it less visible to people attending other services in the building. However, this was viewed by some as potentially positive, by providing a level of anonymity that could reduce stigma and make people feel more comfortable.

**“Flourish really helps that locality of people in this area so they’re not travelling loads. Some people can travel, but then you’ve got the cost of that.”**

Stakeholder 2

**“We get an awful lot of people who have got drop-ins around here and they’re not necessarily on bus routes or free parking and things like that. It’s been really hard to get that, so this is absolutely perfect location-wise.”**

Stakeholder 3

The need for Flourish to work on an appointment basis as well as accommodating walk-ins was seen to be important to increase accessibility to the community and potential service users. Flourish was described as a ‘go-to’ space which people can rely on when they need support and guidance.

**“A lot of charities here have people turning up in crisis...if your doors are open, then you know you have somewhere that’s close to you that you can go in and go ‘I can’t cope anymore’.”**

Stakeholder 3

**“It’s kind of like a walk-in as well, so someone could come and kind of think ‘Oh, gosh, this is going on, maybe I’ll try that Flourish Hub.’”**

Stakeholder 5

Stakeholders agreed that besides an initial shared vision, the success of collaborative working would be highly dependent on the working arrangements that are adopted. The decision for Flourish to operate within a shared physical environment, aided through hot-desking and room-rotation processes, was felt to improve communication between all parties involved. The shared space would also increase networking opportunities and a supportive environment between service providers. However, it was agreed further work was needed to strengthen and sustain working relationships before Flourish becomes truly collaborative.

**"If a lot of charities came in and they used it as a hot desk, the amount of support that could be offered by learning skills from one another and learning and gaining knowledge from each other would enhance the community and support the community as well."**

Stakeholder 3

**"From an organisational perspective... there is something really interesting about creating better referral pathways and better collaboration on site because if we think beyond the services we currently deliver, it could be identifying a gap in a service and then go and in a partnership apply for funding together and really understanding each other, cause you're based in the same space. But for me that is nowhere near at this stage."**

Stakeholder group 15, participant 1

## Developing the space for Flourish

Stakeholders explained the process of being involved in designing Flourish. This had included receiving a briefing document and attending consultation calls in which their thoughts on the design of Flourish were discussed with the architect and wider partners. The consultation process was described as productive and useful, although one stakeholder described communications as 'slow and challenging' at the start and another felt it would have been beneficial to have had the same representatives attend the consultation process, for consistency.

**"It was a little bit difficult because we didn't always have the same stakeholders on each call because voluntary sector people won't always be available at the same times but consulting one group of people and then a different group of people from the same organisations, you will always get slightly different answers."**

Stakeholder 10

**"It was quite slow progress at the start and there were some communication challenges...that improved when the social prescribing team got involved."**

Stakeholder 12

Stakeholders discussed their vision for the design, setting and ethos of Flourish. There was strong agreement that it should be a warm, welcoming and non-clinical space in order to encourage people to visit. Having the café as the first point of entry was seen to be a key part of this process.



**"I think it's quite a welcoming space as well, I think patients would feel comfortable here...it's just that calming kind of space, which is important in a job that covers like mental health, because you want someone to feel like this is a safe space that they can go to, both for the patients and for the people talking to the patients."**

Stakeholder 4

**"Obviously there's the café space which is the key part of the how they want to bring people into the building. They wanted people to be in comfort, be prescribed by a GP...go grab a coffee and then you're directed to the services you need, and it's not like you're waiting."**

Stakeholder 8

Interviewees agreed that it had been important to involve representatives from key services in the planning of the Flourish space right from the start, to ensure that Flourish was suitable for service delivery. The architects were described as being 'central' to helping to create the space based on the stakeholders' vision. However, some stakeholders described that with hindsight, it would have been good for them to have had more time to work on the planning of the Flourish space, to understand what each service wanted out of Flourish, and to be involved in the process of bringing their vision to life.

**"Everybody was really keen and eager to be consulted and hadn't really had that much experience of this before. We were discussing colours and furniture and plants. Partners reported 'we just get shown a room and handed a plastic chair'. This is a much more involved process and they appreciated that. I would definitely advocate for consultation, but a little bit deeper if possible, and that would necessarily require extra funding for the design team carrying out the work so that they can really get to understand the service users."**

Stakeholder 10

**"Citizens Advice Wirral also then brought the architects in and [they] were liaising closely with the architects who were absolutely brilliant, and they did really listen to what the needs were of the clients and the client group and the space."**

Stakeholder 12

## Resourcing Flourish

Flourish was established by Citizens Advice Wirral, with funding for the setting supported by NHS Property Services. The Ministry of Justice became aware of the work of Flourish and were interested in building an evidence base on the impact and effectiveness of co-located Health Justice Partnerships. As a result, the Ministry of Justice agreed to fund the Flourish facilitator role, the Data Management Tool and the evaluation.

The work of people within leadership and management roles was described by stakeholders as being critical in initiating Flourish, in identifying an appropriate site, supporting with the development of the space and monitoring the budgets. This work was also viewed as supporting planning for longer-term sustainability, including evaluating Flourish to understand how well the space is being used, and demonstrate value for money. It was discussed how, as lead partners, Citizens Advice Wirral were responsible for overseeing the service delivery model.

"[Name] looks after the social prescribing project for NHS Property Services. So monitoring the budgets, looking at where we can and can't run social prescribing spaces, what would work, what wouldn't work. And then once it's all set up and running, [name] is the main point of contact for the person who's managing the Hub... [NHS Property Services] have to make a case for, why are we investing money into spaces when we're not making money out of them?"

**[They] need to make a case to say, well, this is the reason why because it's having this amazing benefit and impact on the community. So [name] will collect a lot of figures and data... [name] makes sure [name] keeps me up to date with exactly what the space is being used for. Because what we don't want to happen is we don't want to fall into a situation where NHS Property Services have invested 100 grand or so into a property, and then nothing's actually happening and no services are running."**

Stakeholder 7

Delays in signing the lease impacted on the initial set-up and launch of Flourish. The importance of securing a premises and having a person to facilitate the development of this was highlighted as a key component that should be present to ensure the smooth set up of a hub such as Flourish. Delays with the initial set up and furnishing of Flourish were also described. These were largely attributed to the complexities of bringing voluntary and community services together within an NHS space. In particular, challenges around Internet connectivity were highlighted, whereby it was initially expected that Flourish would be able to connect to the existing Wi-Fi. However, due to the building being an NHS space, this was not possible, which meant Flourish then had to source and fund its own Wi-Fi connection.

"We need Wi-Fi in the café area, which is being its own problem. We need to install something called an access point which links to the server room to enable us to have better Wi-Fi."

