

From Partnership to Progress: Building Equitable Health Systems



Introduction

The Healthy Communities Together (HCT) initiative in Leeds was an ambitious, cross-sector collaboration designed to tackle persistent health inequalities by transforming systems, centring lived experience, and investing in long-term, equitable partnerships. Drawing on a three-year journey of learning, evaluation, and deep engagement across the third sector, the NHS, Public Health, and community organisations, this final report blends practical insights with strategic reflections to guide future partnership efforts across Leeds and West Yorkshire.

Foundations for Strong Partnerships

At the heart of HCT's success lies a commitment to building deep, respectful, and enduring relationships.

What Worked :

- **Trust and Respect:** Built through humility, honest conversations, and a shared mission.
- **Long-Term Commitment:** Deep relationships align values and reinforce collaboration. Effective collaboration takes time.
- **Shared Values in Times of Change:** Even with personnel shifts, strong values and open communication preserved continuity.

Lessons :

- Partnership work demands vulnerability, patience, and deliberate power-sharing.
- Early discomfort and misaligned expectations must be addressed transparently to avoid superficial work which doesn't go further than transactional.



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Overcoming Power Imbalances

Addressing inequity within partnerships fosters fairer, more effective collaboration. Equity was not just a goal—it was a design principle embedded in HCT's operations.



Strategies :

- **Flattening Hierarchies:** Every HCT partner—regardless of size, sector or sector or funding—had an equal voice.
- **Equitable Funding Models:** Moving away from top-down funding control fosters inclusive collaboration. The third sector partners were trusted with funding which valued their involvement in the project without prescriptive targets and monitoring.
- **Honest Conversations:** Power dynamics were named and discussed—sometimes uncomfortably, but always productively.
- **Authentic Community Engagement:** Third sector partners with deep community connection, history and engagement led the work; centring marginalised communities experiences meaningfully not tokenistically.
- **Clear, Accessible Communication:** Avoiding jargon helps break down barriers and ensures inclusivity.

Lessons :

- Without deliberate action, smaller partners risk being reduced to “access points” rather than innovation leaders.
- Sustaining effective partnerships requires trust, inclusivity, and adaptability.
- Equity requires time, transparency, and courage.

Building Trust & Equitable Collaboration

Reflections from HCT partners pointed to the complex but rewarding nature of cross-sector partnerships.

Key learning points included :

- **Power-sharing** was a defining feature of the project. Though it sometimes led to discomfort, the shared respect and challenge among partners facilitated genuine collaboration.
- **Adaptive Action** helped reduce stigma and improve understanding of marginalised communities' experiences.
- **Time and relationship-building** were essential to moving beyond “us and them” dynamics.

Risks and Challenges :

- Partnerships can risk focusing on “people change” (influencing individuals) rather than achieving system change.
- Third sector contributions were sometimes viewed through a narrow lens—as a channel for community access—rather than as equal contributors to service design and innovation.

Success Factors :

- **Expert Facilitation** : Skilled facilitators structured meetings, encouraged participation, created positive collaboration environments, maintained momentum, and aligned workstreams.
- **Adaptive Approaches** : Small working groups focus on specific challenges to enhance efficiency and impact.
- **Regular Reflection** : Regular check-ins allow partners to assess progress and adaptive learning cycles helped address tension, reframe challenges, and refine strategies in real time.

Insights:

- Skilled coordination is indispensable and must be funded.
- Clear role definitions, especially regarding external partners and consultancies, prevent confusion and build trust.

HCT partners noted that trust and mutual respect developed over time, with early stages of the partnership affected by unconscious bias and role-based expectations.

Authentic Inclusion of Lived Experience

For too long, marginalised voices have been excluded from health decision-making. HCT aimed to strengthen partnerships between marginalised community members, VCS, local authority and authority and NHS.

