



The National Lottery Community Fund

Healthy Communities Together: evaluating cross-sector partnership working for community health

July 2025



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Glossary of Terms

Term	Definition
HCT	Healthy Communities Together
HCT sites	Each of the five cross-sector partnerships who 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 delivered by each of the five local partnerships.
Relational approach	Focuses on how relationships between individuals can be developed to generate trust, emotional support, care, and social influence.
VCSE	Voluntary, Community and Social Enterprise

Acknowledgements

We would like to thank the Healthy Communities Together 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.



Executive Summary



Overview This is the final report for the evaluation of the Healthy Communities Together programme. The evaluation was commissioned by The National Lottery Community Fund and was conducted by Cordis Bright from January 2023 to August 2025. Evaluation fieldwork concluded in January 2025. This executive summary provides an overview of the key findings from the evaluation.

The findings from this report offer valuable insights for future cross-sector partnerships that seek to address health inequalities and improve population wellbeing, as well as the funders and organisations supporting them.

About Healthy Communities Together

The HCT programme aimed 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 their local population. The programme received an investment of £2.6 million of grant funding from The National Lottery Community Fund, and, from The King's Fund, up to £850,000-worth of leadership and organisational development (L&OD) assistance, plus guidance to facilitate and capture learning. The investments were designed to support place-based partnerships working to boost health and wellbeing and address health inequalities. HCT started in January 2022 and ran to end of June 2025.¹

Through the programme, five sites (Croydon, Coventry, Gloucestershire, Leeds, and Plymouth) received three strands of support: (1) Funding and grant management delivered by The National Lottery Community Fund; (2) L&OD support delivered by a consultant from The King's Fund; (3) Co-designed learning support delivered by The King's Fund.

HCT was a partnership between The National Lottery Community Fund and The King's Fund. While each organisation provided resource and capacity, and led the delivery of their respective strands, design and decision-making was shared. This collaboration between the two organisations was a new venture.

About the evaluation

The National Lottery Community Fund commissioned Cordis Bright to undertake an independent two-year evaluation of the HCT programme. The evaluation examined what helps and hinders partnership working, and sought to understand the difference partnership working makes and in what context. The evaluation used systems thinking to generate findings to:

- Inform future cross-sector partnerships, working to take a community approach to improving health and wellbeing, and
- Support organisations planning to facilitate or fund such partnerships.

The evaluation was also designed to contribute to the evidence base on effective cross-sector partnership working, and to maximise opportunities to share this learning on a wider scale.

¹The programme was initially intended to run until December 2024 but was extended. Each site received a different extension date, as set out in [section 2.4](#).



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

The HCT programme deliberately took a relatively non-prescriptive approach as to how the grants were used. Rather than prescribing a partnership model, each site proposed their own model to suit their particular context.

As a result, each of the five sites took different approaches to cross-sector partnership working. Despite variations, some common factors influenced their work, either positively or negatively.

These included:

- **Resource and capacity.** Sites reported that access to external funding helped establish more equal cross-sector partnerships, as it was independent of statutory or voluntary sector agendas. This allowed partners in all sites to collaborate without typical funder-fundee power dynamics and encouraged innovative approaches to partnership working. However, despite programme funding, stretched cross-sector capacity and limited financial resources negatively impacted partnership working for both statutory and voluntary sector partners. At times, this led to reduced attendance at partnership meetings and limited engagement in relational activities. Additionally, high staff turnover within sites further disrupted effective cross-sector partnership working.

- **Engaging the right partners.** Sites highlighted that having at least one funded coordinator role and the involvement of dedicated partners were crucial for driving change, building momentum, and sustaining partnership morale. However, while these individuals played a vital role in partnership success, sites also faced challenges with over-reliance on specific people, creating vulnerabilities when key partners left their roles.

- **Developing and nurturing relationships within the partnership.** HCT partners emphasised the importance of developing and nurturing relationships to support effective cross-sector partnership working. Sites fostered this by adopting a “human-first” approach, promoting “psychological safety” and open communication. However, sites also encountered difficulties in navigating cultural differences between the statutory and voluntary sectors and balancing diverse organisational interests within the voluntary sector.



What external support is useful to enable partnership working?

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

- **Grant management.** Sites valued The National Lottery Community Fund's flexible and adaptive approach to grant management, particularly its focus on learning, and the ability to reprofile underspends. However, participants in some sites reported that at first, they had not fully understood this flexibility and had been anxious about diverging from the spending plans agreed at the outset.
- **Learning support.** Throughout the programme, sites found that the learning support offered by The King's Fund helped embed a culture of reflection and adaptation within their partnerships, with learning leads and frameworks helping to capture and disseminate insights. Sites particularly valued the all-sites learning events as opportunities for networking and shared problem-solving, and suggested expanding cross-site learning through more frequent and accessible forums.
- **Leadership and organisational development (L&OD) support.** Over the course of the programme, sites found the flexible partnering approach of The King's Fund L&OD support effective, particularly valuing the protected time for reflection and the impartial, external perspective provided by L&OD consultants. However, sites suggested improvements in clarifying the support offer, better aligning consultant expertise with site needs, and balancing theoretical insights with practical guidance to aid problem-solving.



What difference has partnership working made for the HCT sites?

The evaluation found evidence of outcomes emerging from the sites, and ripples of change 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, as achieving significant, transformational change within three years was unlikely. These findings reflect HCT's impact to date:

- **Partnership-level outcomes.** Across all five sites, HCT increased confidence in cross-sector partnerships, fostering mutual trust, collaboration, and a culture of learning and reflection. The programme also enabled innovative ways of working, which influenced partnership approaches, co-production methods, and efforts to balance traditional power dynamics between the statutory and voluntary sectors.

- **Wider outcomes and changes to local systems.** Partners reported that HCT's emphasis on relational approaches, innovation, and system-wide collaboration influenced local contexts. Its effects include the replication of relational working practices beyond HCT partnerships, improved statutory sector understanding of issues affecting marginalised communities, and greater recognition of the value of community-led initiatives.

- **Legacy and sustainability.** All sites expressed concerns about sustaining impact and relationships between individuals and organisations beyond the funding period. Sites took different approaches to support long-term change, such as embedding relational ways of working within local systems, generating evidence through local evaluations, and sharing learning and tools to influence future initiatives.



Discussion

This evaluation examined both the impact of partnership working and the types of support and funding that contribute to effective collaboration. Across the five sites, HCT provided opportunities for partners to reflect on their approaches, challenge existing structures, and experiment with new partnership models. While achieving transformational change within three years was always unlikely, evaluation evidence suggests that HCT successfully created conditions for long-term impact, strengthening cross-sector relationships, amplifying community voices, and shifting power toward the voluntary sector.

The evaluation identified several key success factors for partnership working, including strong leadership, committed personnel, open communication, and early recognition of power dynamics. Additionally, flexible funding models and structured learning support were found to be crucial in fostering collaboration and innovation. In particular, the value of external funding in balancing power between statutory sector and voluntary sector organisations was highlighted.

The report outlines recommendations for future partnerships, funders, and supporting organisations, emphasising the importance of embedding learning, balancing statutory-voluntary sector relationships, and ensuring sustainability beyond programme funding.



Recommendations

Recommendations for future cross-sector partnerships

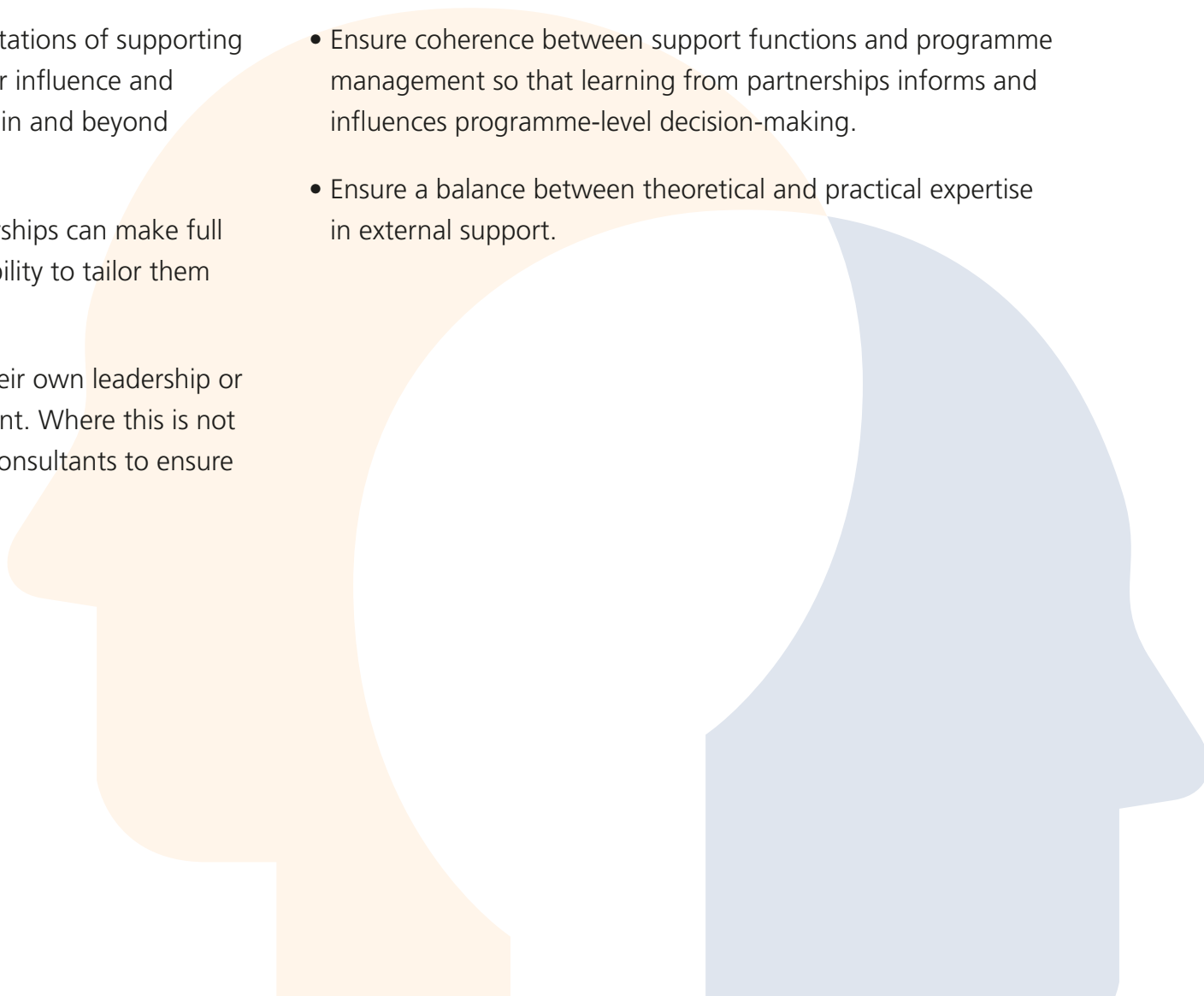
- Embed routine data and learning capture early on to support continuity if membership changes.
- Prioritise relationship-building at the organisational level to reduce reliance on individual commitment and support long-term partnership sustainability.
- Construct effective onboarding processes for new members, such as handover document packs, to prevent the loss of partnership momentum.
- Ensure partnership management approaches accommodate constraints faced by both voluntary and statutory sector partners, particularly around capacity limitations.
- Strengthen internal and external communication to ensure that the aims and objectives of the partnership are well understood throughout.
- Leverage existing networks and relationships to streamline engagement and collaboration.

Recommendations for funders

- Encourage a programme-wide focus on action learning.
- Recognise that flexibly funded programmes require a tolerance for uncertainty; funders need to embrace risk and accept the unpredictability of innovation.
- Commission evaluations that use adaptable research methods to capture diverse learnings from different partnerships.
- Ensure funding streams are long term and aligned with realistic expectations for impact and sustainability, recognising that systems change requires time.
- Ensure voluntary sector organisations consider approaches to promote transparency and shared ownership over financial decisions, such as the use of neutral fiscal hosts.
- Be explicit in whether, and to what extent, the funding organisation is able to adopt learning generated by the programme.

Recommendations for supporting organisations

- Clearly communicate the offer, role, and expectations of supporting organisations at the outset, including how their influence and credibility may be used to support change within and beyond the programme.
- Clearly articulate support offers so that partnerships can make full use of available resources, while allowing flexibility to tailor them to partnership needs.
- Where possible, allow partnerships to select their own leadership or learning consultant based on strategic alignment. Where this is not feasible, facilitate knowledge-sharing among consultants to ensure that learning is captured across sites.
- Ensure coherence between support functions and programme management so that learning from partnerships informs and influences programme-level decision-making.
- Ensure a balance between theoretical and practical expertise in external support.



Introduction



1.1 Overview

This report presents the findings from the evaluation of the Healthy Communities Together (HCT) programme. The evaluation was conducted by Cordis Bright and was commissioned by The National Lottery Community Fund. The evaluation ran from January 2023 to August 2025. Evaluation fieldwork concluded in January 2025. The findings from this report offer valuable insights for future cross-sector partnerships that seek to mitigate health inequalities and improve population wellbeing, as well as for funders and organisations supporting them.

1.2 About Healthy Communities Together

HCT was a programme delivered in partnership between The National Lottery Community Fund and The King's Fund. It aimed 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 ran from January 2022 to the end of June 2025.² Further information about HCT is set out in Chapter 2.

1.3 About the evaluation of Healthy Communities Together

1.3.1 Aims and objectives

The HCT evaluation had two objectives:

- **Objective 1:** To understand the difference that partnership working 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 gave rise to a number of research questions. These were agreed collaboratively with The National Lottery Community Fund, The King's Fund, and the sites, and are presented in [Appendix 2](#).

²The programme was initially intended to run until December 2024, was extended. Each site received a different extension date, as set out in [section 2.4](#).



Defining Partnership Working

A unique feature of how partnerships were defined in HCT is that they had to involve the VCSE sector, local authority, and NHS. Other than that, HCT partnerships did not follow a specific definition, and many did not perceive their partnership as bounded i.e. made up of specific, named organisations. Their different approaches to partnership are discussed further in section 2.5.

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 conceptualisation of partnering followed 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 took a mixed-methods, realist, systems thinking-informed approach. It aimed to explore what worked, for whom, and in what context, recognising that change occurs within complex systems with multiple moving elements. The evaluation also sought to understand how sites approached issues related to equity, diversity, inclusion and equality (EDIE), though EDIE was not a formal component of the HCT programme. [Figure 1](#) outlines the overall evaluation timescales and sets out the research methods that have informed this report.

Analysis

Analysis was completed by triangulating data from document and evidence reviews, interviews, surveys, workshops, system mapping and observations conducted throughout the evaluation. This approach allowed findings to evolve over the course of the evaluation. Methods were used in combination to integrate multiple perspectives, rather than presenting data from different sources in isolation. For example, workshops helped deepen and validate emerging insights from interviews. The approach prioritised evidence that was both highly relevant and consistently supported across sources, while also analysing notable outliers to highlight site-specific findings.



Figure 1 Overview of evaluation timescales and methods

Method	Evaluation phase		
	Scoping January 2023 – May 2023	Year 1 June 2023 – May 2024	Year 2 June 2024 - August 2025
Programme documentation review	<ul style="list-style-type: none"> Included theory of change and delivery plans for the five sites. January-February 2023. 	N/A	N/A
Rapid evidence review	<ul style="list-style-type: none"> Included evidence on what is known about how place-based statutory and voluntary sector partnerships work. January-February 2023. 	N/A	N/A
In-depth semi-structured interviews	<ul style="list-style-type: none"> With nine stakeholders (6 partnership stakeholders and 3 programme stakeholders). February 2023. 	<ul style="list-style-type: none"> With 41 stakeholders (31 partnership stakeholders and 10 programme stakeholders). October 2023-February 2024. 	<ul style="list-style-type: none"> Interviews repeated with 34 stakeholders (25 partnership stakeholders and 9 programme stakeholders). September-December 2024.
Workshops	<ul style="list-style-type: none"> Five workshops (one per site) to discuss the evaluation and co-produce ways-of-working concordats. 	<ul style="list-style-type: none"> Five system mapping workshops (one per site). With between 6 and 32 stakeholders per site. November 2023-January 2024. 	<ul style="list-style-type: none"> Four adapted ripple effect mapping workshops (one per site except Gloucestershire). With 6 stakeholders per site. October-November 2024.
Partnership survey	N/A	<ul style="list-style-type: none"> Responses from 24 partners across four sites. November 2023-January 2024. 	<ul style="list-style-type: none"> Responses from 12 partners across four sites. September-November 2024.
Partnership observations (key strategic meetings and partnership activities)	N/A	<ul style="list-style-type: none"> Six observation sessions across four sites. October 2023-January 2024. 	<ul style="list-style-type: none"> Five observation sessions across three sites. September-November 2024.
The King’s Fund Support observations (quarterly all-sites events and L&OD sessions)	N/A	<ul style="list-style-type: none"> One observation session in November 2023. 	<ul style="list-style-type: none"> Two observation sessions. September-November 2024.
Outputs	<ul style="list-style-type: none"> Evaluation delivery plan Quality assurance protocol Concordats with sites. 	<ul style="list-style-type: none"> Interim evaluation report. Reflection piece on systems mapping. 	<ul style="list-style-type: none"> Final evaluation report. Blog on evaluation process.