Stakeholder 1

"The complexities of setting up a partnership in an NHS building. There is the fact that we [partners] are all leasing the space...it's a fantastic idea and the model is fantastic and then you start putting it in place and trying to implement it. Then these little things crop up like getting Wi-Fi put in. That was an absolute nightmare, they told us [Flourish] could get on their system and then they told us eventually we couldn't and we had to put our own Wi-Fi in...that would have been really useful to know right at the beginning."

Stakeholder 9

Other delays related to processes in securing the correct furniture for the space. One stakeholder described how it would have been good to have included sustainability targets within the Flourish brief to promote the use of reclaimed materials. The NHS have a scheme called Eco Collect, a system that provides second hand NHS furniture and equipment that is no longer used or needed. This scheme was used during the development of Flourish, but was described by one stakeholder as an 'afterthought' which made things 'difficult'. This stakeholder also felt that it would have been good to consider air quality, room temperature and plants within the Flourish space.

“There was a delay...I think it was last March, it was supposed to be done in the year but it went over the year’s budget, the original budget NHS Property Service had for the capital program was £50,000 and then [they] ended up spending about £120,000, not that [they] got over budget [they] just said well as far as the process [they] realised that [they] needed more funding and as part of the wider NHS subscribe budget [they] had the funds to do that.”

Stakeholder 8

“I suppose one of the issues that had a lot of potential, but was difficult to manage, was we tried to use Eco Collect to provide some of the furniture from second hand within the NHS, so Eco Collect provided a kind of a circular loop system, they email you every couple of weeks with ‘hey, we’ve got these desks in this place and we’ve got these lamps in this place and these coat stands in this place’ and we tried to arrange it such that the contractor would not order everything but would actually use some of these refurbished products for sustainability. Some of those lamps didn’t work necessarily. There was a bit of an issue with some of them being cracked or broken.”

Stakeholder 10

Stakeholders spoke about their experiences of developing the Data Management Tool and how the tool needs to be used to its full potential in order to be successful. The contributions of partners into the ongoing development of the tool was highlighted as being important, and critical for the future implementation and usability.

“With any work of this kind, buy-in from the users is always the most important and it’s been valuable that the Flourish/ Citizens Advice Wirral team have all been invested. [The developers] haven’t created applications like this for many community-based programmes but this has been no different in terms of what has worked well.”

Stakeholder 19

Confidentiality and privacy at Flourish were mentioned by a small number of the stakeholders, in relation to the spaces available for one-to-one meetings. At the time of this implementation evaluation, a room booking system is in place for confidential meetings.

However, one stakeholder raised concerns that the acoustics may not be confidential in the shared meeting space because of the ceiling. Curtains were used to separate spaces, but it was felt that more extensive work would be required to create a confidential space. However, another stakeholder confirmed that they had not received any other feedback about this.

“There’s loads of rooms there, like the summer room, spring room. There’s a plethora of different rooms. Yeah, there’s plenty of space to find somewhere confidential if needed.”

Stakeholder 11

“By putting a curtain in certain rooms, we were hoping to do some sort of acoustic separation, but because of the suspended ceilings and the low budget, it wasn’t really possible to acoustically separate those rooms because below the suspended ceiling, you’ve obviously got the ceiling void above. So even if you do put a curtain in, someone will have a discussion on one side of the curtain and have a discussion on the other side of the curtain, and it will basically travel through the ceiling. So acoustic separation for private conversations probably isn’t working in the co-working space and the training space.”

Stakeholder 10

## 4.3 Initiating service delivery at Flourish

### Service promotion and awareness raising activities

A range of awareness raising and networking activities have been implemented by Flourish. Between January and March 2023, Flourish attended meetings with the Central Advice and Duty Team, the Walk-In Department and the Wallasey Wellbeing Primary Care Network meeting. Flourish also hosted two open afternoons for professionals (10 January 2023 and 16 February 2023), with each session lasting 1.5 hours. The open afternoons were attended by a range of stakeholders, including public, private and voluntary sector representatives (including Department for Work and Pensions, Wirral Borough Council, Amber Button CIC, Ministry of Justice, Wirral Opp). The service has been specifically promoted to NHS staff to build awareness about the types of health inequalities affecting local communities, and the ways in which Flourish could address this.

A number of other professionals have made ad hoc visits to Flourish to enquire about how to link into services and tour the space, including the Transformation Project Manager, Mental Health and Social Prescribing at the Central Cheshire Integrated Care Partnership, district nurses from VCH, health coaches working on site, adult social care staff, and other professionals who work on site. In addition, representatives from the Department for Work and Pensions’ Disability Employment Advocate Team and Liverpool Philharmonic Orchestra Health Programme Lead have also visited Flourish.

### Service delivery

Flourish had a ‘soft’ launch in September 2022, which involved promoting the service to local stakeholders, prior to a formal strategic launch in November 2022. The soft launch was seen to be important in building an awareness, understanding and trust about what Flourish offers among local service providers. As of March 2023, one member of staff was employed by Citizens Advice Wirral to work at Flourish as the facilitator, undertaking specific roles supporting client groups. Five volunteers had received training by Citizens Advice Wirral and were actively volunteering at Flourish. The volunteers provide administration support and deliver ‘front of house’ services, undertaking triage assessments and networking with clients in the wider health centre to advertise Flourish. Volunteers are often the first point of contact for clients. In the first few months of operation, Flourish had also facilitated gambling awareness training with 12 social prescribing link workers, delivered by Beacon Counselling Trust.

Flourish have Operational Group meetings and Strategic Group meetings every six weeks to monitor and plan activity. As of May 2023, a range of activities were available, as detailed in the timetable below.

**Image 3. Flourish Spring 2023 Timetable**  
(accessed from [www.citizensadvicewirral.org.uk/projects/flourish-wellbeing-hub/](http://www.citizensadvicewirral.org.uk/projects/flourish-wellbeing-hub/))



## Flourish Wellbeing Hub: Spring timetable

Monday	Tuesday	Wednesday	Thursday
<b>Wirral Ways Housing Support drop in</b>	<b>Warm Hub</b>	<b>Talking Together Wirral drop in</b>	<b>Warm Hub</b>
<b>9am – 12 noon</b>	<b>10am – 2:30pm</b>	<b>9:30am – 12:30pm</b>	<b>10am – 2:30pm</b>
Support with all housing issues including eviction, issues with landlords, accessing Property Pool Plus	Drop in for hot refreshments, cost of living and benefit support	For talking therapy assessments	Drop in for hot refreshments, cost of living and benefit support
			
<b>Citizens Advice Wirral</b> (pre booked only)	<b>Wirral Mind – Mum’s Matter group</b> (pre booked only)	<b>Wirral Ways to recovery</b> (pre booked only)	<b>Wirral Mind – Mum’s Matter group</b> (pre booked only)
<b>Wellbeing Library and Hygiene bank open 10am – 3pm</b> <b>Find us at: 2nd Floor, Wing A, VCH, Mill Lane, Wallasey, CH44 SUF</b>			
<b>We are currently closed on a Friday</b>			

The most recently available service data (at the time of reporting) showed that between 1 January 2023 and 10 March 2023, Flourish had a total of 222 pre-booked appointments (including people visiting VCH), this included:

- Age UK Wirral – 49
- Change Grow Live – 25
- Citizens Advice Wirral – 55
- Involve Northwest – 1
- Wirral Mind – 92

There were also 19 drop-in/walk-ins and 8 referrals by health care professionals. This time period saw an increase in numbers by 170 from previous reporting, all of whom were new clients to Flourish.

