

Healthy Communities Together *Case Studies*

July 2025



Healthy Communities Together Case Studies: Overview

This document contains five case studies, one for each [Healthy Communities Together](#) (HCT) partnership site. The case studies were produced by [Cordis Bright](#) for the national evaluation of the HCT programme. The evaluation was commissioned by The National Lottery Community Fund, to run from January 2023 to August 2025. The fieldwork informing these case studies took place between September 2024 to January 2025. These case studies can be read alongside the full [evaluation report](#).

What was HCT?

HCT was a joint initiative between The National Lottery Community Fund and [The King's Fund](#).

HCT set out to create effective partnerships between the voluntary, community and social enterprise (VCSE) sector, the NHS, and local authorities to better understand and address the health and wellbeing needs of local communities.

From January 2022-June 2025, HCT supported five place-based partnerships in Coventry, Croydon, Gloucestershire, Leeds and Plymouth.

The sites received £2.6 million in total from The National Lottery Community Fund, with up to £850k in leadership development and learning support from The King's Fund.

The case studies

Each case study explores a specific aspect of partnership working, addressing a research question through tailored methods such as interviews and observations.

These case studies will be useful for funders and organisations supporting future cross-sector partnerships aimed at addressing community needs and improving health and wellbeing.

Case study focus

Coventry - The role of Coventry's 'Big Conversations' in fostering cross-sector collaboration.

Croydon - The role of partnership working in the design, delivery and difference made by Croydon's Community Hubs.

Gloucestershire - How relational approaches in the 'Collaboratory' development programme fostered collaboration.

Leeds - The use of 'adaptive action' workshops to improve health outcomes, by addressing communication barriers in primary care.

Plymouth - The role of Belong in Plymouth's (BiP's) work in building cross-sector collaboration.

Healthy Communities Together: Coventry Case Study

This case study explores the role of Coventry's 'Big Conversations' in fostering cross-sector collaboration.

This research traced the role they played in supporting, engaging, and empowering community leaders, groups, organisations, and individuals.



Healthy Communities Together: Coventry Case Study

Research Question

Big Conversations and centring the voice of the community: how did they affect Coventry's partnership?



Big Conversations

Big Conversations are an initiative designed to facilitate structured discussions that engage healthcare staff, patients and stakeholders in meaningful dialogues around key issues, such as service improvement. Big Conversations can be conducted online or in-person and vary in format, ranging from single large sessions to multiple focus group discussions, depending on the needs of the local community and scope of the discussion topic.

What did the partnership do?

Big Conversations were introduced to the Coventry HCT partnership by a CWPT member who had experience organising similar sessions for the NHS in Birmingham.

Coventry HCT partners

The Coventry HCT partnership comprised representatives from four organisations:

- Grapevine (a voluntary sector partner)
- Coventry City Council
- NHS Coventry and Warwickshire Integrated Care Board (ICB)
- Coventry and Warwickshire Partnership NHS Trust (CWPT)

Case Study Research Methods

- A focus group with four partners from the Coventry HCT partnership who were involved in designing and delivering Big Conversations.
- A semi-structured interview with a community leader involved in Big Conversations.
- A joint semi-structured interview with two statutory sector stakeholders from CWPT.
- A review of documentation produced from Big Conversations, including relevant meeting minutes and final outputs.

The Coventry HCT partnership delivered two sets of Big Conversations: Big Community Conversations, which focused on improving health outcomes in Willenhall; and Big Systems Conversations, which built on insights from these initial conversations to address broader challenges and opportunities relating to partnership working in the healthcare system.

Healthy Communities Together: Coventry Case Study

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Big Community Conversations

The Coventry HCT partnership hosted three sessions designed to improve mental health services in Willenhall by fostering collaboration between health professionals, residents, and community leaders. The three sessions were centred on discussions of 'Sam's' (not his real name) experience of accessing trauma support. The three sessions were:

- **Convening Conversations:** Used a pre-recorded video of Sam's journey to prompt discussions on the impact of mental health care, followed by a solution-focused exercise on resilience.
- **Imagining a Better Story:** Explored improvements for service users such as better access to grassroots providers, not using 'withheld numbers' for service telephone calls and ensuring they did not have to repeat their patient history each time they used a service.
- **Action Plan:** Used the Iceberg Model, which groups system change into different 'levels', to assess recommendations, such as removing the use of withheld numbers, to determine their likely impact on local communities.