Five case studies, one for each HCT site, were produced as an additional output in the second year of the evaluation to explore a specific aspect of partnership working. Each case study had a discrete research question and methodology. To view the case studies, [click here](#)



1.4 Evaluation challenges and limitations

Large-scale, multi-site programmes that focus on innovation and system change present unique challenges for evaluation. This section outlines the key challenges and limitations encountered during the HCT evaluation. They are also explored in this blog post -

[Evaluating complexity: lessons from the national evaluation of Healthy Communities Together.](#)

1.4.1 Early evaluation challenges and limitations

At the outset of the evaluation, it was acknowledged that the sites' complex local contexts would limit generalising findings across the whole programme. The unique settings and different models of partnerships meant that programme-level comparability was limited, and findings from one site could not always be applied to others.

Another challenge was time and resource constraints, which meant that the extent to which HCT influenced cultural change and fostered broader system-wide shifts through partnership working was less visible in the early stages of the evaluation.

These challenges were partly addressed in later stages, when wider stakeholders, such as local residents and community group representatives were consulted for case study research conducted in each site (to access the case studies, **[click here](#)**

1.4.2 Later evaluation challenges and limitations

As the evaluation progressed, some site partners perceived the evaluation process to be extractive or paternalistic, suggesting that it reflected power dynamics often seen in typical statutory-voluntary sector relationships. Balancing the need to gain meaningful insights while minimising interference in established partnership dynamics was therefore challenging.

This challenge was further compounded by the early establishment of evaluation methods. While the HCT programme allowed sites to develop their own approaches without predefined milestones or outputs, the evaluation methodology was designed at the outset.

In the second year of the evaluation, additional challenges emerged. Notably, at least two sites appeared to view the evaluation team as representatives of The National Lottery Community Fund, rather than as independent researchers. While this framing was probably unintentional, it may have influenced the way some partners engaged with the evaluation process and offered their feedback.

Indeed, in some cases, partners were reluctant to participate in pre-planned evaluation methods or alternatives that were offered. This resulted in a lack of consistency in how findings were gathered across the five sites.



1.4.3 Overarching evaluation challenges and limitations

Given that system change is inherently complex and adaptive, isolating HCT's contribution from other influencing factors was not possible, as many of the programme's intended impacts were interdependent with broader local system changes.

Additionally, due to the long-term nature of system change, it was not possible to measure the full 'achievements' or final 'outcomes' of HCT within the evaluation timeframe. Instead, this evaluation focuses on HCT's contribution to longer-term change.

A further overarching challenge was sites' lack of a clear distinction between roles of the evaluation team and the learning support offer provided by The King's Fund, which created inconsistencies in how the programme's impact was understood and captured.

These challenges highlight the need to tailor evaluation approaches for test-and-learn programmes that evolve over time, as traditional evaluation methods may not fully capture adaptive change. Additionally, a clear distinction between evaluation and learning support should be drawn at the outset. Future evaluations would benefit from early co-design with stakeholders to build shared ownership and clarify the role of the evaluation.



What was Healthy Communities Together?



2.1 Overview

This chapter provides an overview of HCT, including its rationale and context, aims and objectives, and programme activities. It also gives top-level descriptions of the five sites: their membership, approach, focus and domains of influence. The programme's theory of change and accompanying narrative are in [Appendix 1](#).

2.2 Rationale and context

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 sector, such as capacity limitations, competition, and on 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 voluntary sector organisations, the NHS, and local authorities. It was 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 sought to generate evidence of best practice from across the five partnerships to inform future funding and learning programmes by The National Lottery Community Fund and The King's Fund. The evidence will also be used to inform national and local decision-making.

2.4 Programme activities

The HCT programme was jointly delivered and overseen by The National Lottery Community Fund and The King's Fund. Programme-level activities included a) joint programme governance and decision-making between The National Lottery Community Fund and The King's Fund, b) convening an external advisory group, and c) sharing and disseminating learning and evidence gathered from the programme.

HCT provided three strands of support to each partnership directly, which were:

1 Grant funding and grant management, to support partnership-building and delivery. Grant management support was delivered by Funding Managers at The National Lottery Community Fund.³

2 Learning support, which was co-designed with the sites and delivered by The King's Fund. This aimed 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 was delivered by The King's Fund L&OD consultants. This provided tailored support for partnership development and ongoing learning.

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

³At the start of the programme, two Funding Managers were in place; however, due to internal capacity changes, one manager's involvement ended partway through, and the remaining manager subsequently oversaw all five sites across the programme.



2.4.1 Grant funding

By the end of the programme, the five HCT sites received a total of £2.6 million from The National Lottery Community Fund - a substantial investment in the future of place-based partnerships working to support health and wellbeing and to address health inequalities. Although HCT was originally intended to end in December 2024, sites' slower-than-expected initial progress led to an underspend, which in turn enabled the programme's extension, giving sites more time to continue their work.

Approximately 300 applications were received for initial HCT grants. Of these, six sites were selected for Phase 1 funding, which helped them refine their aims and objectives before applying for Phase 2 funding. Of these six sites, five progressed to Phase 2. This evaluation focussed on Phase 2 only. [Figure 2](#) provides an overview of the funding dates and grants for each HCT site.

Figure 2 Funding dates and amounts by HCT site⁴

Area	Funding dates	Development grant (Phase 1)	Full 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

⁴A 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.



2.4.2 Learning support

The learning support provided by The King's Fund consisted of:

- **Working with learning leads.** Support to capture learning was 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, each site identified one partner to act as a 'learning lead'. These five leads met with the learning strand team at The King's Fund every six weeks to reflect on the sites' work. The King's Fund team captured these insights to inform the content of the HCT all-site events (see below), and long-form reflection pieces which are published on The King's Fund's website.
- **Co-designing and embedding a learning framework.** Through their work with the leads around how to capture ongoing insights, The King's Fund team co-designed a 'learning framework' to support ongoing learning and reflection. This framework was then used by the L&OD consultants and the sites.
- **Bi-annual all-site learning events.** The learning strand team convened two all-sites events per year. Their format varied from in-person, full-day events to two half-day virtual events spread over a month. The content was typically based around a model, theory, or skill related to cross-sector partnership working. The events were co-designed and delivered with the learning leads from the partnerships to ensure that they were relevant and useful. They also provided a space for partners from each site to network and learn from each other.
- **Informal support.** The learning strand team also offered ongoing informal support to site learning leads. For example, they offered to check in on the leads between meetings or to help problem-solve emerging challenges.



2.4.3 Learning support

As part of the L&OD support offered by The King's Fund, each site was provided with a dedicated consultant, who was allocated eight days per year to work with the site. A "flexible partnering approach" was adopted, in which support was bespoke, based on the skillset and expertise of the individual consultant, and the objectives and interests of the site. While sites were encouraged to engage with their consultant in line with the available time, they did so to varying degrees. This engagement formed a core element of the programme and was integral to its 'test and learn' approach. Example activities included:

- 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 with 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 mapping⁵ to support sites to think about partnership working and achieving the programme's aims.

⁵For more information on polarity mapping, please see:

<https://www.harvardbusiness.org/navigating-complexity-managing-polarities/> "Navigating Complexity: Managing Polarities" - Harvard Business Publishing [Last accessed 03/03/2025]




2.5 About the HCT sites

The five HCT sites had several aspects in common: all included a lead VCSE organisation and partners from the VCSE sector, and all accounted for health inequalities within their aims. This was 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 resulted in a range of approaches to partnership working. The sites varied in how they were structured, operated, what they focussed on, and the level of involvement from the statutory sector. These differences ranged across several dimensions, which are shown in [Figure 3](#) below. These are not intended to be binary dichotomies, but an illustration of the spectrum of relative differences in focus across the five sites.

Figure 3 Range of approaches used across the HCT sites.



Set and pre-identified group of partners	A permeable and changing group of partners and collaborators
Focus on delivery	Focus on building partnership working
Formalised partnership structures	Loose, organic, and non-structured
Focus on specific topic or community	Focus on wider system change
Working within the current system and structures to achieve change	Radical focus on dismantling current practices, structures, and approaches
Focus on representing and engaging the entire VCSE sector	Partnership membership includes a discrete group of VCSE organisations
Community engagement as central to partnership	Community engagement as secondary to partnership



2.6 Overview of the HCT sites

This section provides an overview of the HCT sites, focusing on their partnership membership, approach, and project focus. There is also an example of the influence of the HCT project in each area, gleaned from the adapted ripple effect mapping sessions conducted in four sites.⁶

Further details about what each site aimed to achieve, as described in their own words, can be found on [The King's Fund website](#).

⁶An adapted ripple effect mapping workshop was replaced with a focus group in Gloucestershire, as partners felt this method better aligned with the site's learning and partnership approach.



2.6.1

Coventry

Partnership membership

At the start of the HCT programme, Coventry's partnership included Grapevine (a local voluntary sector organisation), Coventry City Council, the Coventry and Warwickshire Integrated Care Board (ICB), and Coventry and Warwickshire Partnership Trust (CWPT). Over the course of the programme, the partnership experienced membership changes; CWPT no longer had a representative and there was a change in the programme coordinator in the last 12 months.

Partnership approach

Initially, Coventry aimed to drive change at both the community and system levels. The partnership's work at the community level began in Willenhall, where partners focussed on building capacity for community-led initiatives and engaging individual community members at a hyperlocal level. At the system level, Coventry sought to use learning from these conversations with community members to inform wider healthcare decision-making.

In the final 18 months of the programme, in an effort to continue mitigating health inequalities in Willenhall, the partnership doubled their efforts in the area to develop bottom-up solutions to issues identified by the community. This shift prioritised trust-building with the local community in Willenhall and understanding the activities that contribute to their wellbeing. The change in approach was influenced by two key factors: a reduced statutory sector involvement which limited the partnership's ability to drive broader, system-wide change, and partner reflections that their initial strategy had not leveraged change as hoped within HCT's timeframe.

Project focus

Throughout the programme, Coventry focussed on strengthening localised community-led initiatives and improving connections between services. Key efforts have included developing and formalising community groups, such as a men's mental health group, the Waka Waka fitness group, and Friends of Brookstray Park (for more information, see [section 5.4.7](#)).



2.6.2

Croydon

Partnership membership

Croydon's partnership was built on the pre-existing One Croydon Alliance, a place-based partnership operating under the South-West London Integrated Care Partnership (ICP). In the last year of HCT, the partnership experienced changes in senior statutory sector personnel.

Partnership approach

Croydon aimed to move resource, power, and money to the VCSE sector by creating a voice for the voluntary sector within statutory sector governance. Key elements of this approach included establishing and prioritising three workstreams, to support the aims of the partnership, along with formalising decision-making and meeting structures.

In the last year, the partnership placed greater emphasis on relationship-building, strengthening connections between the voluntary and statutory sectors, and ensuring sustainable collaboration.

Project focus

Croydon's partnership approach was structured around three key workstreams. The Empowerment and Engagement workstream aimed to shift power to local communities by embedding a locality model for service delivery. The VCS Leadership Board workstream aimed to create a stronger voice for the voluntary sector within statutory sector governance structures. The Funding and Commissioning workstream trialled a local commissioning model which moved towards outcomes-based commissioning, shifting resources to the voluntary sector.

Alongside these workstreams, professionals within the partnership participated in workforce development workshops and training on housing, benefits and debt advice, and domestic abuse.



2.6.3 Gloucestershire

Partnership membership

At the start of the HCT programme, Gloucestershire's partnership consisted of individual stakeholders from the voluntary sector, NHS Gloucestershire ICB, Gloucestershire County Council and Gloucester City Council. After a few months, the Gloucester City Council representative left their role and became the partnership's freelance embedded convenor for a further year until a new convenor joined from the NHS. The partnership referred to itself as the Stewardship Group, a collective of individuals who were curious about the role of relationships and trust, rather than organisational structures, for effective system-wide collaboration to address health inequalities. The group was not focusing on a representative membership mix, so as statutory sector individuals left their roles due to turnover, they were not replaced. The group comprised eight individuals by the end of the programme.

Partnership approach

As the only rural, county-wide HCT site, Gloucestershire adopted a systemic relational approach, with an explicit focus on learning (more information in [section 3.5](#)). The partnership sought to understand how existing system-wide processes, norms, and structures operate and to experiment with different and aligned approaches.

Project focus

In Gloucestershire, HCT was not conceived as a programme, but as a process. Throughout the time, the Stewardship Group prioritised collaborative spaces through a weekly hour of protected time for discussion and exploration. These meetings were intentional in building trust for fairer health. In this space there was a chance to explore and regularly revisit ideas. This rippled out as a practice of collaborative space-holding in the wider county, with the group hosting several 'Open Space' events. These all had a 'calling question' – for example, 'how do we feed families during the school holidays?' or 'what is leadership?'.

The nature of these events was that those who come are the 'right' people, and that space is held to allow the conversations that they want and need to have. Additionally, the Stewardship Group funded and recruited to their first 'Collaboratory' – an intentional place to discover the skills to work in a relational way, and experience of the spaces that allow this to happen. This was deliberately cross-sector in its make-up, to allow people to work with each other in a different context, growing the county's networks and capacity for collaboration. As well as group time to practice and reflect on the collaborative 'chords', participants also had access to mentoring, coaching and peer learning opportunities within the Stewardship Group and wider networks ([for more information on the Collaboratory, see the case studies](#)). The focus of all the Gloucestershire HCT work was the intention of building trust to generate fairer health.



2.6.4

Leeds

Partnership membership

The Leeds partnership consisted of six partners, including representatives from four grassroots VCSE organisations, as well as representatives from Leeds City Council and the West Yorkshire ICB. While the partnership's structure remained stable throughout the programme, there was a change in programme coordinator in the final year.

Partnership approach

Leeds focussed on improving health outcomes for marginalised communities, with a specific focus on transgender people, asylum seekers and refugees, Gypsy and Traveller communities, and sex workers. This was done through a group of voluntary sector organisations already working collaboratively as a solidarity network to address poor health outcomes impacting these groups. The partnership sought to test whether relational approaches could mitigate power imbalances, and whether commissioning from the margins could improve health outcomes for the wider population. Throughout the programme, partners worked to build trust, understanding, and respect between the voluntary and statutory sectors, while also exploring collaborative, innovative, and disruptive ways of working. Over time, the

partnership refined these aims by adopting an 'adaptive action' approach, holding a series of workshops **(for more information, see the case studies)**, which generated practical recommendations to improve access to primary care for marginalised communities. In the final stage of the programme, partners also began aligning their work with existing initiatives within the local health and care system to maximise impact.

Project focus

As part of the 'adaptive action' approach, HCT partnership members delivered a series of workshops with system stakeholders and experts-by-lived-experience, focusing on primary care, urgent care, and mental health. These workshops led to the development and implementation of five experiments designed to improve access to, and experience of, primary care for marginalised communities. Each experiment was evaluated, and key learnings were shared with primary care boards to encourage scaling, replication, and integration into broader health system strategies. In the last year of HCT, the partnership also prioritised community training by delivering peer support workshops to equip experts by lived experience with the skills to support others.



2.6.5

Plymouth

Partnership membership

Plymouth's core team, 'Belong in Plymouth' (BiP), was developed from a relationship between Plymouth City Council's Empowerment Lead and the chief executive of a local VCSE organisation. Regular open callouts using an online forum and social media allowed for an iterative relational approach, continually welcoming cross-sector partners (see more in section 3.5). Over the course of the HCT programme, the team variously consisted of representatives from Plymouth City Council, University Hospitals Plymouth, a community interest company, the University of Plymouth and VCSE organisations. It also included community members who had originally joined the partnership through its community research training **(see the case studies)**. From the outset, BiP aimed to be inclusive and adaptive, accommodating two partners' retirements, multiple changes of postholders and redeployment of NHS partners, and shifting capacity across the partnership.

Partnership approach

BiP aimed to provide alternative ways of integrating community voices and insight into service design and commissioning, initially focusing on tackling social isolation and loneliness. BiP's approach was iterative and questioned current norms and structures. As statutory sector partners stopped attending core meetings, BiP became primarily led by voluntary sector partners, who focussed on engaging a broader group of stakeholders. For this reason, statutory sector partners were engaged through specific activities and projects rather than core leadership, as BiP placed greater emphasis on direct engagement with local residents to drive change.

Project focus

Partners implemented a 'community researcher' programme citywide, where community members were trained to listen deeply and gather stories to explore what 'belonging' in Plymouth meant to their communities. This approach aimed to consciously ripple out awareness of better listening behaviours across all parties involved with BiP.