As lead partner, Citizens Advice Wirral set up a room rota so that partners can populate this with the services they want to deliver from Flourish. Examples of the services being offered at Flourish include financial resilience support sessions for NHS colleagues, a specialist welfare benefits service, community drop-ins and maternal health courses.

**“On a Friday there’s a drop-in, and if there’s any community members that needed to speak to the Involve Northwest Connector who was Wallasey based, then they will attend to have that chat and carry out whatever it is that they need support with.”**

Stakeholder 11

**“And [there’s] also something called Mum’s Matter for new mums and it’s an 8 week course that Wirral Mind deliver there [Flourish].”**

Stakeholder 13

In terms of activity and how Flourish is evolving over time, some stakeholders described a sense of it being “early days for the referral process” (Stakeholder 13). Some highlighted how it can take time to build awareness and trust when implementing a service such as this, and that the soft opening is a key part of the roll-out. Some described how they were starting to see referrals in from wider stakeholders such as health visitors but it was noted that people were not necessarily being referred from Flourish; instead they are referred in and then seen in Flourish because it is their local area. Some described how they had seen a number of self-referrals come into Flourish.

**“[You can] come and have a chat with someone, even if you didn’t see someone on the day and you were referred to CGL and Ask Us Wirral, you could arrange an appointment to see someone from us because we’re at the Hub and then know that when you see CGL that’s going to be the appointment in the same place. It’s a place that you’re used to that you’ve been there before.”**

Stakeholder 7

### What is working well?

Service providers described some of the benefits they have started to experience as a result of Flourish, describing how they were enjoying the opportunity to work alongside partner organisations. Stakeholders who typically worked in isolation highlighted particular benefits of being able to discuss work-related issues with partners, which helped them with decision-making.

**“If there’s any questions, if you’ve got any safeguarding concerns, it’s nice to come up here and actually speak to someone about them and have some support from your colleagues.”**

Stakeholder 4

The ethos and environment of Flourish was described as relaxed and calming, and the confidential spaces and room rota were largely viewed as working well. Stakeholders also cited that the facilities team, reception staff and security at VCH were ‘supportive’ and ‘excellent’. The initial single point of contact, the co-location of services and the work of volunteers were seen to enable fast and accessible support for people. A GP described how it was beneficial that Flourish volunteers could walk around the waiting rooms at the practice, chatting with people and telling them about Flourish.

**“They’re not going to have to kind of go away and then come back to a different place. [They are] seeing the health practice at 10am and then your appointment at Flourish at 10:45am. You can hopefully have a coffee. You’re not having to kind of go away and then come back again.”**  
Stakeholder 19

**“The facilities team at Victoria Central Hospital have been very supportive. The reception staff and the security are excellent, and I don’t think we considered really how much Flourish would need them. They were excellent, and I think I would say really positive. So, I think they’re probably a bit of a of an unsung hero in Flourish, the wider team of people who are involved.”**  
Stakeholder 12

Stakeholders gave examples of how Flourish is working in practice, where improved reach, communication and clarity of pathways are having positive impacts for service users. Having a base at Flourish is enabling organisations to provide services in Liscard, where previously they had not had any outreach or presence. Being co-located with the GP practices meant that patients who would previously only engage with their GP were now engaging with community services that they may not otherwise have accessed. The single point of contact was useful too, meaning people could just ‘ring the bell’ and have a conversation with a volunteer, and an instant pathway to support.

**“The idea of ‘tell your story once’ has been there from the get-go.”**  
Stakeholder 1

**“Having us all under one roof helps us to navigate people without them having to duplicate or open up to multiple people different times, the idea was that they actually can come to one person and can come to one place...without them having to repeat themselves to multiple professionals.”**  
Stakeholder 6

**“Someone went to one of the GP surgeries on the ground floor with their PIP form. The GP surgery receptionists have said no, that’s not something the GP would do, but go up onto the 2nd floor, Flourish is there and they might be able to help you.”**  
Stakeholder 12

Many stakeholders described how the volunteers were excellent, and highlighted the importance of this additional resource. The volunteers greet people who come to Flourish and provide support to both service users and service providers, which frees up the time for partners to be able to focus on their roles.

**“The volunteers are absolutely fantastic. They do some of the reception function... so really nice that we’ve been able to kind of offer those opportunities, but they’re fantastic and they’re so welcoming, answering the door, dealing with stakeholders, dealing with clients and supporting the warm hubs, they’re fantastic.”**  
Stakeholder 12

## Challenges to initial service delivery

### Collaborative working

Stakeholders acknowledged that it would take time for the Flourish partner organisations to get used to shared working practices, and that this would be an ‘organic process’ that would evolve over time. Several stakeholders highlighted that Flourish needs to be more than just the co-location of services within a shared space, that it should involve genuine collaboration.

“...there may be issues and hurdles along the way that we need to overcome in actually making sure that when patients come in and they’ve identified a number of issues, that we do work in a different way, and that change will happen over time as would potentially, as individuals within organisations are not used to perhaps letting go of elements of an individual support program to go ‘This is what I’m going to do, I’m going to leave you to sort that bit out’.”

Stakeholder 2

### Capturing the data

Stakeholders also discussed the Data Management Tool (also described by stakeholders as ‘the App’). Volunteers based at Flourish use the Data Management Tool to sign up individuals and then make referrals directly to different teams. Some stakeholders aired their concerns about using the tool. For example, the organisations involved in Flourish have their own data management systems, which may prevent them from being able to fully adopt collaborative working protocols. A number of stakeholders expressed concerns around how the true activity and impact of Flourish could be captured if organisations are using separate monitoring systems, with one highlighting the importance of capturing case studies to reflect the benefits and outcomes of Flourish.

“As the App was built from scratch, it was initially difficult to put a solid scope together, even down to potential set responses, free text fields aren’t easy to report on. There was a lot of guidance and a lot of changes to accommodate additional questions, answers or even access levels within the App.”