Big Systems Conversations

Following the Big Community Conversations, the Coventry HCT partnership held three Big Systems Conversations - facilitated by a consultant from The King's Fund and other HCT partnerships to translate community insights into system-level action. The sessions were focused on:

- **Future of Health & Care:** Discussed long-term system change by exploring potential proactive responses to healthcare rather than just reacting to immediate demands.
- **Doing Winter Differently:** Explored community-led solutions to ease winter pressures on health and crisis support services.
- **Action Plan:** Identified key non-statutory organisations, such as food banks and local community groups, for involvement and explored embedding co-production into system transformation.

Big Conversations and Partnership Working

Coventry's HCT partnership played a key role in delivering Big Conversations by putting residents in direct contact with statutory sector partners. The initial programme manager embedded themselves in Willenhall to understand community assets, engage local leaders, and bring this insight back to the partnership. This groundwork, along with the cross-sector nature of the partnership, encouraged broad stakeholder participation. Big Conversations helped partners clearly define system-level changes and provided a shared focus for planning.

Healthy Communities Together: Coventry Case Study

Impacts of the Big Conversations

HCT partners highlighted that Big Conversations created tangible impacts at individual, community, and system levels. Using the story of resident 'Sam' as a focal point in the Big Community Conversations directly led to the creation of the Willenhall Men's Group, a peer support group for men facing mental health challenges. This idea emerged from residents who identified social interaction as a key to resilience.

The group has since produced business cards for health professionals to distribute, and GPs at Willenhall Primary Care Centre now refer patients to the group through social prescribing.

Big Conversations also provided residents with a platform to voice concerns and collaborate with professionals on practical solutions, making them feel heard and valued.

Another key outcome was addressing the use of withheld numbers to call patients by mental health professionals, which residents found impersonal and anxiety-inducing. Since raising this issue, statutory sector stakeholders have spread awareness, and the use of withheld numbers has stopped.

Furthermore, because learning from the Coventry HCT partnership contributed to the ICB's Integrated Care Strategy, including a new priority on building trust and community engagement, Big Conversations may become more integrated into the local health and care sector.

Enablers and Barriers

Enablers

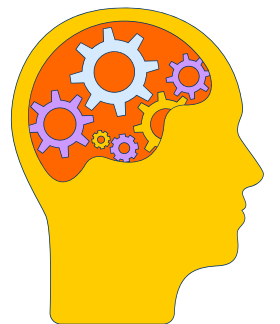
Broad attendance through Coventry HCT's cross-sector partnership fostered collaboration and deeper understanding across sectors. Lunchtime scheduling improved accessibility, while The King's Fund's involvement strengthened relationships, particularly with Gloucestershire's HCT partnership, which contributed to session delivery. A King's Fund consultant also facilitated the second Big Systems Conversation, supporting cross-sector discussions.

Barriers

Loss of momentum limited impact, as initial enthusiasm did not always lead to action, frustrating community members. Some found discussions transactional, with statutory sector partners responding defensively and focusing on individual issues over systemic change. Capacity constraints further hindered implementation. While Sam's lived experience encouraged discussion, some felt a composite example would have better highlighted systemic barriers. Others felt Sam's demographic did not reflect marginalised communities' challenges. Finally, concerns arose about managing expectations, as Sam himself said he anticipated more direct support from the partnership.

Looking Ahead

Core partners suggested refining the design of Big Conversations by extending the lead-in time to allow participants to build relationships more effectively and structuring one-to-one conversations to ensure specific actions can be progressed.