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



3.1 Overview

This chapter presents findings on the factors that helped or hindered cross-sector partnership working within the sites 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

- **Resource and capacity.** Sites reported that access to external funding helped establish more equal cross-sector partnerships, as it was independent of statutory or voluntary sector agendas. This allowed partners to collaborate without typical funder-fundee power dynamics, and encouraged innovative approaches to partnership working. However, despite programme funding, stretched cross-sector capacity and limited financial resources negatively impacted partnership working for both statutory sector and voluntary partners. At times, this led to reduced attendance at partnership meetings and limited engagement in relational activities. Additionally, high staff turnover within sites further disrupted effective cross-sector partnership working.
- **Partnership membership.** Sites highlighted that having at least one funded coordinator role and the involvement of dedicated partners were crucial for driving change, building momentum, and sustaining partnership morale. However, while these individuals played an important role in partnership success, sites also faced challenges with over-reliance on specific people, creating vulnerabilities when key partners left their roles.
- **Building relationships between partners.** HCT partners emphasised the importance of developing and nurturing relationships to support effective cross-sector partnership working. Sites fostered this by adopting a “human-first” approach, promoting “psychological safety” and open communication. However, sites also encountered difficulties in navigating cultural differences between the statutory and voluntary sectors and balancing diverse organisational interests within the voluntary sector.
- **Equity, Diversity, Inclusion and Equality (EDIE) considerations.** While EDIE was not an explicit component of the HCT programme, sites nonetheless recognised its importance in partnership working. In the absence of a set programme directive, sites integrated EDIE principles to varying degrees, informed by local priorities and partner values. These efforts were explored as part of the evaluation.

Programme level system map

In the first year of the evaluation, the team carried out a system mapping workshop in each site. One 'local' system map was produced in each workshop (and shared with each site for their use), and a final system map integrated 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 operated, 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 full map and the methods which were used to create it are described in [Appendix 2](#). The full interactive map and accompanying reflective piece can be accessed [here](#).

Notable themes from the map are extracted and presented in boxes throughout this report, starting in section 3.4.3. These help to visualise the interconnected and overlapping nature of the factors which impact partnership working.

To interpret themes from the map:

- **A solid arrow** from one factor to another indicates a positive association between those factors. A solid arrow from “a” to “b” means that an increase in factor “a” is expected to increase factor “b”, or a decrease in factor “a” is expected to decrease factor “b”.
- **A dashed arrow** from one factor to another indicates a negative association, 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”.



3.3 Resource and capacity

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

All sites reported that access to external funding from The National Lottery Community Fund enabled cross-sector partnership working in various ways (explored further in [section 4.3](#)). However, despite dedicated HCT funding, partners reported that available resource and capacity for partnership working was stretched due to wider financial constraints. The main challenges partners outlined are set out below.

3.3.1 Limited physical and emotional capacity

All sites reported that limited capacity prevented partners from attending partnership meetings, engaging in relational activities, and incorporating ongoing learning and reflection. In the final year of the programme, attendance at partnership meetings fluctuated, as both voluntary and statutory sector partners struggled to balance local HCT commitments alongside their existing responsibilities. At times, this inconsistency hindered progress on planned actions.

To manage these demands, partners in some sites worked additional hours to attend meetings or prepare for partnership activities such as workshops. However, some partners reflected that they had not anticipated the level of involvement that HCT required, and as the programme progressed, its demands contributed to increased emotional stress. In some cases, these capacity challenges led to partners unable to continue being involved in the partnerships.



The disconnect between what was needed in the role and what time I had was massive. You end up so frustrated, unable to take things on.”

Statutory sector partner



3.3.2 Turnover within partnerships

All sites experienced personnel changes over the course of the HCT programme, particularly in statutory sector representation. In addition, two sites saw turnover in programme coordinators, while another site changed its learning lead.

Given the relational nature of HCT partnerships, sites highlighted that personnel changes sometimes disrupted progress, as partners needed time to rebuild trust and establish relationships with new individuals. In one site, partners initially struggled to speak candidly in meetings until trust had been established with new partners. Some partners expressed frustration that stabilising the partnership took priority over making tangible progress.



It's like snakes and ladders. When someone leaves, you go back to the start"

Voluntary sector partner

In another site, partners raised concerns that new statutory sector partners, who had not been involved in the partnership's early relationship-building efforts, began advocating for specific impact metrics that risked replicating traditional statutory sector approaches – a shift that some existing partners felt undermined HCT's intended ways of working. As a result, consistent partnership membership was viewed as crucial for maintaining balanced power dynamics between voluntary and statutory sector organisations.

Additionally, sites reported that turnover posed a risk of losing the understanding of the history of the partnership, further hindering progress, particularly where handover processes between project coordinators were weak or absent. For example, partners in Leeds mentioned that the absence of handover documents between project coordinators resulted in initial delays, as the incoming project coordinator required time to become fully engaged. This highlights the importance of effective project management and onboarding processes in cross-sector partnerships (explored further in [Chapter 6](#)).



3.3.3 Structure and management of partnerships

Across multiple sites, limited capacity also affected the structure and management of partnerships, particularly in relation to statutory sector engagement from the NHS and local authority partners. In some cases, members expressed concerns that reduced statutory sector involvement had led to missed opportunities for driving change in local communities, particularly where statutory sector partners were key providers of local health services.

In two sites, because statutory sector partners were unable to continue their participation, partnerships placed an even heavier emphasis on community-led activity than the cross-sector systems change initially envisioned. As a result, in these sites, the absence or reduced involvement of statutory sector partners meant that voluntary sector ways of working became more dominant, rather than fostering genuine cross-sector collaboration.



Significant shortfall in bringing in the statutory sectors in council and health organisations has not happened.”

Voluntary sector partner

Across several sites, statutory sector partners – including some who ultimately withdrew from partnerships - highlighted the impact of limited capacity on their ability to meaningfully participate in HCT. One former statutory sector partner noted that new NHS England guidelines placed staff under considerable pressure to meet strict key performance indicators (KPIs), reducing their ability to participate in the more flexible, relationship-driven approach encouraged by HCT.



The way the NHS works isn't conducive for partnership working - we can't build in times for check-ins. We've got back-to-back meetings and things run a million miles an hour.”

Statutory sector stakeholder



3.3.4 Statutory sector financial contexts

In two sites, statutory sector partners highlighted that challenging financial conditions significantly limited their capacity to engage in partnership working. HCT operated against the backdrop of the Covid-19 pandemic and the cost-of-living crisis, which affected both statutory and voluntary sector organisations. However, statutory sector partners in both sites reported that budget cuts and ringfenced funding made it difficult to justify allocating time to building new relationships and exploring innovative ways of working.

Example: Croydon

Croydon Council submitted a Section 114 (bankruptcy) notice in November 2022. Voluntary sector partners said the withdrawal of their council funding led to uncertainty regarding the Council's commitment to the partnership, and increased competition within the VCSE sector for reduced resources and funding. This 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 ultimately strengthened their relationship, through building understanding of the pressures faced by each sector and organisation.

3.4 Partnership membership

The five HCT sites were structured and operated differently. However, across all of them, the following themes related to membership were identified as impacting effective partnership working.

3.4.1 A dedicated role with capacity to support the partnership

Partners across all sites agreed that funding a dedicated coordination role was a key enabler of effective partnership working. While the job titles of this role varied – including programme convenor, systems coordinator, and programme manager – the coordination responsibilities were largely similar. All sites agreed that these roles helped generate partnership progress, accountability, and momentum.



We did need that coordination and need somebody to help to pull us together, and to ensure that we're all contributing.” Voluntary sector partner

Example: Leeds

In Leeds, the newly appointed programme coordinator introduced an online planner to ensure that information from partnership meetings remained accessible to all partners. Partners noted that this tool improved accountability for delivering agreed actions and helped accelerate progress.



3.4.2 Open or closed partnership membership

Sites varied in their approach to membership: some comprised a ‘closed’ group of representatives, while others adopted an ‘open’ model, welcoming involvement from community members and other organisations. The closed partnership was favoured because it enabled clear roles and responsibilities, simplified decision-making processes, and supported a shared vision with a lower likelihood of “mission drift”. Others preferred an open membership, stating that this allowed the partnership to better hear and reflect their local communities, which supported them to work towards their aims of transparency and inclusion.

3.4.3 The sustained drive and commitment of individual partners

Stakeholders across all sites emphasised the passion, commitment, and drive of individual partners as central to successful partnership working. This dedication was described as driving change, building momentum, and sustaining partnership morale. These individuals also played a crucial role in modelling and promoting the partnership’s new ways of working across the system (see [section 5.4](#)).

Example: Plymouth

In Plymouth, partners developed a “permeable” partnership membership, which they conceptualised as “open”. They stated that this approach helped prioritise community engagement and empowerment. While it made some decision-making less straightforward, partners believed it was effective in creating a diverse membership and ensuring the inclusion of a wide range of voices. They noted that this approach enabled them to challenge how community perspectives were considered in commissioning services, and to actively engage and empower community members themselves.



We’re just a group of people trying to do things better.”

Statutory sector stakeholder



In multiple sites, partners acknowledged and valued the efforts of individuals who, despite capacity constraints, prioritised relationship-building and attending partnership meetings. However, while individual commitment helped drive progress, several partners raised concerns about the risks of over-reliance on key individuals. This challenge was further reinforced by the highly relational approaches adopted by sites, which led some partners to feel that they could not delegate staff to attend partnership meetings on their behalf. In some cases, this placed additional pressure on individuals with already demanding workloads. When key individuals left their roles, partners reported that this weakened the partnership (see [section 3.3.2](#) for more detail).

Additionally, within the context of stretched public sector resources, some partners expressed concerns that sustaining HCT's impacts had become reliant on individual commitment rather than organisational buy-in. As a result, multiple sites identified the need to shift focus towards maintaining relationships between organisations, viewing this as a key priority for partnership legacy and sustainability (see [section 5.5](#) for more detail).



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."

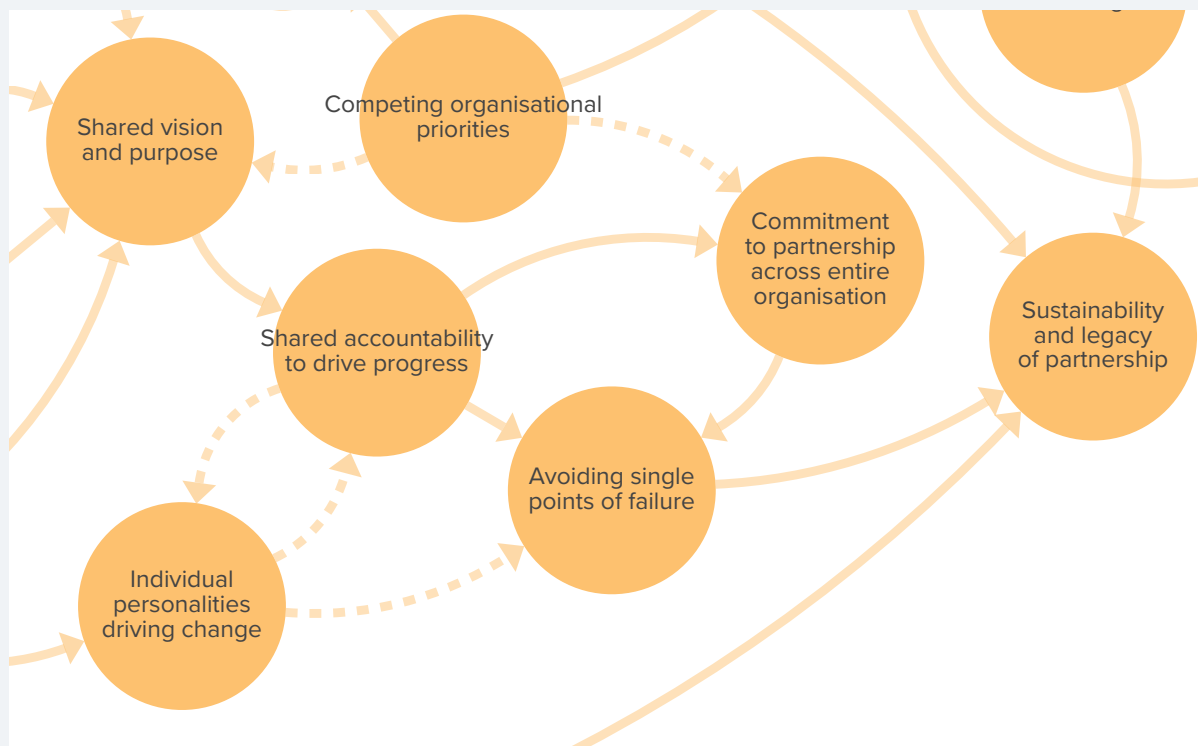
Statutory sector stakeholder



System map: Commitments from individuals and organisations

This finding was also reflected in the system map. While a consistent group of partners helped maintain a shared vision and purpose, workshop participants also noted that an over-reliance on individual champions could hinder shared accountability, creating “single points of failure” within partnerships. In contrast, when commitment extended across entire organisations rather than being dependent on key individuals, partnerships were more resilient. This organisational-level commitment was seen as crucial to sustaining HCT’s impact.

In the map segment here, themes relating to partnerships avoiding “single points of failure” are shown.



To interpret the map: a solid arrow indicates a positive association in the direction of the arrow, while a dashed arrow indicates a negative association. For more information see [section 1.3.2](#).



3.4.4 Representing a broad and diverse voluntary sector

Stakeholders across the sites highlighted different approaches to partnering with the voluntary sector. In some, partnerships were formed with a small group of voluntary sector organisations that were already known to each other and working towards similar goals. In others, partnerships included or represented a wider range of voluntary sector organisations, either by involving multiple organisations directly, or extending an open invitation for community organisations to join. Sites that sought to engage the broader voluntary sector in the early stages of the HCT programme reported some success in creating spaces to amplify voluntary sector voices within statutory sector decision making. However, stakeholders also highlighted challenges in uniting a broad range of voluntary sector organisations around a shared goal. Partners cited difficulties in navigating voluntary sector politics, reconciling differing organisational interests, and managing competition for funding. For example, partners in Croydon highlighted challenges in acting as a voice for over 850 local voluntary sector bodies.

Furthermore, in one site, some voluntary sector partners expressed concerns that organisations with commercial interests were being prioritised over those better equipped to engage directly with communities.



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."

Voluntary sector partner

While both approaches had success, many voluntary sector stakeholders felt that neither fully addressed historical power imbalances. As the programme progressed, partners continued to experiment with different models to ensure that the voices of smaller grassroots organisations were heard effectively.



3.5 Building relationships between partners

The importance of building trusting, open, and respectful cross-sector relationships was at the heart of the HCT programme. However, developing and maintaining these relationships was not without challenges. This section sets out the most reported factors that influenced partnership relationships.

3.5.1 Prioritising personal relationships

Across sites, partners valued the benefits of taking a “human-first” approach to cross-sector partnership building. This involved prioritising informal, ‘water-cooler-style’ conversations and taking the time to understand each other’s personalities, motivations, and values. Partners reported that these conversations helped build deeper understanding, fostering openness and trust. They also noted that this approach strengthened empathy, making it easier to look beyond the power imbalances associated with job roles and titles across different sectors.



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.”

Voluntary sector stakeholder

This relationship-driven approach to partnership working took various forms across the sites. In Croydon, regular workstream meetings provided a space for partners to build relationships and trust, strengthening collaboration and mutual respect between voluntary and statutory sector organisations. Partners reflected that dedicating time to trust-building in the early stages of the programme significantly improved working relationships. In Leeds, partners reported that trust had deepened over the course of the programme, fostering greater accountability and encouraging open discussions about organisational pressures and vulnerabilities.



When you see the frailties of other organisations, it’s a lot easier to be kind. Our systems can dehumanise us.”

Voluntary sector stakeholder



Example: Gloucestershire

In Gloucestershire, partners began their weekly, hour-long meetings with an informal “check-in”, which partners saw as a core skill in relational systems working that takes time to develop. This check-in involved ice-breaker-style questions, designed to open the space, encourage connection, and help people be present in the discussion. Questions ranged from light-hearted (e.g. jam or Marmite?) to broader topics (e.g. your favourite place in the county).

Partners noted that these check-ins helped them build relationships beyond job titles and sectors. Over time, they felt more comfortable sharing openly and authentically, which contributed to stronger trust and more effective collaboration.



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 partner

However, some stakeholders acknowledged that this deeply relational approach can be challenging, particularly due to the psychological impact of bringing emotional and social contexts into meetings. Despite this, they felt that the quality of relationships built through this approach made it worthwhile. Many also noted that the slow and organic nature of relationship-building had helped embed lasting ways of working across the local system.



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 partner



3.5.2 Maintaining communication and engagement

Partners emphasised that regular contact and communication were essential for building strong relationships. This required dedicated spaces - both in person and online – where partners could engage meaningfully and strengthen their connections. In Coventry, partnership meetings created a safe space for cross-sector conversations, helping to overcome communication barriers, build mutual understanding, and establish a shared rhythm of working. Another partnership used an online platform to provide news, updates, and key information about the partnership, ensuring broad engagement and maintaining momentum. This platform was also open to wider stakeholders, fostering transparency and community involvement beyond the core partnership.