Stakeholder 18

“You’re putting the client into Flourish, then the Flourish App sends an email to [name of organisation], and then someone’s having to input it at that end as well...if you’re going in with multi partners, having one database where that new client comes in and I see what’s all changed, you can see what’s happened with that client, then what we’re doing at the moment is just recording them coming in.”

Stakeholder 17

“Trying to establish outcomes, long-term outcomes. That’s something that’s really, really difficult to measure...it takes a bit of time.”

Stakeholder 20

Despite concerns, stakeholders did recognise that it will take time to embed any new data management system and agreed that working from one system was important. Some described how they felt that a type of data system similar to that used by Ask Us Wirral would have been useful, as this allows accessibility for multiple partners. At the time of the implementation evaluation, an individual attends Flourish and completes initial triage with a volunteer who fills in details on the Data Management Tool. Referrals are then sent to relevant partners.

Some stakeholders described issues with duplication of information, as the information is entered once into the tool, and then again by the referral partner. Some queried whether there could be better ways of storing the data, but it was recognised that processes have to be followed which are governed by the organisations. While it could be possible to create a data gathering template that allows partners to access the client pathway, there would be cost implications. It was felt that the barriers and challenges to setting up the Data Management Tool could have been avoided if there was involvement from IT at the outset.



Concerns were also raised about the Data Management Tool being difficult to navigate and that volunteers may find it hard to learn how to use it if they are only in the Flourish for half a day a week. One stakeholder described how it was necessary to ensure that if Flourish was to be a 'one stop', then client information relating to their pathway of support should be stored in one place to be accessed by all partners. This was also seen to be important in the case where any complaints may be made.

**"It's [the referral process] a lot of work for a volunteer. Plus, they're performing triage. The App isn't doing what it should do, and then having to follow up the referrals if the notes haven't been pulled through, we don't have a summary... If it hasn't pulled it through, can you rewrite it, resend it, follow it up with the support workers? I spent nearly an hour just on one referral."**  
Stakeholder 9

**"We've had major issues, to be honest. You know, which is disappointing when you think about how long the project's been going now, as well. And these should have been ironed out a long, long time ago, unfortunately...it's not been an easy process...whichever route we would have taken with the database, we would have had issues."**  
Stakeholder 17

### **Managing expectations and demand**

Stakeholders recognised that there was a lot of work involved in the central management of Flourish and that the Facilitator role was critical to the successful implementation of the partnership. It was highlighted by a number of stakeholders that the facilitator role is multifaceted and could benefit from administrative support and a recognition among wider partners of how complex this role is. Stakeholders also raised that the number of meetings and requests from external partners could be overwhelming. One stakeholder described that there had been challenges in managing the multi-agency approach,

with the need to manage the various structures, policies and ways of working required when lots of different organisations come together. Flourish representatives described experiencing difficulties in linking with the one partner that is based within VCH. This is an organisation who may potentially refer/signpost people to Flourish, so needs to be aware of the support it can provide.

**"One challenge actually, I've been trying to link in with the [organisation name] but there's never a manager around, and every time I speak to the reception staff, they won't actually give me any contact information. They only take mine and I've been in three or four times and no one's contacted me. And one of the other challenges is that all the departments are behind doorbells."**  
Stakeholder

### **Increasing the number of referrals**

Some stakeholders acknowledged the need to increase the number of referrals to Flourish, from either other providers or self-referrals. The Nightingales café was seen as one of the key enablers of this, whereby people would come to Flourish for support, not just because they have been signposted by their GP or another provider. Stakeholders described a clear plan for how the café would work and this was seen as a key place where triaging conversations could be had. Many of the stakeholders described the Nightingales café as a positive aspect of Flourish. Delays in opening the café were described by stakeholders as being due to a combination of the need for a licencing agreement and ongoing negotiations regarding the upkeep of the space beyond the initial five-year funding period.

**"We're looking at a licencing agreement for the café area. That's predominantly their (CGL's) role sorting out the café area."**  
Stakeholder 1

## 4.4 Expectations of future impacts of Flourish

### Stakeholders' perceptions of the benefits of Flourish

All stakeholders described the immediate and longer-term benefits of Flourish for clients, staff and the wider community. Although not always attributed to a 'social prescribing model' as such, all highlighted that an immediate impact of Flourish has been the delivery of a range of services, in collaboration with one another, within a deprived area where previously there had been limited services available to the local community. The ability for people of different ages to access a range of services within a user-friendly and safe environment was also highlighted as an immediate impact, where providers could collaborate with one another to quickly identify and provide the right support for the person. Flourish was described as a 'benefit for the local community' (e.g. Stakeholder 14), where people in the local area now have a safe and trusted space where they can be listened to and signposted if needed. A number of stakeholders also described how Flourish was supporting people to access and receive help before their problems become any worse. Stakeholders from Primary Care described their experiences of having Flourish on site, and how they can immediately refer clients into Flourish. The two-way referral pathway in and out of Flourish was highlighted as particularly important.

**"If somebody comes here [Flourish] with a certain concern or an issue or a barrier, then there's an opportunity there to really drill down and speak to that individual on what's important to them... And as a collaborative, we offer so many things within our organisations that can support people...you're going to get different options when it comes to supporting various routes and hopefully in some instances a bit of a quicker pathway as well."**

Stakeholder 11

**"It's access to somebody that they know who they're going to... Hopefully that that sort of speed of process. Their issue or whatever would have got bigger and bigger and bigger."**

Stakeholder 14

### Factors influencing the future impact of Flourish

Many of the stakeholders described the importance of developing a strong presence in the local community and how developing trusted relationships was key to the success of Flourish. Stakeholders also highlighted the importance of ensuring that the support that they offer does not duplicate anything that is available elsewhere.

**"Ultimately, it's got great potential and it's a real asset for Wallasey...there's nothing like that. So, with the right decisions and in the right direction it could be something really good. It's exciting and I don't blame them for doing a soft launch because you can't just open your doors if you've not got the staff or the capacity to be able to deliver something, because then you promise something you can't deliver and straight away you've lost trust."**

Stakeholder 11

Stakeholders had aspirations to increase the number of cross-organisational referrals, drop-ins to Flourish through the café, and regular referrals from a range of health professionals and health departments across the space. An ultimate ambition for Flourish was that clients would only have to tell their story once and get access to everything they need.

**“They [Flourish] can look after people accessing certain services...they also look up why is that person coming here today? What are the issues and which of our partners is best suited to support that person? That ethos where you tell your story once. So then step three is we make an onward referral from the data capture tool straight into the designated email inboxes of our partners they then take over that.”**

Stakeholder 9

### Next steps for the service

Stakeholders described a range of activities and aspirations for the future of Flourish. Building a Flourish website was seen as something that would increase the visibility of the service and its partners. Numbers of visitors to the website could also then be monitored through the use of Google Analytics. At the time of the implementation evaluation, discussions around the website were at the initial stages.

