



Final: The National Lottery Community Fund

Healthy Communities Together evaluation: **Interim report**

October 2024



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Glossary of Terms

Term	Definition
HCT	Healthy Communities Together
HCT sites	Each of the five cross sector partnerships who have received grant funding from HCT. The terms 'HCT site' and 'HCT partnership' are used interchangeably.
Human first approach	This is part of a relational approach. It prioritises building personal relationships, and understanding people as a "whole", including their personalities, interests, and motivations.
L&OD	Leadership and Organisational Development
Partnership working	Please refer to the information in section 1.3.
Programme	Used to refer to the national HCT programme.
Project	Used to refer to work being delivered by each of the five local partnerships.
Relational approach	Focusses on how relationships between individuals can be developed to generate trust, emotional support, care and social influence, as outlined within the Human Learning Systems approach (Centre for Public Impact, 2021).
VCSE	Voluntary, Community and Social Enterprise

Acknowledgements

We would like to thank the Healthy Communities Together (HCT) partnerships for their time, input and support with the HCT evaluation. We would also like to thank colleagues at The National Lottery Community Fund and The King's Fund for their ongoing guidance and support.

Reflecting on the role of an external evaluator

Interviewing, observing and discussing the power dynamics involved in cross-sector partnership working necessitates some self-reflection about the role of external evaluation, and the power dynamics between evaluators and evaluation participants. Given the focus of HCT on taking a relational approach to dismantle traditional power dynamics in partnerships, it is important to recognise the potential for the evaluation to reflect these traditional dynamics. Identifying, understanding and navigating this complexity has been an ongoing learning experience for the evaluation team. We look forward to continuing these conversations with the HCT partnerships during the rest of the evaluation.

Executive Summary



Overview This is the interim report for the evaluation of the Healthy Communities Together (HCT) programme. The evaluation was commissioned by The National Lottery Community Fund and is being conducted by Cordis Bright. The evaluation began in January 2023 and will continue until June 2025. This executive summary sets out the key findings from Year 1 of the evaluation.

About Healthy Communities Together

The HCT programme aims to support effective and sustainable partnership working between the Voluntary, Community and Social Enterprise (VCSE) sector, the National Health Service (NHS), and local authorities to improve the health and wellbeing of communities. The programme has invested £2.6 million of grant funding from The National Lottery Community Fund and up to £850,000-worth of leadership and development support from The King's Fund to support place-based partnerships. HCT started in January 2022 and will run to June 2025.¹

Through the programme, five sites (Croydon, Coventry, Gloucestershire, Leeds, and Plymouth) have been receiving three strands of support: (1) Funding and grant management delivered by The National Lottery Community Fund; (2) Co-designed learning support delivered by The King's Fund, and (3) Leadership and organisational development (L&OD) support, delivered by a consultant also from The King's Fund. Findings about each strand of support are presented in the next few pages.

HCT is a partnership between The National Lottery Community Fund and The King's Fund. While each organisation has provided the resources and capacity and led on the delivery for their respective strands, the design and decision-making associated with each strand has been shared. This was a novel way of working for both organisations.

About the evaluation

The National Lottery Community Fund commissioned Cordis Bright to undertake an independent evaluation of the HCT programme to examine what helps and hinders partnership working, and to understand the difference partnership working makes and in what context. The evaluation is taking a systems-thinking informed approach and aims to generate findings that can support HCT grant holders and wider stakeholders (including in the VCSE sector, health sector, and local and national government) to design, develop and implement effective partnership working to better understand the needs of communities and improve population health and wellbeing. The evaluation is also designed to contribute to the wider evidence base, and to maximise opportunities to share this learning on a wider scale.



Which factors have helped or hindered partnership working in the HCT sites?

The HCT programme has taken a deliberately non-prescriptive approach. As a result, each of the five sites is taking and testing different approaches to their partnership. Despite these differences, some factors were commonly reported as impacting their partnership working, either positively or negatively.

These include:

- **Resources and capacity.** Sites report that access to external funding helps to build the foundations for equal partnerships, and provides permission to trial new and different approaches. Despite the programme funding, stretched capacity and limited financial resources across the sectors due to wider contextual factors remain a barrier to partnership working for both statutory and voluntary partners. This can detract from both the physical capacity to attend meetings and to deliver a programme of work, and also from the emotional capacity to engage with relational activities and build in ongoing learning and reflection.
- **Engaging the right partners.** The involvement of driven and committed individuals, as well as having at least one funded coordinator role in the partnership, are key to an effective partnership according to the HCT sites. This was described as driving change, building momentum, and sustaining partnership morale. However, several partners also mentioned the balance between the importance of committed stakeholders and avoiding an over-reliance on specific individuals.
- **Developing and nurturing relationships within the partnership.** All sites emphasised the importance of regular contact and communication. Some sites additionally emphasised a “human-first” approach which aims to build psychological safety and trust. However, the sites still report challenges in overcoming cultural differences between the statutory and VCSE sector, and competing organisational interests within the VCSE.



What external support is useful to enable partnership working?

Findings on how to improve external support within the programme so far suggests building on what is already being provided, encouraging more clarity on available support, and ensuring that learning between programme-level support and site-level partners is shared in two directions. This will support the trial and development of new ways of funding and learning about cross-sector partnership.

Partners from the HCT sites have identified the following advantages and limitations of each type of support they received as part of the HCT programme:

- **Grant management.** Sites valued the flexible and adaptive approach to grant management taken by The National Lottery Community Fund and suggested that the phased approach and relatively long-term nature of the funding had been beneficial. While the HCT grant funding is unable to fully address cross-sector capacity and resource challenges, partners from all sites credited their involvement in an externally funded programme with enabling their partnership to come together and build the foundations for more equal collaboration. Partners have also expressed interest in developing a more personal relationship with Funding Managers, in line with the spirit of the HCT programme.
- **Learning support.** Sites reflected that learning support had helped to embed a culture of learning and reflection in the partnership. In particular, sites have valued access to external expertise, and the opportunities for networking and sharing learning at the all-sites learning events. This was described as central for embedding cultures of learning and reflection across the partnerships, a widely acknowledged driver of systems change.
- **Leadership and organisational development (L&OD) support.** Sites reported that the flexible partnering approach taken by the L&OD support had worked well. Positive aspects included protected time for reflection and benefitting from an impartial, external perspective. Sites also identified areas for improvement, which included more clarity about the type of support available, ensuring that consultant expertise aligns with the interests of the sites, and a balance of providing both practical support and a theoretical perspective on partnership working.



What difference has partnership working made for the HCT sites?

The evaluation has so far uncovered some early evidence of emerging outcomes for the partnerships, and ripples of change that have spread across their local contexts. However, challenges in measuring and attributing impact to the programme within the allocated timescale must be considered when interpreting the findings presented here, given that significant, transformational change within three years is unlikely.

Emerging findings include:

- **Partnership-level outcomes.** Across all five sites there is emerging evidence of improved cross-sector partnerships, rooted in mutual understanding and respect, and an increased effort to embed ongoing learning and reflection. The HCT programme has also created an environment for innovation and the design and development of new ways of working.
- **Wider outcomes and changes to local systems.** HCT partners report that the programme-wide focus on relational approaches, innovation, and thinking differently are beginning to be picked up and replicated across their local systems. Evidence of early effects in local contexts include: replication of relational approaches across the wider system; improved understanding in the statutory sector of the issues impacting marginalised communities; new approaches to commissioning; and increased capacity for community-led initiatives.
- **Legacy and sustainability.** All sites mentioned concerns around the sustainability of the partnerships' impact and of relationships between individuals and organisations beyond the funding period. Sites reported different approaches to creating their legacy, such as using a local evaluation to generate evidence of their ways of working and sharing learning and tools for innovative approaches.



Discussion

The findings set out in this report are, at this stage, preliminary. They are a first step towards the evaluation's objectives and will be further developed and interrogated as part of Year 2 of the evaluation.

Early evidence suggests that support delivered through the HCT programme has largely been successful in creating conditions for change. Partners report that the programme has provided an opportunity for individuals and organisations across the five sites to consider the way they work together, question what has come before them, and trial new ways of partnering.

The programme's deliberately non-prescriptive approach has so far succeeded in creating high levels of innovation across the five HCT sites, all of which are taking different approaches to their partnership make-up, structure and focus. The programme places specific emphasis on action learning, taking risks, and being brave, and partners credit these characteristics with enabling them to test what it means to work in partnership, and to explore the difference that partnership working makes and in what context.

In its second year, the HCT evaluation will continue to explore the role of programme-level support, the potential ingredients of effective partnership working, and the difference partnering makes. As the HCT programme concludes over the next 12 months, there will also be a particular focus on sustainability and legacy. This is likely to look different for each site; Year 2 of the evaluation will explore in more detail the impact that the partnerships have had and ways in which the partnerships may be sustained following the end of the funding.

Introduction



1.1 Overview

This interim report presents findings and emerging evidence from Year 1 of the evaluation of the Healthy Communities Together (HCT) programme. The evaluation is being conducted by Cordis Bright, and has been commissioned by The National Lottery Community Fund. The evaluation started in January 2023 and will run to June 2025; this report presents interim findings from June 2023 to May 2024.

1.2 About Healthy Communities Together

HCT is a programme delivered in partnership between The National Lottery Community Fund and The King's Fund. It aims to support effective and sustainable partnership working between the Voluntary, Community and Social Enterprise (VCSE) sector, the National Health Service (NHS) and local authorities, to better understand and address the needs of local communities and support improved health and wellbeing of populations. HCT will run from January 2022 to June 2025. Further information about HCT is set out in Chapter 2.²

1.3 About the evaluation of Healthy Communities Together

1.3.1 Aims and objectives

The HCT evaluation has the following two objectives:

- **Objective 1:** To understand the difference that partnership working has made for HCT partnerships.
- **Objective 2:** To gather insights about the types of support and funding that are most useful to enable partnership working.

Each objective gives rise to a number of research questions. These were agreed collaboratively with The National Lottery Community Fund, The King's Fund and the local partnerships and are presented in Appendix 3: Evaluation methodology.



Defining Partnership Working

A unique feature of how partnership is defined in HCT is that it must involve the VCSE, a local authority, and the NHS. Other than that, HCT partnerships do not follow a specific definition, and many do not perceive their partnership as bounded i.e. made up of specific, named organisations. Their different approaches to partnership are discussed further in Appendix 2: HCT sites overview.

Similarly, there does not appear to be a common definition of partnership working in the related literature. However, working to a loose definition was highlighted by several studies as advantageous, given the dynamic and flexible approaches taken by most successful partnerships. As such, our current conceptualisation of partnering follows the simplest definition:



A partnership can be defined as any situation where people work across organisational boundaries towards a shared goal or positive end.”

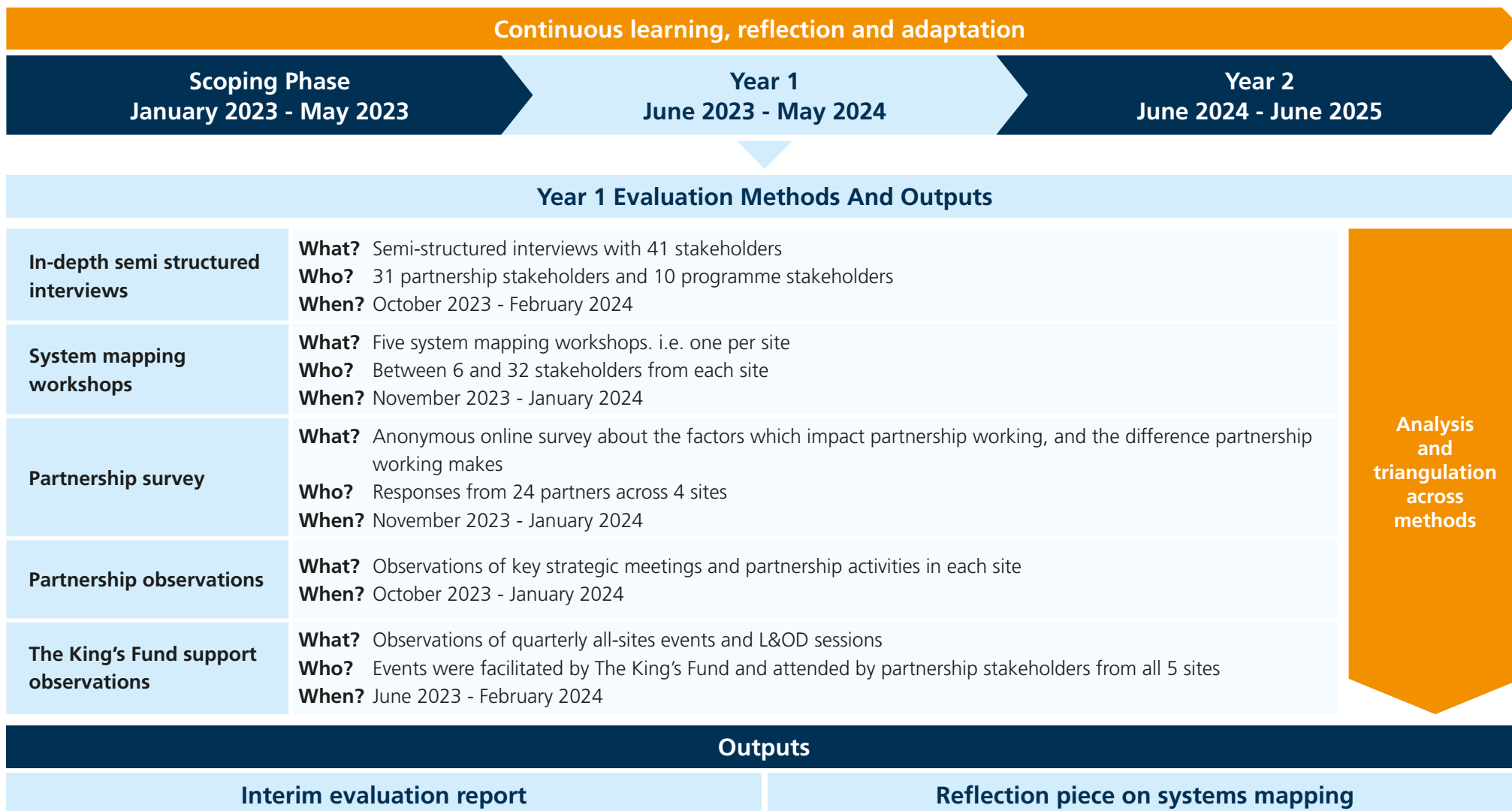
Haynes (2021,p.12)



1.3.2 Evaluation methods

This evaluation has taken a mixed-methods, realist, systems-thinking informed approach. Figure 1 outlines the overall evaluation timescales and sets out the methods which were used as part of Year 1 of the evaluation and that have informed this report.

