



Evaluating complexity: lessons from the national evaluation of Healthy Communities Together

April 2025



In December 2022 The National Lottery Community Fund appointed Cordis Bright to evaluate its Healthy Communities Together programme, which was developed in partnership with The King's Fund. The programme aimed to support effective and sustainable place-based partnership working between the voluntary community and social enterprise (VCSE) sector, the NHS, and local authorities, to improve the health and wellbeing of local communities. Cross-sector partnerships in five sites (Coventry, Croydon, Gloucestershire, Leeds, Plymouth) were awarded grants totalling £2.6 million by The National Lottery Community Fund. The King's Fund provided up to £850,000-worth of leadership and development consultancy to build partnership working and capture learning on what practices enable it.

From the start, we understood that this evaluation would be different from most others because it was the 'partnership working' we would be evaluating, not whether health and wellbeing outcomes had improved. We were asked to gather evidence to help answer two questions:



Five evaluation challenges and how we approached them

Evaluating Healthy Communities Together (HCT) was a rewarding experience - from working alongside a range of people committed to ironing out health inequalities, to exploring the essence of partnership working, all in the wake of the establishment of Integrated Care Systems. Gathering evidence on this programme presented a few challenges for us as evaluators. We hope our reflections on how we tried to tackle these challenges – and what we think worked well and less so – will be helpful for others evaluating similar programmes, as well as for funders and grantees.

Challenge 1: Sites took very different approaches, making 'programme' evaluation challenging.

HCT was a non-prescriptive programme not only in the sense that outcomes were not pre-determined, but also that sites were largely free to create and implement their partnerships however they chose. Some developed health-based projects under the auspices of HCT, while others leaned towards 'being in partnership' as the main work. Where sites developed projects, these were different as to who they serve, methods of delivery, and community engagement. Our job, then, was to try to identify common themes to help draw conclusions about what difference partnership working had made. Thematic analysis was useful here but risked being too theoretical and not sufficiently grounded in practical application to be useful to the sites. To help address this, we supplemented interviews with in-depth case studies on a specific initiative or project in each site, to illustrate how partnership working had played out in practice.

Challenge 2: The purpose of this evaluation of the HCT programme was not to measure outcomes in terms of addressing health inequalities.

The HCT programme did not have prescribed outcomes that partnerships would achieve, and evaluators could measure, as the intention was to enable sites to identify what would work locally. So our methodology was designed to collect data about the process and experience of working in partnership, which are inherently more elusive concepts. We carried out 77 semi-structured interviews, asking open questions about people's experiences of working in a cross-sector partnership. Sometimes it was hard not to ask 'yes, but what difference does all this make to health inequalities?' or to talk about outcomes. As evaluators, we bring our own pre-conceptions to the role and as such, often focus on demonstrating how public money is achieving outcomes for communities. This evaluation was different, which led to some lively debates within the evaluation team. We found this internal debate helpful, in that it enabled us to report our findings in a more nuanced way, acknowledging that participants in the programme held different opinions about what working in partnership meant for them and that there was no right or wrong approach.



Challenge 3:**Partnership working takes place in a complex system.**

We set out to use 'systems thinking' to help explore the reality of partnership working in a complex environment and to account for the multiple, interacting elements that contribute to the way partnerships operate. We put systems thinking into action through system mapping workshops with each site. The purpose was to create an overarching system map, which answers the question: "*What helps or hinders cross-sector partnership working?*" We wrote about this in a reflective piece "Mapping the Drivers of Partnership Working". The system map was valuable for contextualising what has emerged from individual interviews and case studies, while helping local partnerships and the HCT programme to understand better the interlinked factors which may have been impacting on their ability to work in partnership.

Challenge 4:**It is difficult to replicate the spirit of partnership in an evaluator/evaluated relationship.**

One key theme of HCT across all sites was the effort people made to relate to one another as people, rather than solely as the embodiment of organisations, and to understand one another's perspectives. This 'relational approach' went some way towards redressing power imbalances that exist in cross-sector partnerships, opening the way to a more constructive approach. As evaluators we didn't have the time or resources to build similar relationships with sites as partnership members had with one another. We were conscious of sometimes being seen as 'swooping in to judge' or inflexible when referencing the parameters of the programme evaluation, which we were contractually bound to deliver. We tried to be flexible with our methods, offering different approaches to data gathering. We also invested time explaining to sites why we were doing what we were doing and creating opportunities for feedback on our findings.

Challenge 5:**Maintaining a distinction between 'learning' and 'evidence gathering'.**

We have been steeped in evaluations of partnerships in health, care and social welfare for over twenty years, so evaluating HCT has been extremely interesting. We were enthusiastic to learn about how such partnerships work, but we often had to remind ourselves that we were *evaluators* and The King's Fund were the *learning partners*. This is a distinction that we suspect was not fully understood by all sites. Having an evaluator and a learning partner works well where the learning partner is a leading expert in the field – as The King's Fund is – and where there is regular liaison and discussion between the two about findings and outputs. We also took pains to explain the distinction to sites at every opportunity.



Our key observation

Our overarching lesson from evaluating HCT is that to draw out meaningful evidence across a whole programme, evaluation methods need to strike the right balance between flexibility and consistency. Some HCT partners were hesitant to engage in what they saw as 'pre-planned' evaluation methods that they perceived as replicating the power structures that exist in 'traditional' cross-sector partnerships. Using mixed and sometimes bespoke methods, communicating the approaches to sites in plain language, and making clear the rationale for specific methods are critically important to obtain buy-in and encourage participation. With hindsight, we could have made our research methods even more flexible and taken more time to design them collaboratively with sites.

We discuss our approach to the evaluation in more detail and present the findings from our work in an [interim report](#), published in October 2024. Our final summative report will be available in July 2025.





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