Healthy Communities Together: Croydon Case Study

This case study explores how partnership working developed through the Healthy Communities Together (HCT) programme contributed to the design, delivery and difference made by Croydon's community hubs. Croydon's HCT partnership delivered across three workstreams:

1. Empowerment and Engagement,
2. Voluntary and Community Sector Leadership Board, and
3. Funding and Commissioning.

The community hubs were developed as part of the Empowerment and Engagement workstream.



Healthy Communities Together: Croydon Case Study

Research Question



How did partnership working at the system and service level contribute to the process and outcomes achieved by the community hubs?

Croydon HCT partners

Croydon's HCT partnership consisted of multiple organisations, who employed Senior Responsible Officers across the programme. These organisations included:

- Age UK Croydon
- Asian Resource Centre for Croydon
- Croydon BME Forum
- Croydon Voluntary Action
- Croydon Council
- NHS South West London Integrated Care Board (ICB)
- Croydon Health Services NHS Trust
- One Croydon Alliance

Community Hubs

Before HCT, partnership meetings were held between local communities and small grassroots groups. HCT funding helped to formalise these meetings, with HCT partners working to develop community hubs - 'close-to-home', accessible, inclusive spaces where local residents could access support, such as being connected to local activity groups or signposted to specific services. During the HCT programme, the hubs were governed under the partnership's 'Empowerment and Engagement' workstream. Croydon established four community hubs across three localities, providing residents with weekly access to statutory, voluntary, community, and faith sector (VCFS) support. These hubs offer a multi-disciplinary, person-centred approach, ensuring a holistic support system for residents. They specifically focus on improving health and wellbeing for communities facing poor health outcomes.

The Engagement and Empowerment workstream was disbanded following the end of the HCT programme. The community hubs are being funded by NHS South West London ICB. Since the HCT programme ended, a fifth community hub has been established in Croydon.

Case Study Research Methods

- Semi-structured interviews with seven stakeholders.
- In-person site visits to two of Croydon's community hubs.
- Observations of workstream and partnership board meetings.

Development of Community Hubs

Croydon's community hubs were designed in response to residents' needs and shaped by those who use them. Initially developed during the COVID-19 pandemic, they evolved into physical spaces, offering community-driven, multi-service support.

In New Addington, the hub takes a radical, community-defined approach, avoiding traditional service-based models. Across all hubs, the principle of "by the community, for the community" is central, with volunteers playing an active role in shaping and improving services.

"Every hub is different—we asked people what they wanted. Volunteers took ownership and helped develop it."

– Voluntary Co-Chair



Word-of-mouth was key to raising awareness, as residents directed neighbours and friends to the hubs for advice and signposting to services such as housing, the Department for Work and Pensions, and Personal Independence Payments support.

Open three hours per week, and taking a strengths-based approach, the hubs provide early intervention, reducing dependence on critical care services and promoting long-term community well-being.

Differences between Hubs

Croydon's community hubs vary in their approach to supporting residents. Some focus on empowering individuals to become self-reliant, while others bring services directly into shared spaces for immediate, solution-oriented assistance. This reflects different community needs, with some hubs embracing a strengths-based, grassroots model and others adopting a service-led strategy.

"Building trust comes first—but it's driven by genuine passion for understanding people." – Community Facilitator, New Addington



In New Addington, the approach is community-led, fostering grassroots engagement and empowerment. Despite logistical challenges, New Addington's open-door policy has helped build trust between professionals and residents, emphasising relationships over quick, measurable outcomes. In contrast, Brigstock prioritises direct service involvement to address urgent needs, such as housing support.

Promotion of Equity, Diversity, Inclusion and Equality in the Community Hubs

Community members shape the hubs, ensuring inclusivity and safety, with facilitators creating welcoming spaces. Language barriers remain a challenge, particularly in Brigstock, where the hub partnered with the Asian Resource Centre for interpretation support and multilingual sessions. New Addington use formal agreements to set expectations and resolve disputes transparently. With support from partners like Croydon Voluntary Action, hubs continuously evolve to meet diverse community needs.

Enablers and Barriers

Enablers

The success of Croydon's community hubs has been attributed to strong partnerships between local voluntary sector organisations, the council, NHS, and ICB. Cross-sector information-sharing helped reach previously hidden communities, while HCT funding prevented resource competition, creating a truly cooperative environment. Taking a community-led, strengths-based approach has also helped build the value of the hubs.