**“That’s in a very, very early stage [the website development], I think it’s these things, when you are talking about starting a project, need to be considered quite early on.”**

Stakeholder 17

**“I think it’s going to be more of a challenge cause it’s not web-based at the moment. No-one wants to tell their story twice so there’s been a bit of a lack of foresight. So, I’m hoping it can get resolved within the current tool [Data Management Tool] and a kind of web-based version of it then.”**

Stakeholder 12

In terms of increasing collaboration, one stakeholder discussed the possibility of bringing in a partner from Macmillan, to provide support and advice regarding personalised care. Another stakeholder described their ambition to look at Flourish from a strategic perspective, using an Asset Based Community Development (ABCD) approach to explore future sustainability.

Here, the long-term ambition for Flourish to be used by the community as ‘their space’ was discussed, recognising that the ABCD approach could provide communities with the opportunity to drive this forward, allowing organisations to step back and ‘let the community take over’ to use the space for their own needs.

**“We’re going to have a strategic day where we think what can we really do with this space and these partnerships in this community... When the ABCD agenda was brought into the borough, there’s a lot of goodwill to work together and a lot of enthusiasm for this kind of project.”**

Stakeholder 16

## 4.5 Barriers to implementation

### Internal issues (characteristics of the organisations, systems and processes)

A number of internal issues were raised that related to how well the organisations will work together in terms of culture and processes, the management of room bookings and the use of space and managing the expectations of others. Examples of this included stakeholders describing challenges in managing bookings to ensure all partners have access to rooms, which required operational and strategic discussions to ‘iron out teething problems’ and additional work to develop a fair booking system. It was highlighted here that engagement from all partners would be important for managing the shared space. Challenges were also flagged when using the Data Management Tool, such as learning to use a new technology, and providing feedback to help further develop the tool to capture information and better reflect the needs of Flourish.

While partners acknowledged the importance of collaborative working, there were concerns around how this would work in practice, in terms of ensuring that all partners understood the roles of others and that pathways and referrals were clear. The notion of a 'culture change' was raised by a number of stakeholders who recognised that a change from co-location to collaborative working would take time.

**"Even though we've been encouraging the team for about six weeks now to book the appointment into Flourish if they've got any face-to-face, not many are happening. I think it's the change, they're so used to seeing patients in surgeries that it is their go-to kind of thing like 'Oh, I'll just book you in', and it's just trying to remember, reiterate and get them to remember that this is a new space for them... I wouldn't necessarily say they are hurdles, but I think the next steps for us will be learning about the culture of all the other organisations and how they work."**

Stakeholder 6

**"So, there's a little bit of that in relation to the teething problems around expectations and about managing the bookings and a little bit of an expectation on us... So, we're trying to bring some of those issues to the strategic and operational meetings."**

Stakeholder 12

The need to appoint a facilitator was quickly identified during the very early stages of Flourish and this role was deemed very important to the success of the implementation of the service. While the initial idea had been to 'release' someone from each organisation to act as facilitator for one day a week, this proved impossible due to lack of capacity across the providers. As a result, an individual facilitator post was subsequently funded by the Ministry of Justice.

**"The facilitator role is a really key element to the project and when you are bringing people together and keeping things together, I think that's definitely one of our successes for this pilot. You need that one person who's championing for things to, you know, be pushed on. Being so passionate about Flourish, not just seeing it as a job, [name] genuinely believes the message, to help as many people as Flourish can. So, it's about not just having somebody in place, but having the right people in place as well, making sure their value is aligned with what this is trying to achieve."**

Stakeholder 20

### **Wider issues (characteristics of the local setting, policy and funding environment)**

A number of stakeholders highlighted concerns regarding the demand that may be placed on Flourish in future. Although it was widely recognised that Flourish has great potential and will be a great asset for the local community, one stakeholder highlighted the challenge of not knowing what capacity Flourish is set up to support. It was felt that the management of future demand would be dependent on engagement with the local community, combined with what Flourish is able to offer.

**"I believe they [Flourish] offer a vital service and I'm not sure whether it's set up to what capacity, I don't know how many volunteers are there, whether they could put more volunteers in there, whether they be looking for some of them partners to put some volunteers in there."**

Stakeholder 12

## Fit and adaptation of Flourish to its local setting

Stakeholders felt that Flourish will need to continually adapt its approach to deliver services that respond to the needs of the local community. Some stakeholders reflected on how initial discussions about Flourish were shaped by the needs and requirements of the local area that were specific to the pre-COVID-19 period. As Flourish was launched post-COVID-19 lockdowns, these services had experienced changing priorities and had to adapt to new challenges faced within their communities.

“When we opened this conversation in 2020...services were in a very different place and what people thought they’d be able to do then is possibly not where [services] are... They may have had much more longevity, there may have been an established pot of money to deliver something that they thought ‘Yep, I can do this from this fund, great’ and obviously there’s been lots of change now and I think the sector in its whole finds itself in a different place and services are delivered in a different way compared to where they were in the pandemic.”

Stakeholder 2

## 5. Discussion and next steps



Although not designed to capture outcomes, this implementation report highlights positive early examples of impact for Flourish, along with areas to strengthen. The service model has increased partnership working and created access to a wide range of services and support pathways that have not previously been offered in the Wallasey location. The findings from this evaluation have been integrated into the themes presented in the HCA recommendations for creating spaces for community and client wellbeing (HCA, 2023). This process ensures that the recommendations for Flourish are embedded within an evidence base that reflects relevant broader policy. The discussion and recommendations for Flourish are also presented with reference to wider key evidence for developing effective healthcare partnerships.

## 5.1 Integrating social welfare legal advice

The focus on social welfare legal advice was evidenced as part of the wider offer provided by some of the Flourish partners, in addition to the support provided by Citizens Advice Wirral, but this requires further exploration, in terms of how this is operating across Flourish. At present, the integration of social welfare and legal advice into Flourish is not clear. In addition to Citizens Advice Wirral, two partners described providing legal support as part of their wider service offer (Age UK and Wirral MIND), but this is not widely known among all partners within Flourish.

### Recommendation

1. In order to maximise the efficiency and impact of Flourish, it would be beneficial for all partners to have a clear understanding at this implementation stage of the remit and services that each partner provides, particularly in terms of access to legal support. Anyone requiring legal support or social welfare advice could then be efficiently directed specifically to this service and the appropriate support provided.

