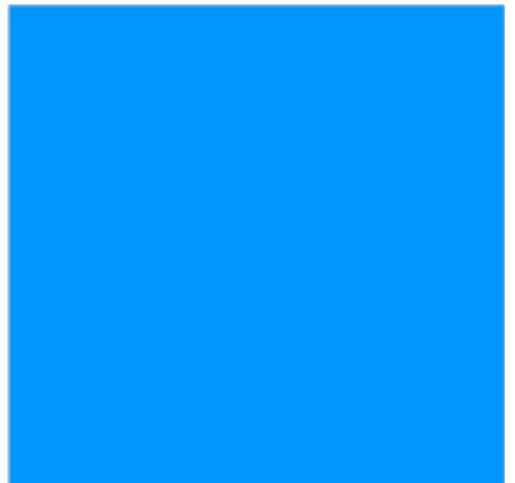# Cross-Sector Collaboration

Wise Practices to Inform the Collaborative Development
of the Next Healthy City Action Plan

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Acknowledgements

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Executive Summary

Vancouver's Healthy City Strategy (HCS) has garnered the recognition of many individuals and organizations across the city. "There is a sense that [it] has elevated a collective understanding about health and well-being."[1] This has served to inspire and shape the work of community members who want to contribute to a healthier city. However, as revealed in a recent evaluation of the HCS Collaborations and Partnerships, the current implementation structure is limiting the involvement of internal and external partners to take action. The City has a good problem: partners are interested and willing to contribute to the HCS, they just don't know how.

As the first four-year HCS Action Plan wraps up this year, the team behind the HCS jumped at the opportunity to redefine what it might look like "to accelerate movement towards the HCS vision by co-creating leadership, learning and accountability across departments and sectors."[2] They are exploring this question via the Healthy City Collaborative Leadership Lab by engaging with a group of participants from City departments and external organizations that have a stake in attaining a Healthy City for All.

This goal of this report is to shed light on wise practices[i] that can serve to inform the collaborative development of the next Healthy City Action Plan. The research approach involved a literature review of cross-sector collaboration as well as learning from three precedent models (see Fig. 1, on next page) by reviewing their approaches to governance, finance, implementation, and evaluation. The findings revealed the following five wise practices:

> **The Healthy City Strategy (2014-2025)** is Vancouver's long-term plan to reach the Healthy City for All vision: "a city where together we are creating and continually improving the conditions that enable all of us to enjoy the highest level of health and well-being possible."[2]

> **The Healthy City Collaborative Leadership Lab** is an experiential workshop that takes participants on a deep dive. Using the Theory U methodology, participants are guided to first understand the problem, then see it and experience it from different perspectives, and last to think and test innovate solutions.

1. Build cross-sector leadership capacity
2. Maximize on key leadership roles
3. Engage and enable the community to take action
4. Establish a separate backbone organization
5. Diversify and strengthen accountability mechanisms

Given that the Healthy City Collaborative Leadership Lab (Figure 2, on next page) will be going through the co-creation stage – generating and prototyping potential solutions – in October of 2018, it is hoped that some of the wise practices

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[i] The term 'wise practices' is borrowed from Indigenous perspectives that indicate a "growing tendency to recognize the fact that there is no practice that is best for everyone or in every situation, and no best practice remains best for very long as people keep on finding better ways of doing things."[3]

suggested in this report can be further explored with the lab participants.

Figure 1. Case study snapshot: precedent models and key features.

CASE STUDY	KEY FEATURES
Healthy City Strategy, Kelowna	• Council involved in championing the Healthy City Vision. • Community inventory with local assets serves to connect actors and enable action. • Advisory committee involved in co-creation and implementation of actions enhancing their commitment to and ownership of actions.
Take Care New York, New York City	• Racial and social justice focus striving to close gaps in health outcomes (use of city-wide and equity indicators). • Strong community involvement. • Annual reporting with progress update and community resources.
Downtown Eastside Community Economic Development Strategy, Vancouver	• A small but powerful backbone that focuses on interconnected initiatives and values. • Co-creation and collaboration embedded in backbone's principles. • Regular communication helps keep members and supporters engaged and promote sense of belonging.

Figure 2. Healthy City Collaborative Leadership Lab: workshop dates (2018) and purposes.
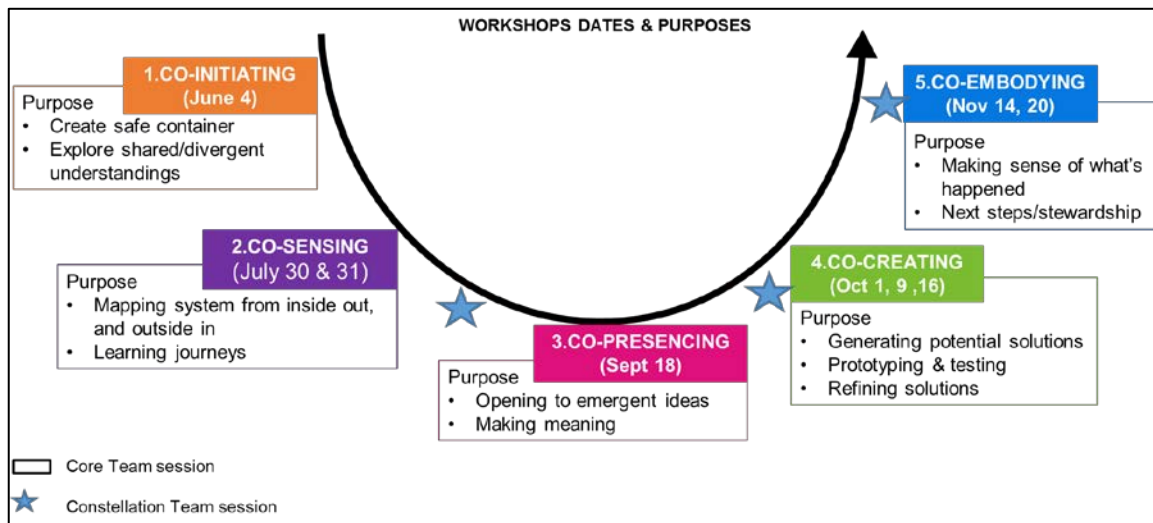
Source: City of Vancouver

Introduction

The Healthy City Strategy (2014-2025) is Vancouver's long-term social sustainability plan to reach the Healthy City for All vision. The Strategy recognizes that a healthy city is not only dependent on physical health but also on the social determinants that impact people throughout their lives. Furthermore, it recognizes that while some of the topic areas contained within the strategy fall outside the mandate of the City of Vancouver (COV), decisions made at the local government level can have a large impact; COV can advance policies and regulations, and collaborate with multi-government and multi-sector players to promote the health and well-being of all residents.