Barriers

Despite progress, key challenges remain. The pressure to demonstrate impact does not take account of the long-term nature of transformative change.

"Evaluation wants results today for changes that take 10 years." - Croydon Council representative



- An overemphasis on specific metrics makes it hard for hubs to demonstrate impact.
- Hubs also struggle with logistics, such as securing permanent spaces and working with residents who are in crisis.
- The aim to train residents in mental health first aid and crisis response has been limited.
- The Brigstock hub relies on service providers' voluntary participation, as no formal contracts ensure their attendance.
- Partners stress the need for clearer provider roles, better marketing, volunteer incentives, and stronger financial backing from government and health bodies for community-based preventative work.

Differences made by Community Hubs

Community hubs have helped reduce social isolation and stress, empowering residents to seek support and voice concerns about local services.

"People can come in and ask for help, making them stronger for the future. It also gives a voice to those who had none." – Community Facilitator



Residents particularly seek support for housing and mental health; the Brigstock hub receives about 40 requests weekly for such help, with community leaders tracking their progress through the system to ensure appropriate services respond to residents' needs. Hubs also benefit local organisations, such as churches, helping them expand into community spaces and reach more residents. Their role in integrating health and social care is growing, with GPs and nurses signposting residents to hubs for early intervention. This, in turn, reduces pressure on acute services, such as hospitals and A&E.

Looking Ahead



Partners highlighted the need for clearer leadership structures, sustainable funding, and stronger organisational commitment to ensure the hubs' long-term success. Decision-making roles remain unclear, and leaders called for better marketing and greater creative freedom for volunteers to promote the hubs effectively. A permanent space for each hub would allow them to operate more than once weekly. Leaders envision having community hubs in every neighbourhood and broadening the range of health and wellbeing topics covered to increase the inclusivity of the hubs and their response to community needs.

Healthy Communities Together: Gloucestershire Case Study

This case study explores the creation and evolution of HCT Gloucestershire's 'Co-Lab' - a collaborative practice programme for leaders and change-makers. It explores how a relational approach to partnering contributed to the Co-Lab.

The Co-Lab was part of HCT Gloucestershire's intention to extend access to relational ways of working to strengthen trust across communities and sectors in the county which contribute to building fairer health.



Healthy Communities Together: Gloucestershire Case Study

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Research Question

How did the Stewardship Group's relational approach to partnering contribute to the 'HCT Co-Lab'?



What is a relational approach?

A relational approach focuses on how relationships between individuals can be developed to generate trust, emotional support, care, and social influence. This involves prioritising personal relationships and understanding people as a 'whole', including their personalities, interests and motivations.

Gloucestershire HCT partners

The partnership referred to itself as the Stewardship Group, a collective of individuals united by a shared belief that changes to equity stem from strong, trusting relationships in a system. During its work, the Stewardship Group comprised ten individuals holding senior positions in the following organisations:

- Active Gloucestershire
- Barnwood Trust
- Create Gloucestershire
- Gloucester City Council
- Gloucestershire County Council
- Gloucestershire VCSE Alliance
- NHS Gloucestershire Integrated Care Board

What is the HCT 'Co-Lab'?

The HCT Co-Lab is a programme for individuals keen to collaborate in Gloucestershire to develop fairer health. Its design gave participants across sectors and communities the opportunity to develop relational approaches. The Co-Lab was based on the Catalyst Chords curriculum developed by [nowhere](#). Nowhere and [Create Gloucestershire](#) began working collaboratively in 2020, designing two leadership-programmes, which were forerunners of the Co-Lab. A sub-group of the HCT Stewardship Group and Create Gloucestershire (Co-Lab Design Group) focussed on the Co-Lab - exploring how to position the Co-Lab for success and ensure connectivity with the HCT Stewardship Group.