## 5.2 Understanding and overcoming the trust deficit

Trust has been described as a key mechanism for effective health partnerships and as a tool for culture change (Aunger, Millar, Greenhalgh et al. 2021; LEF, 2021). The importance of trust was highlighted throughout this Flourish implementation evaluation, with a particular focus on the need to build and maintain trust among the local community and across partners. Building relationships within the local community, developing relationships with local people and delivering effective support were all seen to be critical to the development of trust. The soft launch had been particularly important here, and Flourish were keen to ensure that they were not promising 'something that they could not deliver on'. The notion of a single point of contact, with clients not having to re-tell their story, and the ability to speak to someone instantly who can provide the right support, was seen as key to the future success of Flourish.

Developing trust between providers was also important. Clarity regarding roles and responsibilities is critical here, particularly in building a true collaborative approach. While partners clearly trusted and respected one another from an individual service perspective, the concept of trust here was in relation to partner contributions to Flourish and the delegation of tasks and accountability. This is a key finding from this implementation evaluation, and echoes findings from a systematic review undertaken by Aunger et al. (2021), which highlights the links between trust and collaborative behaviour in developing and building effective health partnerships. Here, the expectations and the aims of the partnership and the partners are key to building trust. This review highlights how trust is reinforced alongside the success of the collaboration, but reduced if failures occur (Aunger et al. 2021).

In line with this, a key theme from the implementation phase of this evaluation relates to the shared vision for the model and how the partnership approach will work in practice. The collaboration of organisations forms a unique and bespoke offer for the Wallasey area, and the shared space has already started to facilitate conversations and information sharing that would not have otherwise taken place. Flourish has the potential to reduce silo working, increase knowledge and awareness of other services and pathways, and provide the opportunity to share learning, best practice and training. However, buy-in for this partnership model of working is critical.

Although stakeholders described a strong shared vision for Flourish at the outset, there were concerns about how this will work in practice, along with some organisations feeling that the shared office space is not being used to its full potential. It is evident that it will take time for true collaborative working and trust to develop, and that this process will be a culture change for many, as services evolve to work together effectively to offer 'one' service. The need for strategic and operational buy-in is important from the outset in order to support this change. The role of the facilitator was seen as key to the change.

However, the difficulties of managing and working with multi-component services was evident throughout this phase of the evaluation, with examples of responsibilities, including financial slippage, falling on the 'lead service'. The number of different people, roles, policies and service aims are vast and the management of this was described as challenging at times. Aunger et al. (2021) and LEF (2021) recommend that an understanding of the breadth of provision is vital to build trust and collaboration where a co-located service model is adopted.

## Recommendations for Flourish

2. A working protocol could be developed to identify the breadth of provision delivered by each of the five partner organisations and the internal training offered within each service. Consider whether it would be appropriate to enable partners to undertake (or be provided with experience of) the training offered by each service, where a training need is identified (e.g. trauma informed approaches).
3. Continue the ongoing work to increase awareness of Flourish among wider partners in the health and social care systems.
4. The role of the Flourish facilitator is central to the success of its implementation. However, this role is often challenging due to the high workload and range of pressures. While the role of the facilitator is critical to the success of Flourish, it would benefit from more support from partners. A working protocol should be developed that outlines the specific roles and responsibilities of the facilitator and that sets out expectations for partners.
5. In order to streamline communications, it would be beneficial to ensure that partners external to Flourish (Ministry of Justice and PHI, LJMU) have one key person who is the central point of contact.

## 5.3 Greater recognition of community-led and peer-led activity

Across the five partners involved in Flourish, community-led and peer-led activities are implemented where relevant. Stakeholders are well placed to understand the needs of the local community and ensure that particular vulnerable groups are targeted. As Flourish develops, the potential to engage more community and peer-led groups could be a central feature that broadens the reach and impact of the service.



The potential for this to contribute to the future sustainability of Flourish, beyond the initial funding period, was raised by some stakeholders during a workshop. However, the process and how this would work in practice was unclear. Flourish has increased opportunities for the voluntary sector to work collaboratively. There is the potential for community organisations to work together, providing a more cohesive offer and expanding capacity and reach.

### **Recommendation**

6. Consider how community engagement could develop further as Flourish becomes more established, bringing community groups in to deliver activities, promoting ownership and further addressing the needs of local communities.

## **5.4 What and why: multi-purpose spaces**

Evidence shows that co-located service models of social prescribing are most common, but that the model of delivery can vary significantly depending on the provider and their relationship with the client. The opportunity to bring different working cultures together from a range of organisations and to have the flexibility to adapt to a wide range of needs has been highlighted as particularly important in terms of addressing health inequalities.

From a practical perspective, Flourish provides a space which is designed to be used by individuals (e.g. counselling) and a wide range of groups, and so needs to be multi-purpose by design. The use of the architects was highlighted as integral to designing a space that is functional and appropriate for all services. Stakeholders described the opportunity to engage with the design process as positive, although felt it would be useful to have been involved from the start to the end of this process.

From a service provision perspective, the partnership approach enables Flourish to provide a wide range of services to address gaps and meet the needs of the local communities. However, in order for the partnership to be effective there needs to be clarity between the roles and responsibilities of each partner and clear referral pathways in and out of the Flourish Hub. All partner organisations need to understand who, how and when to refer in order for referral pathways to be effective.

### **Recommendation**

7. LEF (2021) suggest that a referral quality framework should be established to cover expectations for the referral process and should include a requirement to map onward referrals to partners.

### **Recommendations for developing future health justice partnerships**

8. Engaging with an architect is important for ensuring that the space in which health partnerships is located is appropriate for the range of activities that will be provided. It is important to engage with the architect from the beginning of the design phase and to ensure each partner organisation has the opportunity to meet individually with the architect, as well as collectively with other partners. Once the vision for the partnership location has been agreed, the architects should continue to engage with partners throughout the renovation/redcoration process.

## 5.5 Location of the premises

The geographical location of partners is recognised as critical to the success of inter-organisational collaborations. Co-location is advocated in order to enhance face-to-face interaction, encourage informal contact and increase mutual understanding, all of which are important for successful collaboration (Aunger et al. 2021). All of the Flourish partners are co-located at VCH, the location of which makes the service accessible to patients/clients and the wider local community. Even if local people do not access VCH, they know where it is and how to find it. However, there is a need for more promotion around where to find Flourish within VCH (such as more signage), and being based in an NHS building has limited this, in terms of the need to get multiple permissions to put up posters and signs, etc. A number of other limitations relating to being based in an NHS building were highlighted, for example contractual issues and challenges setting up access to Wi-Fi. Future models should build in time and finances for unforeseen building-related and contractual delays, which often result in cost implications. The importance of service promotion and visibility is highlighted in the LEF report (2021).

### Recommendation for Flourish

9. Explore the possibility of providing more signage within VCH to clearly show where Flourish is located. This will require NHS permissions.