Figure 1 Overview of evaluation timescales and Year 1 methods



Programme-Level System Map

As outlined in Figure 1, the evaluation team carried out five system mapping workshops, i.e. one per site. One system map was produced in each workshop (and shared with each site for them to use), and a final system map integrates the factors from all five into a blended, programme-level map. This map was created to illustrate the complexity of the contexts in which the HCT sites are operating, and how their local systems help or inhibit partnership working. It is a causal loop diagram, which answers the question:

Which factors help or hinder cross-sector partnership working?

A static version of the map is presented in Figure 2 and the methods which were used to create it are described in Appendix 3. The interactive map and accompanying reflective piece can be accessed [here](#).

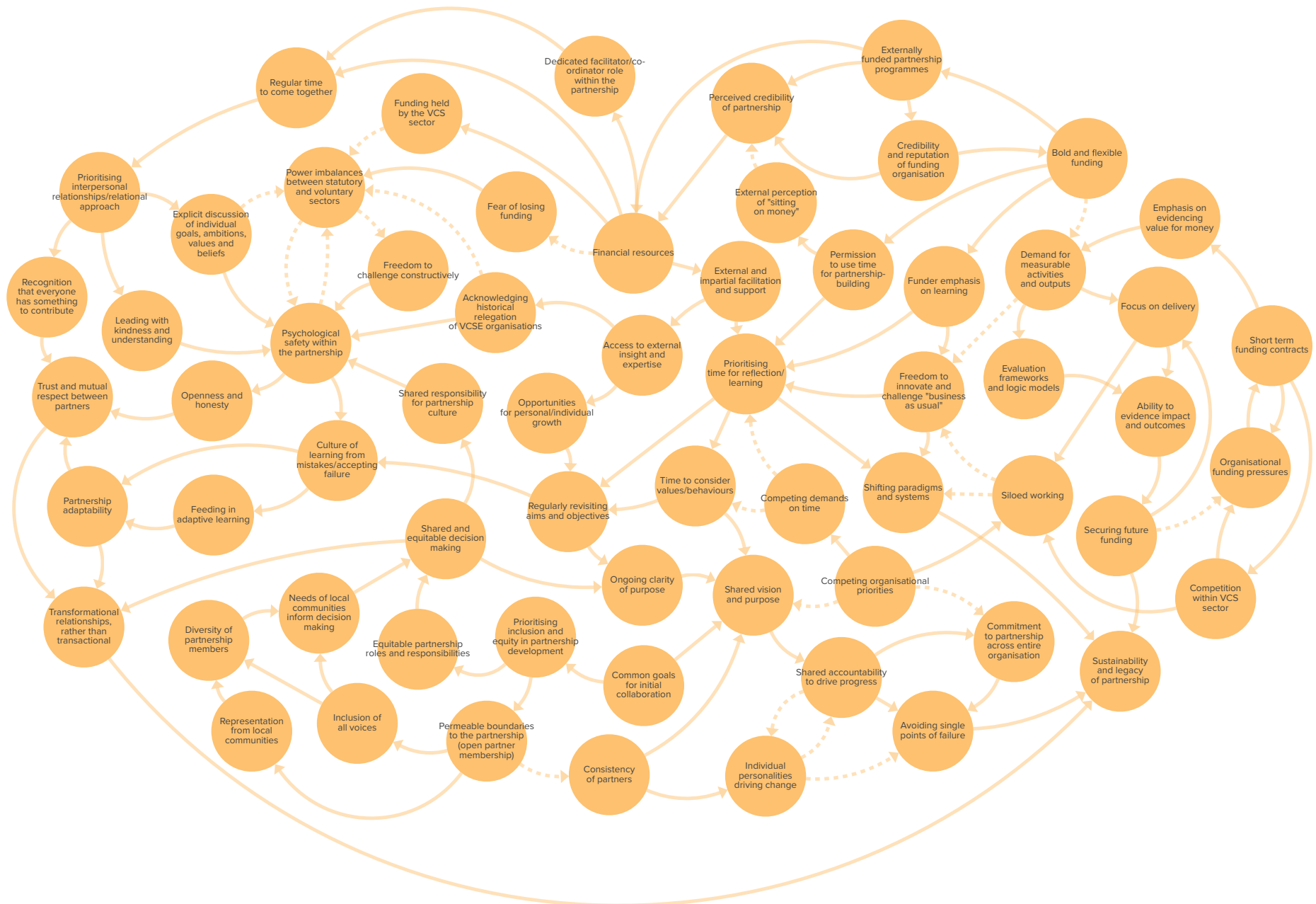
Notable themes from the map are presented throughout this report in blue boxes. These help to visualise the interconnected and overlapping nature of the factors which impact partnership working.

To interpret the map:

- **A solid arrow** from one factor to another indicates a positive correlation between those factors. A solid arrow from "a" to "b" means that an increase in factor "a" will increase factor "b", or a decrease in factor "a" will decrease factor "b".
- **A dashed arrow** from one factor to another indicates a negative correlation, or opposite impact between these factors. A dashed arrow from "a" to "b" means that an increase in factor "a" will decrease factor "b", or a decrease in factor "a" will increase factor "b".



Figure 2: HCT system map: Which factors help or hinder partnership working?



1.3.3 Evaluation challenges and limitations

Large-scale, ambitious, multi-site programmes which focus on innovation and system change present several challenges for evaluation. Some key considerations when interpreting the findings in this report are as follows.

A non-prescriptive programme resulting in a variety of approaches across the HCT sites

The HCT programme purposely takes a non-prescriptive approach, to encourage each partnership to trial and develop new ways of working. This has resulted in a range of approaches to partnership working across the five sites, which creates challenges for evaluation, as it limits comparability at the programme level.

Timescales and attribution for intended outcomes and system change

Many of HCT's intended outcomes and impacts are interdependent with wider local systems. These systems are complex and adaptive, and it is challenging to isolate the contribution of HCT from other factors and local efforts to effect change. As such, it would not be possible to "achieve" or measure the outcomes of HCT within the three years of the programme. Rather, it is more appropriate to highlight the contribution it has made, and positive progress.

Complex local contexts limiting generalisability

Linked to the previous point, each HCT partnership operates in a specific local context. This affects each site's aims, how they are working to achieve them, and the extent to which they are able to do so. The degree to which findings from each area can be replicated or transferred to other systems and contexts may therefore be limited, which impacts the generalisability of findings from this evaluation.

Time and resource constraints impacting the extent to which this evaluation can identify ripple effects

Consultation with core partners in each HCT site has provided rich and meaningful insights. However, time and resource constraints mean that the evaluation team could not consult with local stakeholders outside of the HCT partnerships with insight into the HCT programme. This limits the amount to which cultural change and wider ripple effects, i.e. the difference made by partnership working beyond the partnerships, can be identified.

What is Healthy Communities Together?



2.1 Overview

This section provides an overview of the HCT programme: the rationale and context, aims and objectives, and programme activities. The programme's theory of change and its accompanying narrative are in Appendix 1: Theory of Change.

2.2 Rationale and context

Voluntary, community and social enterprise sector (VCSE) organisations play an integral role in supporting the health and wellbeing of people and communities, often complementing the role of statutory bodies. Studies have found that voluntary organisations hold unique value in understanding, reaching, and meeting the needs of individuals and communities who may not access statutory support (Crisp et al., 2014). Recognising this, there has been an extensive history of political efforts to encourage collaboration between the voluntary and statutory sectors to address health and wellbeing needs across England. This is most recently reflected in some of the guidance to the recently-formed statutory Integrated Care Systems (ICS) which aim to better coordinate health and social care (NHS England, 2021). Qualitative research by the Health Foundation found that national stakeholders (including representatives from government departments, arm's length bodies, representative bodies, NHS trusts, foundation trusts and academics) agreed that "Partnering will be a central component of efforts to improve services for the foreseeable future" (Millar et al., 2017, p.2).

Despite these long-standing ambitions and pre-existing policy initiatives, progress in creating effective ways of working between statutory and VCSE organisations to address health inequalities has not been straightforward (Aunger et al., 2021). Most initiatives have not taken a system-wide perspective. Instead, they have been relatively small scale, focussing primarily on issues faced by the VCSE, such as capacity limitations, competition, and contracting by commissioners and other statutory bodies. Projects have struggled to go beyond diagnosing issues, while challenges such as ensuring sufficient capacity for delivery, decision making, and evidence generation have limited the potential to achieve impact beyond specific projects or neighbourhoods. In addition, despite a range of political initiatives emphasising the importance of working in partnership, evidence around how to do this and the difference that it can make is relatively scarce. Specifically, there remains little known about the impact of cross-sector partnerships on health outcomes (Alderwick et al., 2021).



2.3 Aims and objectives

HCT was developed in response to the above context with the aim of better understanding and addressing communities' health and wellbeing by developing effective and sustainable place-based partnerships between VCSE organisations, the NHS, and local authorities. It is also designed to capture and disseminate evidence on what it means to work effectively in partnership, what support helps, and the difference partnership working makes.

HCT also aims to draw out learning to create evidence of best practice from across the five partnerships. It is intended that the evidence captured will be used to inform future funding and learning programmes by The National Lottery Community Fund and The King's Fund, as well as other potential grant and support providers. The evidence will also be used to support the sustainability and legacy of the programme, and to inform national and local decision making.

2.4 Programme activities

At the programme level, there are several activities which are undertaken jointly by The National Lottery Community Fund and The King's Fund as part of managing and overseeing the HCT programme. These include a) programme governance and joint decision making between The National Lottery Community Fund and The King's Fund, b) the convening of an external advisory group, and c) the sharing and dissemination of learning and evidence gathered through the programme.

In terms of the support provided to each partnership directly, there are three strands:

- 1 Grant funding and grant management**, to support place-based partnerships to invest in building partnership working and delivery. Grant management is delivered by Funding Managers at The National Lottery Community Fund.
- 2 Learning support**, which is co-designed with the sites and delivered by The King's Fund. This aims to work within and across place-based partnerships to capture learning on what it means to work in partnership.
- 3 Leadership and organisational development (L&OD) support**, which is delivered by The King's Fund consultants. This provides tailored support to develop partnership working, deliver projects and facilitate ongoing learning.

These activities are discussed in more detail throughout the remainder of this section.



2.4.1 Grant funding

The five HCT sites will have received a total of £2.6 million investment from The National Lottery Community Fund by the end of the programme. HCT was originally intended to run until December 2024 but has recently been extended to allow additional time for the HCT sites to conclude their work.

Six sites received funding as part of Phase 1, which provided funding for them to refine and develop their aims and objectives and submit an application for Phase 2 funding. Of these six sites, five were progressed to Phase 2. This evaluation has focussed on Phase 2 only. Figure 3 provides an overview of the funding dates and grants for each HCT site.

Figure 3: Funding dates and amounts by HCT site³

Area	Funding dates	Development grant (Phase 1)	Current grant (Phase 2)
Coventry	January 2022 to March 2025	£50,000	£449,558
Croydon	January 2022 to March 2025	£50,000	£472,061
Gloucestershire	January 2022 to June 2025	£50,000	£455,340
Leeds	March 2022 to June 2025	£50,000	£452,769
Plymouth	January 2022 to April 2025	£50,000	£469,710
Sub-totals		£250,000	£2,299,438
Grand total (Phase 1 + Phase 2)			£2,599,438



2.4.2 Learning support

The learning support provided by The King's Fund consists of the following.

Working with learning leads

Support to capture learning is co-designed by the learning strand team in the research policy department at The King's Fund and partners from the sites. In order to co-ordinate this, one partner from each HCT site was designated the "learning lead". Every six weeks all five learning leads convene to discuss their reflections with the learning strand team at The King's Fund. The learning strand team then capture these learnings to inform the content of the HCT all-site events (see opposite), and the long-form reflection pieces which are published on [The King's Fund's website](#). There are plans to share five thematic posts over the final year of the HCT programme.

Co-designing and embedding a learning framework

Through their work with the learning leads around how to capture ongoing learning, the learning strand team co-designed a learning framework to support ongoing learning and reflection. This framework could then be used by the L&OD consultants and the sites throughout their work.

Bi-annual all-site learning events

The learning strand team convenes two all-sites learning events per year. The format has varied from an in-person, full-day event, to two half-day virtual events spread over a month. The content is typically based around a model, theory, or skill related to cross-sector partnership working. The events are co-designed and delivered with the learning leads from the partnerships to ensure that they are relevant and useful. They also provide a space for partners from each site to network and learn from each other.

Informal support

The learning strand team also offer ongoing informal support to site learning leads. For example, they have offered to speak between meetings to check-in on the learning leads or to help problem-solve emerging challenges.



2.4.3 Leadership and organisational development support (L&OD)

As part of the L&OD support offered by The King's Fund, each site is offered a dedicated consultant, who is allocated eight days per year to work with the site. It takes a "flexible partnering approach" which means that the support is bespoke, based on the skillset and expertise of the individual consultant and the objectives and interests of the site. The sites can use as much or as little of the consultant's time as they like. Examples of the activities are:

- One-to-one coaching sessions with partners, often with a focus on public narrative, upskilling and leadership.
- Facilitating one-off workshops, for example, to support partners in recognising their different priorities, and on implementing action learning and action research.
- Facilitating regular reflective sessions with the partnership to support ongoing learning.
- Attending partnership meetings to act as a 'critical friend' and provide a third-party perspective.
- Introducing a range of tools and approaches including polarity mapping⁴ and the endgames model framework to support sites to think about partnership working and achieving the programme's aims.

About the HCT sites

The five HCT sites have several aspects in common: all include partners from the VCSE sector, NHS and local authority, and all aim to better meet the health and wellbeing needs of local communities through a focus on building effective and sustainable cross-sector partnerships. This is in line with the guidance and eligibility criteria of the HCT programme.

Beyond these core similarities, the deliberately non-prescriptive nature of the HCT programme has resulted in a range of approaches to partnership working. The sites vary in how they are structured, operate, what they focus on, and who is included. Further information about each site is presented in Appendix 2: HCT sites overview.

Which factors have helped or hindered partnership working within the HCT sites?



3.1 Overview

This chapter considers the factors which have helped or hindered partnership working within the partnerships themselves and their local contexts. There is some inevitable overlap between these factors and the support provided by the HCT programme, which is explored in Chapter 4. This overlap is signposted where relevant throughout this chapter.

3.2 Key messages

Resources and capacity

Access to an externally funded programme has helped to enable partnership working. Despite this, stretched capacity and resources remain a barrier to partnership working for both statutory and voluntary partners.

Partnership membership

Aspects of the partnerships' membership and the way they operate have enabled partnership working. These include funding a dedicated co-ordinator role, ensuring regular contact and communication, involving driven and committed individuals, and designing meeting formats that allow for both decision making and learning and reflection.