Case Study Research Methods

- A group discussion with the Co-Lab Design Group
- A review of documentation provided by Design Group members
- Semi-structured interviews with four HCT Stewardship Group members*
- As the scope of the case study was the development of the Co-Lab, rather than its impact, Co-Lab participants were not recruited for research.

The development of the Co-Lab

In the last year of the HCT programme, the Stewardship Group wanted to test their learning on the role of relational approaches in enabling cross-sector partnerships across Gloucestershire. The Stewardship Group identified relevant existing work in Barnwood Trust's stewardship circles and Create Gloucestershire's learning programmes. With Create Gloucestershire, the Stewardship Group co-designed the Co-Lab to share relational ways of working.

Concept to delivery took about two years. Initially, the Stewardship Group held open conversations about relational leadership approaches, holding a full-day event on 'structures of togetherness' in the county. This provided useful insights about the challenges of cross-sector working, which were woven into the Co-Lab. The event also helped to create receptive conditions for invitations to the Co-Lab.

In the co-production phase, a consultant from The King's Fund led a 'polarity mapping' workshop which helped navigate governance, delivery responsibilities, and an experimental learning focus. This generated learning about different commissioning models for co-design in complex systems.

Following these conversations and activities, in April 2024, recruitment for the first cohort of the HCT Collaboratory was launched, with places fully funded by the stewardship group to remove financial barriers to participation. Seventeen participants from the statutory and voluntary sectors enrolled, and the Collaboratory begun running in September 2024. The programme includes six virtual learning sessions and five monthly in-person gatherings. There is a taught element to the programme, with six modules focussing on how individuals can think, meet and lead in a relational and collaborative manner. Emphasis is also placed on action focussed learning, whereby each participant undertakes a leadership experiment in which they adapt a pre-identified aspect of their practice to become more relational and collaborative.

The Co-Lab offers participants...

- A safe space to consider the root causes of health and wellbeing challenges that matter to them in their work.
- Opportunities to better understand how their organisation/sector is viewed from other perspectives in the system.
- Increased understanding of how different sectors contribute to fairer health and the specific ambitions, resources and constraints they face.
- Ways to deepen their capacity to notice when needs and ambitions shift.
- Tools to design agile and creative solutions.

Enablers

The Stewardship Group highlighted several enablers during the evolution and design of the Co-Lab. These included:

- **Co-design process:** Played a crucial role in shaping the Co-Lab. As the Co-Lab's long-term, iterative approach was not target-focussed, the Co-Lab was allowed to emerge as a possible offering for systemic relational approaches, grounded in cross-sector conversations and experiences.
- **Existing culture in Gloucestershire:** Laid the groundwork for the Co-Lab. The county's openness to new approaches to partnership working, influenced by past initiatives from the Barnwood Trust and Create Gloucestershire created a fertile environment for innovation. Many partners already believed "the system was broken", fostering a pre-existing desire to work differently. While HCT provided a platform to build on this sentiment, it was not the sole driver of change.
- **Collective, shared governance:** a key area of learning for the Stewardship Group was how to collectively "hold" ideas and assets for the widest possible reach. Working within a polarity mapping framework helped the Group balance both the guardrails of equity and safety and an environment of experimental learning.

Barriers

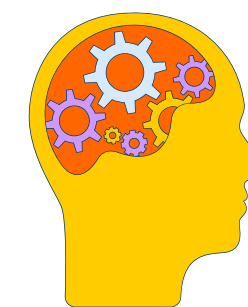
- **Sector diversity and representation:** the Stewardship Group's contacts list was used to recruit to the Co-Lab. This database did not include a proportionate amount of contacts for sectors including housing, criminal justice and education, which are all crucial in determining positive health outcomes.
- **Traditional contracting and procurement models:** the Co-Lab was a product of many ideas. Running the Co-Lab required innovative thinking which did not align with typical programme and commissioning specifications. As a result, the Design Group devised their own governance processes.
- **Perceptions of transparency arising from co-production:** Traditional governance processes offer control and transparency in resource allocation and accountability. The Stewardship Group grappled with identifying pre-existing assets and programmes partners brought to the table.