As advocated in the Healthy Cities global movement, the premise of collaboration is central to any Healthy City Strategy (HCS). Vancouver's HCS expresses this approach in its principles and goals (Figures 3 and 4 respectively). Additionally, the initial Four-Year Action Plan (2015-2018) acknowledges that the Strategy's implementation is dependent on collaboration between City departments and external organizations. This condition shaped the development of the existing governance structure (Figure 5) that is responsible for overseeing and executing the Strategy.

Figure 3. HCS Principles
1. A broad and holistic understanding of health and well-being
2. Fulfillment of fundamental rights and freedoms
3. Health and well-being for all
4. Prevention and upstream oriented
5. Health and well-being is everyone's business
6. Healthy ecological environments
7. A need for innovation
8. Enabling collective impact
9. Focus investment and action based on evidence.
10. Monitor, evaluate and communicate
11. Lead and model

Figure 4. HCS Goals
1. A good start
2. A home for everyone
3. Feeding ourselves well
4. Healthy human services
5. Making ends meet and working well
6. Being and feeling safe and included
7. Cultivating connections
8. Active living and getting outside
9. Lifelong learning
10. Expressing ourselves
11. Getting around
12. Environments to thrive in
13. Collaborative Leadership for a healthy city for all

With the existing Action Plan wrapping up in 2018 and in anticipation of the next Four-Year Action Plan's development, the City sought to evaluate the HCS collaborations and partnerships to date. A common theme found in the evaluation was that the current implementation structure is limiting the involvement of internal and external partners to take action.

In an effort to find a solution to this problem, this research seeks to explore cross-sector collaboration with a focus on the Collective Impact Framework, Cross-Sector Leadership, and Shared Accountability. Furthermore, it seeks to draw wise practices from three precedent models by reviewing their approaches to governance, finance, implementation, and evaluation.

Figure 5. HCS Governance Structure

Source: Healthy City Collaborative Leadership, Solutions Lab Brief

Background

RATIONALE, DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF THE HCS

In 2014, inspired and informed by thirty years of the Healthy City Global Movement, the City of Vancouver launched its first Healthy City Strategy (HCS). Composed of 13 goal areas (Figure 4, previous page), the HCS "is intended to be a lens to mobilize multiple sectors, organizations and community members to help achieve change through collaborative leadership and new ways of working together."[3] The collaborative intention is upheld within the Strategy's guiding principles (Figure 3, previous page) that were agreed upon to shape both its development and implementation. Principle 8, *enabling collective impact*, states that, "efforts need to be integrated across City departments and its entities, and with all partners".[4]

While the HCS was launched in 2014 and some of its goals were already being addressed by other COV Strategies, it was not until the release of the HCS's first Four-Year Action Plan (2015-2018) that the implementation went into full gear. An implementation update has been presented to Council, and as indicated in the latest report, much progress has been accomplished. Yet, due to the integral collaborative nature of the Strategy, the City engaged a team of consultants to specifically assess the collaborations and partnerships within the HCS Governance Structure.

The evaluation resulted in nine key themes and seven recommendations. (Figure 6.) A common theme found during the evaluation was that despite the strong potential for collaboration within and outside the City, the structures for implementation are not clear or robust enough, limiting the involvement of other partners to take action. Furthermore, that the HCS is perceived by many as being "City-led rather than supporting collective action between COV and partners."[5] Overall, the findings revealed that the principle of integration has not been sustained at the level necessary to achieve the vision during the implementation stage of the HCS.

THE HEALTHY CITY COLLABORATIVE LEADERSHIP LAB

This lab uses a series of experiential workshops (Figure 2, p.2) to take participants on a deep dive on the topic of Collaborative Leadership. Using the Theory U Methodology, participants are guided to first understand the problem, then see it and experience it from different perspectives, and, lastly, to think and test innovate solutions. The core team of participants is composed of representatives from different City departments and external organizations that have a stake in the Healthy City Strategy. Together, they have committed to exploring the convening question "How might we accelerate movement towards the HCS vision by co-creating leadership, learning and accountability across departments and sectors?"[6] It is hoped that some of the wise practices presented in this report –those in line with recommendations 1 through 4– [ii] can be further explored during the lab.

Figure 6. Results from HCS Evaluation:

Key Themes:
1. HCS as a strong lens and conceptual framework
2. Integration of HCS into planning and policy
3. Transition from concept to implementation
4. HCS as an enabling or driving strategy?
5. Leadership and ownership of the HCS
6. Structures, roles and exchanges
7. Engagement and collaboration
8. Inadequate resources
9. Creating conditions for innovation

Recommendations:
1. Develop an approach to HCS implementation, collaboratively with HCS partners & stakeholders.
2. Identify a few priority focus areas collaboratively with HCS partners & stakeholders
3. Adapt & align HCS structures and the connections between them to be "fit for function".
4. Develop systems for learning, monitoring, measurement and information flows.
5. Provide adequate resources to support implementation of the HCS.
6. Re-focus on "Collaborative Leadership" as a substantive goal and a principle to be expressed in all HCS goal areas.
7. Integrate and/or align the HCS with other keystone plans at the City.

[ii] The remaining recommendations will be explored via broader stakeholder engagement.