Building relationships between partners

HCT partners emphasise the importance of developing and nurturing relationships to enable partnership working. Sites have done this through taking a "human-first" approach which aims to create an environment where everyone can feel psychologically safe. However, the HCT sites also report challenges overcoming cultural differences between the statutory and VCSE sector, and organisational interests within the VCSE.



3.3 Resources and capacity

Across all sites, available resources and capacity for partner organisations were the most reported factors impacting partnership working.

All sites reported that access to external funding from The National Lottery Community Fund had enabled cross-sector partnership working in various ways (explored further in section 4.3). However, despite the dedicated HCT funding, stakeholders reported that resource and capacity for partnership working was still stretched due to wider financial constraints. Stakeholders said that the main challenges in this area were.

Limited physical and emotional capacity

All sites experiencing capacity challenges reported that this detracts from both the physical capacity to attend meetings, and the emotional capacity to engage with relational activities and build in ongoing learning and reflection.

Buy-in from particular sectors

Stakeholders noted that limited capacity can also reduce buy-in from a particular sector who is not able to sufficiently engage, challenging the sustainability of the partnership. Sites have been impacted differently by capacity issues: for some, limited capacity of their partner VCSE organisations had been the strongest barrier, whilst others experienced barriers to engagement from their local authority or NHS partners.

Statutory sector financial contexts

In two sites, stakeholders said that the local statutory sector financial context (including Section 114 notices and austerity-driven budget cuts) had provided challenges to partnership working. This had limited the capacity for statutory stakeholders to engage and impacted available resource for voluntary partners.

Example: Croydon

Croydon Council submitted a Section 114 (bankruptcy) notice in November 2022. Voluntary partners said the withdrawal of funding for the voluntary sector had led to uncertainty regarding the Council's commitment to the partnership, and increased competition within the VCSE sector for reduced resources and funding. This had heightened doubt over the Council's ability to commit to the partnership, and increased tensions between organisations. However, partners reported having a frank conversation about the impact of the bankruptcy on each organisation and the partnership as a whole. While the funding situation did not change, they said that this openness had ultimately strengthened their relationship, through building understanding of the pressures facing each sector and organisation.



3.4 Partnership membership

The five HCT sites are structured and operate differently. However, across all of them, the following themes were commonly identified as impacting effective partnership working.

3.4.1 A dedicated role with capacity to support the partnership

Partners from all sites agreed that funding a dedicated post to co-ordinate the partnership had been an important enabler. The title of this role is different across the sites, ranging from a programme convenor to a systems co-ordinator and a programme manager. However, their responsibilities in co-ordinating the partnership are similar, and all sites agreed that these roles have helped to generate partnership progress, accountability, and momentum.



Our co-ordinator has brought everyone together. We need that push and direction. Someone to do the planning, co-ordinating but also providing the assurance to hold us to what we said we'd do."

Statutory stakeholder

3.4.2 Open or closed partnership membership

Sites vary in their attitude to membership: some sites are comprised of a "closed" group of representatives, while others conceptualise their partnership as "open", welcoming involvement from community members and other organisations. Some sites favoured a closed partnership because it had enabled clear roles and responsibilities, straightforward decision-making processes, and supported a shared vision with lower likelihood of "mission drift". On the other hand, those with a wider, more open approach to membership agreed that this has enabled the partnership to hear and reflect their local communities, which has supported them to work towards their aims of transparency and inclusion.

Example: Plymouth

In Plymouth, partners reported that they have a "permeable" partnership membership, which they conceptualise as "open". They stated that this had helped them to prioritise community engagement and empowerment. While it makes some decision-making processes less straightforward, partners believed it has been effective for creating a diverse membership and ensuring inclusion of a wide range of voices. They stated that this has enabled them to use their partnership to question how community members' opinions, interests and needs are understood in commissioning services, and to actively engage and empower community members themselves.



3.4.3 The sustained drive and commitment of individual partners

Stakeholders across all sites highlighted the passion, commitment, and drive of individual partners as central to successful partnership working. This was described as driving change, building momentum, and sustaining partnership morale. These people can also be crucial to modelling and promoting the partnership's new ways of working across the system (see section 5.4).

However, while the passion of individuals has driven change, several partners also mentioned the balance between the importance of committed stakeholders and avoiding an over-reliance on specific people. This is due to concern that the partnership would be undermined if these individuals move on from their role. Several sites reported that sustaining relationships between organisations would be a primary focus over the next 12 months when considering the legacy and sustainability of the partnership (see section 5.5 for more detail on this).



It's very much driven by relationships and trust. My sense is that, in a number of these organisations, there have been changes in leadership positions. That continuity of relationships can really drive some of what we do."

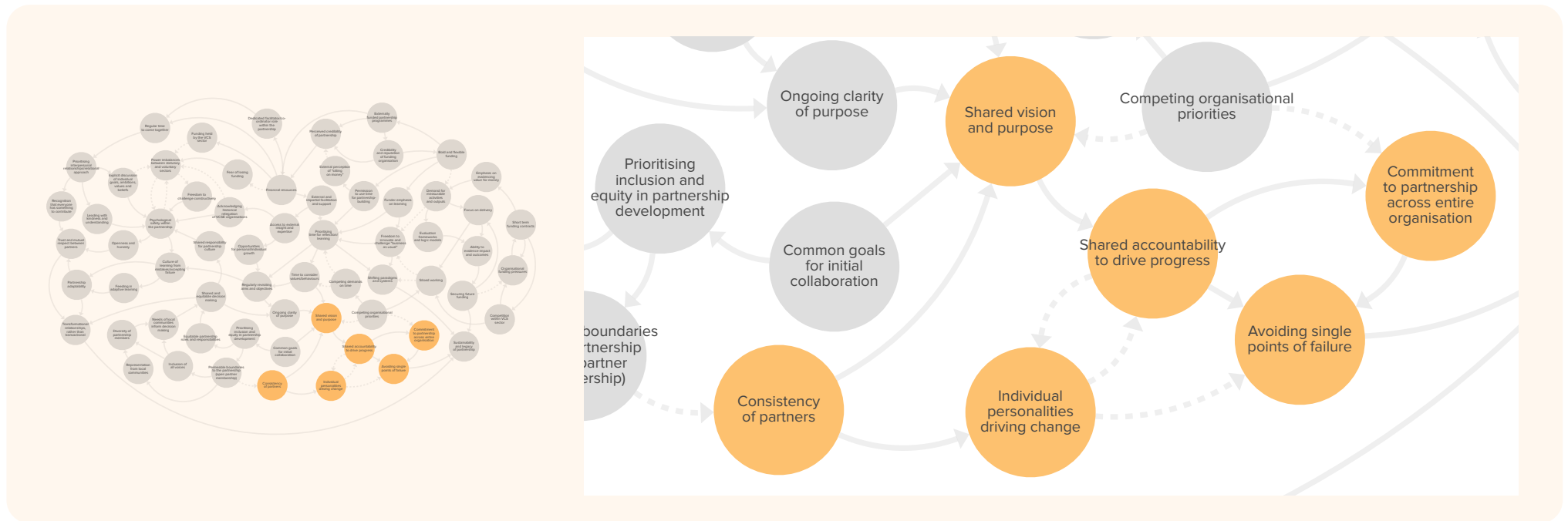
NHS stakeholder



System map: Commitments from individuals and organisations

This finding was also reflected on the system map. While a consistency of partners can contribute to a shared vision and purpose, workshop participants also highlighted that individuals who drive change can hinder a sense of shared accountability, leading to “single points of failure” in the

partnership. In contrast, commitment to the partnership across the whole organisation was reported to help avoid these single points of failure, which ultimately contributes to the sustainability and legacy of the partnership.



To interpret the map: a solid arrow indicates a positive correlation in the direction of the arrow, while a dashed arrow indicates a negative correlation. For more information see section 1.3.2.



3.4.4 Representing a broad and diverse VCSE sector

Stakeholders across the sites highlighted different approaches to partnering with the VCSE sector. In some, the partnership is setup with a small group of VCSE organisations, who were previously known to each other and work towards similar goals. In others, it includes or represents the wider VCSE sector through the involvement of multiple organisations, or through an open invitation for community organisations to join and engage with the partnership.

Sites which have attempted to bring together the broader VCSE sector reported a degree of success in creating spaces to amplify the voices and representation of the voluntary sector within statutory decision making. However, stakeholders also reported challenges in effectively bringing together a broad range of VCSE organisations to work towards a shared goal. In particular, partners cited difficulties in navigating the politics of the local VCSE sector, as well as challenges in reconciling a broad range of organisational interests and competition for funding.

While both approaches have had some success, many VCSE stakeholders do not feel that either method has entirely addressed traditional power imbalances, and that they would like to continue experimenting with different models to ensure that the voices of smaller scale, grassroots organisations can be heard effectively.



We really had some unresolved tensions within the groups. The VCSE is a competitive environment if you're funded by grants and commissioning. When the VCSE can't identify or work towards a common goal then the partnership has no hope."

VCSE stakeholder



3.5 Building relationships between partners

The importance of building trusting, open, and respectful cross-sector relationships is at the heart of the HCT programme, though not without its challenges. This section sets out the most reported factors for developing and maintaining relationships between individual partners.

3.5.1 Prioritising personal relationships

In both interviews and system mapping workshops, participants highlighted the benefits of taking a “human-first” approach to cross-sector partnership building. This involves getting to know each other as people, by prioritising “water-cooler-style” conversations and taking the time to understand each other’s personalities, motivations, and values. Partners said these conversations had helped them to understand one another better and ultimately to feel comfortable being open with each other. They stated that this has built trust and empathy, which has made it easier to see past the power imbalances that come with job roles and titles across the different sectors.

This more personal way of working included, for example, informal check-ins in regular meetings, taking the time to get to know each other in person, and having conversations which asked everyone to describe themselves by their role, organisation, and who they are outside of work.



The relationships that we have together are a real strength – I feel like I’ve made some really good friendships. I feel like these relationships will continue even after the programme.”

VCSE stakeholder



Example: Gloucestershire

Partners in Gloucestershire start their weekly, hour-long meetings with an informal “check-in”. They believe that check-in is a core skill in relational systems working that takes time to practice and embed. Their check-in consists of using ice-breaker-style questions with the intention of opening the space and allowing people to connect and be present for their time together. Questions can be light-hearted (e.g. jam or Marmite?) or more general (e.g. your favourite place in the county).

Partners said that these check-ins have enabled them to get to know each other as people. Over time, they have become comfortable to share openly and authentically in a way that would not have been comfortable at first (or in most other meetings). They believe this has helped to dismantle pre-conceived ideas about who each other is based on sector, role or function, and to fully engage on a more equal footing.

Some stakeholders found that this “human-first” approach to their work can be challenging, due to the psychological impact of bringing people’s emotional and social contexts into each meeting. However, they concluded that the difference it makes to the quality of their relationships makes it worthwhile. They believe that the slow and steady organic relationship-building has enabled the partnership to fully engage in innovative ideas about ways of working across the local system.

“When you enter these partnerships, you can be naturally sceptical of people working in other sectors. But I don’t feel that way about these individuals now. I feel completely relaxed and know they have the best interests of our communities at heart.”

Gloucestershire stakeholder

“If someone’s having a bad day, because it’s so relational, that can really throw off the conversations. [...] It’s one of the most frustrating things I’ve ever been involved in – but also the single most important bit of professional development I’ve ever done.”

Gloucestershire stakeholder



In addition, partners insisted that regular contact and communication were crucial for building relationships. This has involved having a protected space (in person or remotely) to engage with the partnership and grow relationships. This has helped partners to develop a familiarity and rhythm in the way that they work together. For example, one partnership makes regular use of an online platform which all potential partners and interested local stakeholders can join to access news updates and information about the partnership and its work. They explained that this has been a helpful mechanism to ensure that everyone is involved in important conversations, and to drive change and momentum. The platform is also open to those outside of the core partnership to foster transparency, which has ensured that community members and wider stakeholders can remain involved in the partnerships if they choose to.

3.5.2 Promoting psychological safety

Closely linked to a “human-first” approach, partners described the importance of building and promoting ‘psychological safety’, i.e. environments where all partners feel that they can be authentic and can challenge each other openly, respectfully and constructively. Sites reported working towards psychological safety in two ways:

Introducing ways-of-working agreements

Partners spoke positively about using agreements on ways of working to build environments where people feel comfortable. This has been done in a similar way to the “human-first” approach and has included adopting clear rules at the beginning of meetings, memorandums of understanding, and terms of engagement. Partners felt that these all help everyone in the room feel heard and able to share their opinions and ideas.

Example: Plymouth

In Plymouth, the evaluation team observed how partners have encouraged psychological safety through explicit “space agreements” at the start of meetings. These are a set of house rules for meetings, which include: “practice listening”; “to understand, not respond”; “not interrupting someone unless it is a technical point”; and appropriate hand signals. In interviews, Plymouth partners insisted that these agreements have helped to create a space where everyone’s voice is valued.



Openly acknowledging power dynamics and providing education

Several HCT partners said that they address the root causes of psychological safety through open conversations about power imbalances between statutory and voluntary sector organisations, and acknowledging how they play out in health inequalities experienced by marginalised communities.

Although they do not reverse the usual power dynamics in traditional statutory funder-VCSE fundee relationships, these conversations go some way to providing an environment where voluntary sector partners feel psychologically safe to challenge statutory sector partners openly, without fear of the implications for future funding opportunities.

Example: Leeds

Partners in Leeds have placed specific emphasis on the importance of working towards psychological safety in their partnership. They described conversations where VCSE partners had “educated” statutory partners on the historical injustices faced by the trans community, sex workers, asylum seekers and refugees, and the gypsy and traveller community. As part of these conversations, they encouraged statutory sector members to take a reflexive approach to their own position and sector.

// You see people’s values by what they do and how they act. We had some really challenging conversations initially where we educated about the issues closest to our communities. But that helped us to understand that we all wanted the same thing and were on the same side.”

Leeds stakeholder

Both VCSE and other stakeholders attributed breaking down biases and misinformation and building the foundation for a partnership grounded in understanding and compassion to these conversations.



System map: The link between relationship building and power dynamics

The ways in which relationship building can mitigate unequal power dynamics between the voluntary and statutory sectors also came through strongly in system mapping workshops. The excerpt below shows well recognised challenges with partnership working, whereby fear of losing funding contributes to power imbalances between statutory sector and voluntary partners, which in turn decreases psychological safety within the partnership, and prevents shared decision making and adaptability.

However, the map also shows that partners believe that prioritising interpersonal relationships, leading with kindness and understanding, and openly acknowledging the historical relegation of VCSE organisations, goes some way to mitigating these power dynamics, and to building psychological safety within the partnership.