"We were almost at risk of not investing in something potentially game changing due to the need to be perceived as transparent and accountable" - Member of HCT stewardship group



Looking Ahead

As the Co-Lab is still ongoing, it is not possible to describe its full impact. However, the Stewardship Group has gathered learning about the experience of collective governance of shared funding and co-production processes. The intention is to now work on spreading the learning further through the first cohort of Co-Lab participants and to expand the network to include those working to "build trust for fairer health" across Gloucestershire.



Healthy Communities Together: Leeds Case Study

This case study explores how the Leeds HCT partnership used an adaptive action (AA) model to bring together individuals with lived experience of marginalisation to reflect on challenges and co-develop solutions for more inclusive healthcare services.

This case study focuses on the delivery and impacts of the AA model used for 'Experiment Five', an initiative developed by Leeds partners to improve health outcomes for marginalised communities by addressing communication barriers in primary health care.



Research Question

To what extent did the use of an adaptive action model of partnership working contribute to the design and development of healthcare services which better meet the needs of marginalised communities?



Adaptive Action Workshops

The Leeds HCT partnership used the AA approach in workshops, which centred the voices of experts with lived experience of marginalisation, to address inequalities in access to primary health care. AA helps promote inclusive dialogues in workshops by encouraging attendees to set aside formal roles.

What was 'Experiment Five'?

Experiment Five was developed by the Leeds HCT Partnership to improve health outcomes for marginalised communities by addressing communication barriers in primary health care services. Experiment Five took the form of a workshop which used an AA model. The workshop was centred on influencing the West Yorkshire ICB's re-commissioning of interpretation and translation services in primary care settings.

Experiment Five originated from an earlier AA workshop, which focused on improving marginalised communities' general access to primary health care services. This workshop led to the development of the '**5As for Access Model**'. The '5As' were:

- **A**pproachability,
- **A**ceptability,
- **A**vailability,
- **A**ffordability, and
- **A**ppropriateness.

The 5As acted as an improvement framework for primary health care services. This framework highlighted **communication** as a **key area of concern**.

Leeds HCT partners

- Leeds Asylum Seekers' Support Network (LASSN)
- Leeds Gypsy and Traveller Exchange (Leeds GATE)
- Basis Yorkshire
- Yorkshire MESMAC
- the West Yorkshire Integrated Care Board (ICB)
- Leeds City Council

Case Study Research Methods

- Interviews with five HCT partners.
- Observation of two HCT partnership meetings discussing Experiment Five.
- Joint interview with two experts by lived experience from the Experiment Five workshop.
- Interview with a medical practitioner from the Experiment Five workshop.
- Review of written reflections from the Experiment Five workshop.
- Joint interview with two West Yorkshire ICB staff from the Experiment Five workshop.

The development of Experiment Five

- Initially, Experiment Five aimed to address the limitations of the GP database SystmOne, which does not record patients' speech and language needs, leaving primary care staff without important information. The partnership met with technology providers to explore adding these needs as a data category.
- The focus of Experiment Five changed due to the high cost of such changes to SystmOne and partners' perception that the initiative lacked depth.
- Experiment Five's focus on interpretation and translation services emerged when West Yorkshire ICB commissioners shared an insights report with the Leeds Migrant Health Board ahead of their recommissioning of contracts for regional interpretation and translation services in primary care.
- Leeds HCT partners found the planned requirements for interpretation and translation were weighted towards the D/deaf community, neglecting the communication needs of asylum seekers and refugees. To address this gap, HCT partners invited ICB commissioners to join an AA workshop to hear recommendations for interpretation and translation services in primary care from people with refugee and asylum seeker backgrounds.

The Experiment Five Adaptive Action workshop

The Experiment Five AA workshop was held at Woodhouse Medical Practice in Leeds on July 17, 2024. Attendees included HCT partners from LASSN, Leeds City Council, West Yorkshire ICB commissioners, medical practice staff, and experts by lived experience of marginalisation. The workshop was structured around three reflective questions: 'What?', 'So what?' and 'Now what?' to encourage participants to evaluate current interpreting and translation services in primary care and suggest improvements.