3.5.3 Promoting psychological safety

Closely linked to a “human-first” approach, partners described the importance of building and promoting “psychological safety” in the early stages of the HCT programme. This involved creating environments where all partners felt that they could be authentic, express concerns, and 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 create environments where participants felt comfortable sharing ideas and concerns. This approach was similar to the “human-first” model and included clear ground rules at the beginning of meetings, memorandums of understanding, and terms of engagement.

Example: Plymouth

In Plymouth, the evaluation team observed that partners promoted psychological safety by implementing explicit “space agreements” at the start of meetings. These house rules established a respectful and inclusive atmosphere, including guidelines such as: “practice listening”; “to understand, not respond”; “not interrupting someone unless it is a technical point”; and using appropriate hand signals. Partners in Plymouth reflected that these agreements helped create a space where everyone’s voice was valued.



In Leeds, the strong trust among partners enabled them to navigate complex topics with openness and confidence. This was particularly evident when the partnership's first programme coordinator left in the last year. Despite this transition, partners continued to meet and collaborate, demonstrating the resilience of their relationships and the depth of psychological safety embedded in the partnership.

Openly acknowledging power dynamics and providing education

Several HCT partners sought to address the root causes of psychological safety challenges by engaging in open conversations about power imbalances between statutory and voluntary sector organisations. These discussions also acknowledged how power dynamics also shape health inequalities experienced by marginalised communities.

Example: Leeds

In Leeds, partners placed specific emphasis on psychological safety by facilitating conversations between voluntary and statutory sector partners. These discussions highlighted the historical injustices faced by transgender communities, sex workers, asylum seekers and refugees, and the Gypsy and Traveller community. As part of these conversations, statutory sector partners were encouraged to take a reflexive approach to their own roles, sector, and position of power.



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 partner

Both voluntary and statutory sector stakeholders agreed that these conversations helped break down biases and misinformation, ultimately laying the foundation for a partnership grounded in mutual understanding and compassion.



While these efforts did not fully eliminate power imbalances in traditional statutory-voluntary sector relationships, partners felt that they helped create an environment where voluntary sector partners felt psychologically safe to challenge statutory sector partners openly, without fear of jeopardising future funding opportunities.

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 was also reflected in system mapping workshops. The excerpt here shows well-recognised challenges with partnership working, whereby fear of losing funding contributes to power imbalances between statutory and voluntary sector partners, which in turn decreases psychological safety within the partnership, and prevents shared decision-making and adaptability.

However, the map also illustrated partners' belief that prioritising interpersonal relationships, leading with kindness and understanding, and openly acknowledging the historical relegation of voluntary sector organisations, all contributed to mitigating these power dynamics, and fostering psychological safety within the partnership.



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



3.5.4 Pre-existing relationships and local contexts

All HCT partnerships were built on pre-existing relationships and organisational networks. In some sites, partnerships were able to leverage an existing voluntary sector alliance, integrate into a wider health and social care transformation programme, or align with a local context already promoting innovative approaches to voluntary sector engagement.

In contrast, sites with less well-established pre-existing cross-sector relationships found it more challenging to develop effective partnership working. This was particularly evident in cases where staff turnover occurred early in the programme, requiring additional time to develop trust and shared ways of working (see [section 3.3.2](#) for more detail).

Example: Leeds

In Leeds, voluntary sector partners had well-established relationships before the HCT programme. Many were already part of a solidarity network advocating for inclusive healthcare for marginalised communities.

Example: Coventry

Prior work of the Coventry Marmot Partnership meant that HCT partners were accustomed to working within a collaborative, cross-sector partnership model. Additionally, pre-existing connections helped facilitate early engagement within HCT.



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."

Voluntary sector partner



3.5.5 Differences in voluntary and statutory sector cultures

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

Structured vs flexible approach to partnership working

A more structured approach to partnership working – characterised by strict planning, clearly defined roles and responsibilities, and hierarchical decision-making – was generally less familiar to voluntary sector partners. Several statutory sector partners noted that this difference sometimes led to misunderstandings around allocating roles and responsibilities, particularly in the early stages of the HCT programme.

However, several voluntary sector partners found these structured processes to be rigid and time consuming, often frustrating the agility and innovation they were accustomed to in planning and decision-making.

In contrast, sites with less well-established pre-existing cross-sector relationships found it more challenging to develop effective partnership working. This was particularly evident in cases where staff turnover occurred early in the programme, requiring additional time to develop trust and shared ways of working (see [section 3.3.2](#) for more detail).



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

Voluntary sector partner



The NHS can be so goal-oriented that if we say do you want to come and be involved in this loose thing then they run a mile.”

Voluntary sector partner



Despite these differences, sites reported positive efforts to bridge this gap, such as ensuring that meeting formats allowed space for both decision-making and reflection. This involved using more structured and agenda-led formats for meetings which aimed to drive forward delivery and using more conversational and unstructured ones for meetings which aimed to prioritise relationship building and reflection.

Example: Gloucestershire

In Gloucestershire, partners tested the hypothesis that relationships are key to effective partnership building. To achieve this, partners intentionally adopted a loose, conversational approach to meetings, allowing discussions to arise organically rather than following a strict agenda. While some stakeholders were initially sceptical of this approach, they reported that it fostered deeper trust, ongoing learning, and ensured all voices were 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." Voluntary sector partner

While structured meetings were considered more "efficient", some sites acknowledged that they did not always allow space for reflection or for all voices to be heard. Conversely, less structured meetings made accountability more challenging and therefore less suitable for implementing programme delivery. One site experimented with adapting meeting formats to their purpose, which proved beneficial, allowing them to leverage the strengths of both approaches.

Community engagement

Some sites reported disagreements between the voluntary and statutory sectors regarding the importance of community engagement. Voluntary sector partners sometimes felt discouraged by limited statutory sector commitment, while statutory sector partners felt that those in the voluntary sector did not always understand 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."

Statutory sector partner



In some cases, tensions also arose around differing levels of flexibility between the sectors, particularly regarding community engagement methods. Some statutory sector partners felt that voluntary organisations were less adaptable to changing engagement strategies.



In the statutory sector, you need to be quite flexible to accommodate changing priorities. I think the voluntary sector think they're different as they get to stick to their vision and ethos."

Statutory sector partner

However, in other sites, statutory sector partners highly valued the role of voluntary sector organisations in facilitating access to experts-by-lived-experience from marginalised communities. These partners expressed hope that the insights gathered through this community engagement would continue to inform service design and delivery beyond the programme (see [section 5.4](#) for more information).

3.6 EDIE considerations

This section explores how Equity, Diversity, Inclusion and Equality (EDIE) considerations influenced partnership approaches and community engagement across HCT sites. As mentioned, although EDIE was not a formal objective of the HCT programme, the evaluation asked sites how they approached EDIE in their work. This focus reflected HCT's aim

to better understand and address local community needs to support improved health and wellbeing, particularly among marginalised groups facing economic instability or social exclusion, who are at higher risk of poor health outcomes.

3.6.1 Interpretation by sites

As EDIE-related programme objectives were not explicitly set by The National Lottery Community Fund or The King's Fund, sites accounted for EDIE to different degrees.

In Leeds, the inclusion of voluntary sector partners representing marginalised communities placed EDIE considerations at the core of the partnership's work. This commitment was reflected in the use of an adaptive action approach designed to highlight and address barriers faced by marginalised communities in accessing health care (**further explored in this case study**).

In another site, partners cited efforts to create and strengthen community groups as evidence of their commitment to promoting EDIE. In contrast, some sites placed less emphasis on EDIE in their partnership work. Partners reflected that this variation was shaped by HCT's flexible programme design, which did not mandate a focus on EDIE, meaning its integration was influenced by local priorities, pre-existing commitments, and partner knowledge.



3.6.2 Diversity and inclusion within sites

Several sites lamented the lack of diversity within their own partnerships. In these cases, members noted that their partnerships were not always reflective of the communities their projects aimed to support – particularly those experiencing poorer health outcomes linked to economic instability or social exclusion.



The main issue is diversity - I'm really conscious all the voices are from the same demographic.” Statutory sector partner

Some partners expressed concern that this composition may have reflected systemic inequalities and privilege within the partnership approach. While discussions were held in two sites about increasing the diversity of representation within the group, partners did not observe meaningful change.



What external support is useful for effective partnership working?



4.1 Overview

This chapter presents sites' reflections on the programme-level support and its impact on cross-sector partnership working. It draws on their experiences with funding and grant management support from The National Lottery Community Fund, as well as the learning and L&OD support from The King's Fund.

4.2 Key messages

HCT partnerships identified the following advantages and limitations of each type of support they received from the HCT programme:

- **Access to external funding.** Sites reported that having access to external funding helped build the foundations for equal partnerships by enabling VCSE involvement, lending credibility to the partnership, and fostering collaboration between the voluntary and statutory sectors. The funding also provided resources to access external expertise, formalise partnerships, and create opportunities for bold, risk-taking, and innovative approaches to system change.
- **Grant management.** Sites valued The National Lottery Community Fund's flexible and adaptive approach to grant management, particularly its focus on learning, and the ability to redistribute underspends. However, sites felt that clearer communication of this flexibility from the programme's outset would have encouraged greater innovation and reduced sites' anxieties around changing plans. Sites would also have liked stronger relationships with The National Lottery Community Fund to align with the partnership spirit of HCT.
- **Learning support.** Throughout the programme, sites found that the learning support offered by The King's Fund helped embed a culture of reflection and adaptation within their partnerships, with learning leads and frameworks helping to capture and disseminate insights. Sites reported that they particularly valued the all-site learning events as opportunities for networking and shared problem-solving and suggested expanding cross-site learning through more frequent and accessible forums.
- **L&OD support.** Over the course of the programme, sites found the flexible partnering approach of The King's Fund L&OD support effective, particularly valuing the protected time for reflection and the impartial, external perspective provided by L&OD consultants. However, sites suggested improvements in clarifying the support offer, better aligning consultant expertise with site needs, and balancing theoretical insights with practical guidance to aid problem-solving.



4.3 Access to external funding

In the early stages of the programme, all sites reported that access to external funding played a crucial role in enabling cross-sector partnership working by:

- **Enabling voluntary sector involvement.** Voluntary sector stakeholders across all sites stated that without external funding, they would not have been able to justify the time spent on partnership work. This is because systems change work does not usually yield immediate, tangible outcomes for communities. To secure internal funding from their organisation or local system, voluntary sector partners would have been required to demonstrate these outcomes.
- **Laying the foundations for more equal partnerships.** Partners reported that external funding from The National Lottery Community Fund helped establish more balanced relationships between organisations and sectors. This is because the funding was not linked specifically to statutory or voluntary sector agendas, so partners were able to collaborate without the funder-fundee power dynamics that are typical between statutory and voluntary sector organisations.



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'."

Voluntary sector partner



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

Statutory sector partner

- **Providing external credibility to the partnership.** Across all sites, partners agreed that receiving funding from The National Lottery Community Fund added credibility to the programme, fostering greater buy-in from wider partners. As one partner described:



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

Statutory sector partner

As the programme evolved, stakeholders identified additional benefits of external funding in supporting cross-sector partnership working, including:

- **Strengthening voluntary and statutory sector collaboration.** Multiple sites noted that the funding requirements of HCT played a significant role in fostering collaboration between statutory and voluntary sector partners. The funding provided a dedicated resource that enabled individuals to engage with different organisations and formalise cross-sector partnerships. As a result, sites viewed funding as a critical mechanism for facilitating effective partnership working.
- **Providing access to external expertise.** HCT funding also allowed sites to bring in their own external expertise to support system change. Some sites opted to work with learning partners or external convenors, who were seen as instrumental in implementing partnership approaches.

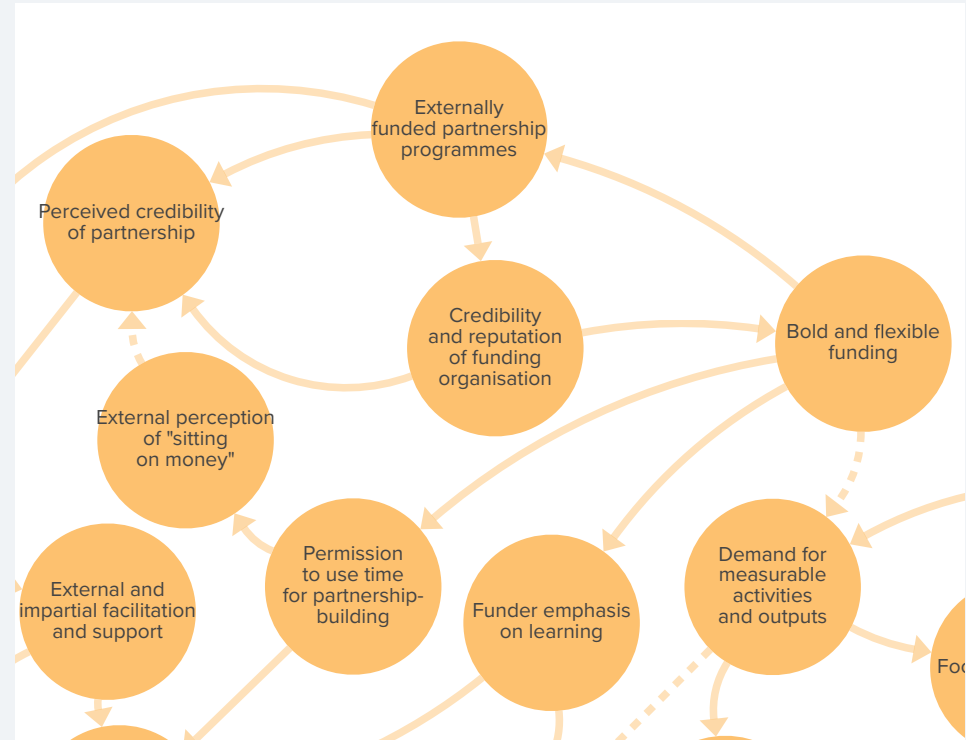
However, the fact that some sites sought additional external support beyond the learning and L&OD support offered by The King's Fund suggests that there may have been some ambiguity about the scope of this offer. In Plymouth, for example, partners were already working with consultants prior to HCT and continued to do so throughout the programme to maintain ongoing support. This suggests that different forms of support were used to serve different functions, but also raises questions about what forms of support are most effective for partnership working (explored further in [section 4.5](#)).



The role of bold, flexible funding

Throughout the programme, stakeholders emphasised that access to bold, flexible funding was essential for enabling cross-sector partnership working. The system map illustrates how external funding, when shared through external partnership programmes, can enhance local credibility and create the space needed for partnership working. In the early stages of the programme, sites appreciated the HCT programme's emphasis on learning, which allowed them to dedicate time for reflection, experiment with new approaches, and challenge conventional ways of working.

In the map extract here, the circle on the right hand-side indicates the theme in focus, while the surrounding circles represent factors that are associated with the role of bold and flexible funding.



To interpret the map: solid arrows indicate a positive association in the direction of the arrow, while a dashed arrow indicates a negative association. For more information see [section 1.3.2](#).



Overall, The National Lottery Community Fund's flexible funding approach to HCT was widely valued by the sites. They appreciated the 'test and learn' approach, which allowed them to respond quickly to emerging opportunities, accommodating the evolution of the partnership work and reallocation of resources. Voluntary sector partners in particular appreciated the trust placed in their decision-making:



Generally, there's a sense [from The National Lottery Community Fund] of 'you know what you're doing.' Voluntary sector partner

Additionally, the flexible funding allowed partners to redirect underspent funds to areas of greatest need, fostering a more creative and adaptive approach to resource allocation and cross-sector partnership working.

4.3.1 Providing permission to experiment

In the early stages of the HCT programme, all sites emphasised that the programme's focus on learning created a valuable opportunity to test and refine new approaches to their work. This gave partners the confidence to take risks and develop innovative ways of working without the fear of "failing". Several partners noted that they would not have felt able to do this had the funding been allocated 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." Statutory sector partner

As the programme progressed against the backdrop of the COVID-19 pandemic and the cost-of-living crisis, partners expressed an even greater appreciation of the HCT funding. The flexibility of the funds provided both the opportunity, and the resources needed to trial new ways of working – initiatives that would have been difficult, if not impossible, within the constraints of their day-to-day roles.

At one site, partners described how HCT's funding enabled a fundamental shift away from historically transactional, commissioning-based relationships between voluntary and statutory sector partners. Instead, the funding supported a more collaborative and trust-based approach.



Without this, we might have continued to replicate transactional relationships." Voluntary sector partner



HCT was an oasis amongst really difficult budget cuts." Voluntary sector partner



4.4 Grant management

This section reports on how the programme's grant management processes influenced partnership working across the sites.

4.4.1 A flexible approach

In the early stages of the HCT programme, sites appreciated the flexible approach to grant management. Unlike traditional funding models, HCT sites were not required to strictly adhere to the delivery plans they had drafted at the outset nor achieve a set of standardised outputs across all five sites. Instead, the emphasis was on testing, learning, and adapting plans as needed.

Sites were initially very positive about this approach and noted that The National Lottery Community Fund's Funding Manager was receptive to change, open to adjusting funding structures, and willing to reprofile funding across the programme into the following financial year. This was widely viewed as aligning with the programme's ethos and as a particularly effective way to fund cross-sector partnership working.