To interpret the map: a solid arrow indicates a positive correlation in the direction of the arrow, while a dashed arrow indicates a negative correlation. For more information see section 1.3.2.



3.5.3 Pre-existing relationships and local contexts

Several HCT partnerships were founded on pre-existing relationships and organisational networks. Some sites built on a pre-existing VCSE alliance, or were able to embed the partnership in an integrated health and social care transformation programme, or to locate it within a local context which was already promoting and supporting innovative ideas, particularly regarding engagement of VCSE organisations.



What we're doing is building on and extending a cultural travel that others have been working on for years. We're not so radical. [The HCT partnership in this area] is a catalyst but I believe that, it might have taken more time, but people would have gone into this way of thinking anyway. We're on the same page with lots of others in the city."

VCSE stakeholder

Partners said this was particularly beneficial for providing the conditions for effective partnership working. In contrast, where cross-sector relationships needed to be built from scratch, for example due to staff turnover early in the programme, establishing effective partnership working was more of a challenge.

3.5.4 Differences in VCSE and statutory sector cultures

Across all sites, partners reported grappling with differences between VCSE and statutory sector partners in their organisational cultures and ways of working.

Structured vs flexible approach to partnership working

Taking a more structured approach to partnership working i.e. through stricter planning, roles, responsibilities, and through hierarchical decision making was seen as a less familiar way of working for VCSE partners. Several statutory sector partners noted that because VCSE partners were less accustomed to this way of working, there had been some early misunderstandings around allocating roles and responsibilities. Similarly, several VCSE partners found these ways of working to be rigid and time consuming, and to frustrate the agility and innovation they were accustomed to in planning and decision making.



The differences between organisations gets very convoluted and makes a lot of work, which detracts from the speed and efficiency of it."

VCSE stakeholder



In contrast, sites taking a more flexible and adaptive approach i.e. with a focus on ongoing learning, and revisiting aims and objectives, observed that this was more in line with VCSE ways of working, but that statutory sector partners had found it more challenging to adapt to this cultural change. One partner suggested that this may have contributed to some difficulty securing NHS buy-in for their partnership, without a clear set of objectives or planned deliverables.

“ [The lack of engagement from the NHS partner] might be lack of experience of this way of working. Within the VCSE, there is an idea that you can invite people along and see what happens. But within health, you have to be more structured and formal in how you can get them involved.”

VCSE stakeholder

However, sites reported positive efforts to work towards overcoming these differences. This has included training to VCSE organisations on how to navigate statutory processes; improvements in understanding from statutory sector partners on the importance of learning and reflection; and externally facilitated conversations to build understanding of respective priorities.

Ensuring that meeting formats allow space for both decision making and reflection

Linked to the above, some sites have spoken positively about working to overcome these challenges by adapting meeting formats to match partnership priorities and areas of focus. This has included using a more structured and agenda-led format for meetings which aim to drive forward delivery, and using a more conversational and unstructured format for meetings which aim to prioritise relationship building and reflection.

Example: Gloucestershire

Partners in Gloucestershire are testing the hypothesis that relationships are key to effective partnership building. To achieve this, they purposefully take a loose, conversational, and dynamic approach to meetings, not prioritising agenda items or actions. Instead, they “talk about whatever [they] need to”. Although they have faced some scepticism (internally and externally) about this non-traditional way of meeting, stakeholders report that this format has allowed space for active reflection, ongoing learning and helped to ensure that everyone’s voice is heard.

“ I was probably one of the more cynical people in the room, because I’m trying to support a sector that was really on its knees. It seemed ridiculous that we would spend time having conversations rather than fixing the problem. [...] but it takes time to build real trust. You need to know that people have your back and you’re working towards the same outcomes and goals.”

Gloucestershire stakeholder



While structured meetings were described as more “efficient”, some sites acknowledged that they do not always allow room for reflection, or for all voices to be heard. Conversely, in less structured meetings, sites reported that it can be challenging to ensure accountability, making them less suited to implementing a programme of delivery. One site reported adapting their meeting formats based on the purpose of the meeting, stating that this had been positive, and allowed them to enjoy the benefits of both.

Community engagement

Some sites described disagreement between the VCSE and statutory sectors over the importance of community engagement. VCSE partners felt discouraged by limited statutory commitment to take part, while statutory partners felt that VCSE partners did not appreciate their competing obligations and resource constraints.



Sometimes there is this rhetoric that the public sector doesn't recognise communities because we don't care. So we have to explain that we know it is important but we must maintain the statutory service. That's the core priority for us because that is what we are judged on."

Council stakeholder

However, in other sites the role of VCSE organisations in facilitating access to experts-by-experience from marginalised communities was particularly valued by statutory partners. They noted that they hoped to use the insights gained from community engagement to strengthen service design and delivery.

What external support is useful for effective partnership working?



4.1 Overview

This chapter describes the programme-level support which sites found most useful in building partnership working. It draws on their experiences of the funding and grant management support, and the learning and leadership and organisational development support.

4.2 Key messages

Access to external funding

Sites report that access to external funding builds the foundations for equal partnerships by enabling VCSE involvement, lends credibility to the partnership, and provides permission to be bold, take risks, and innovate.

Learning support

Sites found that this support had helped to embed a culture of learning and reflection in the partnership. They valued the opportunities for networking and sharing learning at the all-sites learning events, and suggested there be additional opportunities to support cross-site learning.

Grant management

Sites valued the flexible and adaptive approach to grant management taken by The National Lottery Community Fund and identified that the phased approach and long-term nature of the funding had been beneficial. However, they expressed interest in developing their relationships with Funding Managers, in line with the spirit of the HCT programme.

L&OD support

Sites reported that the flexible partnering approach taken by the L&OD support had worked well. Positive aspects included the protected time for reflection and benefitting from an impartial, external perspective. Sites also identified areas for improvement, which included the clarity of available support, ensuring that consultant expertise aligns with the interests of the sites, and incorporating support with both theory and practice.



4.3 Access to external funding

All sites reported that simply having access to external funding had enabled cross-sector partnership working by:

Enabling VCSE involvement

VCSE stakeholders across all sites stated that they would not have been able to justify the time spent on this partnership work without external funding. This is because the nature of systems change work means that tangible and directly attributable outcomes for members of their community are unlikely to occur within a short time frame. To receive internal funding from their organisation or local system, they would have likely been required to demonstrate these outcomes.



With the systems work, you never know what's going to happen. It's not like delivering a service where I can say, 'For x amount of money, I can deliver x number of appointments to x number of community members.' It's saying, 'I'll go and see what happens.'"

VCSE stakeholder

Building the foundations for equal partnerships

Partners reported that access to external funding from The National Lottery Community Fund had provided foundations for more equal partnerships. This is because the funding was not linked to either statutory or VCSE agendas, so partners were able to collaborate without funder-fundee power dynamics that are typical between statutory and VCSE organisations.



A key success factor is the independence we have had as we are not accountable to local authority or health."

Council stakeholder



Providing permission to experiment

Several sites highlighted that the HCT programme-level focus on learning had provided them with the permission to test and learn from new approaches to their work. This had enabled them to take risks and develop new ways of working without fear of “failing”. Several partners noted that they would not have felt able to do this if the funding had been supplied through typical statutory commissioning processes.



In a way, the focus on learning has given us permission to fail. That’s meant we can be braver and try things we wouldn’t have done otherwise.”

Council stakeholder

Providing external credibility to the partnership

All sites agreed that the involvement of The National Lottery Community Fund and The King’s Fund in the programme, has provided additional credibility, which they stated has encouraged wider buy-in to the partnerships. As one stakeholder described:



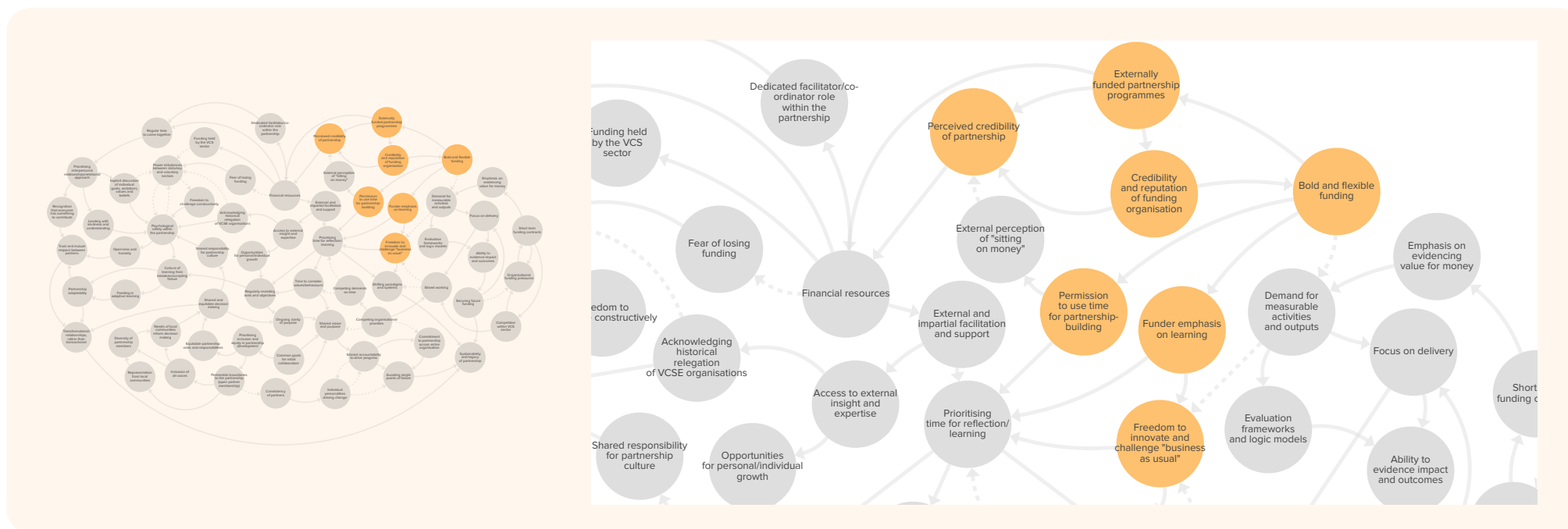
It’s given legitimacy to the partnership, which has allowed things to happen far quicker than usual.”

NHS stakeholder



System map: The role of bold and flexible funding

The role of external, bold and flexible funding for partnership working can also be seen on the system map. The map shows how, when funding is shared through external partnership programmes, it can convey credibility to a local partnership and provide permission to use time for partnership-building. In particular, sites noted that funder emphasis on learning means they can prioritise time for learning and reflection, have the freedom to innovate, and can challenge business as usual.



To interpret the map: a solid arrow indicates a positive correlation in the direction of the arrow, while a dashed arrow indicates a negative correlation. For more information see section 1.3.2.



4.4 Grant management

This section considers factors specific to the grant management of the programme which contributed to effective partnership working within the sites.

4.4.1 A flexible approach

Sites valued the flexible approach to grant management. Unlike in traditional funding models, HCT sites were not held accountable to the delivery plans they drafted at the start of the programme, or to a set of standardised outputs across all five sites. Instead, the focus was on testing and learning, and adapting plans accordingly. Sites were extremely positive about this approach and reported that Funding Managers had been understanding as plans have changed, and open to adjusting the funding structures such as carrying over underspends to the next financial year. This was agreed to be in the spirit of the programme, and a beneficial approach to funding cross-sector partnership working.

However, most sites suggested that the benefits of this flexible approach could have been enhanced if it had been more explicit at the start of the programme. This would have removed anxieties in communicating that plans had changed, and further encouraged sites to innovate and try new things.



They understand that things take time and change as we learn [...] So now we can spend the money meaningfully in a way that makes the most difference."

VCSE stakeholder

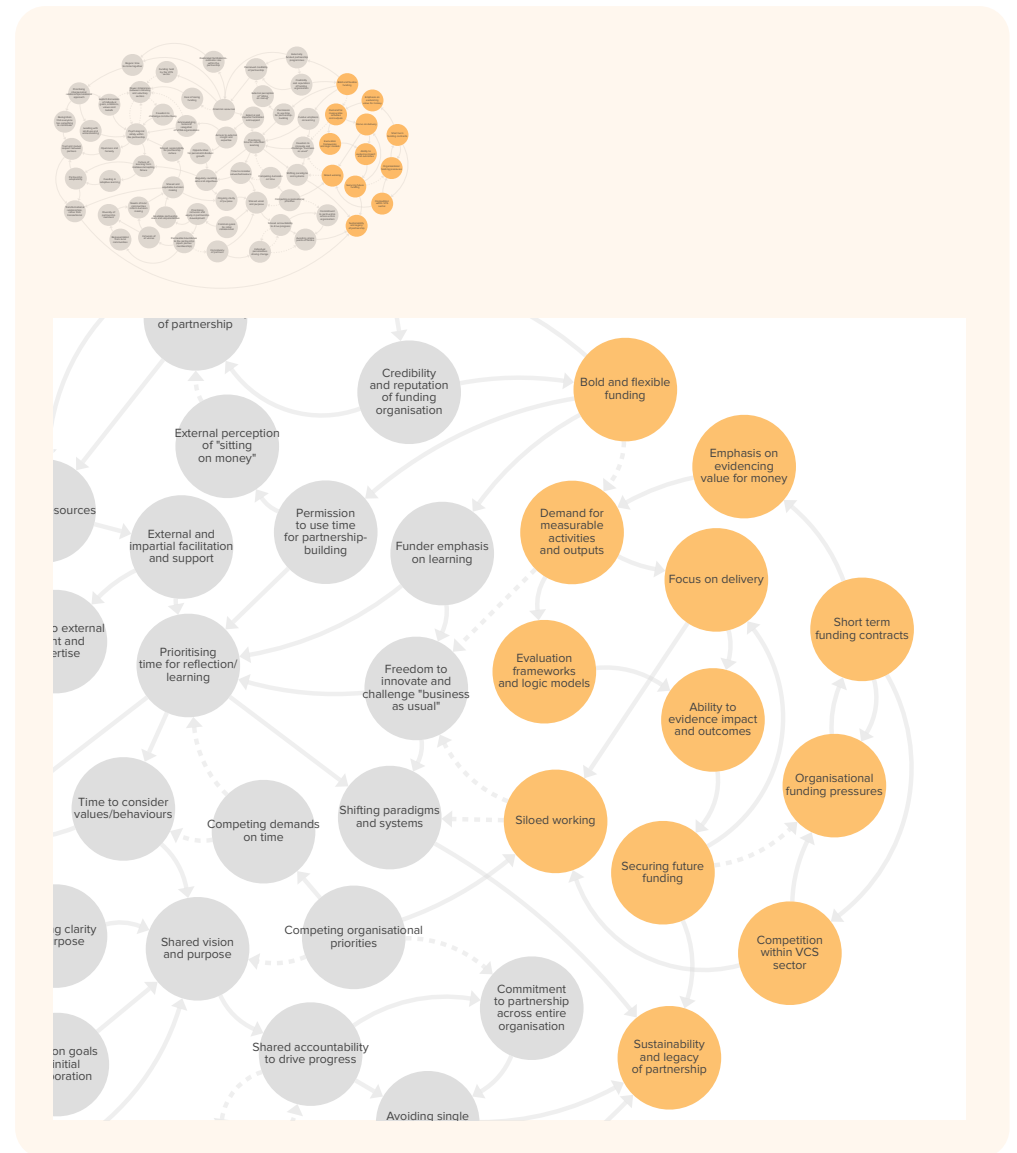


System map: Evidencing value for money

The system map displays a familiar tension in moving from transactional to transformational funding relationships: finding the balance between requiring evidence of value for money, while allowing partnerships the freedom to innovate, think differently, and adapt their plans.