Impacts of Experiment Five

Our research suggests Experiment Five had the following impact on patients, practitioners and healthcare practices...

Patients

- Experts by lived experience, who represented patients and medical interpreters and translators, were pleased by the attendance of the session, as it helped them realise they are not alone in facing communication challenges in primary care. They were particularly energised by the attendance of NHS staff, as this symbolised their commitment to engage with communities.

“I realised there is willing and energy from the NHS to come to communities and understand us” – Expert by lived experience



Healthcare practices

- The workshop led to solutions-focused conversations which identified practical areas of improvement. For example, providers of interpretation and translation services in primary care are now required to demonstrate evidence of partnership working as part of the West Yorkshire ICB's updated specification.
- During the workshop, experts by lived experience raised concerns with current service provision, such as the lack of a complaints mechanism for interpreting and translation services in primary care. In the new service specification, bidders must demonstrate an accessible complaints process.

Enablers and Barriers

Our research suggests the use of AI tools (notably ChatGPT) helped the partnership produce accessible written outputs from the Experiment Five AA workshop for attendees to assess, and subsequently deliver to West Yorkshire ICB commissioners.

However, Experiment Five was negatively impacted by a lack of financial and human resource at different times. Notably, the initiative stalled when Leeds' first HCT programme coordinator took extended leave. This gap in capacity meant partners ended up taking on more responsibility for Experiment Five than intended. At times, this was difficult to prioritise with existing workloads.

Looking Ahead



The use of the AA model in Experiment Five provided an enhanced understanding of issues faced by users of interpreting and translation services in primary health care.

These findings indicate AA workshops can be used for sense-checking service specifications, developing actionable recommendations, and gauging community perspectives on health care services.

Attendees of Experiment Five agreed that the use of AA workshops should be extended to evaluate other health services, as they provide a valuable tool for improvement across the healthcare system.

Healthy Communities Together: Plymouth Case Study

This case study explores the role of Belong in Plymouth's (BiP's) citywide work, with a particular focus on Barne Barton and St Budeaux (BBSB), in helping to build cross-sector collaboration.

The aim of this case study research was to shed more light on the experience of cross-sector partnerships, the difference it may or may not be making, and the support that is needed, via BiP's work. It also provided an opportunity to explore with more focus, the roles played by the various VCSE and statutory sector partners and the dynamics between them.



Healthy Communities Together: Plymouth Case Study

Research Question

What did BiP's work tell us about the impact of their approach to partnership on their engagement and relationships with wider partners, and their approaches to delivery?



Plymouth HCT partners

At different stages of the HCT programme, the Plymouth partnership comprised individuals from:

Plymouth Octopus (POP), NHS Devon, University Hospitals Plymouth NHS Trust, Livewell South West, VCSE organisations (including Colebrooke, Tamar View and The Pioneers Project CIC), Plymouth City Council, freelance learning leads, a local school, Community Researchers, and individuals who signed up to partnership updates on groups.io - an online noticeboard.

Belong in Plymouth

BiP's HCT partnership aimed to reduce social isolation as a driver of poor health outcomes, such as repeat attendance at accident and emergency (A&E), by building stronger relationships within the local community and fostering trust between residents, grassroots organisations and the statutory sector. Residents of Barne Barton and St Budeaux (BBSB) had referred to the area as the "forgotten land" where they felt underserved by the delivery of primary care and considerable mistrust of statutory services. BiP's community researcher programme trained people to gather stories citywide – to understand how to engage and listen - on what supports or limits residents' sense of inclusion and connection. The findings from these conversations were turned into a 'map of belonging' - intended to guide local decision-making and inform service delivery. In BBSB, BiP developed this further by using a bespoke, strengths-based approach to build trust within that context and co-creating a sense of connection.

Case Study Research Methods

- Specific questions about BiP's work during interviews for the main HCT evaluation.
- Additional interviewees who were specifically connected to BiP's work, including the person contracted to run the workshop series.
- A session with some of the residents involved in the co-design workshops and BiP partnership members.