Research Approach

LITERATURE REVIEW ON CROSS-SECTOR COLLABORATION: SOME CONSIDERATIONS

Collective Impact

Many of today's cross-sector collaboration efforts to address complex social problems are designed using the Collective Impact (CI) Framework. Designed in 2011, this framework suggests five conditions (Figure 7) that when used together are conducive to alignment and results.[7] While the HCS has been practicing most of these conditions to a large extent, it does not have the backbone support considered essential to ensuring the collaboration maintains momentum and achieves impact. Appendix A illustrates a *Backbone Effectiveness Chart* that outlines the key functions of a backbone organisation along with an array of key indicators to measure performance. The indicators serve to better understand the range of activities undertaken by backbone organizations.

The popularity and uptake of the CI Framework has not come without its critics; a common argument is that it is a top-down approach and thus exacerbates power dynamics.[8] In the face of this controversy, a field-wide study of 25 CI initiatives was done to better understand 'when collective impact has an impact'.[9] The study shed light on Eight Principles of Practice (Figure 8) that were 'practiced' by the CI initiatives that showed the most impact. These Principles can be considered to refine and enhance Vancouver's HCS. Appendix B illustrates a summary of the patterns the study identified between mature CI conditions and outcomes.

Figure 7. Five Conditions for Collective Impact:

1. **Common agenda:** all partners must negotiate the shared goals for the CI initiative as a whole.
2. **Shared measurement systems:** there should be agreement and a common approach to the ways the collective effort will be measured and reported.
3. **Mutually reinforcing activities:** partners must take action on whatever it is they do best in a way that is coordinated with the actions of others.
4. **Continuous communication:** essential for developing trust, monitoring progress, and making corrections in time.
5. **Backbone support:** a separate organization dedicated to coordinating the various dimensions and collaborators involved in the initiative.

Figure 8. Principles of Practice for Collective Impact to have an impact:

1. Design and implement the initiative with priority on equity
2. Include community members in the collaborative
3. Recruit and co-create with cross-sector partners
4. Use data to continuously learn, adapt, and improve
5. Cultivate leaders with unique system leadership skills
6. Focus on program and system strategies
7. Build a culture that fosters relationships, trust, and respect across participants
8. Customize for local context

Cross-sector leadership

As implied in the fifth principle of practice, having leaders with the right skillset is essential for achieving collective action. Yet, this does not come without its challenges: from high turnover and lack of capacity, to having to cope with a steep learning curve when adapting from single- to cross-sector initiatives.[10,11,12] This sentiment was felt in one of the HCS Collaborative Leadership

Labs when participants contemplated, *how might we better define leadership in the context of the HCS?* Appendix C, Shifting the mindset from single-sector to cross-sector leadership, provides a framework that can help guide discussions around the desired skills inventory for different leaders within the HCS Governance Structure. In addition to skills, the leadership role is another vital

> **This type of collaboration** "needs one or more consistent sponsors and champions who are embedded near the top of the public bureaucracy."

consideration for cross-sector collaborations to thrive, particularly when these involve public bureaucracies like a municipality. In these environments, it is recommended to have "one or more consistent sponsors and champions who are embedded near the top of the public bureaucracy."[13]

Shared accountability

Shared accountability is another needed but challenging aspect of cross-sector collaboration.[14,15] Different from traditional accountability that occurs through a fixed, vertical chain-of-relations, shared accountability takes place in webs of always-changing relations. In this sense, shared accountability is a complex undertaking. Yet, while it might be difficult to connect every changing input (resources, capacity, processes, interventions, and policies) to outputs (short and long term outcomes),[16] an effort has to be made to develop a tool that starts connecting and strengthening the web of relations that will support the collaboration. This accountability mechanism can be based on agreements and contracts between the different partners. The HCS already has such an agreement (via a Memorandum of Understanding) with VCH, but it would be helpful to have similar agreements with other instrumental partners. This process can lead to ownership of –and commitment to– activities that enhance the sustainability of the strategy.[17]

It is important to highlight that an accountability tool should not be used to reward good performance or apply sanctions for poor performance as this may deter people from participating in the joint effort in the first places.[18] Instead, it should be used as a process for learning and for addressing conflicts as they arise.[19] More importantly, a collaborative effort should first be accountable to its invested partners and then to the community and host organization.[20]

LEARNING FROM PRECEDENT MODELS

Evaluation Criteria

The research was conducted following a case study approach that examined three precedent strategies: Kelowna's Healthy City Strategy (HCS), New York City's Take Care New York (TCNY), and Vancouver's Downtown Eastside Community Economic Development Strategy (DTES CED Strategy). The strategies were reviewed against the following components:

1. **Governance:** What are the different groups involved in steering the strategy? Do they have any partnership agreements and/or accountability mechanisms in place?
2. **Financing:** What are the different funding sources? What are the budget allocations (i.e. how much goes into the strategy's backbone support)?
3. **Implementation**: What are the different implementation processes and tools (including accountability tools)?
4. **Evaluation**: How is the work monitored and evaluated? How is progress communicated and to whom?

Selection Criteria

The criteria for choosing the precedent models was as follows:

- Connection to social policy and/or local government
- Mix of inside/outside government actors
- Innovative implementation approach

Limitations

While this research looked into a range of features and wise practices conducive to cross-sector collaboration, these are not complete and are subject to the following limitations:

- The three precedent models are a small representation of the number of cities and programs working on a Healthy City Strategy or in a collaborative manner.
- Online research does not provide enough information to cover all aspects of the precedent models. While follow-up interviews were held with staff working on the Kelowna HCS and DTES CED Strategy, it was not possible to connect with someone from the TCNY Strategy. Hence, there are variances in the information presented across the three case studies.
- Policy integration, which is at the core of the HCS, falls outside of the scope of this research.
- A more in-depth study could benefit from interviewing other City partners as well as external partners and beneficiaries to better understand the full extent of the collaboration and impact.
- This study recognizes that the development of the next HCS Action Plan is a major endeavour and the wise practices proposed in this report can only serve to inform some aspects.