Participants discussed how traditional funding requirements can cause a cycle: emphasis on evidencing value for money necessitates a focus on delivery to generate evidence of outputs, with the goal of securing future funding. But this cycle of short-term contracts heightens funding pressures for individual organisations, resulting in increased competition and siloed working, limiting the ability of a partnership to work towards shifting systems.

Conversely, funding from bold and flexible funders which moves away from demanding traditional evidence of activities and outcomes, was noted as a key driver of successful partnership working. The map shows that when funders recognise the value of learning and provide permission to spend time on partnership building, there is the time and space required to innovate, adapt, think differently and challenge business as usual. While this can cause challenges with evaluation and attribution, it also highlights the need for evaluators to take a realist, systems-informed approach when evaluating the difference made by cross sector partnerships operating in complexity.



To interpret the map: a solid arrow indicates a positive correlation in the direction of the arrow, while a dashed arrow indicates a negative correlation. For more information see section 1.3.2.



4.4.2 Funding processes

Sites highlighted several examples of funding processes which had been beneficial.

The phased application approach

As set out in section 2.4.1, the funding was split into two phases, with some initial funding provided to support the development of aims and objectives of each partnership. Partners reported that this had been useful and had encouraged the development of shared goals amongst partners.

The relatively long timescale of the funding

Sites stated that the three-year funding period was more likely to enable longer-term and more transformational change compared with typical 12-month funding programmes. That said, partners also highlighted that systems change takes a lot longer.

Funding being held by VCSE partners

In sites where the funding is held by a lead voluntary organisation, this has assisted in developing a foundation of equality within the partnership, and addressed traditional power imbalances often experienced between VCSE and statutory bodies.

Some members reflected that they would have liked further transparency with how the funding has been used across the partnership. One site suggested that having an external “fiscal host” may encourage more equality across the partnership i.e. no one organisation holds the funds and thereby – at least nominally – more power over other members.



It’s difficult for everyone engaged in the programme to understand the budget properly and see it as a shared thing [...] A fiscal host would have made it easier to be genuinely transparent.”

VCSE stakeholder

They suggested this would ensure that all partners felt equally involved in the financial aspect of the work and would actively work against any assumption of hierarchy or greater responsibility for one of the partners.



4.5 Learning, and leadership and organisational development support

As described in section 2.4, the learning strand and the leadership and organisational development (L&OD) strand of support were delivered by The King's Fund, although they were designed and developed in partnership with The National Lottery Community Fund. This section sets out key findings on experiences of this support.

4.5.1 Overarching approach

Overall, partners from all sites were positive about the learning and L&OD support. Partners particularly valued the following aspects.

Access to external expertise

Most sites reported that the theoretical frameworks, concepts, and language they had learnt from both the L&OD consultants and the learning events had supported them to articulate the impetus for partnership working locally, and to situate the work they are doing in the national policy context.

Prioritising time for ongoing learning and reflection

While all sites recognise the importance of prioritising ongoing learning and reflection, capacity is often too stretched to do so. This is particularly the case in partnerships which consist of smaller VCSE organisations, or which place more focus on delivery. Both the learning and L&OD support from The King's Fund were therefore valued as a mechanism for prioritising and protecting time for ongoing reflection.

Leveraging the credibility of The King's Fund

As mentioned earlier, sites also reflected positively on being able to leverage the reputation of The King's Fund, a nationally recognised and trusted institution. This had been particularly helpful to encourage wider buy-in locally.



There is something around credibility too. The King's Fund has a gravitas and authority that we have accessed. This was especially true at the start."

VCSE stakeholder



A few partners reported that they had expected to be able to make more of this influence, namely through access to The King's Fund's policy arm. They said that they would have benefitted from additional support in communicating their work more widely such as through relevant events at The King's Fund.

// We aren't very good at selling the things we have done. We don't use the power of narrative to influence and work with commissioners. I was hoping to get a bit of learning to develop that thinking across the system."

NHS stakeholder

While both aspects of support were valued, stakeholders from both the HCT sites and The King's Fund noticed a disconnect between the learning strand and the consultants delivering the L&OD support. They agreed that the offer could have been developed in a way that further considered the overlapping elements of each strand. This would have improved the sites' understanding of the available support and provided a sense of shared learning.

4.5.2 Learning support

When asked specifically about the learning strand of support, sites identified the following positive aspects and suggestions for improvement.

Learning leads

Learning leads from the sites reported that this approach had worked well. Specifically, they had enjoyed the regular interaction with other learning leads as well as the opportunity to shape the topics, content, and format of the all-site learning events. Some learning leads found it challenging to ensure they captured all learning across their partnership, especially if their organisation was not the lead partner. However, the approach was considered, ultimately, to be beneficial, as it prompted them to ask for learning and reflection across the partnership and therefore encouraged more active engagement.

All-site learning events

All partnerships agreed that these events were useful for providing protected time and a space to share findings and learn from each other.

// It is really nice to see people face-to-face from other sites. The sessions are really accessible, with a sense of wanting to learn together in the room."

NHS stakeholder

Stakeholders across sites noted that they particularly enjoyed the in-person opportunities to network, share learnings and ideas, and brainstorm challenges and solutions. Additionally, several partners reported that they had begun to use tools, language and concepts that they had learnt from other sites.



Additional opportunities to support cross-site learning.

While examples were provided of helpful ad hoc conversations between sites outside of the all-site events, several partners said they would welcome further opportunities for cross-site learning. This could include shorter and more frequent events, forums to encourage more regular engagement, or peer events for statutory or voluntary cross-site learning.

4.5.3 Leadership and organisational development support

Partners appreciated the support from the L&OD consultants and had some suggestions that would have made it even more valuable.

A flexible partnering approach

As described in section 2.4.3, the L&OD consultants have taken a flexible approach to delivering support. There is no set “menu” of options, instead, the support is adapted to suit each partnership’s needs, based on the expertise and experience of their consultant. Generally, sites have appreciated the flexible approach, as it has meant the support is adapted to their needs and preferences. They did not feel that the L&OD consultants were experts who “parachuted in and out” but were an integrated peer partner. Positive examples were given of an L&OD consultant attending partnership meetings in a “critical friend” capacity, including sense-checking ideas and ensuring they worked towards their aims and objectives. In another example, a consultant provided support to build bridges and overcome tensions between partners, which was made possible by their external position.

That said, there have been challenges striking the balance between the flexibility of the support offer and ensuring that sites know what is available. Some felt that the relatively hands-off approach taken by the L&OD consultants meant that they had not taken full advantage of the support. They suggested that more clarity up front about what was on offer would help them to make the right requests, particularly while they were identifying their own aims and ambitions.

// We might have benefitted from a greater awareness of what support might be available, and the skills and expertise we could be offered. [...] I am not sure that we have maximised the offer from The King’s Fund but ultimately, we do not know what we do not know.”

Council stakeholder

Balancing theory with practice

Partners also stated that access to theoretical expertise had been beneficial, with several reporting that their own knowledge and understanding has been increased. However, some sites suggested that they would have appreciated a greater balance between theoretical and practical support. This was particularly at times when they were hoping for help with problem solving and communicating the importance of their work more widely, where it is especially important to use specific and “jargon-free” language.



Matching L&OD consultants with sites

As the available support depends on the expertise and experience of each consultant, some sites suggested that there was scope for better alignment between the consultants and the sites. Some said that it was not clear how or why they had been allocated their consultant, with some suggesting that a “speed dating” approach might have been beneficial. Additionally, partners agreed that, where possible, maintaining the same consultant for each partnership throughout the programme would allow for a more trusted relationship to develop, and for both sides to have a better understanding of how they could work together optimally.

4.6 Relationships between programme-level support and the HCT sites

Some sites reflected that, although they had positive experiences with The National Lottery Community Fund and The King’s Fund, there was space for these relationships to move further away from traditional funder and learning partner dynamics. Sites said that they have experienced some aspects of the programme, including programme management and grant management, to be more remote and separate than other aspects. They suggested that this may have been a missed opportunity in terms of trialling new ways of funding and learning about cross-sector partnership work. This was a view held most strongly by the partnerships with an internal focus on using relational approaches to address power dynamics within their local systems.

Some partners suggested that Funding Managers, and other stakeholders involved in grant management, could have taken a more involved approach by spending more time engaging with the sites to develop relationships, getting to know individual partners, and learning about the work. While it was understood that this would need to be balanced with the capacity of the funding managers, partners observed that it would reflect the focus on relationship building across HCT and would be an effective approach for future grant funding programmes.

“ I’m not suggesting that we want everyone to come to every meeting, but it does feel like we could be much more relational. We felt frustrated that the funders weren’t playing their equal part in the nitty-gritty”

VCSE stakeholder

Similarly, some partners had understood that the aim for the learning and the L&OD support was to encourage mutual learning, yet they did not feel that the learning has operated in two directions. They said they would have appreciated being involved in reflections from The National Lottery Community Fund and The King’s Fund on their own learning around funding and supporting the programme. Over the next 12 months, the HCT programme management group will be conducting a deep dive to identifying learnings from designing a partnership programme, which should provide a helpful opportunity for these conversations.

What difference has partnership working made for the HCT sites?



5.1 Overview

This section contains emerging findings on the difference that partnership working has made for the HCT sites. It covers:

- Partnership-level outcomes.
- Wider outcomes across the local systems.
- Partnership legacy and sustainability.

Interpreting outcomes: Contribution, not attribution

There are several challenges to identifying outcomes from the HCT programme as many are interdependent with wider systems. As such, it is difficult to isolate the contribution of HCT from other factors and other efforts to effect change. In addition, system change is a dynamic and ongoing process that is not possible to measure within the three-year timeframe of the programme. When interpreting the findings in this chapter, it is important to consider the challenges in identifying, measuring, and tracking outcomes from HCT, given the nature and timescales of the programme.



Throwing a pebble into the wider system and trying to identify the ripples”

VCSE stakeholder



5.2 Key messages

Partnership-level outcomes

Across all five sites there is emerging evidence of improved cross-sector partnerships rooted in mutual understanding and respect; and increased efforts to embed cultures of ongoing learning and reflection. HCT has also created an environment for innovation, particularly around the development of new ways of working in partnership.

Legacy and sustainability

All sites mentioned concerns around the sustainability of the partnership beyond the funding period and are grappling with maintaining relationships between individuals and organisations. Sites vary in how they are creating their legacy, including using local evaluation to generate evidence on their approaches, sharing learning and tools for innovative ways of working, and building continued buy-in from senior leadership.

Wider outcomes and changes to local systems

Attribution to HCT of changes beyond the programme is challenging but there is evidence of early ripples across local contexts. These include the replication of relational approaches across the wider system; improved statutory sector understandings of the issues impacting marginalised communities; new approaches to commissioning; and increased capacity for community-led initiatives.



5.3 Partnership-level outcomes

Emerging findings from the evaluation so far show that HCT is starting to generate change across the five partnerships and their work. Given the variety of approaches taken, this chapter sets out some common outcomes across the sites, and others that are specific to each site.

Cross-sector partnerships rooted in mutual understanding and respect

Across all sites, stakeholders credited HCT with improving relationships between statutory sector and VCSE partners, characterised by mutual respect, increased understanding, and trust. This has been particularly enabled by elements of the relational approaches described in section 3.5, prioritising personal relationships and focussing on building “psychological safety”.

“We’ve built loads of trust between us, statutory partners, and voluntary sectors. That trust has grown significantly. Now it feels more like asking a friend for help than making a formal request of your local authority.”

VCSE stakeholder

Stakeholders also reported that the time invested in relationship-building had increased their ability to constructively challenge others’ ideas and perspectives. This has created a sense of working towards a shared vision, which was described as crucial for effective cross-sector partnership working.

Embedding a culture of ongoing learning and reflection

Across all sites, there is a growing recognition of the value in ongoing learning and reflection, and a commitment to purposefully embedding them into cross-sector partnership working. This has been enabled by the programme-level focus on learning and innovation, taking open and conversational approaches to meetings, and the protected time and support provided by The King’s Fund.

That said, sites differ in the extent to which they have embedded this culture. In those which place more focus on action and delivery, partners reported greater challenges to building in time for regular reflection and learning. In some cases, this was thought to be in part due to a strong cultural focus on delivery from the statutory sector which, in turn, left limited available time for reflection.

“I do think there is a cultural issue and that the discipline for reflection hasn’t been embedded. That time that should’ve been put towards that reflection has gone to that statutory DNA, the focus on delivery.”

VCSE stakeholder



Designing and developing new, innovative ways of working

Across all sites, partners agree that HCT has enabled the design and development of innovative ways of working not only within the partnerships themselves but also in other areas of the wider system.

Examples include:

- Approaching cross-sector partnership in an organic and relational way.
- The design and implementation of localised experiments across urgent care, primary care, and mental health to improve access and experience of support for marginalised communities.
- Transparent partnership meetings which invite local community members and organisations to observe.
- The implementation of community hubs, which aim to provide person-centred, joined-up approaches to support via a locality model.
- Trialling new commissioning models, which aim to transfer resources to the voluntary sector.

Partners attribute this to HCT's emphasis on learning and innovation. The differences made by these practices will be explored further through thematic deep dives in Year 2 of the HCT evaluation.

Balancing traditional top-down statutory and voluntary sector relationships

There were mixed views as to whether partnership working had disrupted the traditional, top-down relationships between statutory and voluntary sectors. In some sites, partners suggested that this had been achieved, describing how newly formed, trusting relationships had resulted in a more relational approach to commissioning outside of the partnership. However, in others, partners reported that there remains a paternalistic relationship between the two sectors.

// The power dynamics in the partnership are still skewed. Statutory bodies see it as a 'parent-child' relationship with the VCSE rather than a 'parent-parent' relationship."