Healthy Communities Together: Plymouth Case Study

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BiP engaged with individuals and communities to develop a culture of collaboration in BBSB by:

1

Understanding high intensity users of A&E across Plymouth. It's known many frequent A&E visitors experience loneliness or poor physical and mental health rather than medical emergencies ([British Red Cross, 2021](#)). So, BiP initially tried to engage with frequent A&E users through GP referrals to better understand how loneliness and unmet social needs drive healthcare use. The aim was to develop targeted, community-based interventions to reduce repeat visits to A&E by addressing root causes. However, limited engagement, attributed to a lack of clarity about the initiative, hindered this approach.

2

Emphasising a relational approach

Although they were led by data on frequent A&E users, BiP decided to focus on the general population of BBSB as an area of need. BiP were keen to engage with local residents, and began working collaboratively with a local school and grassroots organisations to do so. This move aimed to tackle social isolation while avoiding a traditional service-based model; using listening skills and story-gathering helped incorporate information in decision-making that takes account of people's lived experience of loneliness. This also marked a move away from a top-down, service-led model toward one rooted in co-production, community ownership and voluntary sector strengths. By focusing on what residents value, such as feeling listened to and included, BiP sought to co-produce the kind of community infrastructure that could sustainably support wellbeing beyond clinical services.

3

Working to engage the local community

BiP prioritised trust-building after early outreach, like leaflet drops, proved ineffective. They engaged residents through family fun days and a storytelling project, fostering relationships and attracting participation in the co-design workshop series. This approach helped overcome mistrust, strengthening ties with both residents and local organisations.

4

Co-design workshop series

As part of community engagement, BiP commissioned an external facilitator to run a series of workshops in BBSB. The workshops were designed to build community cohesion and belonging. They also empowered residents to build ownership and pride by discussing the allocation of £20,000 toward community development projects which address local priorities.

Workshop Structure:

- 13, two-hour sessions at the same time and venue weekly.
- Free lunch provided and £30 participation voucher given.
- Contracted facilitator adapted session structure weekly.
- 42 attendees initially, with strong ongoing participation.



Barriers

BiP's partnership approach prioritised amplifying community voices to ensure residents felt valued and heard. However, the partnership encountered some barriers when carrying out this approach, namely:

- **Trust Before Cross-Sector Engagement-** In a reflection workshop, some residents said they had felt self-conscious sharing opinions in early sessions due to the presence of councillors and mental health professionals, whom they perceived as "inauthentic". To mitigate this power imbalance, BiP therefore prioritised community trust-building before formally inviting statutory sector representatives to take part once an action plan was in place. Some informal cross-sector learning started to be shared, but the challenge remained to balance resident engagement with professional involvement.
- **Capacity constraints** - Another barrier to the approach was the time required for participation, particularly for statutory sector partners.

Enablers

While this case study focuses on cross-sector partnership working, BiP's approach prioritised community voice and trust as a necessary step towards meaningful collaboration. Key factors for resident engagement in the workshops included:

- Paying participants to demonstrate that their time was valued.
- Child- and pet-friendly venues for accessibility.
- Informal sessions to create a welcoming space.
- Removing lanyards to help reduce potential power imbalances.
- Using accessible language and personal storytelling.

Looking Ahead

The HCT co-creation work has generated stronger community cohesion and the new 'Barne Barton and St Budeaux Community Forum', with links to statutory organisations including an education Trust, University Hospitals Plymouth Trust and public health.



The process meant that community members are confident spending public money constructively, including on the publication of their new community magazine, The Buzz, which has attracted interest from statutory services. Community outreach skills that members developed were used during a 'listening week' organised by an education trust that manages three schools in the neighbourhood. Community organisations who previously experienced difficulties and conflict have been empowered to work together better. Relationships continue to flourish between statutory organisations and community members, who are now recognised as a "safe pair of hands".

Impacts of participation

Residents reported:

- Feeling more included and listened to, and less lonely.
- Growing enthusiasm for community involvement.
- Recognising skills and contributions to their community.
- Valuing meeting new people, restoring neighbourhood connections.
- Feeling part of something bigger, more confidence in group discussions.