We got, and wanted, five different models from the programme.”

Programme stakeholder



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.”

Voluntary sector partner



As the programme progressed, sites continued to value The National Lottery Community Fund's grant management processes, describing them as clear, well-structured, and transparent. In one site, partners highlighted that timely budget statements and streamlined reporting processes ensured that finances were well-managed, allowing voluntary sector organisations to receive payments promptly.

However, most sites reflected that the benefits of this flexible approach could have been enhanced if its scope had been made more explicit at the outset. This would have reduced partners' anxieties when communicating that plans had changed and would have further encouraged sites to try new things. While some sites found the approach supportive, others felt the flexibility did not go far enough. For example, some voluntary sector partners found the funding requirements more restrictive than anticipated, particularly in relation to reporting obligations. Similarly, one site perceived the funding process as reinforcing conventional expectations around measurable deliverables and outcomes.

These experiences reflect broader challenges in assessing impact within an experimental programme (explored further in section 1.4). As a result, some sites hesitated to share updates with The National Lottery Community Fund and The King's Fund, concerned that their partnership's lack of tangible outputs might be scrutinised, particularly within the context of a financially constrained health and care system. These reflections point to a wider tension between enabling flexibility and meeting grant management and accountability requirements, especially when public funds are used.

Additionally, while the grant management processes were generally well-received, some voluntary sector organisations found them challenging due to limited internal capacity. One site noted that these administrative demands added to their workload.



System map: Evidencing value for money

The system map highlights a familiar tension in shifting from transactional to transformational funding relationships: balancing the need to demonstrate value for money, while also enabling partnerships to innovate, experiment, and adapt their plans.

Participants discussed how traditional funding requirements are often self-perpetuating: 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 more broadly.

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, this provides 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 assessing the difference made by cross-sector partnerships operating in complexity.

In the diagram here, the third highest circle indicates the theme in focus, while the surrounding circles represent related factors that positively or negatively influence evidencing value for money.



To interpret the map: a solid arrow indicates a positive association in the direction of the arrow, while a dashed arrow indicates a negative association. For more information see [section 1.3.2](#).



4.4.2 Relationship between The National Lottery Community Fund and the sites

Throughout the HCT programme, sites reported generally positive relationships with The National Lottery Community Fund's Funding Managers, appreciating their engagement and interest in partnership progress. At the start of the programme, two Funding Managers were in place; however, due to internal capacity changes, one manager's involvement ended partway through, and the remaining manager subsequently oversaw all five sites across the programme. Additionally, in the first year, contact was prioritised between sites and the L&OD consultants, to avoid overwhelming sites with multiple requirements. However, this approach evolved over time, and by the final year of the programme, the remaining Funding Manager adopted a more active role in working directly with sites, holding more frequent meetings beyond standard financial monitoring.

While these efforts were valued, all sites noted that outside of interactions with the Funding Manager, they had limited direct engagement with The National Lottery Community Fund throughout the programme. In the final year of the programme, multiple sites expressed a desire for The National Lottery Community Fund to have been more actively involved by spending more time with partnerships to gain deeper insights into their work and to provide more direct support for partnership development.

In the latter stages of the programme, some partners expressed a desire for The National Lottery Community Fund to engage more deeply with sites by openly addressing the challenges and uncertainties raised by partners.


Sites also expressed interest in more reciprocal learning opportunities. While the programme's learning focus was primarily on site-level experiences, some partners were keen to understand how insights from HCT were influencing The National Lottery Community Fund's thinking and future funding approaches. Although The National Lottery Community Fund encouraged individual partners to contribute to an ongoing portfolio review, some stakeholders noted it was not always clear how their input might shape future policy initiatives.




4.4.3 Funding processes

Sites identified several aspects of the funding processes that were particularly beneficial:

- **The phased application approach.** As outlined in [section 2.4.1](#), the funding was split into two phases, with an initial grant provided to support the development of partnership aims and objectives. Partners reported that this approach was useful in encouraging the development of shared goals amongst partners.
- **The relatively long timescale of the funding.** At the start of the programme, sites valued the three-year funding period, noting it was significantly more conducive to long-term, transformational change compared to traditional 12-month funding programmes. However, as the programme progressed, some sites reflected that while three years provided a strong foundation, it was only a first phase in a much longer journey of system change and therefore insufficient on its own to sustain long-term impact and legacy (explored further in [section 5.5](#)). One site was specifically concerned that voluntary sector partners may struggle to sustain partnership working without additional income from future funding opportunities.

 **It's fantastic we've had this support for three years."**
Voluntary sector partner

- **Funding being held by VCSE partners.** In all sites, funding was managed by a lead voluntary sector organisation, which partners found promoted equality within partnerships by mitigating traditional power imbalances between voluntary and statutory sector bodies.
- **Use of fiscal hosts.** In the early stages of the programme, some partners expressed a desire for greater transparency around fund distribution within partnerships. One suggested that having an external "fiscal host" – an independent organisation responsible for holding and managing funds – could have promoted financial equity by ensuring no single organisation had disproportionate financial control or influence over the partnership.

 **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."** Voluntary sector partner

In the later stages of the programme, two sites adopted external fiscal hosts, which they felt provided a neutral and transparent approach to fund management. These fiscal hosts held the funds securely while remaining impartial, ensuring that all partners had an equal sense of ownership over financial decisions. While the HCT funding itself was delivered through lead organisations in line with The National Lottery Community Fund's grant conditions, these experiences highlight the perceived merits of fiscal host models, offering potential learning for funders to consider in future cross-sector partnership programmes (explored further in [Chapter 6](#)).



4.5 Learning, and leadership and organisational development support

As outlined in [section 2.4](#), the learning and the leadership and organisational development (L&OD) strands 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 summarises key findings on sites' experiences of this support.

4.5.1 Overarching approach

The main themes partners raised about the learning and L&OD support included:

- **Access to external expertise.** Most sites found that the theoretical frameworks, concepts, and language introduced through both L&OD consultants and the learning events helped them to articulate the purpose for partnership working locally and situate their work within the national policy context.
- **Prioritising time for ongoing learning and reflection.** While all sites recognised the importance of learning and reflection, limited capacity often made this difficult, particularly for partnerships with smaller voluntary sector organisations, or those with a strong delivery focus. As a result, both the learning and L&OD support were valued as a mechanism for protecting dedicated time for strategic thinking and reflection.

- **Leveraging the credibility of The King's Fund.** Sites also reported that The King's Fund's reputation as a nationally recognised and trusted institution helped encourage wider local buy-in, particularly in the early stages of the programme, when sites began communicating and receiving support from the organisation.

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."

Voluntary sector partner

However, a few partners expected to benefit more from The King's Fund's ability to influence the wider systems in which they were working, particularly through its policy arm. They felt this could have helped embed learning into larger systems, such as NHS funding structures. Some partners also expressed a desire for more opportunities to communicate and share their work, for example, through additional events at The King's Fund or public platforms such as guest blogs.

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."

Voluntary sector partner



- **Lack of clarity between learning support and L&OD support.**

While both types of support were valued, stakeholders from The King's Fund L&OD team experienced a disconnect between the learning strand and the L&OD consultants delivering support. This was compounded by an unclear L&OD support offer (explored further in [section 4.5.3](#)). Many agreed that better integration between the two strands would have improved sites' understanding of available support and fostered more shared learning.

- **Disconnected support and programme management.** In the latter stages of the programme, stakeholders from The King's Fund reflected on structural gaps in coordination between the learning team and The National Lottery Community Fund, which impacted the flow of learning across the programme. While all-sites events helped improve connection, this remained an unresolved structural issue. L&OD consultants also noted that while they had the most direct engagement with sites, they were not integrated into strategic programme decision-making, which some felt limited opportunities to feed site-level learning into wider programme strategy.



It felt like they were doing their own thing."

Statutory sector partner



4.5.2 Learning support

When asked specifically about the learning strand of support, sites identified several positive aspects as well as areas for improvement:

- **Input from learning team.** Throughout the programme, learning leads from the sites were broadly positive about the input of The King's Fund learning consultants. Partners noted that their sessions generated thoughtful and productive discussions, and that the distribution of learning outputs helped to showcase the work of the sites across the programme.
- **Learning leads.** At the start of the programme, each site selected a learning lead, who met monthly with The King's Fund learning team to discuss site-specific challenges and to co-design learning outputs. Initially, learning leads valued this approach, particularly the opportunity to engage with peers from other sites, shape the topics and format of all-site learning events, and reflect on their work

However, some learning leads found it challenging to capture all learning across their partnership, and disseminate learning frameworks effectively, particularly if their organisation was not the lead partner. Additionally, reliance on a single learning lead sometimes led to gaps in knowledge-sharing, as dissemination depended on the individual's capacity. While the learning lead model was considered beneficial overall, some partners suggested that partnership-wide sessions may have been more effective for embedding learning across multiple organisations.

- **Supported structured reflection and learning capture.** In the later stages of the programme, multiple sites reflected positively on the tools and approaches provided by The King's Fund learning team, such as the Bridges Transition Model, which aims to help individuals and organisations identify and understand stages of change. These resources helped sites capture insights and track progress, particularly during the early stages of partnership development and when identifying barriers to progress.
- **All-site learning events.** Throughout the programme, all partnerships consistently agreed that the all-site learning events provided valuable protected time to share findings and to learn from one another.

In the early stages, partners particularly appreciated the in-person opportunities to network, exchange ideas, and brainstorm solutions. However, in later stages, some sites struggled to attend in-person events due to capacity constraints and limited travel funding, which disproportionately affected sites outside London.



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."

Voluntary sector partner



Many partners also adopted tools, language and concepts introduced by other sites, integrating them into their own partnership work.

As the programme progressed, learning events became increasingly co-designed with site learning leads to better align with emerging challenges across sites. Partners found these events reassuring, as they validated common challenges and reinforced that partners were not working in isolation. Others found the discussions energising and motivating.



The sessions were brilliant, amazing opportunity to network and hear about what the other sites are doing and learn a huge amount from them.”

Statutory sector partner

Example: Gloucestershire and Coventry

Partners in Gloucestershire and Coventry highlighted that all-site events strengthened connections between the two sites. A Gloucestershire partner even spoke at one of Coventry's 'Big Conversation' sessions **(for more information, see the case studies).**

Example: Gloucestershire

In Gloucestershire, The King's Fund learning team introduced tools at a learning event such as polarity mapping, which partners found particularly useful in shaping the development of the Co-Lab **(see the case studies for more information).**

Summer 2024 all-site learning event

Sites particularly valued the summer 2024 all-site learning event, which focussed on power dynamics and the shared uncertainties experienced across the programme. During this event, The King's Fund and The National Lottery Community Fund shared that, like the sites, they were navigating an evolving programme – learning in real time, adapting approaches and managing relational dynamics along the way. Sites felt this event shifted their earlier perceptions that the programme was following a fixed plan, and created space for more mutual understanding.



4.5.3 L&OD support

A flexible partnering approach

As outlined in [section 2.4.3](#), L&OD consultants took a flexible approach to delivering support. Rather than offering a fixed “menu” of options, the support was tailored to each site’s needs, drawing on the expertise and experience of individual consultants. HCT sites were offered eight days of L&OD consultant support each year of the programme.

Across sites, L&OD consultants played a key role in providing tools to address site-specific challenges, facilitating conversations between partners, and offering one-to-one coaching and mentoring.

Generally, sites appreciated this flexible approach, as it allowed support to be tailored to their needs and preferences. For example, in Coventry, their first L&OD consultant took an active role in facilitating a Big Conversation **(see the case studies for more detail)**. In the early stages, partners valued that L&OD consultants were not seen as external experts who “parachuted in and out” but rather as peer partners integrated into the work.

Positive examples included L&OD consultants attending partnership meetings in a “critical friend” capacity, helping to sense-check ideas and ensure alignment with programme objectives. In multiple cases, consultants also played a crucial role in mediating tensions within partnerships, using their neutral position to bridge differences between partners.

As the programme progressed, some sites continued to benefit from L&OD support, particularly in facilitating reflective sessions, attending monthly partnership meetings to offer feedback, and providing one-to-one coaching – which was especially valued in two sites, where partners found these sessions helpful in navigating challenges and building confidence.



I came out of the session with more understanding and confidence.”

Voluntary sector partner



However, there were challenges in balancing flexibility with ensuring sites fully understood what was available. In the early stages of the programme, some sites struggled to make full use of the L&OD support due to a lack of clarity on what was available.



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."

Statutory sector partner

This issue persisted into later stages, with some sites finding inconsistencies in the level of L&OD support. Two sites noted significant differences when transitioning to a second L&OD consultant, stating that their new consultant appeared less invested in the partnership's work, resulting in a more transactional relationship.



I've never really understood what TKF consultant role was."

Statutory sector partner

Changes within The King's Fund L&OD consultant team also affected the consistency of support provided to sites. At times, turnover and reduced capacity limited consultant attendance, at partnership meetings and disrupted continuity in the relationships and guidance available to sites.



Balancing theory with practice

Sites valued access to theoretical expertise, with several partners reporting that it deepened their knowledge and understanding. However, some suggested that there needed to be a better balance between theoretical and practical support, particularly when they were looking for help with problem-solving.

Some partners found that sessions were overly academic or too abstract, making them less applicable to their work with marginalised communities. Others expressed a desire for more practical tools to help translate learning into tangible service and system improvements.

The preference for more hands-on, applied support was raised at multiple points throughout the programme. Multiple sites suggested that simpler, jargon-free language would have made the content more accessible and actionable.

Matching L&OD consultants with sites

As the programme progressed, sites widely acknowledged the value of The King's Fund's highly skilled L&OD consultants, particularly in facilitating collaboration and neutral mediation between partners.



Wonderful working with The King's Fund who enabled our system to, at least temporarily, understand that meaningful relationships are central to transformational systems change and health prevention.” Statutory sector partner

However, some sites felt that the consultant allocated to them did not fully align with their needs. At the start of the programme, consultants were assigned based on availability, rather than strategic fit, leaving some sites unclear on the selection process. A more interactive consultant selection process, such as a matching session or “speed dating” approach, could have ensured stronger alignment between consultants and site needs from the outset.

Additionally, maintaining the same consultant throughout the programme was highlighted as a key factor in building trust and encouraging partnership progress. However, multiple sites experienced consultant turnover, which partners felt delayed relationship-building, created inconsistencies in delivery, and resulted in missed opportunities to generate learning around partnership working. These challenges were mirrored by internal turnover within The National Lottery Community Fund. Sites that had invested time in building relationships early on found it frustrating when continuity was disrupted.



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 explores:

- Partnership-level outcomes.
- Wider outcomes across 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 would not have been 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 length of the programme. As such, while it has been possible to suggest how HCT contributed to changes, concrete attribution has not, rather it is more like:



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

Voluntary sector partner



5.2 Key messages

- **Partnership-level outcomes.** Across all five sites, HCT strengthened cross-sector partnerships, fostering mutual trust, collaboration, and a culture of learning and reflection. The programme also enabled innovative ways of working, which influenced partnership approaches, co-production methods, and efforts to balance traditional power dynamics between statutory and voluntary sectors.
- **Wider outcomes and changes to local systems.** Partners reported that HCT's emphasis on relational approaches, innovation, and system-wide collaboration influenced local contexts. Its effects include the replication of relational working beyond HCT partnerships, improved statutory sector understanding of issues affecting marginalised communities, and greater recognition of the value of community-led initiatives.
- **Legacy and sustainability.** All sites expressed concerns about sustaining their partnerships' impact and relationships between individuals and organisations beyond the funding period. Sites took different approaches to support long-term change, such as embedding relational ways of working within local systems, generating evidence through local evaluations, and sharing learning and tools to influence future initiatives.

5.3 Partnership-level outcomes

Findings from the evaluation indicate that HCT has generated change across the five partnership sites. Given the diversity of approaches, this chapter outlines common outcomes across partnerships, as well as site-specific impacts.

5.3.1 Cross-sector partnerships rooted in mutual understanding and respect

Across all sites, stakeholders credited HCT with strengthening relationships between statutory and voluntary sector partners. These relationships were characterised by mutual respect, increased understanding, and trust. A key enabler of this progress was the relational approach described in [section 3.5](#), which prioritised personal relationships and 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.” Voluntary sector partner



We have a lot more allies as an organisation than we did before.” Voluntary sector partner

Additionally, stakeholders reported increased confidence in constructively challenging perspectives, contributing to a stronger sense of shared vision. This shift was described as crucial for effective cross-sector collaboration.