VCSE stakeholder



5.4 Wider outcomes and changes to local systems

Partners recognise that transformational change to local systems is unlikely to be achieved within the timescale of the programme. However, they reported positive examples of ripple effects that are starting to be seen in their local contexts.

Replicating relational approaches across the wider system

For several sites, the opportunities for wider system stakeholders to approach partnership working in a relational and open way has been a key outcome of HCT. This includes the creation of in-person, timetabled spaces through dedicated partnership meetings and wider forums. Partners reported that the investment of time and resources legitimatised the importance of the partnership and encouraged broader inclusion.



It has been useful to have the space where we come together on regular basis, and we have purposefully framed that in a non-hierarchical way. It feels more human and personal.”

NHS stakeholder

Example: Plymouth

HCT members in Plymouth created a space called “Learning by Listening” to bring together health and social care stakeholders to share thoughts and ideas. The idea for this was proposed by a stakeholder who works within the NHS and asked HCT’s Belong in Plymouth to facilitate it. This was because they were aware of Belong in Plymouth’s inclusive ways of working and saw them as an opportunity to initiate doing something differently within their statutory organisation. Partners highlighted this as a positive example of a cultural ripple across the wider system.



In some sites, stakeholders reported early indications that the relational approaches taken by their HCT partnerships have begun to ripple across the wider system and be replicated elsewhere i.e., not in spaces convened by the HCT partnerships. This has ranged from removing rigid agenda structures in regular meetings, to instilling a culture that a new working relationship cannot begin without individuals meeting in person first.

Example: Gloucestershire

Gloucestershire partners shared that an Integrated Care Board meeting has moved away from its typical format with a heavily structured agenda towards the more organic, conversational, and dynamic approach, practiced in their HCT partnership. They believe this change in format has enabled a more equal inclusion of voices in decision making. Furthermore, partners noted that this prioritisation of a relational approach is impacting the mindsets of senior leadership.

“ Having partnerships and relationships first is key, the agenda will come after. This is a massive change in the mindset of senior leadership and people.”

Gloucestershire stakeholder

Amplifying the voices of small-scale VCSE organisations and marginalised communities

A few sites reported that their partnership has amplified the voices of VCSE organisations and community members. This has happened through partners facilitating more inclusive conversations and relationship-building across the system, and through establishing programmes and tools for translating the insights of community members into evidence to inform decision making.

Improving statutory sector understanding of the issues impacting marginalised communities

One partnership reported that close collaboration with grassroots VCSE partners has built statutory sector partners' understandings of the specific issues impacting a range of marginalised communities, and the way in which issues with access, experience, and outcomes of healthcare translate into health inequalities.



Example: Leeds

Partners in Leeds are focussed on improving healthcare outcomes for sex workers, transgender people, asylum seekers and refugees, and gypsy and traveller communities.

This has involved deep dives into issues impacting access to healthcare for these communities, such as exploring the use of “welcome workers” in GP practices, ensuring that patients explain their understanding of the discussion at the end of a healthcare appointment, and reviewing requirements for a fixed address to access support.

Statutory sector partners noted that this targeted focus had improved their understanding of health inequalities and had resulted in a more tangible and practical range of solutions. Doing so had added a more inclusive dimension to statutory sector partners’ understanding of health inequalities, which they could feed back to the wider system to improve access, outcomes, and experiences.

“ People are much more aware of what we mean by marginalised communities, which can sound quite high level. [Working with the VCSE] has provided a lens for us to better understand health inequalities. It’s granulating that blurriness around health inequalities and feeding that back into the system.”

Leeds stakeholder

Shifting resource and power to the voluntary sector

One of the principles of HCT is to emphasise the value of the VCSE, and to drive a shift of resources and power towards the voluntary sector. This has not been an explicit focus for most partnerships, and several sites highlighted the impact of challenging financial contexts in the statutory sector on their ability to achieve this. However, one site reported trialling a new commissioning model.

Example: Croydon

In Croydon, as part of working towards their partnership aims of moving power and resources towards the voluntary sector, a sub-group of the partnership has designed and implemented a Locality Commissioning Model. This takes an outcomes-focussed approach which partners describe as “collaborative commissioning”, whereby community organisations are empowered to design services in a way that best meets local community needs. £500,000 of funding has been devolved to the voluntary sector through the Locality Commissioning Model, and partners cite this as a tangible example of systems change, which devolves resources and power to the voluntary sector. In addition, one stakeholder reported that their Locality Commissioning Model has also received interest from their regional team, who may replicate it across other boroughs.



Highlighting the value of hyperlocal community-led initiatives

Some sites reported that HCT partnership working has resulted in capacity-building for community-led initiatives. This has included the development of hyperlocal, community-led groups and services which aim to deliver person-centred care. Partners reflected that highlighting the value of this work across the local system had improved the ways in which system stakeholders see the strength of community-led initiatives, and improved access to preventative, community-based healthcare programmes for residents.

“ I think one of the things that has really been a significant change in this last six months to a year is the value that people are seeing in the involvement of local communities, not just voluntary sector groups.”

Council stakeholder

Achieving partnership credibility across the wider system

Several sites reported that their HCT partnership has achieved credibility across the wider system and is now recognised by system-level structures. For example, stakeholders noted recognition of HCT by their Health and Social Care Board and the Population and Primary Care Board. This credibility among wider system organisations has provided HCT members with positive indicators for the sustainability of their partnerships.

Example: Coventry

Partners in Coventry reported that the lead VCSE organisation’s links to local community members had been key to identifying community-led initiatives for development and support. One example of this is working closely with and providing funding to a men’s mental health support group.

“ There are huge positive outcomes in the men’s mental health support group. That is a thriving group that looks out for each other and tries to be a healthy community for themselves. It took our partnership and funding to get that off the ground and whilst it is a community group, it supports community focused healthcare practices as we now include this in our social prescribing.”

Council stakeholder

The capacity-building support they offered to this organisation was a vehicle for the community-led mobilisation that the partnership champions. It has supported community healthcare practices to improve capacity for social prescribing. Partners are hoping to share with the ICB the positive difference the group is making for residents, to increase the recognition of community-led initiatives across the system.

“ I think it’s hyperlocal. It’s increased capacity and community organisations and there are new groups that are reaching people. It’s difficult to track these health outcomes back, but it’s increased engagement and participation.” Council stakeholder



5.5 Partnership legacy and sustainability

Sites varied in the extent to which they had considered the legacy and sustainability of their partnership at the time of consultation, and most agreed that this would be a focus of the next 12 months. Sites have already reflected on the following areas.

Concerns around funding

All sites mentioned concerns about how the partnership could continue after HCT funding ends. These included how the time and focus on partnership working could be justified, and whether momentum and accountability for the partnership could be maintained when the funding for co-ordinator roles comes to an end.

// We do not know what will happen when the money stops. It is a great concern of mine. It is not just the money; it is the space it allows you to have.”

Council stakeholder

These concerns were particularly present in sites where statutory sector partners would be unable to provide funding for the partnership due to challenging financial circumstances. Although this is not to suggest that all sites expected statutory partners to be responsible for any potential future funding, as this varied between sites.

Sustainable relationships between individuals and between organisations

Almost all sites were confident that the quality of relationships built between HCT partners would be sustained following the end of the funding period. But, without the funding to meet regularly, some partners questioned how relationships between organisations would be maintained if individuals moved on. Additionally, partnerships that have taken a more structured approach trusted that changes to local governance would sustain the relationships between organisations, if not between individuals.

Local evaluation to support buy-in, replication, scale, and spread

In two sites, partners reported a focus on evaluation of their outcomes in the next 12 months to support evidence of impact, scale, and spread as well as potential replication. They hope that this will allow them to ensure that their work is aligned with wider system priorities and to provide evidence for incorporating their ways of working into business as usual.

Importance of continued buy-in from senior leaders to support sustainability

Two sites reported challenges engaging senior NHS leaders within their partnership, saying it was a particular challenge to the sustainability of their partnership.

// It still feels like this could be a programme that stays with a number of people who are driven, and it won't get the recognition needed. How can we make the learning get taken on and scaled up?” NHS stakeholder



Sharing learning and tools for others to replicate innovative approaches

Across most sites, partners suggested that they would consider the legacy of the partnership to be successful if the learning, tools, and methods they have developed are replicated across the system. Examples ranged from embedding more relational ways of working, to replicating an Adaptive Action model for centring lived experience, and absorbing the HCT structures into the wider transformation agenda. All partners said that they intend to focus on how this could be approached over the next 12 months and what that might look like for each of them.

Example: Plymouth

In Plymouth, partners felt that the development and delivery of their community research programme has enabled insights to be gathered locally. These community-generated findings are now being translated into evidence to inform decision-making around service design and commissioning. The tools created for this process will exist for future use and therefore provide an approach to amplifying community voices in the long-term.



The legacy for me is a set of tools, practices, and ways of working that are inherently collaborative or inclusive in the way they operate.”

Plymouth stakeholder

Discussion and considerations for the future



Overview The findings outlined throughout this report are from the first year of the HCT programme's two-year evaluation.

These ideas should be considered largely as a first step towards considering and completing this evaluation's two key research objectives:

- **Objective 1:** To understand the difference that partnership working has made for HCT partnerships.
- **Objective 2:** To gather insights about the types of support and funding that are most useful to enable partnership working.

This section synthesises the findings from this report and presents some emerging considerations for the future. These should not be understood as formal recommendations. Over the next phase of the evaluation, these considerations will be developed and interrogated for organisations hoping to engage in effective partnership working, or planning to support or fund future programmes to enable partnership working.

Developing and working in partnership

The HCT programme has provided an opportunity for individuals and organisations across the five sites to consider the way they work together, question what has come before them, and trial new ways of partnering.

Across all sites, several approaches, tools, and methods have been identified as potentially useful foundations and ingredients for partnership work. These include: allowing space and time to develop deep and trusting relationships between partners, including beyond professional roles; having core personnel who act as an anchor for the partnership, keeping partners coordinated and supporting partnership principles to be upheld; and acknowledging and interrogating at an early stage existing power dynamics and cross-sector tensions that are likely to exist between partners. These different elements are more or less important to each partnership, depending significantly on their approach, partners, and local contexts. It is essential that conclusions and examples that are drawn from these findings are considered in relation to each site's local context.

As mentioned earlier, findings should be interpreted pragmatically given the relatively short timeframe so far and the nature of HCT. Measuring and attributing impact to the programme can only be limited, not least because achieving significant, transformational change within three years is unlikely.

However, the evaluation has uncovered early evidence of beneficial outcomes for partnerships, and the ripples of change across their local contexts. In particular, partners have reported that a focus on relational approaches, innovation, and thinking differently are beginning to be picked up and replicated across their local systems.

Considerations for the future

- Approaches, tools, and methods chosen for use within partnership working should be suited to the particular context of that partnership.
- Prioritising the development of trusting relationships between partners may be a key ingredient for effective partnership working.
- Having a core role within a partnership, particularly to assist coordination, is likely to be advantageous to partnership working.
- Existing power dynamics between partners should be acknowledged at an early stage of partnership development.



Programme funding and support for partnership working

Early evidence suggests that the programme's strands of support have been successful in creating conditions for change. While the HCT grant funding is unable to fully address cross-sector capacity and resource challenges, partners from all sites credited their involvement in an externally funded programme with enabling their partnership to come together and build the foundations for more equal collaboration. Given the wider contexts, this finding is not surprising, but it reflects an impetus and need for this and other similar grant funding programmes for cross-sector partnership working.

The flexible approach to funding and support means that each partnership operates differently. This heterogeneity can make it difficult to evaluate the programme as a whole. For funders and potential commissioners of future partnership working, this can be daunting, particularly if evidencing impact and value for money is considered a necessity for legitimising programmes. A key lesson from the HCT programme so far is that partnerships need space, time, and freedom to allow for innovation and to test new ideas. Future funders could benefit from accepting in advance the inevitability of facing the unknown and the unpredictable, and from committing to taking that risk. This could include encouraging a programme-wide focus on process and action learning, rather than measuring success through prescriptive outcomes and absolute impact.

To enable this shift in focus, funders may need to work to instil a shared mindset and culture across the programme, and their own organisation, which encourages freedom to innovate and question systems and structures. This culture could be supported by practical flexible applications of grant management, including examples from HCT, such as flexing to adapt to findings from test and learn approaches, not requiring hard outcomes in initial stages, and allowing spending to be delayed to suit the partnerships' needs.

The partnerships have reflected positively on the learning support in the HCT programme. Whilst there have been challenges striking a balance between a flexible approach and ensuring clarity of the support offer, all sites have valued access to external expertise. This was described as central for embedding cultures of learning and reflection across the partnerships, a widely acknowledged driver of systems change. Therefore, though this approach to providing support is broadly advantageous, it should be understood within the programme as flexible and open to improvement.

Finally, due to the nature of HCT, several partnerships within the programme have been considering their relationship with their funders and learning support, as well as external evaluators. They have considered how their approaches to working in partnership align or misalign with the structure of the programme. To maintain ongoing learning through the programme, funders and learning support organisations may benefit from ensuring they too are open to engagement with partnerships about their ideas and approaches, and to reflect on their own practices.



Findings from this Year 1 evaluation – including positive endorsement of the quarterly all-sites learning sessions – suggest that partners would appreciate not just transparency around such reflection on the part of the funder and learning support but also sharing of learning in both directions, from partnerships to programme-level support and vice versa.

Considerations for the future

- Having access to an external, funded programme can be empowering and advantageous to partnership working.
- Flexibility in funding, including deprioritising evidence of value-for-money, can promote greater innovation. If this is an approach that a funder takes, it would be beneficial to establish that at the beginning of the programme so partnerships feel empowered and able to trust that this is the case.
- If funders are encouraging innovative and non-traditional approaches within local partnerships, it would be beneficial for them to reflect on their own ways of working and relationships on a programme level. This could include opening a dialogue with the partnerships to share learning in both directions about their experiences, expectations, and potential discomfort that they may experience while adjusting to new approaches.

Conclusion

The HCT programme is bold, ambitious, and complex. Its deliberately non-prescriptive approach has succeeded so far in creating high levels of innovation across the five HCT sites, all of which are taking different approaches to their partnership make-up, structure, and focus. The programme places specific emphasis on action learning, taking risks, and being brave, and partners credit these characteristics with enabling them to test what it means to work in partnership, and to explore the difference that partnership working makes and in what context.

In its second year, the programme evaluation will continue to explore potential ingredients of effective partnership working as well as local impacts. As the HCT programme concludes over the next 12 months, there will be a particular focus on sustainability and legacy. This is likely to look different for all sites, and Year 2 of the evaluation will explore in more detail the impact that the partnerships have had, and ways in which the partnerships may be sustained following the end of the funding.