Case Studies: Kelowna New York City Vancouver

Healthy City Strategy, Kelowna

Kelowna's Healthy City Strategy is a long-term, integrated approach to "healthy places and spaces, community health and quality of life for all Kelowna residents."[21] The Strategy addresses an array of actions across the following six themes:

1. Community for All
2. Healthy Neighbourhood Design
3. Healthy Housing
4. Healthy Natural Environment
5. Healthy Food Systems
6. Healthy Transportation Networks

The development and implementation of the Strategy is being rolled out by theme area, with Community for All being the first, and Healthy Housing the second. The expectation is that this approach can allow Kelowna to progressively and systematically adapt other City policies to incorporate the recommendations and actions from each of these documents. While this approach may seem more manageable and less overwhelming than doing/implementing the whole strategy at once, it risks causing engagement fatigue between partners and stakeholders. Despite there being thematic areas, there will nonetheless be similarities across themes, which will require approaching the same group of people more than once. Having said this, in a conversation with Kelowna's HCS lead planner it was learned that some stakeholders felt validated when the City sought their input for both the Community for All and the Healthy Housing Plans.

Governance

The two main groups involved with Kelowna's HCS are a Healthy City Strategy Steering Committee, composed of members from the City and Interior Health Authority (IH); and a Stakeholder Advisory Committee, composed of representatives from the health, non-profit and academic sectors. As per accountability mechanisms, the City and IH have a Collaboration Agreement that includes Terms of References for both parties.[22] While no contracts or agreements are in place with the Stakeholder Advisory Committee, their active involvement in advising the Strategy development and co-creating the action plan has built commitment to and ownership for the actions.[23]

The lead planner shared that, similar to Vancouver's case, despite there being support from different actors, the Strategy remains City-led. Furthermore, much of the coordination, logistics, and communications is done by the planner alone –and that is in addition to many other responsibilities. Having all this work fall under one staff is unsustainable; especially as the other HCS themes get developed/implemented. Orchestrating partnerships and collaboration is a valuable but arduous task that requires a designated team –a backbone support– to keep the momentum going.

A different approach taken by the Kelowna HCS is how they involved Council as champions of the Strategy.[iii] They have asked Council "to be courageous and persistent to keep the vision of [the] strategy alive for the long-term."[24] This is something that would be worth emulating for Vancouver's HCS. As mentioned in the literature review, the role of champion leaders is crucial for cross-sector collaborations to thrive, particularly in the environment of a municipality. Yet, the Council champions should involve a combination of parties so that the strategy does not risk losing traction with changes in government. Additionally, it should involve a senior staff or office, i.e. the City Manager (CM) and/or the CM's office.

Financing

Kelowna's Community For All Action Plan benefited from funding from the Province of BC through the 2016 UBCM Age-friendly Community Project and Planning grant[25] as well as the Healthy Communities Capacity Building grant.[26] The sums are unknown. Budget allocations for the Community for All Action Plan are also unknown. With regards to the Healthy Housing Strategy, while no funding information was found, the Strategy document provides a high-level implementation budget of $265,000. One third of this sum is to conduct studies and improve practices; the remaining is to offset Development Cost Charges for affordable rental housing.[27] When it comes to finances, this might be one of the aspects that more clearly benefits from a 'thematic' roll out process as it is clearer –just one story line or cause– to seek funding and partnerships from both the public and private sector.

Implementation

The two thematic documents rolled out thus far have had a set of recommendations and actions with their respective leads. As mentioned in the governance section, there is no formal accountability mechanism between the action leads. Also, there is no backbone organization to orchestrate the implementation. From Vancouver's own experience, this puts strains on staff and diminishes the impact of the collaborative. Having said this, there is a great degree of ownership

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[iii] They managed to do this by linking the Strategy to Council's priorities.

and success around implementation by partners due to their involvement in coming up with the actions.

One of the milestones of the Community For All Action Plan that can have an impact on the implementation of the plan was the development and publication of a community inventory. This document captures the policies, programs and services that contribute towards the Healthy City vision. The different inventory items are broken down into the six thematic areas of Kelowna's HCS, facilitating the connection between actors and programs throughout the Strategy's roll out process. Given the complexity of the Vancouver HCS, a resource like this can enhance partnership building and community participation while at the same time reduce strain on staff.

Evaluation

While no evaluation details are yet available for the Healthy Housing Strategy, the Community For All Action Plan has an interesting approach worth emulating for the Vancouver HCS. The Two-Year Action Plan is referred to as a 'living document' to be revisited twice a year, to "establish priorities, monitor completed and ongoing actions, evaluate outcomes, access further opportunities and adapt to new information."[28] Findings are presented to Council in an annual progress report. The most recent report submitted to Council this year, proved the 'living' feature of the Action Plan. The report indicated that while most of the actions were complete, in progress, or ongoing, three were removed and seven new ones added. The report provided a justification for the removed actions. The lead planner explained that there would be an opportunity to revisit these actions in the future. Finding ways to allow for this kind of flexibility can help to address the emergence of new realities and to tap into new opportunities.

Take Care New York, New York City

Developed by New York City Department of Health and Mental Hygiene, Take Care New York (TCNY) 2020 is the City's strategy "for giving everyone the chance to live a healthier life."[29] This Strategy was launched in 2014 and represents a further evolution of the two earlier TCNY agendas (2004 and 2009). While the earlier versions focused on physical health, TCNY 2020 puts a stronger emphasis on the social determinants of health. Furthermore, this time, the agenda demonstrates a more intentional approach to closing the gap in health outcomes and to community participation. "At the heart of this new approach is the notion that communities will drive and sustain change."[30]

The Strategy's four goals areas (below) were decided upon by reviewing health-related data, and looking at unjustifiable disparities between neighbourhoods and demographics.

1. Promote Healthy Childhoods	3. Support Healthy Living
2. Create Healthier Neighborhoods	4. Increase Access to Quality Care

As already recommended in the Evaluation of HCS Collaborations and Partnerships, the simplicity of a 'few priority focus areas' at a time can facilitate the garnering of support from internal and external partners, ultimately leading to a more streamlined effort.

Governance

New York City Department of Health and Mental Hygiene, embedded within NYC's local government, is the sole parent organization for this Strategy. Having said this, they are counting on the community to take action. More details about this approach will be explained in the implementation section.

Financing

While precise details on the funding and budget allocations for TCNY 2020 are not readily available, it can be implied that funding for the Strategy's development was provided by the City.