## 5.6 Transport, parking, access and accessibility

Flourish is located in a well-known local primary care setting. The ease of access to local transport and free car parking is important, as is the warm and welcoming non-clinical environment. However, a number of stakeholders highlighted the issue of Flourish being located on the 3rd floor. Not only does this make it hard to find Flourish, it means that, for clients who have difficulty using the stairs, Flourish is only accessible via a lift.

Stakeholders from two organisations discussed how the groups they facilitate (for new mums and for people with dementia) would not be able to be delivered if the lift was out of service.

The issue of parking was also raised during a workshop discussion. At present, parking at VCH is free of charge. However, it was noted that people may no longer attend if parking charges were implemented. While there was no expectation of this happening in the immediate term, it was felt important to highlight in terms of potential issues that could affect accessibility.

### Recommendation for Flourish

10. While the issues of accessibility and parking are outside the control of Flourish, they should be noted and placed on the Risk Register, with consideration of the impact this would have on business continuity. Where possible, alternative provision could be identified.

## 5.7 Welcoming environments and control of the premises

Flourish offers a non-clinical, warm and safe environment that fits the needs of the community organisations and the clients. For service providers, the co-location and shared communal space has the potential to provide an environment that supports the wellbeing of the staff. Their involvement in the design of Flourish has been particularly important in making sure that the space is suitable for their needs, and particularly the needs of their clients. Evidence from this implementation phase highlights the need to provide voluntary organisations with the opportunity and autonomy to contribute to their working spaces. Allowing time for organisations to fully contribute to the consultation and development phases, to review documents and respond to plans is vital.

## Recommendation for scaling-up

11. Ensure that adequate time is allowed to consult with all stakeholders involved in the design, development and use of the shared space.

## 5.8 Quality and inclusive culture in facilities management

This implementation evaluation has highlighted challenges relating to facilities management when initiating the co-location of community and voluntary sector organisations within an NHS setting. In particular, the unforeseen challenge related to internet connectivity has been problematic and caused unanticipated delays and cost implications to Flourish. In addition, issues sourcing furniture and the NHS building permissions needed for activities such as putting up signs and posters have been time consuming. Future health partnerships that involve locating community and voluntary sector organisations within an NHS setting should be aware of these challenges and account for these during the project initiation phase.

Evidence shows that effective management is key to ensuring the joining up of services on the ground. This includes the establishment of working protocols, service level and data sharing agreements. The importance of setting clear expectations for staff in how they work with others based within the same space is also highlighted (LEF, 2021). Stakeholders participating in this implementation evaluation described the importance of having a facilitator to support the effective day-to-day running of Flourish and were very positive about their experiences of the current setup. However, attention is needed to ensure that all partners

understand the remit of the facilitator and that the responsibilities of the facilitator are clearly outlined. Managing partner expectations around this is key. LEF (2021) highlights the importance of clarity and transparency to support the management of social prescribing hubs. LEF (2021) recommends that working protocols and data sharing policies should be adopted and a single case management approach should be piloted.

## Recommendations for facilities management

12. Identify the requirements of non-NHS organisations (such as voluntary and community sector organisations) who locate to an NHS property from the start of the process. Work with all partners from the outset to understand what they will need in order to function effectively (such as Wi-Fi and internet connectivity, signposting, furniture). Outline any expected issues and associated implications of these from a resource (time and cost) perspective.

## Recommendations for Flourish

13. Develop a protocol that details the roles and responsibilities of the Flourish facilitator, including expectations for partners.
14. LEF (2021) recommends that, while less common at present, co-funded service models can benefit from use of the same data systems and more integrated working by way of promoting services as a single package to inward referrers. These models have shared KPIs and reduce competition for client numbers between services. Continue to embed the Data Management Tool and document the challenges and barriers faced to inform future learning and scaling up of Flourish.

## 5.9 Next steps: evidencing impact

Phase 2 of the evaluation will involve the development of a Theory of Change and logic model for Flourish, working with stakeholders to outline the specific activities that they contribute and provide, and the anticipated outcomes of these. The specific links to social welfare legal support will be explored, including which partners are providing this and who is referring into this service. The logic model will be used to develop an evaluation framework which will highlight plans to evidence the anticipated outcomes of Flourish. The evaluation framework will detail the data currently being collected by Flourish and partners, and gaps where primary data collection will be implemented. Phase 3 of the evaluation will include the collection and analysis of primary and secondary data to explore the short-term (1-2 year) impacts of Flourish.

This implementation report has highlighted a number of potential challenges which will be considered in the next phase of the evaluation. It will be important to explore how best to follow-up clients who move into the partner services, and how the resulting outcomes can be attributed to Flourish.

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# Appendix A

## Interview topic guide – Managers of Flourish services





Thank the participant for their time.

Introduce yourself and your role as the researcher.

Recap the purpose of the interview and outline the topics of conversation.

Check they have read the Participant Information Sheet and are happy with everything.

Check consent to record.

## Introduction

As a background to the interview, I would like to learn a bit about your work:

**Please could you give me a brief overview of your current role?**

Find out, e.g.:

What service they work within.

What their day-to-day job involves (service they deliver).

What sort of clients they work with (common issues.)

## Topic 1: Laying the groundwork

I would like to start at the very beginning and talk about the initial ideas behind the Hub:

**Where did the idea for the Hub originally come from?**

Which organisations were involved initially?

Why was the Hub felt to be needed locally?

Were there any important priorities it was set up to address?

**What was the vision for how the Hub would work?**

What options were considered for designing the service?

Did the plans evolve over time?

If so, how/why?

**How were local charities brought together to start working on the Hub?**

What was the process for involving people / getting them on board?

Were there any problems / resistance to the plans?

If so, what were they?

What were the relationships like between the participating organisations, and how have they developed?

## Topic 2: Making preparations

Thinking now about the practicalities of preparing for the Hub:

<b>Who has been leading on the development of the Hub?</b>	What has their role been? Who else has been involved in shaping the plans for the service? / How have they been involved?
<b>How have things gone with the practical side of preparing for the Hub?</b>	Any significant delays? Any issues preparing the space? Any other practical hurdles? How have these issues been overcome?
<b>Where do the resources come from to support the Hub?</b>	How is it funded? Over what timescale? Are there any non-financial resources that organisations contribute (e.g. staff time, space, IT, training, etc.)?