Appendices

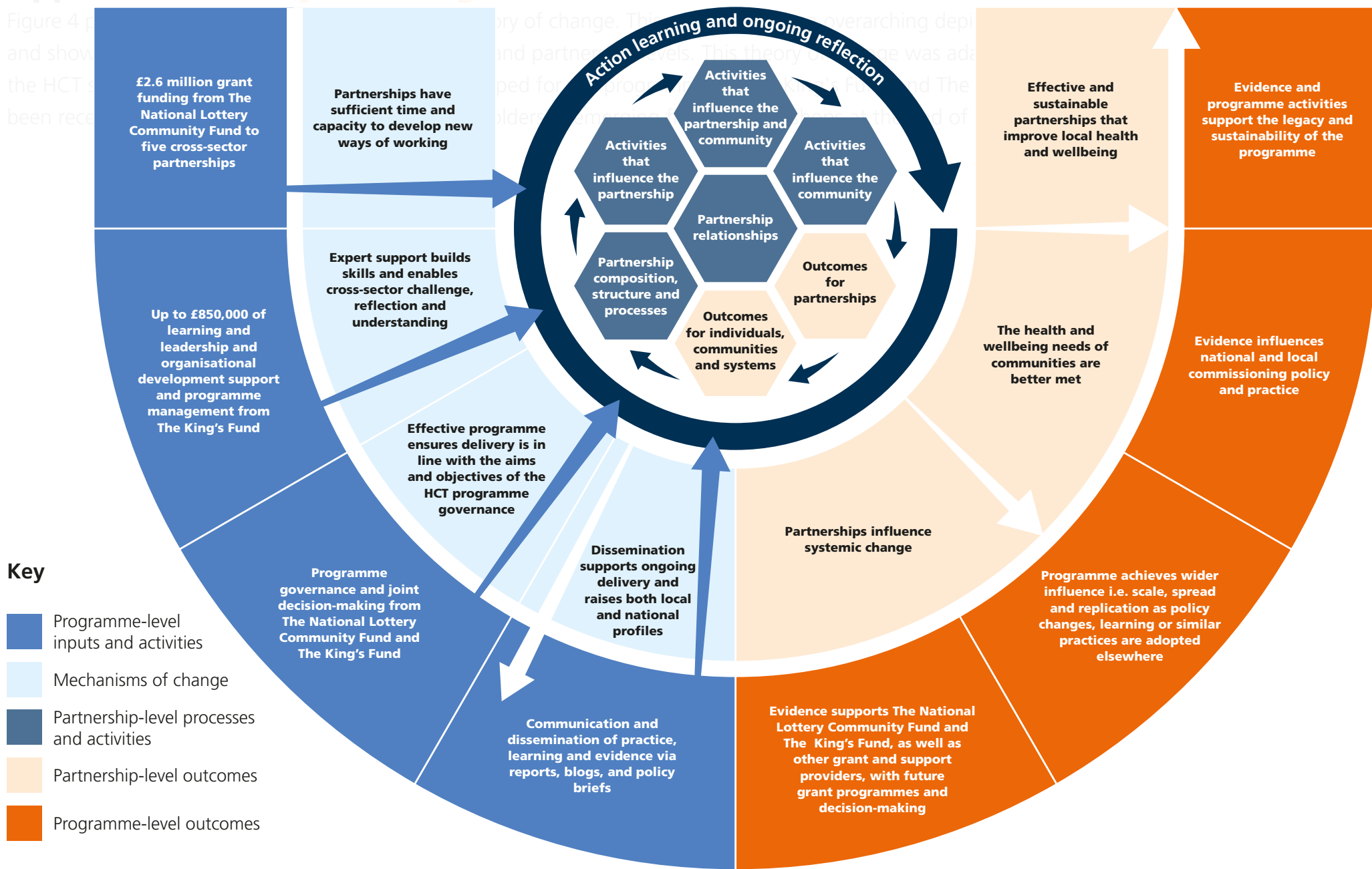


Appendix 1 Theory of Change

Figure 4 presents Healthy Communities Together's theory of change. This provides both an overarching depiction of the flows through the programme and shows the relationship between the programme and partnership levels. This theory of change was adapted by Cordis Bright in partnership with the HCT sites for the evaluation, based on one developed for the programme by The King's Fund and The National Lottery Community Fund. It has been recently sense checked with programme stakeholders in emerging findings workshops at the end of Year 1 of the evaluation.



Figure 4: HCT Theory of Change (Please see narrative for assumptions and risks on page 73)



Healthy Communities Together Theory of Change: Programme-level inputs and activities

Programme wide input and activity	Description
£2.6 million grant funding from The National Lottery Community Fund	<ul style="list-style-type: none"> • The National Lottery Community Fund is providing £2.6 million of grant funding to five cross sector partnerships. • Head of Funding and two Funding and Relationship Managers are responsible for grant management activities. • Grant management activities include regular payments to partnerships and grant and budget review meetings which focus on partnership aims and progress.
Up to £850,000 worth of learning support, leadership and organisational development support, and programme management from The King's Fund	<ul style="list-style-type: none"> • The King's Fund is providing up to £850,000 worth of investment. This covers programme management (as below) and two types of support: <ol style="list-style-type: none"> 1) Learning support aims to explore what it means to work in partnership, how to partner and what partnerships do to work effectively together. This includes capturing learning, developing a co-designed and tested learning framework, and convening groups and events to share learning between sites. Each of the five partnerships has a designated learning lead who leads on codesigning learning capture and interpretation with The King's Fund. 2) Leadership and organisational development support aims to support the development of partnership working, learning and delivery of plans. The exact support that is delivered and received is tailored to each partnership's needs, priorities, and maturity. • As the support that is being delivered is flexible and iterative, a key aim of the evaluation will be to uncover the precise activities that are being delivered and how partnerships have experienced these.
Programme governance and joint decision making from The National Lottery Community Fund and The King's Fund	<ul style="list-style-type: none"> • The National Lottery Community Fund and The King's Fund provide joint decision making and programme governance. • This includes bi-annual reviews of the approach and scope of the HCT programme, day-to-day oversight and decision-making regarding site progress; clear communications about programme expectations; and resource distribution and management of programme risks. • There is a programme wide Decision Group consisting of Directors and Trustees. This was initially responsible for selecting the five sites, and now provides an annual strategic review process and highest point of escalation for decision making. • There is also a programme wide advisory group comprised of knowledgeable stakeholders from organisations with experience in funding or managing other national programmes to support statutory/VCSE partnering. They will provide advice to inform the programme and partnership delivery, ensure shared learning between programmes with similar aims, and support the effectiveness of dissemination and communication activities.
Investment of £300,000 in a national evaluation	<ul style="list-style-type: none"> • The National Lottery Community Fund is investing £300,000 in a national evaluation of the Healthy Communities Together programme. This is being conducted by Cordis Bright. This is commissioned and managed by an Evaluation Manager and Contract Manager at The National Lottery Community Fund.
Communication and dissemination of practice, learning and evidence	<ul style="list-style-type: none"> • Ongoing learning and evidence that is generated throughout the programme and evaluation will be shared and disseminated by the HCT partnerships, The National Lottery Community Fund, The King's Fund and Advisory Board members via online content, including blogs and podcasts, reports, external publications, and media. • It is intended that this work will support ongoing delivery of the local partnerships and raise the profile of both the programme and the work that is being conducted by each partnership.



Healthy Communities Together Theory of Change: **Mechanisms of change**

Mechanism of change	Description
<p>Partnerships have sufficient time and capacity to explore and develop new ways of working in line with programme aims and objectives</p>	<p>It is intended that the grant funding delivered by The National Lottery Community Fund will enable partnerships to have sufficient time and capacity to explore and develop new ways of partnering. This will enable innovation and ambitious approaches to working in partnership, which will ultimately support effective and sustainable partnership working. Specifically, funding will support:</p> <ul style="list-style-type: none"> a) Partners to have dedicated time to engage in programme learning and development support to improve partnership working. b) Partners to address systemic imbalances of resources, including time and capacity, to enable engagement from VCSE organisations, smaller organisations and communities who would not otherwise participate in planning and delivery. c) Partners to engage local community members through funding grassroots activities, engagement of VCSE organisations, and to ensure communities are meaningfully involved in the design and delivery of local health and wellbeing plans. <p>Ongoing grant management activities and progress review will support partnerships with effective decision making, including adapting and refining their plans as required to ensure delivery is in line with HCT programme aims and objectives.</p>
<p>Expert support builds skills, and enables cross sector learning, challenge, and reflection.</p>	<p>The learning, leadership and organisational development support provided by The King’s Fund aims to work within and across place-based partnerships to facilitate learning on what it means to work in partnership and how to do this effectively. It is intended that this support will enable:</p> <ul style="list-style-type: none"> a) Partners to move beyond siloed assumptions of sectoral roles, to work differently in relation to shared leadership of change. b) Partners to recognise and test new ways of relating to one another and working collaboratively. c) Partners to develop strong, mature and reflective relationships with cultures of learning and the ability to share feedback. d) Local leaders to develop their skills and confidence, increasing their effectiveness within the partnership and beyond. e) Sites to maintain focus, investment, and momentum on the development of partnership working. f) Learning and evidence to be captured and shared between HCT partnerships, to capitalise on strengths and perspectives.
<p>Effective programme governance creates a trusted environment and clear parameters for ways of working.</p>	<p>It is intended that effective programme governance and accountability will ensure that the partnerships work towards the boundaries and parameters provided by the HCT programme aims and objectives. At the same time, effective programme governance which aims to understand and build upon the flexible and adaptive nature of the HCT partnerships will provide space to develop, test and learn from practice. Flexible funding will ensure that partnerships do not feel beholden to initial bids or delivery plans but are able to be pragmatic and responsive.</p>
<p>Dissemination and communication of evidence supports ongoing delivery and raises local and national profiles.</p>	<p>It is intended that the learning and evidence that is generated by the partnerships and disseminated and communicated by programme stakeholders will support ongoing delivery of the programme. It is also intended that this raises the profile of the programme and work of HCT partnerships, generates wider influence both locally and nationally, and supports scale, spread and replication. This will be shared both locally and nationally to support systems changes, leadership development and improve the health and wellbeing needs of local communities.</p>



Healthy Communities Together Theory of Change: Partnership-level processes and activities*

Interpreting partnership level processes and activities

The HCT programme is, in effect, an intervention across complex system(s). As such, at the partnership level there are likely to be a myriad of partnership processes, activities, learning and outcomes to account for, with a many-to-many relationship between them. It is likely that these relationships are not linear, but are interconnected through feedback loops and mediating dynamics. To reflect this visually, the HCT theory of change is depicted linearly at the programme level (the outer “U”), but circularly at the partnership level. This ‘inner cycle’ is not intended to be a comprehensive depiction of each partnership: it provides a loose framework of the different activities and processes which each of the five partnerships are exploring, testing and developing through action learning and ongoing reflection. Further detail on each theme is provided below based on scoping activities, document review and a rapid review of evidence. This ‘inner cycle’ will continue to be defined, explored and tested over the course of the evaluation to enable an understanding of the difference partnership working makes and what is needed to enable effective partnering.

Partnership process and activity	Description	Partnership process and activity	Description
Partnership relationships	<ul style="list-style-type: none"> • Relational approaches to ways of working. • Developing trust, mutual respect and understanding. • Member influence on decision making. • Balanced participation across members • Balance between participation and rewards. • Member satisfaction with collaboration. • Perceived fairness. • Collaboration. 	Activities that take place in or influence the partnership	<ul style="list-style-type: none"> • Convening. • Strategic thinking. • Action learning and ongoing reflection. • Capacity building. • Sustainability efforts • Quality improvement.
Partnership composition, structure and processes	<ul style="list-style-type: none"> • Breadth of active membership and representation across sectors. • Community member representation and participation. • Shared vision across members. • Internal communication processes. • Leadership and governance • Stages of collaboration • Distributive and non-hierarchical leadership. • Organisational level structures and processes • Working groups and advisory boards • Staff and administrative support • Flexibility, plans and best practices. 	Activities that take place in or influence both the partnership and the community	<ul style="list-style-type: none"> • Co-production with individuals with lived experience. • Community engagement activities. • Building partnerships and recruiting members. • External communications and disseminations. • Engaging external experts.
		Activities that take place in or influence the community	<ul style="list-style-type: none"> • Delivering interventions. • Data collection and monitoring. • Mutually reinforcing activities. • Supporting each other’s organisational initiatives.

*Identified in evaluation scoping research



Healthy Communities Together Theory of Change: Partnership-level outcomes

Partnership-level outcomes	Description
	<p>Programme stakeholders recognise that deeper change will take place beyond the timeframe of the HCT programme. Nevertheless, they stated that the programme aims to achieve the following outcomes at the partnership level:</p> <ul style="list-style-type: none"> • A learning approach and culture to continually develop new ways of working to build more effective partnerships and better meet local communities' health and wellbeing needs. • Evolved capacity to meet local communities' needs. • Shared plans and ownership of change. • Decision-making on service design and delivery which is informed by the needs of local communities. • Publicity and dissemination opportunities raise the profile and value of partnership work in local and national contexts. • Strategic buy-in, local support and resources to implement their plans. • Structures and processes that demonstrate early transformation and more meaningful involvement of the VCSE in ICSs, including more integrated commissioning frameworks in relation to the VCSE. • Effective and sustainable partnership working which better meets local communities' health and wellbeing needs.