With regards to the implementation of the Strategy, much of it is dependent on community-led programs and partnerships. Many health programs across the city have benefitted from funding from NYC's Fund for Public Health. This Fund is administered by an independent, non-profit organization that enables partnerships between the NYC Health Department, the private sector, and community organizations. Since its founding in 2002, the Fund has raised over $400 million for nearly 300 grants.[31] In addition to providing grants, the Fund also allocates staff to grant-funded projects to support their implementation and streamline their collaborative partnership with the NYC Health Department.[32]

It would be worth exploring some aspects of this arrangement for the Vancouver HCS. For instance, advocating for an abundant, long-lasting designated budget for urban health initiatives that can serve to enable the community to take action. This budget should also cover the operations of the backbone organization that can orchestrate the community work. The money does not have to come solely from the City but from other organizations and different levels of government. This will be in line with the seventh recommendation from the HCS Evaluation: to provide adequate resources to support implementation of the HCS.'

Implementation

TCNY's implementation varies by borough. Given NYC Department of Health's community-centered approach, they wanted the community to identify their local priorities. Following dozens of community consultations,[33] they developed a list of the top health priorities for each community. More details are needed to know how these priorities are being implemented.

Another community-led but more targeted program is the TCNY 2020 Neighbourhood Health Initiative (NHI), a pilot collaboration with eight nonprofit organizations operating in under-resourced neighborhoods. NHI partners each received funds to convene community members to review local data, discuss vehicles and opportunities for improvement, and develop a local strategy for change.[34] The collaborative effort also entailed working with academics and experts to offer guidance and training to the NHI partners on topics such as program research, implementation, and evaluation; anti-racist institutional change; and fundraising.[35] This is another approach that can offer some lessons for Vancouver's HCS. It would be worth exploring what it might look like to have some HCS goals led by the communities themselves. This would have to be accompanied by financial and human resources, both of which could be leveraged through partnerships with other public-private organizations.

Evaluation

TCNY produces an annual report that shows progress toward the 2020 goals, highlights some of the partners leading community efforts, and provides suggestions and resources for prospective partners. The progress updates, much like the base indicators used to develop the Strategy, make use of disaggregated data to monitor a citywide target and an equity target. The report ends with an invitation for feedback and partnerships.

A public-facing report like this is another practice to consider adapting for the Vancouver HCS context. These can serve to 'engage the community in the collaborative' and 'foster a culture of relationships, trust, and respect across participants.' As revealed in the CI study, these are some of the principles of practice (Figure 8) that make 'Collective Impact have an impact.'

With regards to data, while Vancouver's Social Policy Data Team is continuously improving and diversifying their data collection efforts, the full details of their work are not always communicated to the public. If the stories told through this data could reach the public via a report, dashboard, website or other communication channels, it could further enhance the trust and relationship-building with partners and the community.

Downtown Eastside Community Economic Development Strategy, Vancouver

The Downtown Eastside (DTES) Community Economic Development (CED) Strategy grew out of the 2014 DTES Plan that recognized a need for a coordinated approach to enabling an economy inclusive of the area's low-income residents and community members. The CED Strategy aims

to do this by focusing on nine core goals, where the first goal, 'seeing the local economy as a livelihoods continuum,' is upheld as a universal goal.

A 'livelihoods continuum' (Figure 9) is about maximizing the local assets and community partnerships to provide diverse employment opportunities that meet the individual's skills and abilities.[36]

Figure 9. DTES CED Strategy, Livelihoods Continuum

Source: DTES CED Strategy, Council Report.
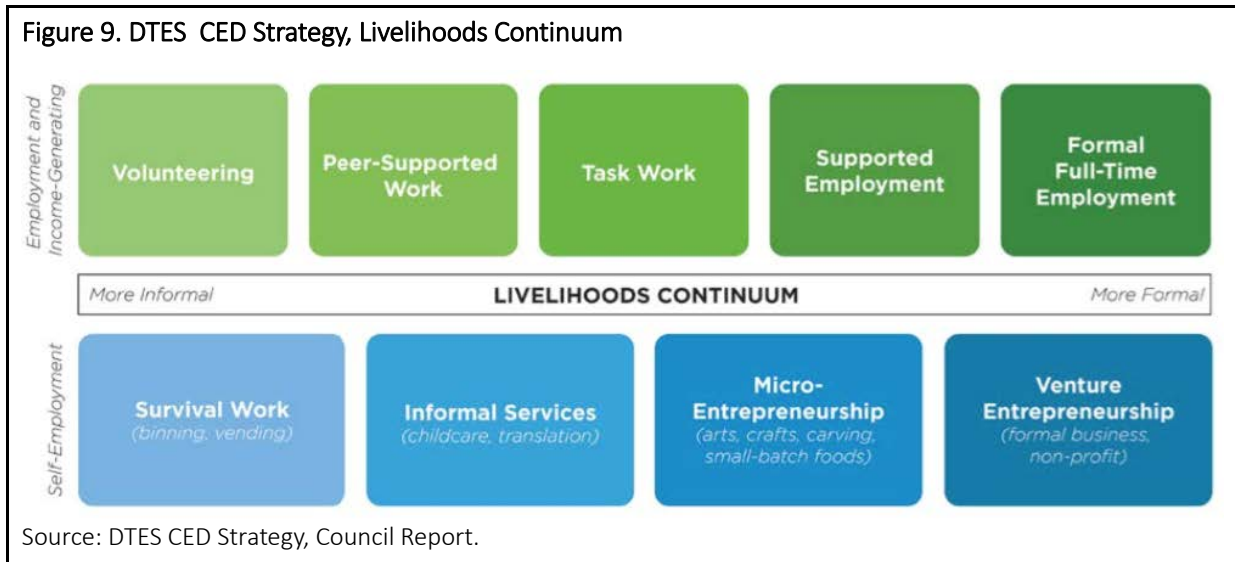
Governance

The CED Strategy is all about co-creation. Both the development and implementation have involved a group of diverse community members representing local organizations and residents, including those with lived experience. The group, originally formed as the Community Economic Development Strategic Action Committee (CEDSAC) and composed of 35 members to support the co-creation of the strategy, has grown to be a formal 'back-bone' organization of 50+ members.[37]

Rebranded with the name Exchange Inner City (Exchange) the community backbone is the engine that keeps the CED Strategy moving forward. As mentioned in the literature review, a separate backbone structure is considered essential to ensuring collaborative efforts maintain momentum and achieve impact.