5.3.2 Fostering individual confidence, collaboration, and cultural change

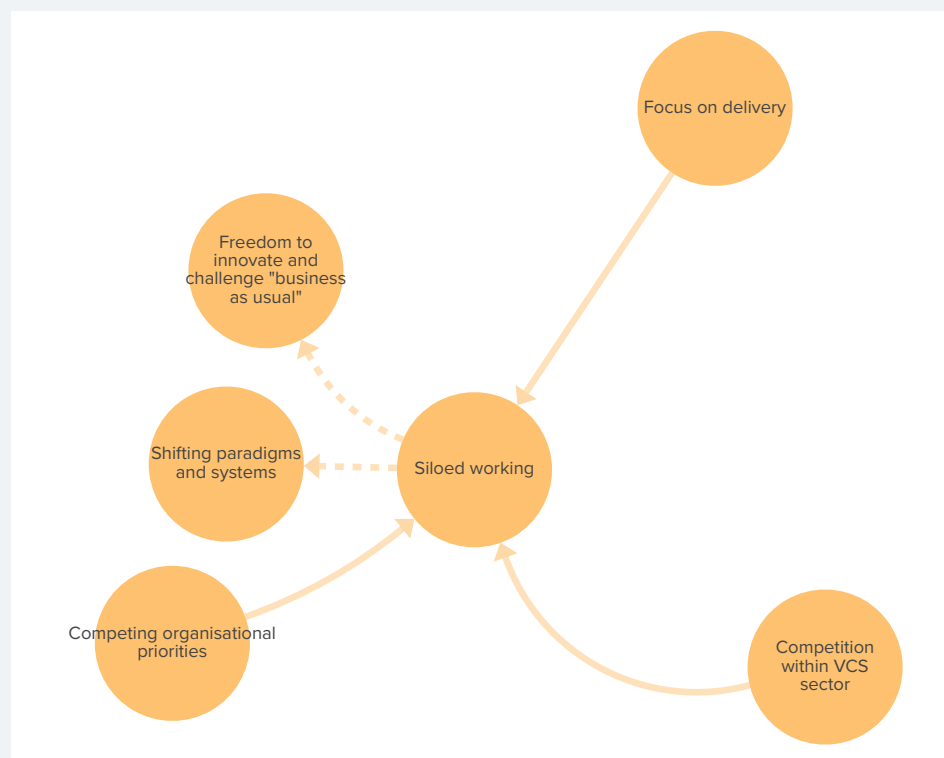
As the programme progressed, partners in several sites stated that HCT empowered individuals to drive cultural change within their organisations. Voluntary and statutory sector partners in two sites reflected that HCT deepened their understanding of the wider system, which increased their confidence in advocating for collaborative approaches, in initiating partnership-led initiatives and in challenging more typical, siloed ways of working.

System map: Siloed working

The system map illustrates how competition and organisational priorities can lead to siloed working, making it harder for partnerships to drive meaningful change. A strong focus on delivery—reinforced by funding models that prioritise measurable outputs—can limit opportunities for collaboration and experimentation. In the voluntary and community sector, where organisations regularly compete for limited resources, this emphasis on short-term impact further entrenches fragmented ways of working.

However, the map also highlights conditions that enable more effective collaboration. When organisations have the flexibility to challenge conventional approaches, they are better positioned to drive long-term change.

In the map extract here, the central circle indicates the theme in focus, while the surrounding circles represent related themes that positively or negatively influence siloed working.



To interpret the map: a solid arrow indicates a positive association in the direction of the arrow, while a dashed arrow indicates a negative association. For more information see [section 1.3.2](#).



5.3.3 Embedding a culture of ongoing learning and reflection

As the HCT programme progressed, sites increasingly recognised the value of ongoing learning and reflection, with a growing commitment to embedding these practices into cross-sector partnership working. This shift was supported by the programme's emphasis on learning and innovation, taking open and conversational approaches to meetings, and the protected time and support provided by The King's Fund.

However, the extent to which this culture has been embedded varies across sites. Partnerships with a stronger focus on action and delivery faced greater challenges in making time for regular reflection and learning. Some voluntary sector partners attributed this to the statutory sector's ingrained focus on delivery, which often left limited space for structured reflection. In Croydon, this was resolved by introducing opportunities for reflection gradually to encourage a balance between delivery and learning.



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."

Voluntary sector partner

Despite these challenges, several sites took steps to share learning beyond their own organisations, influencing wider local infrastructure and fostering a culture of continuous learning. Some partnerships used practical tools to support knowledge dissemination, while others expanded their networks by engaging new stakeholders in discussions which created opportunities for shared learning and innovation.



HCT gave us an opportunity to agitate the whole infrastructure."

Statutory sector partner

Example: Leeds

Partners in Leeds developed a booklet for dissemination across the local health and care system, providing specific guidance for voluntary and statutory sector organisations on replicating HCT's collaborative approach.

Example: Croydon

In Croydon, the introduction of data monitoring tools helped track the impact of Community Hubs across wider health determinants, improving the partnership's ability to communicate the reach and significance of HCT.

As the programme reached its later stages, partners across sites struggled to articulate a clear and concise message about HCT's aims and impact. The complex nature of the programme made it difficult to convey its purpose to wider local systems.



5.3.4 Designing and developing new, innovative ways of working

Across all sites, partners agreed that HCT enabled the design and development of innovative ways of collaborating, both within partnerships and beyond, influencing the wider system. Key examples include:

- Adopting a relational and organic approach to cross-sector partnership working.
- Launching localised experiments in urgent care, primary care, and mental health to improve access and experience of support for marginalised communities.
- Using an adaptive action approach in workshops to meaningfully involve marginalised communities in shaping healthcare services. These workshops successfully identified barriers to healthcare access.
- Hosting transparent partnership meetings, where local community members and organisations were invited to observe.
- Establishing Community Hubs, designed to provide person-centred, joined-up support through locality-based models.
- Testing new commissioning models, aimed at transferring resources to the voluntary sector to improve collaborative decision-making.



Our biggest legacy will be encouraging co-production on every single service design.”

Voluntary sector partner



5.3.5 Balancing traditional top-down statutory and voluntary sector relationships

In the early stages of the programme, there were mixed views on whether HCT had successfully disrupted traditional, top-down relationships between the statutory and voluntary sectors. Some sites reported that newly formed, trust-based relationships had led to more collaborative commissioning approaches. Others felt that power dynamics remained unchanged, with statutory partners continuing to treat voluntary sector partners as junior partners rather than equal contributors.

Over time, some sites actively worked to rebalance these dynamics, for example by integrating voluntary sector partners more formally into statutory commissioning processes. This helped shift commissioning toward a more collaborative model, ensuring voluntary sector organisations had a stronger voice in shaping local services.

Example: Croydon

In Croydon, partners reviewed statutory contracts to identify opportunities for voluntary sector involvement from the outset, enabling more meaningful co-design and collaboration.



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

Voluntary sector partner



5.4 Wider outcomes and changes to local systems

Partners recognised that transformational change to local systems was unlikely to be fully realised within the timescale of the HCT programme. However, they reported early ripple effects that suggest shifts in culture, collaboration, and decision-making across local contexts.

5.4.1 Replicating relational approaches across the wider system

For several sites, one of the most significant emerging outcomes of HCT has been the adoption of relational, open approaches to partnership working among wider system stakeholders. A key enabler of this shift was the creation of dedicated spaces – such as in-person, timetabled meetings and wider forums, which legitimised partnership work and encouraged broader participation.



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.”

Statutory sector partner

Example: Plymouth

BiP developed “Learning by Listening”, a space where health and social care stakeholders could openly share ideas around a broad focus of citizen voice. This initiative was proposed by an NHS stakeholder who recognised the inclusive working approach of BiP and saw an opportunity to embed these principles into statutory systems. Partners identified this as an example of cultural ripple effects extending into the wider system.

In some sites, HCT’s relational approach began to spread beyond formal partnership spaces, influencing how organisations conduct meetings and establish new working relationships. Changes include shifting away from rigid agenda structures in system-wide meetings and prioritising personal connections.

Example: Gloucestershire

Gloucestershire partners reported that elements of their ICB meetings have shifted towards a more conversational, dynamic format – a departure from the previously structured, rigid approach. These changes have enabled more inclusive decision-making and shaped the mindset of senior leaders.



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.” Voluntary sector partner



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

In the early stages of the programme, some sites reported that HCT amplified the voices of small voluntary sector organisations and marginalised communities. This was achieved by partners facilitating more inclusive, cross-sector conversations and through the creation of programmes and tools to translate community insights into evidence for decision making.

As the programme progressed, multiple sites observed that community members gained confidence, knowledge, and skills through their engagement with HCT initiatives. For example, in Leeds, community members who attended adaptive action workshops reported increased confidence in sharing their experiences of healthcare, and a stronger sense of empowerment in advocating for themselves and others when receiving healthcare. For instance, one community member is now an advocate for Gypsy and Traveller communities during GP appointments.

Similarly, in Plymouth, HCT funding supported a community researcher programme citywide, in which local residents were trained to listen deeply and gather stories to explore what 'belonging' in Plymouth meant to their communities. Insights were developed through workshops and mapped into 12 key themes. Participants reported positive personal and professional growth.



There are community researchers who have developed skills professionally from being involved. There's a real value in listening to people and listening to their stories."

Voluntary sector partner

Despite these successes, some partners noted that it was too soon to determine whether community voices would be meaningfully amplified in the long term.



5.4.3 Improving statutory understanding of the issues impacting marginalised communities

Multiple sites reported that collaboration with grassroots, voluntary sector partners improved statutory sector partners' understanding of the barriers facing marginalised communities. Some statutory sector partners said that they had a better understanding of local health inequalities, which would influence how services are designed. In at least one site, statutory sector partners embedded a community-led approach into new initiatives.

Example: Leeds

Leeds partners focussed on improving healthcare outcomes for sex workers, transgender people, asylum seekers and refugees, and Gypsy and Traveller communities.

This involved exploring ways to improve access to healthcare, including introducing "welcome workers" in GP practices, ensuring patients repeat back their understanding at the end of an appointment, and reviewing requirements for a fixed address to access services.



This would not have happened without the HCT programme and collaboration."

Statutory sector partner

Statutory sector partners reported that this targeted focus had deepened their understanding of health inequalities and led to practical service improvements.



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."

Statutory sector partner



5.4.4 Shifting resource and power to the voluntary sector

One of HCT's core principles was to emphasise the value and raise the influence of the voluntary sector, and to drive a shift of resources and power towards it. This has not been an explicit focus for most partnerships, and several sites noted the impact of challenging financial contexts in the statutory sector on the ability to achieve this. However, one site piloted a new commissioning model.

Example: Croydon

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

Beyond this, a shared leadership model, which featured regular cross-sector meetings and fortnightly GP discussions, strengthened collaboration and helped embed voluntary sector involvement in local decision-making. The role of community-builders in Croydon's Community Hubs further increased statutory sector recognition of the contributions of voluntary sector organisations and led to commissioners considering new opportunities to partner with the voluntary sector.



5.4.5 Highlighting the value of hyperlocal community-led initiatives

Some sites reported that HCT helped build capacity for community-led initiatives. This included the development of hyperlocal, community-led groups and services designed to deliver person-centred care. Partners reflected that highlighting the value of this work across the local system 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.”

Statutory sector partner

Example: Coventry

Throughout the programme, partners in Coventry reported that the lead VCSE organisation's links to local community members were key to identifying community-led initiatives for development and support. One example of this was working closely with and providing funding to a 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-focussed healthcare practices as we now include this in our social prescribing.” Coventry partner

The capacity-building support offered to this organisation was a vehicle for the community-led mobilisation that the partnership champions. It supported community healthcare practices in improving

capacity for social prescribing. Partners shared with the local ICB the positive difference the group made 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 its increased engagement and participation.”

Coventry partner

Beyond these individual initiatives, learnings generated by HCT were incorporated into the local ICB's Integrated Care Strategy to include a specific priority on building trust and engaging with communities. The strategy explicitly references insights generated through HCT, giving greater visibility and legitimacy to conversations about strengthening relationships with communities. As a result of this change, ICB leaders are now more accountable for engaging with system-wide decision-making.



5.4.6 Achieving partnership credibility across the wider system

In the early stages of the HCT programme, several sites reported that their partnerships had gained credibility within the wider system. By the conclusion of the programme, this credibility had strengthened to the extent that partnerships were recognised within system level structures such as a Health and Social Care Board and a Population and Primary Care Board.

5.4.7 Boosting community provision

As the programme progressed, multiple sites noted that HCT played a key role in expanding and strengthening community-led provision, creating spaces where residents could connect and access services. By supporting the development of community initiatives, HCT also helped formalise links between statutory and voluntary sector provision, ensuring community-led approaches remain embedded in local systems beyond the programme's conclusion.

Example: Croydon

In Croydon, the development of Community Hubs provided vital spaces for residents to access wellbeing services. Partners reported these hubs particularly benefited older adults, who are now more active in community activities, and are less socially isolated. Regular offerings within Community Hubs include weekly coffee mornings, brunch clubs, access to a community food shop, support from welfare rights advisors, yoga and relaxation classes, talking therapies, and peer support. Stakeholders observed that Community Hubs are well-attended by community members, and that there was increasing interest from providers to contribute to them.



Example: Coventry

In Coventry, partners reflected that HCT helped formalise multiple community groups in Willenhall. The credibility and backing from statutory sector partners enabled these groups to become more structured and better resourced. These groups include:

- **Friends of Brookstray Park** – a resident-led initiative focussed on improving a local park in Willenhall. Members meet bi-weekly at a local community centre, to enhance the park’s amenities and foster social connections. Their first goal was to revitalise the park’s play area, making it more inclusive for children of all ages - the group has brought £300 thousand pounds of investment into the local area.

- **Waka Waka fitness group** – a community-led exercise initiative for Black women and their families. The group offers free bi-weekly exercise classes at the Haggard Centre in Willenhall and organises trips to nearby national parks, including a Peak District walk attended by 50 members and their families. The initiative was developed by the initial HCT programme coordinator, who attended local church services and encouraged a community member to lead the group. While physical activity remains the group’s primary focus, the group also creates strong social networks that offer informal mental health support.



Waka Waka break down barriers around mental health by acknowledging cultural nuances.”

Voluntary sector partner

- **Men’s mental health group** – as described above, the men’s mental health group was integrated with local clinical pathways, so that local GPs are now able to socially prescribe this group to patients while they await formal mental health support.



5.5 Partnership legacy and sustainability

Throughout the programme, sites reflected on the following themes related to the legacy and sustainability of their partnerships:

- **Concerns around funding.** All sites raised concerns about how their partnership would continue after HCT funding ended. These concerns 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 partnership coordinator roles came 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.”

Statutory sector partner

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

Some sites raised specific funding risks to partnership sustainability. In several, the lack of continued funding for coordinator roles generated fear partnerships could lose momentum, or dissolve altogether.



“My fear is that if we run out of money for the convenor and learning partner, and it (the stewardship group) fizzles out.” Voluntary sector partner

Furthermore, as mentioned in [section 3.3.4](#), partners in some sites observed that statutory sector colleagues outside of the immediate HCT partnership were less willing to adopt new ways of working generated through the programme. These reflections were often linked to the pressures of challenging financial contexts, where statutory services were perceived to prioritise immediate service delivery over longer-term change. As a result, a lack of continued funding may reduce the system-wide impact of HCT partnerships.

Voluntary sector partners in multiple sites indicated that without dedicated funding for partnership engagement, voluntary sector organisations may struggle to justify their continued involvement in partnerships, reducing levels of cross-sector collaboration.



“If funding for delivery is shrinking, then for the VCSE, how long will their boards tolerate them leaning into partnership working—without increased income for their organisations?” Statutory sector partner

These concerns highlight the importance of long-term investment to ensure cross-sector partnerships can continue to evolve and deliver impact.



- **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 convene regularly, some partners questioned how relationships between organisations would be maintained if key individuals moved on, relating to a fear of reliance on individuals, as explored in [section 3.4.3](#). Additionally, partnerships that took a more structured approach to partnership working trusted that changes to local governance would sustain the relationships between organisations, if not between individuals.

Beyond formal structures, partners in multiple sites expressed a commitment to maintaining relationships in more informal ways. In Coventry, partners proposed organising twice-yearly coffee mornings to ensure ongoing dialogue and connection. Other sites worked to embed HCT principles into existing community programmes to ensure partnership approaches remain part of broader initiatives.

In some partnerships, confidence in the sustainability of relationships between organisations and individuals came from day-to-day interactions between organisations, as partners in some sites expected to continue collaborating naturally in their regular work. In other sites, the momentum generated through community-led initiatives, such as Croydon's Community Hubs, reinforced the importance of maintaining relationships, as partnership working was viewed as an ongoing practice rather than a time-limited project.

- **Importance of continued buy-in from senior leaders to support sustainability.** Three sites reported challenges engaging senior NHS leaders within their partnership, stating this was a particular challenge for the sustainability of their partnership. For long-term impact, partners emphasised the need for strong leadership to ensure learning is embedded across the system.



It has been hard to get senior leaders into the room.”

Voluntary sector stakeholder

- **Sharing learning and tools for others to replicate innovative approaches.** Across most sites, partners suggested they would consider the legacy of the partnership successful if the learning, tools, and methods they have developed are replicated across the system. In Coventry, partners prioritised this by hosting events to embed reflections on partnership working into discussions about the Care Co-Lab – a group focussed on bringing together partnerships of healthcare providers and commissioners. In contrast, in Gloucestershire, partners viewed their Collaboratory as a central tool for embedding learning. With 17 individuals already engaged and plans for a future cohort underway, the initiative is designed to distribute insights across the system.