Healthy Communities Together Theory of Change: Programme-level outcomes

Programme-level outcomes	Description
	<p>Through the dissemination of learning, evidence and practice, the programme intends to generate wider influence through scale, spread and replication as policy changes, learning or similar practices are adopted elsewhere. This includes the following outcomes:</p> <ul style="list-style-type: none"> • Practice, learning and evidence, including the co-designed learning framework, supports ongoing delivery of the programme. • Practice, learning and evidence from the programme, including the co-designed learning framework, reaches and is adopted by wider audiences beyond the HCT partnerships. • Evidence supports The National Lottery Community Fund and The King's Fund to understand what is needed to support effective partnership working. • This then supports future grant-making, grant support and programme design to design and deliver local responses to meet local communities' health and wellbeing needs. • Evidence supports The National Lottery Community Fund and The King's Fund to influence national and local commissioning, policy, and practice. As part of this, funders reflect evidence of what supports effective partnership working to meet local needs and practitioners and policy makers incorporate learning from HCT to approaches to partnership working. • Programme management, advisory group, learning support, programme evidence, communication and dissemination activity support the legacy and sustainability of HCT programme, both in the five local areas and more widely. <p>The ultimate impact of the programme is to achieve sustainable and effective partnership working which improves local communities' health and wellbeing and extends beyond the lifetime of the HCT programme. This will take place across both existing HCT partnerships and other local areas.</p>



Healthy Communities Together Theory of Change: **Context, assumptions and risks**

	Description
<p>Context</p>	<ul style="list-style-type: none"> • Voluntary and community sector organisations and statutory organisations play key, complementary roles in supporting health and wellbeing outcomes of people and communities. Voluntary sector organisations have perceived strengths in understanding the needs of individuals and communities, the ability to meet needs holistically and engage with and advocate for individuals from marginalised groups. • The introduction of statutory Integrated Care Systems highlights that more equal partnership working between the statutory and voluntary sector is increasingly necessary to improve health outcomes for people in local communities. • However, progress in developing effective partnership working is slow, with initiatives focussing on individual issues such as voluntary sector capacity or commissioning practices, rather than achieving widescale systemic change. • There is limited, robust evidence on “what works” in making cross-sector partnerships function well, and the differences partnership working can make and in what context.
<p>Assumptions</p>	<ul style="list-style-type: none"> • Community outcomes are better achieved by the VCSE, NHS and statutory bodies working in equal partnership towards a shared agenda. • Ongoing investment is required to ensure the participation of VCSE organisations as equal partners. • Community members can be meaningfully engaged by VCSE organisations or grassroots activities. • Addressing health inequalities in a systemic and sustainable way involves developing capabilities for relational work, shifting cultures, and providing organisations with time and space to do this. • Effective and sustainable partnership working is an active learning process which builds on equal relationships and behaviour change from all partners. This benefits from expert support to work differently in relation to a shared ownership of change. • The wider policy and systems landscape remains stable and aligns with the aims and values of HCT. For example, it values and enables partnering between the VCSE and statutory organisations, engagement with and listening to patients and communities in the design and delivery of care; and that this approach includes the VCSE. • The National Lottery Community Fund and The King’s Fund are able to honour their financial investment.
<p>Risks</p>	<ul style="list-style-type: none"> • Operational pressures faced by key partner organisations limit the capacity to develop sustainable and effective partnerships, engage with learning approaches and develop new ways of working. • Staff turnover within partner organisations impacts progress made with relationship building and collaboration. • Changing local and national landscapes (for example, re-structuring of the health and care system or the ongoing impact of Covid-19) impact local strategic priorities and available funding. • Complexity of partnership contexts limits the extent to which system change can be achieved. • Evaluation and learning strands are unable to meaningfully contribute to the evidence base. • Local partnerships adopt aims and objectives that deviate from wider programme aims and objectives. • Staff turnover at The National Lottery Community Fund and The King’s Fund impacts approach to grant funding, governance and programme management. • Individual partner organisations adopt policies and strategies which deviate from the local partnership’s aims and objectives, and partners experience a conflict of accountability.



Appendix 2 HCT sites overview

The five HCT sites have several aspects in common: all include partners from the VCSE sector, NHS and local authority, and all aim to better meet the health and wellbeing needs of local communities through a focus on building effective and sustainable cross-sector partnerships. This is in line with the guidance and eligibility criteria of the HCT programme.

Beyond these core similarities, the deliberately non-prescriptive approach taken by the HCT programme has resulted in a range of approaches. The sites vary in how they are structured, how they operate, what they focus on, and who is included. These differences range across several dimensions, which are shown in Figure 5 below and explained further in Figure 6. These are not intended to be binary dichotomies, but rather an illustration of the spectrum of relative differences in focus across the five sites.

Figure 5: Range of approaches of HCT sites



Figure 6: Overview of the HCT sites

	Coventry	Croydon	Gloucestershire	Leeds	Plymouth
Partnership membership	Coventry's partnership is comprised of a set group of partners from Grapevine, Coventry City Council, the ICB, and the NHS	Croydon's partnership builds on the pre-existing One Croydon Alliance, a place-based partnership which sits underneath the South-West London Integrated Care Partnership.	Gloucestershire's partnership is comprised of eight individual stakeholders from the VCSE, the ICB and the Council, as well as an embedded convenor and learning partner. They refer to themselves as a Stewardship Group.	Leeds' partnership is comprised of six partners: representatives from four grassroots VCSE organisations, a representative from Public Health, and from the ICB.	Plymouth's core team is made up of a VCSE organisation, Plymouth Council, a community interest company, and freelance learning leads. Their wider team is open to the local community.
Partnership approach	<p>At the community level, Coventry aim to build capacity for community led initiatives and engaging individual community members at a hyperlocal level.</p> <p>At the system level, Coventry then aim to feed back the learning from these conversations and reflections on collaboration back to the wider system.</p>	<p>Croydon aim to move resources, power and money to the voluntary sector, by creating a voice for VCSE sector within statutory governance.</p> <p>Key elements of this approach include a structured and formalised approach, clear hierarchy of three workstreams, and formalised decision making and meeting structures.</p>	<p>Gloucestershire are testing the hypothesis that relationships and trust are key to effective system wide collaboration which better addresses fairer health outcomes.</p> <p>As the only rural county-wide HCT site Gloucestershire is taking a systemic relational approach, with an explicit focus on learning. This involves noticing the current system-wide processes, approaches and norms and experimenting with new ones.</p>	<p>Leeds are aiming to achieve improved outcomes for marginalised communities, with a focus on trans people; asylum seekers and refugees; gypsy and traveller communities; and sex workers. They are testing whether relational approaches mitigate power imbalances, and if commissioning from the margins will ultimately improve health outcomes for the wider population.</p>	<p>Plymouth aim to provide alternative ways of bringing community voices and insight into services and commissioning services. They are specifically focussing on tackling social isolation and loneliness.</p> <p>Their approach is iterative and questions the current and traditional norms and structures. The partnership focuses on transparency and collaboration to facilitate inclusion and community empowerment.</p>



	Coventry	Croydon	Gloucestershire	Leeds	Plymouth
Project focus	<p>Coventry have focussed on building capacity for localised community-led initiatives, such as a community-run men’s mental health group and an allotment group.</p> <p>Improving the access to mental health services and improving the connections between services.</p> <p>Providing dedicated community forums (“Big Conversations”) for system stakeholders to discuss topics collaboratively, such as crisis support and “doing winter differently”.</p>	<p>Croydon have implemented three workstreams: (1) Empowerment and engagement aims to shift power to local communities by embedding a locality model for service delivery. (2) The VCS leadership board aims to create a stronger voice for the voluntary sector within statutory governance. (3) Funding and commissioning is trialling a local commissioning model which moves towards outcomes-based commissioning to shift resources to the voluntary sector.</p>	<p>The Stewardship group’s work focuses on a weekly programme of protected time for reflection and discussion. These meetings are loose and organic and, while they do not actively prioritise this, they sometimes lead to actions and activities which offer a glimpse of more relational system practice in the future.</p> <p>They have hosted several ‘open space’ events, funded a Trustee development programme for the VCSE, and have recruited to their first ‘Collaboratory’. This aims to provide space for a new group of cross-sector stakeholders to build their own relational practice, with support, tools and time to do so.</p>	<p>Leeds have conducted a series of deep dive adaptive action workshops with stakeholders from wider system and experts by experience into topics such as primary care, urgent care and mental health.</p> <p>From this they have implemented five experiments which aim to improve access to and experience of primary care. These experiments will be evaluated, and learnings shared with Primary Care Boards to encourage scale, spread and replication across the wider system.</p>	<p>Partners have implemented a ‘community research’ programme. They train members of the community to carry out ‘conversations’, and plan to use their findings as a new type of evidence to impact system-wide decision making.</p> <p>They also work across the system to promote a relational, person-first approach.</p>



Appendix 3 Evaluation methodology

Figure 7: Presents the HCT evaluation aims and objectives, and where findings are addressed in this interim report.

Evaluation objectives and research questions		Report chapter
Objective 1: To understand the difference that partnership working has made		
1	What progress has been made towards partnership-level objectives? Which outcomes have been achieved? What has enabled or prevented this?	Chapter 5
2	What difference does partnership working make and in what context? When is partnership working needed or not needed?	Chapter 5
3	Where we have seen change, what factors have enabled this? Where we have not seen change, what have the barriers and challenges been?	Chapter 3, Chapter 4
4	Which wider impacts has the HCT programme achieved? Has learning from the programme been used by its funders and by other national policy makers and funders?	Chapter 5
Objective 2: To gather insights about the types of support and funding that are most useful to enable partnership working		
5	How has the support delivered by The King's Fund and The National Lottery Community Fund been implemented, experienced, and used by the partnerships? How have partnerships used their resources (e.g. time and funding)?	Chapter 4
6	Which aspects of support have enabled effective and sustainable partnership working, and/or contributed to the outcomes identified in Objective 1?	Chapter 3, Chapter 4, Discussion
7	How did aspects of the wider programme, e.g. approaches to programme management, impact delivery at a local level and the wider programme outcomes?	Chapter 4



Methodology sampling

A breakdown of the number of the interviews, survey responses, partnership observations, and mapping workshops conducted per site or organisation can be found below.

Figure 8: Breakdown of methodology per site or organisation

	Stakeholder interviews	Survey responses ⁵	Partnership observations	System mapping workshops
Coventry	7	2	2	1
Croydon	5	14	4	1
Gloucestershire	7	1	2	1
Leeds	5	0	1	1
Plymouth	7	7	3	1
The National Lottery Community Fund	4	N/A	N/A	N/A
The King's Fund	6	N/A	N/A	N/A

Research tools

The following research tools were drafted by Cordis Bright, and agreed in partnership with The National Lottery Community Fund colleagues. These tools included:

- An interview topic guide for partnership stakeholders
- An interview topic guide for programme-level stakeholders from The National Lottery Community Fund
- An interview topic guide for programme-level stakeholders from The King's Fund
- An observation guide for partnership events and activities
- An observation guide for The King's Fund-led events and activities
- An online survey for members of the partnership who the evaluation did not have capacity to interview

These research tools were reviewed by The National Lottery Community Fund and edited in line with their input.



Stakeholder interviews

In total, the evaluation team conducted 41 semi-structured interviews with both partnership stakeholders from each site, and programme-level stakeholders from The National Lottery Community Fund and The King's Fund.

Sampling

The evaluation team aimed to interview six partners from each site. Partners were identified by the point of contact for each site, and at least six partners were invited to interview. The number of interviews carried out per site varied based on response rates, but included at least one partner from each sector i.e. VCSE sector, health sector and a local authority in each site.

For the programme-level interviews, stakeholders were identified by the research team's points of contact at each organisation. From The King's Fund, there was an even split between L&OD consultants interviews, and stakeholders from the learning strand. Stakeholders from The National Lottery Community Fund included those working with the partnerships, and those with a programme-level strategic perspective.

Interviews

All identified interviewees were contacted individually by a member of the evaluation team to schedule an appropriate time for their interview (either via email or using an online scheduling system). Each interview took place online and lasted 45-60 minutes. They were all carried out between October 2023 and January 2024. At the beginning of each interview, the HCT programme evaluation was explained to the participant and they were asked if they understood and consented to take part. Notes were taken by the research team member throughout the interview and stored in a password-protected file, which could only be accessed by other members of the HCT research team.

Partnership survey

Design

The partnership survey aimed to supplement other qualitative pieces of fieldwork. This was particularly relevant for partnerships with larger numbers of members who were unable to be interviewed due to resource constraints. As such, the survey contained several open-ended questions with text boxes. The drafted survey was shared with The National Lottery Community Fund who reviewed and provided suggested edits.



Distribution

The survey was distributed to partnerships in November 2023 with an initial deadline in December 2023, which was later extended to January 2024 to allow for more responses⁶. It was distributed to each partnership based on what was recommended by the partnership's point(s) of contact. This included via an online forum for partnership members, or by the point of contact themselves sharing the link directly with other members. In their responses, participants were asked to identify which partnership they were associated with, so that the research team was able to link their reflections to the relevant site. Survey responses were stored securely on Cordis Bright servers in line with GDPR.

Partnership observations

Opportunities for partnership observations were identified by the research team's point(s) of contact for each site after some guidance was provided about what type of activity or event would be helpful for the evaluation. Most meetings and events took place and were observed virtually, although some were observed in person. The events and meetings observed were predominantly partnership-led, although one event was observed with a partnership which was led by The King's Fund. All observed meetings and activities took place between October 2023 and January 2024. Notes were taken by the one or two research team members observing and were saved and stored securely in an online server which would be accessed by the research team. No meetings or events were recorded by the research team.

Approach to qualitative analysis

Evidence obtained from interviews, observations and the partnership survey (which were treated as qualitative evidence due to the nature of the questions and responses) was analysed using thematic analysis, and triangulated to inform this report.

Responses were drawn together for each of the five sites, and separately from The King's Fund and The National Lottery Community Fund. The first stage of analysis took place separately for each of these groups to identify and explore key themes, commonalities, and divergences in responses. Analysis from these groups was then combined and considered from a programme-wide perspective in order to draft a Preliminary Findings document, which was shared and discussed with The National Lottery Community Fund and The King's Fund.

Further in-depth analysis was then carried out and triangulated against these initial findings to develop more depth and provide greater context. This analysis was developed into this report and robustly quality assured by senior members of staff. A summary of findings was also presented to partners from each partnership, and their feedback was used to continue the editing process of the report. All members of the evaluation team carried out this process collaboratively, and any differences in interpretation of the data were discussed and agreed on collectively. This collaboration mitigated any potential biases that individuals may have held when conducting the analysis and interpretation of results, through inbuilt internal and external challenge.



System mapping

Workshops

We ran five system mapping workshops, i.e. one per site. These were conducted to identify the key factors which help or hinder partnership working. The number of attendees at the workshops ranged from six to 32 partners, and included representatives from NHS, local authorities, and the VCSE sector. Four workshops took place in person, while one took place virtually. Attendees were selected and invited by the partnerships, although the research team encouraged the attendance of all those who took part in interviews as a minimum. All mapping workshops took place between November 2023 and January 2024.

System map development

From the data gathered in each workshop, a system map was developed and shared with each site using Kumu. Within the research team, discussions then took place to triangulate findings from the five maps and combine them to develop a system map which attempts to outline as many of the key factors identified as possible across the programme. The system map is presented and discussed in more detail in an online, interactive reflective piece [here](#).

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Endnotes

Page 6

1 The programme was initially intended to run until December 2024, but has recently been extended. Each site has received a different extension date, and these are set out in section 3.4.

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2 The programme was initially intended to run until December 2024, but has recently been extended. Each site has received a different extension date, and these are set out in section 3.4.

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3 A site in Newham received £50,000 in Phase 1 but did not progress to Phase 2 - this makes the total spent in Phase 1 £300,000.

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4 For more information on polarity mapping, please see: [Navigating Complexity: Managing Polarities - Harvard Business Publishing](#) [Last accessed 06/09/2024]

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5 Differences in the number of survey responses is in part due to differences in the size and structure of the different sites.

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6 The deadline was extended further for stakeholders from the Leeds partnership to allow for their limited capacity and encourage responses.



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