Furthermore, Exchange's Executive Committee has a co-chair leadership model where one of the positions is reserved for a DTES resident with lived experience of poverty, and the other is open to a representative from one the member organizations.[38] This co-chaired model is another aspect conducive to positive results as it helps to build legitimacy from the community, equalize power in the decision-making processes, and build institutional memory in the event of leadership turnover.

Regarding agreements and contracts, it is not clear if such a tool exists between the members. Yet, their contributions of over 1,500 hours of volunteer work in 2017,[39] are a testament of their commitment to the organization. The known Partnership Agreement in place is between COV and the Vancity Community Foundation (VCF) for VCF to administer Exchange's program funds. While Exchange has a strong backbone, they are a two-person staff team. Hence, the financial management support offered by VCF allows the staff team to spend their energy where it is best needed –enabling the Strategy– and leave the bookkeeping to a trusted party.

Financing

The primary source of funding for the CED Strategy is the 2016 DTES Capital Budget. Yet, another of Exchange's important roles is to leverage other funding sources from various community organizations. During the 2016-2017 period, they leveraged close to $60,000. These funds are to support projects and programs and, as previously mentioned, are administered by VCF. This leverage of funds is something that was made possible thanks to the continued work of the backbone organization. From financial to operational partnerships, a backbone organization is the best investment any collaborative initiative can make.

Given that the CED Strategy addresses challenges in the DTES, the strategy also benefits from the Edgewater Casino's Social Responsibility Fund.[iv] Also, due to the Strategy's connection to the HCS goal of 'making ends meet,' they were able to tap into the Innovation Fund given to programs that support actions in line with the HCS Action Plan (2015-2018). While it is great to know that the Innovation Fund enables this type of work, it is unfortunate that the money is time-constrained, jeopardizing the longevity of the program. One can only hope that the increasingly strong partnerships that Exchange is forging will lead to the necessary funding to continue doing the much-needed work in the DTES.

Implementation

The CED Strategy addresses 23 actions over a three-year period (2016-2018) and involves Exchange's community members in leading the actions. A recent council report indicated much progress has been made to date.[40] It can be implied that, similar to Kelowna's HCS, involving the action leads in the co-creation of the Strategy leads to commitment to and ownership of the actions.

Exchange orchestrates the partnership building, leveraging of funds, and information/resources sharing. They accomplish this by convening and integrating otherwise siloed actors and efforts, establishing a shared vision over actions or programs, and maximizing the partners' collective

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[iv] A fund that supports projects located within neighbourhoods surrounding the Casino.

impact. Exchange authentically engages with the community to understand their individual motivations and expectations and aligns that with the collective vision. This is what in Appendix B is referred to as 'community-centred selfishness.' Exchange's Executive Director (ED) stated that what sets their backbone organization apart from previous implementing teams in the DTES is that they engage the community in policy co-creation and implementation. The Vancouver HCS could potentially identify focus areas or actions to do in a similar manner.

Evaluation

While the CED Strategy does not provide an evaluation plan, the council report highlighted their progress to date and proposed recommendations for the next phase, which tackles longer-term actions. Other progress updates and community stories are shared in a digital newsletter via the Exchange website. This communication tool helps keep members and supporters engaged, and promotes ownership and a sense of belonging. The website is also used to communicate upcoming working group meetings and to share the minutes from these. This practice promotes both engagement and transparency. More information is needed to know how the off line community has access to this content.

Wise practices to inform the collaborative development of the next Healthy City Action Plan

These five wise practices were informed by literature on cross-sector collaboration and the three case studies presented in this report. Furthermore, they start to respond to the recommendations that came out of the Evaluation of the HCS Collaborations and Partnerships. These recommendations are:

R# 1. Develop an approach to HCS implementation, collaboratively with HCS partners and stakeholders.

R# 2. Identify a few priority focus areas collaboratively with HCS partners and stakeholders.

R# 3. Adapt and align HCS structures and the connections between them to be "fit for function."

R# 4. Develop systems for learning, monitoring, measurement, and information flows.

R# 5. Provide adequate resources to support implementation of the HCS.

R# 6. Re-focus on "Collaborative Leadership" as a substantive goal and a principle to be expressed in all HCS goal areas.

R# 7. Integrate and/or align the HCS with other keystone plans at the City.

WISE PRACTICES

1. **Build cross-sector leadership capacity:** Studies found that while strong leadership is critical to any collective, it does not come without its challenges, the most common being turnover and lack of capacity. Both of these can be addressed by developing **succession and/or co-chairing schemes.**[41] Wherever possible, it is recommended to share the leadership between a senior and a community-level member. In the DTES CED Strategy case, they devised a co-chair structure for their backbone organization: Exchange. This one has a senior-level chair who is a representative from one of the member organizations, working alongside a community-level chair who is a DTES resident with lived experience of poverty. Given that some of the **community-level leaders** can be under-resourced, another wise practice can be to **secure their participation by providing a stipend** for their role.[42]

   In regards to the lack of capacity issue, this can happen not only due to insufficient training, but also due to the wrong leadership mindset. (See Appendix B: Shifting the mindset from single- to cross-sector leadership). The City should provide **cross-sector leadership skills training** to staff and collaborative partners to ensure they know how to re-orient their working styles and activities in accordance with cross-sector efforts.

   Some examples of leadership training sessions can be for the City to **encourage and support staff to participate in social innovation labs** that teach people how to suspend old beliefs and think outside the box; how to learn from different perspectives and understand the complexities of systems; how to build empathy and proactively and kindly address power dynamics; and how to create safe containers for authentic communication and exploration to happen, for emergence to thrive. **Another activity already tried and very well received during the HCS Collaborative Leadership Lab is a tango dancing class.** As explained in this [Youtube video,][43] tango dancing, through its improvisational nature, has the ability to show leaders some important lessons. For instance, that they must be attentive to followers in order to enable their move or action, and to co-create in an always changing context. In this sense, tango dance teaches how understanding followership is essential for leadership.