Example: Plymouth

In Plymouth, partners felt that the development and delivery of their community research programme enabled insights to be gathered locally and have translated them into evidence to inform decision-making on service design and commissioning. The tools created for this process now 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 partner

- **Reliance on individuals.** Reliance on individuals remained a key challenge in ensuring the long-term legacy of HCT falls with organisations rather than specific people. While partners across sites were committed to sustaining the work of HCT, some feared the success of these efforts depended on the continued involvement of particular individuals, raising concerns about continuity and knowledge retention.

Additionally, sites with a small number of core members risk the departure or retirement of key figures, leading to a loss of knowledge and leadership. This can also be extended to the evolving nature of communities, where residents also relocate or disengage over time. To prevent this, sites made efforts to document key learnings to ensure they are preserved and accessible for future stakeholders.



System map: Legacy and sustainability

For partnerships to be sustainable and leave a legacy, commitment must be embedded across organisations rather than relying on individuals as the primary drivers of change. While individuals can be instrumental in holding partnerships together and advancing objectives, long-term success depends on ensuring that commitment is widely shared to prevent single points of failure if key people leave.

Maintaining a shared vision and purpose is equally essential for sustaining impact over time. By building structures that reinforce collective ownership and long-term commitment, partnerships can safeguard their future and ensure their work endures beyond individual contributions.

In the diagram, the circle on the right indicates the theme in focus, while the surrounding circles represent related themes that positively or negatively influence legacy and sustainability.



To interpret the map: a solid arrow indicates a positive association in the direction of the arrow, while a dashed arrow indicates a negative association. For more information see [section 1.3.2](#).

- **Concerns on timeframe.** Partners across the sites expressed doubts about the lasting impact of HCT because of the challenge of achieving meaningful system change within a three-year timeframe. They pointed out that embedding new ways of working requires sustained effort, and that this limited period was insufficient to create lasting structural shifts. In some cases, partners acknowledged that their initial plans and expectations did not fully account for the complexity of the issues they would need to navigate beyond HCT.

- **Concerns on clarity of impact.** A recurring challenge across the sites was the need for greater clarity in demonstrating and communicating the impact of HCT. Some partners raised concerns about whether the value of their work was fully understood within their local communities, particularly when partnerships operated behind the scenes. Others struggled to evidence system-wide changes, such as reductions in GP attendances, due to difficulties in accessing or integrating relevant data. Additionally, while strong narratives emerged around community organising efforts, sites struggled to clearly articulate the broader system-level objectives of HCT.



Discussion and considerations for the future



6.1 Overview

The findings outlined in this report are based on the two-year evaluation of the HCT programme, and aim to address the 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 recommendations for future cross-sector partnerships, as well as for organisations planning to support or fund similar initiatives. These recommendations are based on evidence from individual sites and the wider programme about what has worked well to foster or encourage better cross-sector partnership working.

6.2 When are partnerships needed?

HCT was based on the assumption that working in partnership across sectors is an effective means of addressing health inequalities, or, at least, is better than the voluntary and statutory sectors working separately. The programme's focus was on how to make partnerships work better rather than to assess when or whether working in partnership is more effective than organisations acting alone. Given that partnership working takes time and effort, as evidenced in this evaluation, there was also a need to show that it is worth doing.

The work that has happened in the HCT sites does to a large extent demonstrate the value of the statutory and voluntary sectors working together. Partnership working has enabled local communities to have more input into and influence over place-based work to improve residents' health. In particular, it has allowed partners – through the trust and connections the voluntary sector brings – to identify and engage with groups of people who are traditionally marginalised and might not readily access statutory sector services. There are early indications that this engagement is making a difference, even in small ways, to what services are available and how they are delivered. Services that are more closely aligned to the needs of communities are more likely to succeed in the aim of keeping people healthy for longer.



6.3 Developing and working in partnership

The HCT programme provided an opportunity for individuals and organisations across the five sites to reflect on their ways of working, challenge existing structures, and trial new partnership models. Across all sites, several approaches, tools, and methods were identified as useful foundations for partnership working. These included:

- Having core personnel who act as an anchor for the partnership, driving progress, accountability and momentum, such as a partnership co-ordinator.
- Recruiting passionate and committed individuals who prioritise relationship-building and active engagement.
- Ensuring regular contact and communication to build strong and resilient relationships.
- Allowing space and time for deep, trusting relationships to form, beyond professional roles.
- Acknowledging and addressing power dynamics and cross-sector tensions early on.
- Leveraging pre-existing relationships to facilitate early engagement and collaboration.

The relative importance of these elements varied across partnerships, depending on their approach, membership, and local contexts. Therefore, conclusions drawn from these findings should be considered within each site's specific context.

As previously noted, measuring and attributing impact to a programme like HCT is inherently complex. Achieving transformational change within three years is unlikely, and, as such, findings should be interpreted pragmatically. However, the evaluation identified clear benefits for partnerships, as well as broader systemic impacts within their local contexts. Specifically, partners reported:

- Seeing relational approaches and community engagement methods being replicated across the wider system.
- Increased confidence, knowledge, and skills within local communities - by sharing lived experiences to contribute to local decision-making, communities can support the development of more inclusive approaches to health care.
- Improved statutory sector understanding of the issues affecting marginalised communities, and better engagement with those communities through the VCSE organisations that worked closely with them.
- A shift in power and resources toward the voluntary sector.
- Expansion and strengthening of community provision.



6.4 Recommendations for future cross-sector partnerships

- Embed data and learning capture early on to support continuity if membership changes. While such changes can still be disruptive, tools such as the online planner introduced in Leeds can help maintain shared accountability and progress by ensuring key information is accessible to all partners.
- Prioritise relationship-building at the organisational level to reduce reliance on individual commitment and support long-term partnership sustainability.
- Construct effective onboarding processes for new members, such as handover document packs, to prevent the loss of partnership momentum.
- Address partnership management approaches to ensure they accommodate constraints faced by both voluntary and statutory sector partners, particularly around capacity limitations. The reduced involvement of statutory sector partners in multiple HCT sites highlights a key challenge: sustaining cross-sector partnerships requires models which reflect structural and resource limitations to support consistent engagement.
- Strengthen internal and external communication to ensure that the aims and objectives of the partnership are well understood.
- Leverage existing networks and relationships to streamline engagement and collaboration.

6.5 Recommendations for organisations planning to support or fund cross-sector partnerships

Evidence from the HCT programme evaluation suggests that certain aspects of the programme's support model contributed to successful cross-sector partnership working. These included:

6.5.1 Funding and grant management

- Providing access to external funding facilitated cross-sector collaboration and helped establish equal partnerships.
- Flexible funding and grant management processes allowed sites to prioritise learning and innovation, which was particularly valuable given wider financial constraints within the statutory sector.
- Ensuring that funding was held by VCSE partners helped to balance traditional top-down approaches.



6.5.2 Learning and L&OD support

All sites valued access to external expertise, which was described as central to embedding a culture of learning and reflection - widely recognised as a driver of system change.

- Providing tools and resources to capture insights, particularly when co-designed, helped sites articulate and contextualise their work.
- Prioritising time for ongoing learning and reflection strengthened partnership cohesion, even when capacity was limited.
- Bringing partnerships together for shared learning helped break down assumptions and facilitated cross-site collaboration.
- A flexible support offer that could adapt to the needs of each site was highly valued.



Recommendations for funders

- Encourage a programme-wide focus on action learning.
- Recognise that flexibly funded programmes require a tolerance for uncertainty. Funders may need to embrace risk and accept the unpredictability of innovation.
- Commission evaluations that use adaptable research methods to capture diverse learnings from different partnerships. Flexibly funded programmes will lead to variation, making traditional evaluation methods less effective.
- Ensure funding streams are long term and aligned with realistic expectations for impact and sustainability, recognising that systems change requires time.
- Ensure voluntary sector organisations consider approaches to promote transparency and shared ownership over financial decisions, such as the use of neutral fiscal hosts.
- Be explicit in whether, and to what extent, the funding organisation plans to adopt learning generated by the programme.

Recommendations for supporting organisations

- Clearly communicate the offer, role, and expectations of supporting organisations at the outset, including how their influence and credibility may be used to support change within and beyond the programme.
- Clearly articulate support offers so that partnerships can make full use of available resources, while allowing flexibility to tailor them to partnership needs.
- Where possible, allow partnerships to select their own consultant based on strategic alignment. Where this is not feasible, facilitate knowledge-sharing among consultants to ensure that learning is captured across sites.
- Ensure coherence between support functions and programme management so that learning from partnerships informs and influences programme-level decision-making. Ensure a balance between theoretical and practical expertise in external support.



6.6 Conclusion

The HCT programme was bold, ambitious and complex. Its deliberately non-prescriptive approach fostered innovation across the five sites, all of which took a unique approach to partnership structure, operations and focus. The programme placed particular emphasis on action learning, risk-taking, and experimentation, with partners crediting these characteristics for enabling them to test what it means to work in partnership, and to explore the difference that partnership working makes and in what context.

Through access to external funding, HCT encouraged more equal cross-sector partnerships through its independence from statutory or voluntary sector agendas. This encouraged shared ownership and innovation within HCT partnerships. Despite this, limited capacity and stretched resources across the voluntary and statutory sectors remained a persistent challenge throughout the programme, at times impeding sustained engagement and relational work.

Relationship-building also emerged as a core pillar of the programme, with partners consistently investing in psychological safety, open communication, and a “human-first” approach. However, these relational approaches were not without difficulty, as sites learned to navigate deep-rooted cultural and operational differences between the statutory and voluntary sectors. Nonetheless, the relational approaches adopted by partners laid the groundwork for mutual trust and collective problem-solving. Dedicated partnership coordinators funded by HCT, in addition to committed partners across the sites were instrumental in maintaining partnership momentum.

Support provided by The National Lottery Community Fund and The King’s Fund was widely valued by the HCT partnership sites. Sites particularly appreciated the flexible and learning-oriented ethos of grant management, as well as the bespoke, reflective space created through L&OD support. However, some sites reported that clearer communication early in the programme about the flexibility and scope of this support offer could have encouraged bolder innovation and reduced uncertainty.

While not an explicit focus of the programme, multiple sites shaped their work through an Equity, Diversity, Inclusion and Equality (EDIE) lens. Driven by local priorities and values, partners integration of EDIE principles into their work reflected the complexity of their local contexts.

HCT’s impact also extended beyond individual partnerships, with all sites reporting indicators of system change - from increased statutory awareness of community issues to the replication of relational practices. As programme funding ends, sites are considering how to secure long-term support for their ways of working.

As a result HCT's legacy lies not only in tangible programme outcomes, but through its challenge of conventional working practices, which created new possibilities for cross-sector collaboration rooted in trust, equity and shared purpose.



Appendices



Appendix 1 Theory of Change

Figure 4 presents HCT'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. HCT's theory of change was developed by Cordis Bright, in partnership with the HCT sites, The National Lottery Community Fund and The King's Fund, and was sense-checked with programme stakeholders and partners in emerging findings workshops at the end of Year 1 of the evaluation. For more information on the emerging findings workshops, see [Appendix 2](#).

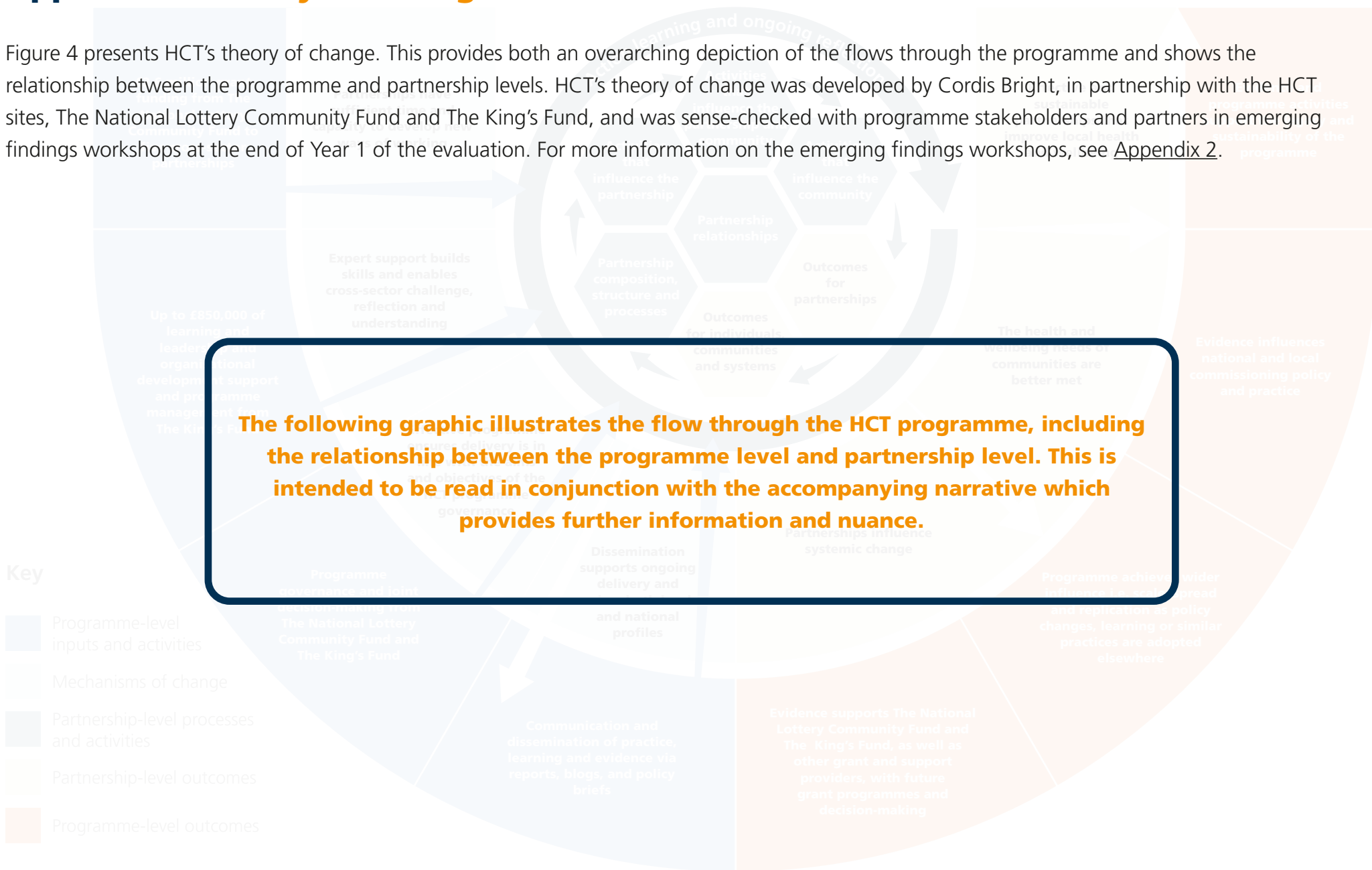
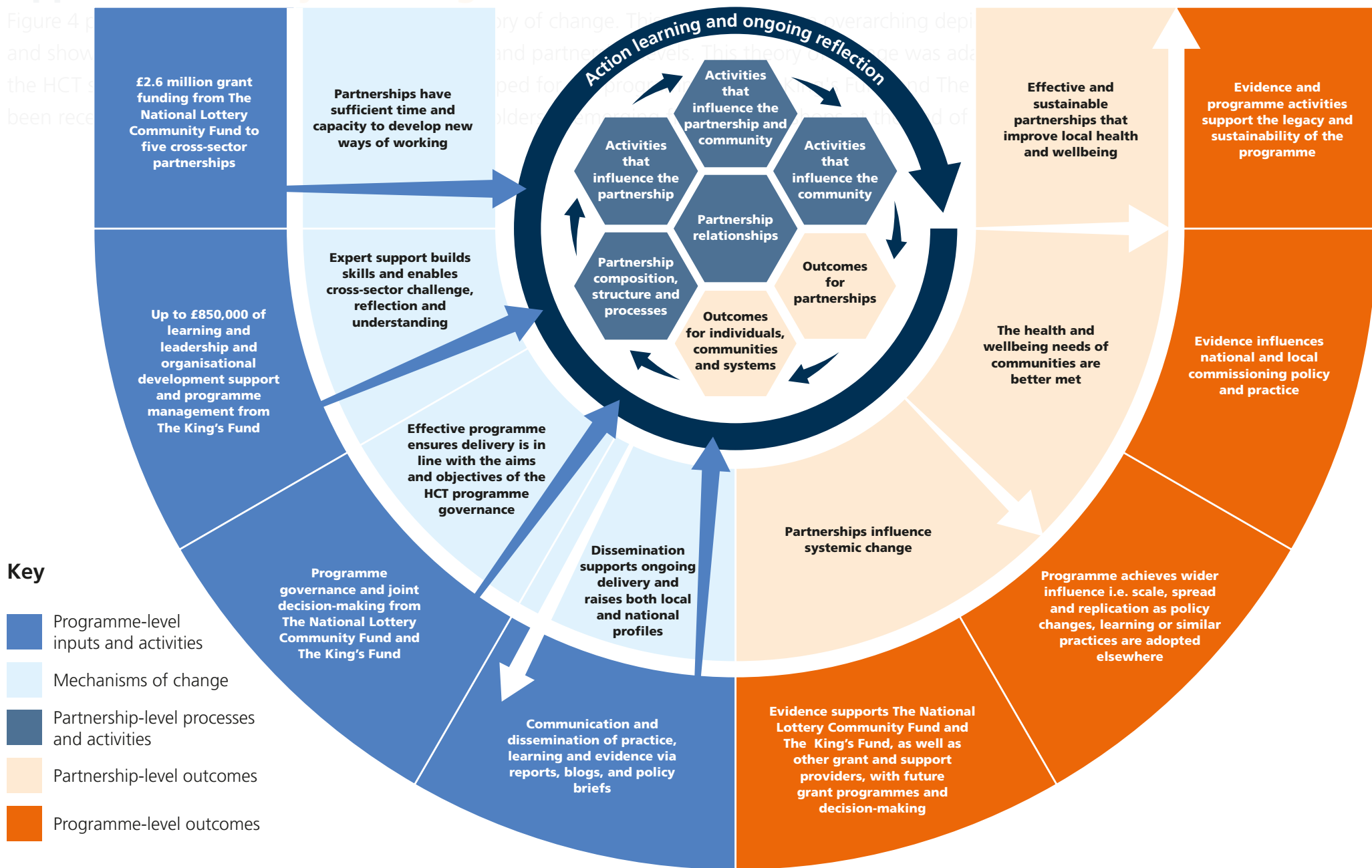


Figure 4: HCT Theory of Change



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>



Appendix 2 Evaluation methodology

Figure 5: Presents the HCT evaluation aims and objectives, and where findings are addressed in this 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 6
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 , Chapter 6
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 response, partnership observations, and mapping workshops conducted per site or organisation can be found in [Figure 6](#) below.