## Topic 3: Launching the service

Thinking about the launch (opening) of the Hub:

<b>How have things gone so far with opening the service?</b>	To what extent are you open already? On site? How are the services currently working? Is there anything working particularly well / less well currently?
<b>How are the Hub services adjusting to working together?</b>	To what extent are they collaborating on a day-to-day basis? How do the staff tend to interact? Any joint meetings / informal discussions / seeing clients together, etc.? Do there seem to be any challenges in getting the teams to work together (e.g. practical issues, unwillingness, difficult relationships, etc.)? If so, how are these challenges being addressed?
<b>What is being done to advertise / promote the Hub locally?</b>	How is it advertised to local people / communities? How is it promoted to healthcare professionals / other potential referrers? Are there plans to deliver training to potential referrers? If so, what? How much awareness do you think there is of the Hub currently?
<b>In general, how have people responded to the new service?</b>	Have you had any feedback from local people / healthcare professionals? Any positive or negative responses?

## Topic 4: Looking ahead

Thinking about future now:

<b>What would a successful Hub look like to you?</b>	Their vision for a positive, well-functioning service.
<b>What do you see as the potential benefits of a Hub like this?</b>	What difference could it make for the local people you support? What difference could it make for healthcare professionals / other local partner organisations? Can it help towards the goals of your own organisation in any way?
<b>What do you think it will take to get there?</b>	What are some of the challenges you expect? How do you think these could be overcome? / What could help to make it successful? What are your immediate plans for next steps with the Hub work?

## Ending

That brings me to the end of the questions I wanted to ask.

Is there anything you would like to add that you did not get a chance to discuss? /  
Anything else you think may be relevant to our conversation?

# Appendix B

## Interview topic guide – Flourish staff



Thank the participant for their time.

Introduce yourself and your role as the researcher.

Recap the purpose of the interview and outline the topics of conversation.

Check they have read the Participant Information Sheet and are happy with everything.

Check consent to record.

## Introduction

As a background to the interview, I would like to learn a bit about your work:

<b>Please could you give me a brief overview of your current role?</b>	Find out, e.g.: What service they work within. What their day-to-day job involves (service they deliver). What sort of clients they work with (common issues).
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## Topic 1: Role in the new service

I'd like to hear about the practicalities of your work in the new Hub:

<b>How does your work fit in with what goes on at the Hub, day-to-day?</b>	Do you receive any referrals from other Hub services? What is the client journey / how do they come to you?
<b>What are the other services that you work with in the Hub?</b>	See who they know / engage with.
<b>What does your work with the other teams involve?</b>	E.g. any joint meetings, informal discussions, seeing clients together, discussing clients' needs, making referrals to each other... Can you exchange client information if you need to? How does this process work? Any difficulties with it?
<b>Day-to-day, how much interaction do you have with teams from the other hub services?</b>	To what extent do you work together with them? / Is it mostly separate?
<b>How well do you currently know the other Hub teams?</b>	How do those relationships feel (how positive / friendly)? Have there been any difficulties between individuals / teams in the Hub? How confident do you feel working together with the other teams? (Relationship is probably quite new.)

## Topic 2: Opening of the service

I'd like to hear how the set-up has gone at the Hub so far:

<b>Check: were you involved in planning the Hub in any way?</b>	If so, how?
<b>How have things gone so far with starting work at the Hub?</b>	
<b>What have the challenges been along the way?</b>	Is there anything you have found difficult / confusing / awkward?  (May be several things, so probe if there's anything else.)
<b>What kind of support have you received in transitioning to the new way of working?</b>	Did you receive any information/ training/ guidance on how things will work at the Hub?  Do you have a day-to-day contact for information and support?
<b>Is there anything you would find useful at this stage, to improve the way things currently work?</b>	Anything that is unclear?  Anything that would make things easier / run more smoothly?

## Topic 3: Perspectives on partnership

I'd like to hear your views about working in a Hub like this one:

<b>How do you find it working in the Hub environment?</b>	What do you like about it / not like about it?  What difference does it make for you in your role?
<b>What do you see as the potential benefits for service users, of having all the services in one space?</b>	What difference could it make for your clients?  Access? Personal / health outcomes?
<b>Are there any potential drawbacks about the Hub?</b>	Any issues / problems they might foresee.
<b>Is there anything you think could help improve the way the Hub works currently?</b>	Any practical aspects that could be made easier?  Any way to improve collaboration between teams?

## Topic 4: Looking ahead

Think about the future now:

**What would a successful Hub look like to you?**

Their vision for a positive, well-functioning service.

What could help to make it successful do you think?

## Ending

That brings me to the end of the questions I wanted to ask.

Is there anything you would like to add that you did not get a chance to discuss? /

Anything else you think may be relevant to our conversation?

# Appendix C

## Interview topic guide – Staff of partner organisations (including NHS)





Thank the participant for their time.

Introduce yourself and your role as the researcher.

Recap the purpose of the interview and outline the topics of conversation.

Check they have read the Participant Information Sheet and are happy with everything.

Check consent to record.

## Introduction

As a background to the interview, I would like to learn a bit about your work:

**Please could you give me a brief overview of your current role?**

Find out, e.g.:

What service they work within.

What their day-to-day job involves (service they deliver).

What sort of clients they work with (common issues).

## Topic 1: Knowledge of the services

The Hub is a very new service:

**What have you heard about the Hub so far?**

What do you know about the services it includes? /

What type of support people can access?

**From your own experience, how important are these services for local people?**

Do they meet important needs?

Is there any support you feel is missing?

## Topic 2: Working with the Hub

I'd like to hear about how you have worked with the Hub:

<b>How much involvement have you had with the Hub so far?</b>	Have you engaged with the services? Have you been to the Hub itself? What are your current impressions of the service?
<b>Have you made referrals or signposted people to the Hub?</b>	How does the referral process work? How straightforward is the referral process? / Is there anything that could be improved about it?
<b>Are there any other ways you have worked with the Hub?</b>	E.g. meetings, discussions, supporting joint clients... How well has this gone? Is there anything that could be improved in your day-to-day work with the Hub?

## Topic 3: Information, training and guidance

I'd like to hear about any information or guidance you have received relating to the Hub:

<b>How much information or promotional material have you received that explains the service to you?</b>	What information have you received? Has this been enough to explain how the service works? How confident do you feel that you understand? What services are provided? Who could be referred? How to contact the Hub / make a referral.
<b>Have you received any other training or guidance to help you in working with the Hub?</b>	If so, what was this? How useful has it been?
<b>Is there any more information or guidance that you would find useful?</b>	Record any suggestions.

## Topic 4: Looking ahead

Thinking about the future now:

<b>What do you see as the potential benefits of having a Hub like this locally?</b>	What difference could it make for your patients / clients? What difference could it make for your own work / role?
<b>What would a successful Hub look like to you?</b>	Their vision for a positive, well-functioning service.
<b>What do you think needs to happen to get there?</b>	What could help to make it successful? How could some of the challenges be overcome?

## Ending

That brings me to the end of the questions I wanted to ask.

Is there anything you would like to add that you did not get a chance to discuss? /  
Anything else you think may be relevant to our conversation?



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