What's Needed :

- **Systematised Inclusion** : Embed lived experience in governance and design—not just consultation.
- **Amplifying Lived Experience** : Policy decisions should be shaped by those directly impacted.
- **Recognising Existing Expertise** : There is vast knowledge and expertise within community organisations through learning that has already carried out through meaningful engagement with marginalised communities. We must draw upon existing learning and best practices to avoid tokenistic involvement and repetition of labour for community members
- **Championing Diversity** : A mix of perspectives enriches discussions and drives better outcomes.
- **Comprehensive Training** : Equipping professionals with vital skills that supports respectful engagement with underrepresented communities and helps avoid misrepresentation.
- **Investing in infrastructure** : for underrepresented groups (e.g. Sex Workers, Gypsies and Travellers, Trans communities and Refugees and Asylum Seekers) to ensure they can contribute meaningfully.

Challenges :

- Marginalised communities are often invisible in data and under-resourced in services.
- Engagement efforts rarely reach those who struggle most to access services and are not consistently embedded in service design or commissioning.
- Need for more systematic and resourced approaches to engaging marginalised communities.

Influencing Policy & System Change

HCT demonstrated how community-driven partnerships can shape commissioning and policy—especially when grounded in data from lived experience.

Real-World Example : Adaptive Action on Experiences of Interpreting Service: HCT carried out Adaptive Action session that influenced recommissioning and fed directly into the new specification for interpretation services — this intervention was described as “one of the most straightforward and high-impact” initiatives they had experienced.

Key Enablers:

- **Commissioners’ openness** to early engagement. Success driven by timing, preparation, and inclusion of lived experience.
- **Use of Adaptive Action (AA)** Provided a valuable framework for respectful dialogue, understanding, and joint action.
- **Safe involvement of lived experience**, resulting in insights that were both powerful and actionable.
- **Alignment of feedback** with commissioning language and frameworks.

Lessons :

- The success highlighted the importance of timing—engaging early in the commissioning cycle enabled effective influence. HCT partners emphasised the need for the third sector to better anticipate upcoming commissioning opportunities and to prepare strategically, echoing tactics used by commercial lobbyists.
- System change requires more than relationship-building—it demands reforming structures, timelines, and decision-making processes.

Key Recommendations

- 1. Engage Early in Commissioning Cycles :** Equip the third sector to influence systems proactively.
- 2. Systematise Inclusion :** Make lived experience part of all stages of design and delivery.
- 3. Invest in Infrastructure :** Fund and support community engagement that goes beyond tokenism.
- 4. Bureaucratic Reform :** Addressing rigid GP contracts and public health silos unlocked new opportunities and improved collaboration.
- 5. Fund Skilled Coordination :** Invest in facilitation, project management, and cross-sector alignment.
- 6. Managing Capacity Constraints :** Flexible structures help balance workloads and engagement.
- 7. Foster partnerships based on respect and challenge, while recognising structural power dynamics.**
- 8. Clarify External Roles :** Avoid duplication and confusion by setting expectations for their involvement.
- 9. Accessible Communication :** Plain language and inclusive facilitation builds understanding across partners
- 10. Rebalance Power :** Design funding and governance to elevate marginalised partners.
- 11. Build on Existing Wisdom :** Avoid repeating consultations—value what's already been shared.
- 12. Meaningful & Purposeful Engagement :** Adaptive Action (AA) provided a valuable workshop framework for dialogue, understanding, and joint action.

Conclusion:

A Movement for System Change

Healthy Communities Together Leeds has shown what's possible when partnerships are built on trust, shared power, and authentic inclusion. The HCT project has demonstrated that change is possible—strategic, timely, inclusive approaches can yield high-impact results. While challenges remain in embedding this work into systems HCT's impact has transformed services, shaped policy, and empowered communities. But more importantly, it revealed the blueprint for system-level change grounded in partnerships of equity and collaboration.



The challenge now is to carry forward this learning—not as a one-off, but as a long-term commitment to reshaping how we build health and wellbeing with communities, not for them.

HCT is more than a project. It is a movement—for fairness, for inclusion, and for truly healthy communities.



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