Figure 6: Breakdown of methodology per site or organisation

	Stakeholder interviews		Survey responses ⁷		Partnership observations		Workshops	
	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2	Year 1	Year 2
Coventry	7	5	2	2	2	2	1	1
Croydon	5	6	14	8	4	1	1	1
Gloucestershire	7	4	1	0	2	0	1	1
Leeds	5	5	0	1	1	2	1	1
Plymouth	7	5	7	1	3	1	1	1
The National Lottery Community Fund	4	2	N/A	N/A	N/A	N/A	N/A	N/A
The King's Fund	6	7	N/A	N/A	N/A	N/A	N/A	N/A

Reductions in numbers from Year 1 of the evaluation to Year 2 are related to attrition within partnerships, as well as delayed engagement from Gloucestershire.

⁷Differences in the number of survey responses is in part due to varying size and structure of the sites.



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. Versions of the interview topic guides, and online survey were created for both years of the evaluation, and were reviewed by The National Lottery Community Fund each time.



Stakeholder interviews

In total, the evaluation team conducted 75 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. 40 interviews were conducted in the first year of the evaluation, followed by 35 in the second year.

Sampling

In both years of the evaluation, the evaluation team aimed to interview six partners from each site. Partners were identified by the research team's point of contact for each site, and at least six partners were invited to interview in each site, for Year 1 and Year 2 of the evaluation. The number of interviews carried out per site varied based on response rates, attrition within partnerships and additional factors such as sick leave but included at least one partner from each sector (e.g. 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 in Year 1 of the evaluation. 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. Once these contacts were identified, they were asked to return for a repeat interview in the second year of the evaluation.

Interviews

All identified interviewees were contacted individually by a member of the evaluation team in both years of the evaluation. The research team then liaised directly with them to schedule an appropriate time for their interview (either via email, or in Year 1 of the evaluation, using an online scheduling system). Each interview took around 45 minutes to an hour and took place virtually. In Year 1 of the evaluation, all interviews were carried out between October 2023 and January 2024. In Year 2 of the evaluation, all interviews were carried out between September 2024 and December 2024.

At the beginning of the 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 members who were unable to be interviewed due to resource constraints. As such, the survey utilised several open-ended questions with text boxes. The drafted survey was shared with The National Lottery Community Fund who reviewed and provided suggested edits. This process was repeated for Year 2 of the evaluation, with some survey questions edited to focus more on sustainability and legacy.

Distribution

The Year 1 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 responses⁸. The Year 2 survey was distributed to partnerships in September 2024 with a deadline of November 2024. In both years of the evaluation, the survey 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 are 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. In Year 1 of the evaluation, all observed meetings and activities took place between October 2023 and January 2024. In Year 2 of the evaluation, all observed meetings and activities took place between September 2024 and November 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.

⁸The deadline was extended further for stakeholders from the Leeds partnership to allow for their limited capacity and encourage responses.



Approach to qualitative analysis

Evidence obtained from interviews, observations, the partnership survey and adapted ripple effect mapping workshops (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.

Further in-depth analysis was then carried out and triangulated against these initial findings to develop further 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 conducted 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 to the workshop were decided and invited by the partnerships, although the research team encouraged the attendance of all those who took place in interviews as a minimum. They all took place between November 2023 and January 2024.

System map development

From the findings from 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 these 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. This system map is discussed in a separate reflective piece, as well as in part in [Chapter 3](#) of this report.



Adapted ripple effect mapping

Workshops

We conducted four⁹ adapted ripple effect mapping workshops in Year 2 of the evaluation to identify outcomes perceived to stem from HCT. In these workshops, the established ripple effect mapping method was adapted to fit the time constraints of the evaluation, allowing sites to share reflections in a practical manner while minimising the time burden on partners. Two workshops took place in person, while the other two were conducted virtually. To enable in-depth discussions, attendance was limited to each site's core partners, with participant numbers ranging from 6 to 10 per site. All workshops were held in October and November 2024. While the workshops were not designed to directly answer the evaluation questions on partnership working, they served as a valuable additional method for capturing broader impacts of HCT activities.

By engaging stakeholders in a participatory mapping process, the workshops provided an opportunity to celebrate and reflect on the meaningful changes brought about by HCT, highlighting outcomes beyond the formal, pre-designated evaluation measures.

Outcomes map development

The findings from each adapted ripple effects workshop were illustrated in four draft 'outcomes maps' using Canva software. Each site was asked to sense-check the examples in their draft outcomes map.

The evaluation team then distilled the outcomes examples from the four maps into themes, based on different approaches to partnership working (as presented in [section 2.5](#)). The consolidated 'outcomes map', with examples from each site, can be found in [Appendix 4](#). It should be noted that this was a supplementary activity to the evaluation, given that its prime purpose was not to measure outcomes. The resulting outcomes map is therefore not intended to be comprehensive.

Emerging findings workshop

After the completion and combination of site-level analyses, the research team hosted a three-hour virtual emerging findings workshop with the sites in January 2025. The aim of this workshop was to sense-test two emerging themes from our analysis with the sites. This workshop discussed two emerging themes in breakout groups and plenary. These themes were the benefits and drawbacks of a flexible and non-prescribed programme, and individual versus organisational representation in partnership working. The workshop was well attended, with approximately 30 partners attending from across the sites. The notes generated from this workshop were subsequently woven into this report.

⁹An adapted ripple effect mapping workshop was not conducted in Gloucestershire, as partners felt it did not align with the site's approach.

Appendix 3 Bibliography

Alderwick, H., Hutchings, A., Briggs, A., & Mays, N. (2021)

The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: a systematic review of reviews. *BMC Public Health* 2021 21:1, 21(1), 1–16. <https://doi.org/10.1186/S12889-021-10630-1>

Allen, J., Boyce, T., Goldblatt, P., Marmot, M., and Morrison, J., 2020

Health Equity in England: The Marmot Review 10 years on. Institute of Health Equity [pdf]. Available at: <https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf> [Accessed 4 February 2025].

Aunger, J.A., Millar, R., Greenhalgh, J. et al (2021)

Why do some inter-organisational collaborations in healthcare work when others do not? A realist review. *Syst Rev* 10, 82. <https://doi.org/10.1186/s13643-021-01630-8>

Centre for Public Impact (2021)

Human Learning Systems: Public Service for the Real World. https://www.centreforpublicimpact.org/assets/documents/hls-real-world-summary.pdf?_hstc=45853115.c052e65310ceebed674ad913d994f06b.1724336901633.1724336901633.1724336901633.1&_hssc=45853115.1.1724336901634&_hsfp=3578581057

Crisp, R., Green, A., & Wells, P. (2014)

Partnerships and Service Delivery: an evidence review. <https://www.shu.ac.uk/centre-regional-economic-social-research/publications/talent-match-evaluation-and-learning-contract-2013-19---partnerships-and-service-delivery-an>

Haynes, S., 2021

Exploring the Views of Voluntary Community Sector Professionals on Partnership Working and Community Engagement with Clinical Psychologists in an NHS Child and Family Service (Doctoral dissertation, University of East London).

Hudson, B., B. Hardy, M. Henwood and G. Wistow (1999)

'In Pursuit of Inter-agency Collaboration in the Public Sector: What is the Contribution of Theory and Research?', <https://www.tandfonline.com/doi/abs/10.1080/14719039900000005>

Millar, R., Millar, R., Gardner, T., & Warburton, W. (2017)

Briefing: Partnerships for improvement: ingredients for success. <https://www.health.org.uk/sites/default/files/PartnershipsForImprovement.pdf>

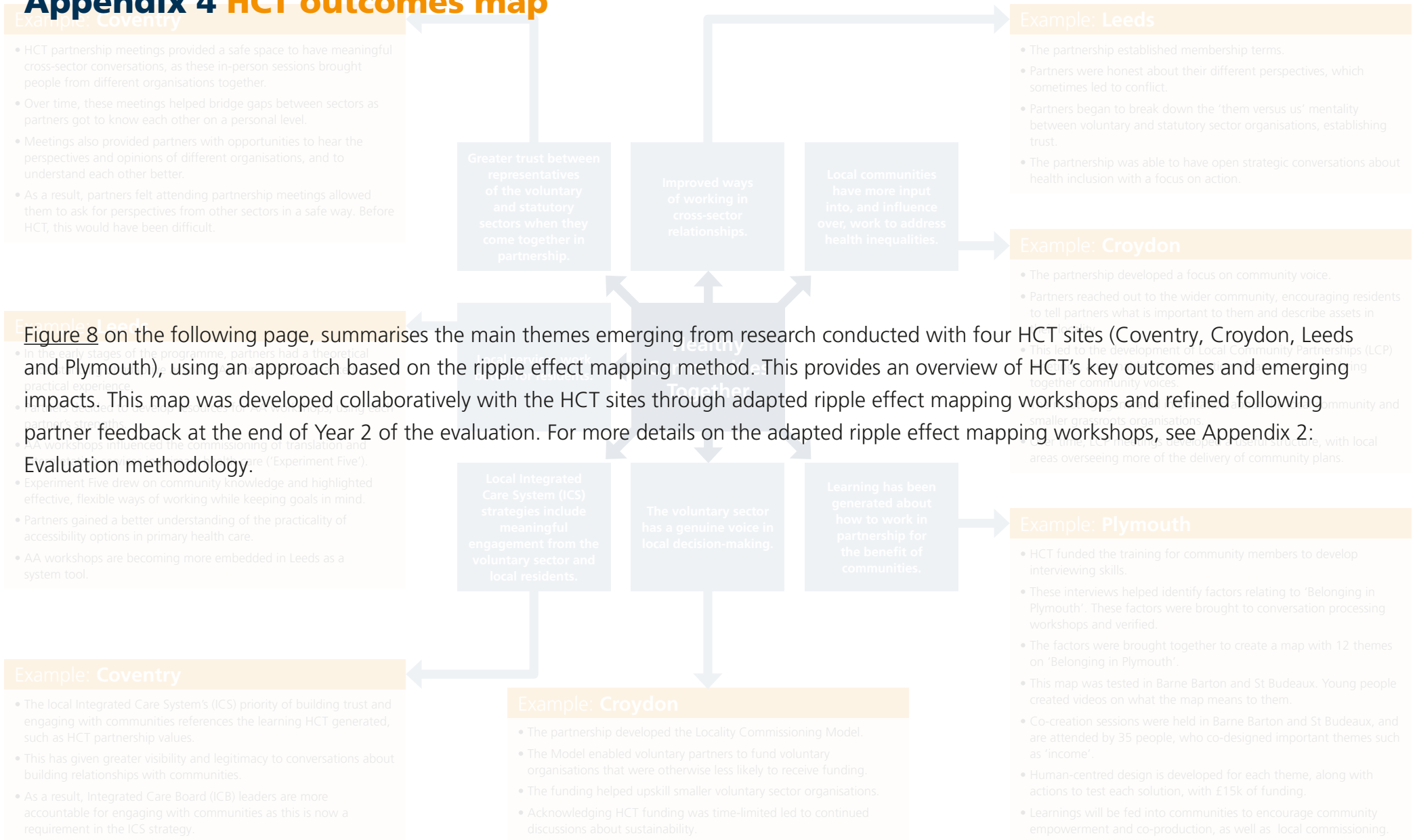
NHS England, 2021

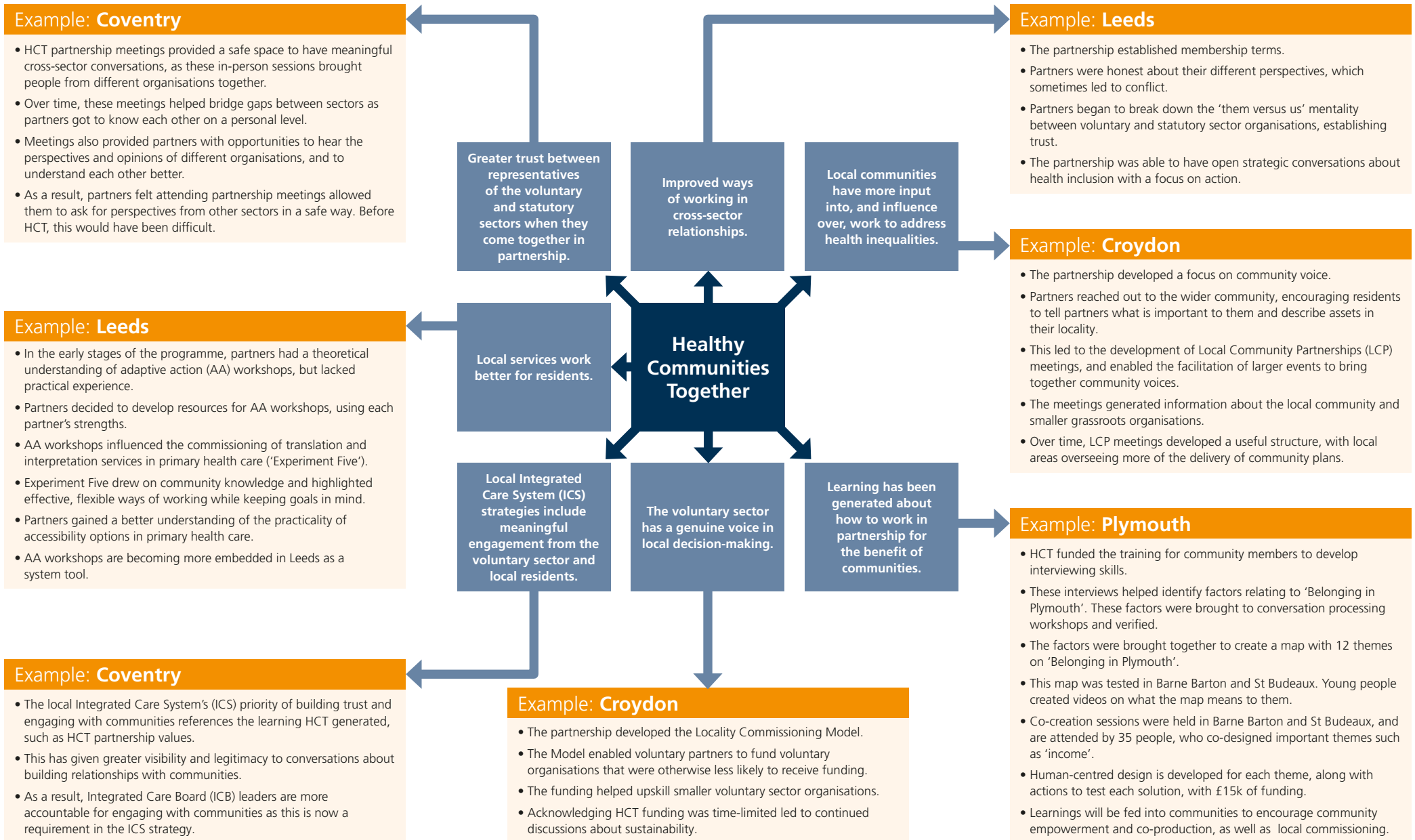
Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector [NHS England » Integrated care systems: guidance](#)

Percy-Smith, J., 2006

What works in strategic partnerships for children: a research review. *Children & society*, 20(4), pp.313-323.

Appendix 4 HCT outcomes map







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