2. **Maximize on key leadership roles:** Experts suggest having "one or more consistent sponsors and champions who are embedded near the top of the public bureaucracy."[44] As can be learned from the Kelowna case, they tasked Council with the role to champion the HCS. They asked them "to be courageous and persistent to keep the vision of [the] strategy alive for the

long-term."[45] This, however, has to be done in a neutral or equalizing way that combines representatives from different parties so that the Strategy doesn't risk losing strength should new councillors come to power. Additionally, the City Manager's Office can also be asked to sponsor the HCS so they can help pool and align resources in favour of the collaborative.

3. **Engage and enable the community to take action:** As revealed in the study of 25 CI initiatives, including community members in the collaborative was a common practice among the organizations that achieved the most impact. The next HCS Action Plan should have a variety of tools to enable the community to take action. The Kelowna and TCNY cases provide good examples. The two of them developed a **community inventory of policies, programs, and assets** that can contribute to a healthier city. While Kelowna's inventory is embedded in the Strategy document, New York's is published in their annual report.

Public-facing information that goes beyond progress updates is another way to engage and enable the community to take action. The TCNY's annual report offers concise and visually appealing instructions for prospective partners to '*Inform, Support, or Transform*' their communities. The CED Strategy does something similar via the Exchange website where they share a regular newsletter with stories from the community as well as upcoming events. Furthermore, they publish minutes from their working group meetings. Yet another example from New York is their Neighourhood Health Initiative (NHI), a pilot program to enable under-resourced communities to 'drive and sustain change.' They supported selected non-profits with funding and capacity building for them to identify their own priorities, develop their strategies, and take action.

Much of this work is something that a backbone organization could do. As noted by CI experts, **aligning resources** and **promoting public will** falls within the key functions of a backbone organization.

4. **Establish a separate backbone organization:** "The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails."[46] While the HCS Governance Structure already has a Secretariat tasked with coordination and data support, this arrangement is not sufficient to coordinate the many efforts and partners behind the HCS. As shown in the DTES CED Strategy, establishing a backbone organization that is 'separate' from other structures can achieve this. Exchange plays all the key functions that are essential to ensuring the collaborative effort maintains momentum and achieves impact. One of Exchange's strategic directions, '*Fostering Partnerships for Major Project Implementation,*' demonstrates their commitment to the implementation. Given the vital role of backbone

organizations, it is important to build the support and pool the necessary resources to not only establish these but also to maintain them.

5. **Diversify and strengthen accountability mechanisms:** Similar to the existing Healthy City Partnership Memorandum of Understanding between COV and VCH, every other 'instrumental' partnership within the HCS Governance Structure, including the possible backbone organization, could be held accountable through a **co-created agreement**. Such an agreement could include inputs (resources, capacity, processes, interventions, and policies) and outputs (expected short and long term outcomes). It is important to highlight that the purpose of such a tool is not to 'control' performance but to **learn and address conflicts as they arise**.[47,48] The tool can also help **equalize power and build buy-in and trust.** In the absence of such a tool, the regular engagement and support provided by a backbone organization to the community can foster ownership of –and commitment to – activities.

Concluding Remarks

Collaborations as large as the one required for the HCS to thrive are no easy task, but the City of Vancouver is known for taking on challenges, innovating, and inspiring others across Canada and the world to follow suit.

The development of the next HCS Action Plan is an opportunity for the City to show its leadership skills, by strengthening existing partnerships and forging new ones to pool the sufficient resources, skills, and talents to more adequately support the HCS.

The HCS Collaborative Leadership Lab is already starting to explore what a new collaborative leadership model may look like. The participants are curious and inspired to co-create and test ideas that will potentially become a game changer for the next HCS Action Plan.

While some of the wise practices suggested in this report are to be further explored in the Lab, the City too can consider some of these recommendations to envision new ways of working more closely with the community; engaging them not only in consultations but also in actions.

The work accomplished by the HCS to date with their limited resources has been impressive. Imagine how much farther the HCS could go if they would enhance cross-sector leadership capacity, maximize on champions and sponsors, enable the community to take action, have a separate backbone organization, and diversify and strengthen their accountability mechanisms. Imagine that.
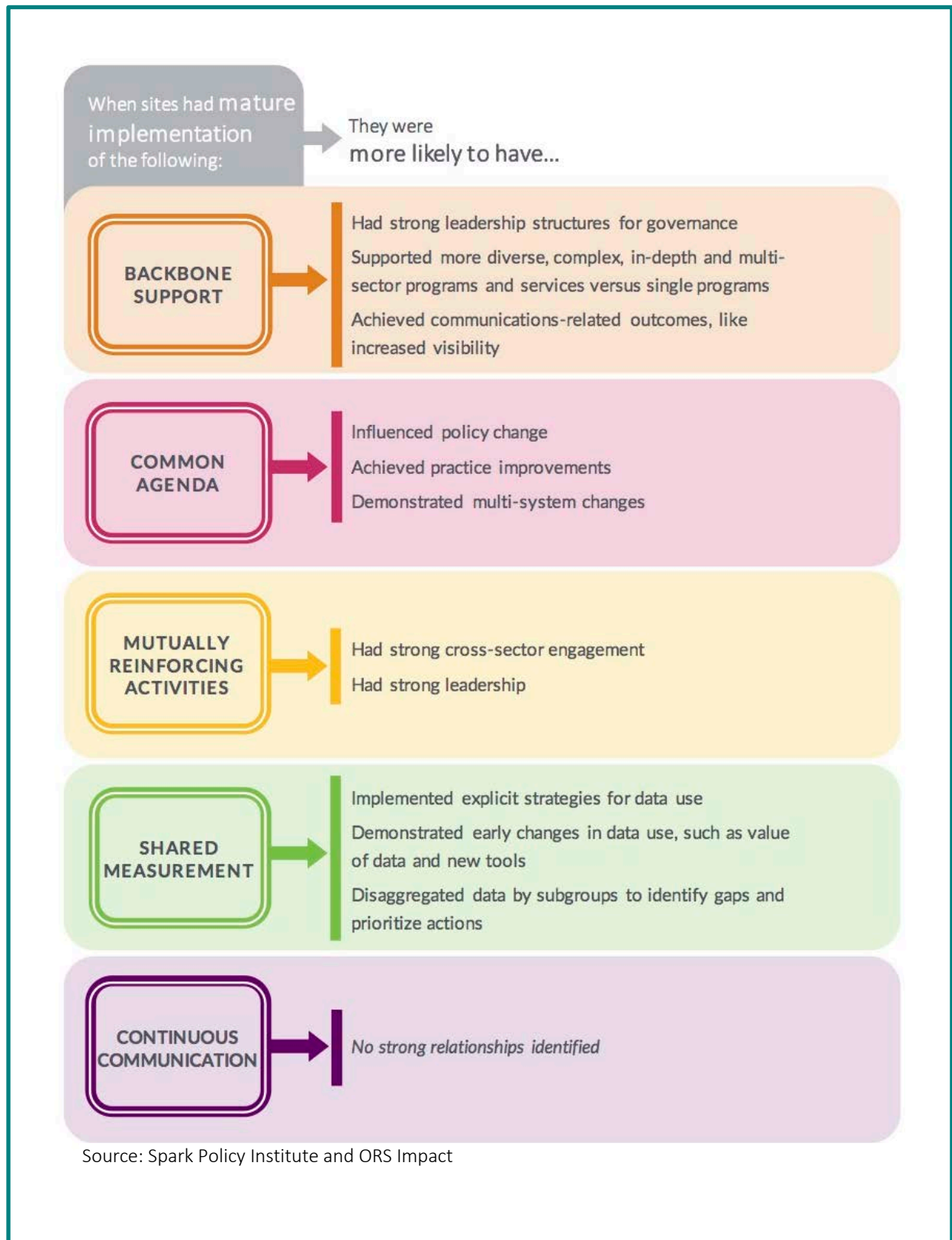
Appendix A   Backbone Effectiveness Chart[lv]

Guide Vision and Strategy	• Partners accurately describe the **common agenda** • Partners **publicly discuss / advocate for** common agenda goals • Partners' **individual work is increasingly aligned** with common agenda • Board members and key leaders increasingly **look to backbone** organization for initiative support, strategic guidance and leadership
Support Aligned Activities	• Partners **articulate their role** in the initiative • **Relevant stakeholders** are engaged in the initiative • Partners **communicate and coordinate** efforts regularly, with, and independently of, backbone • Partners report increasing levels of **trust** with one another • Partners increase s**cope / type of collaborative work** • Partners improve **quality** of their work • Partners improve **efficiency** of their work • Partners feel **supported and recognized** in their work
Establish Shared Measurement Practices	• Shared **data system** is in development • Partners **understand the value** of shared data • Partners have robust / shared **data capacity** • Partners **make decisions** based on data • Partners **utilize data** in a meaningful way
Build Public Will	• Community members are increasingly **aware** of the issue(s) • Community members express **support** for the initiative • Community members feel **empowered** to engage in the issue(s) • Community members increasingly **take action**
Advance Policy	• Target audience (e.g., influencers and policymakers) is increasingly **aware** of the initiative • Target audiences **advocate** for changes to the system aligned with initiative goals • Public **policy** is increasingly **aligned** with initiative goals
Mobilize Funding	• Funders are asking nonprofits to **align** to initiative goals • Funders are **redirecting funds** to support initiative goals • **New resources** from public and private sources are being contributed to partners and initiative

Source: FSG and Greater Cincinnati Foundation

Appendix B   Mature Collective Impact Practices & their Relationships to Outcomes

When sites had **mature implementation** of the following: → They were **more likely to have...**

BACKBONE SUPPORT →
Had strong leadership structures for governance

Supported more diverse, complex, in-depth and multi-sector programs and services versus single programs

Achieved communications-related outcomes, like increased visibility

COMMON AGENDA →
Influenced policy change

Achieved practice improvements

Demonstrated multi-system changes

MUTUALLY REINFORCING ACTIVITIES →
Had strong cross-sector engagement

Had strong leadership

SHARED MEASUREMENT →
Implemented explicit strategies for data use

Demonstrated early changes in data use, such as value of data and new tools

Disaggregated data by subgroups to identify gaps and prioritize actions

CONTINUOUS COMMUNICATION →
No strong relationships identified

Source: Spark Policy Institute and ORS Impact

Appendix C Shifting the Mindset from Single-sector to Cross-sector Leadership

This framework of nine essential skills for cross-sector leaders was adapted from 'The Essential Skills of a Cross Sector Leadership;' a supplement published in the Stanford Social Innovation Review.

BUILDING TEAMS

1. **Developing trust:** a time sensitive but essential process for any partnership.
2. **Managing power dynamics and conflict:** understand power and privilege. Encourage a 'safe' environment for difficult but respectful conversations to take place, to deepen trust, connections, and empathy.
3. **Fostering an innovation culture:** encourage the partners to dream big and think outside the box – instead of what is/isn't possible.

SOLVING PROBLEMS

4. **Understanding impact on people:** the involvement of people with lived experience can shed light on unknown challenges and solutions. Engaging these stakeholders from the early stages builds trust in and a sense of belonging for the program. Furthermore, they can form part of the implementers or champions in the local communities. Beneficiaries are an "underutilized source of human capital for implementation."
5. **Taking a systems approach:** understanding where and how undesired outcomes are taking place allows collaborators to alter inputs and redesign the system.
6. **Defining results and using data:** there must be clarity and agreement on what is being solved, how it will be measured, and the required data to inform future decision-making.

ACHIEVING IMPACT

7. **Aligning motivations and values:** part of understanding and reaching a collective goal requires an understanding of individual motivations and expectations of each partner. This is what the authors refer to as 'community-centred selfishness' and what they claim to be necessary in order to achieve greater impact for the individual partners and the collective.
8. **Using leverage points:** map out the collective resources and apply pressure at highest-value leverage points (over capital flows, regulation, public opinion, and behaviour change).
9. **Sharing knowledge and learning:** partners should work not only towards the end goal but also towards the process of learning. This can ensure the collaborators engage in 'open feedback' that leads to individual and collective improvements.

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