

OXFORDSHIRE HEALTH AND WELLBEING BOARD

14 May 2026

Community Health Development Officer and Well Together programme Evaluation Report

Report by Ansaf Azhar– Director of Public Health and Communities, Oxfordshire
County Council

RECOMMENDATION

1. **The Oxfordshire Health and Wellbeing Board is RECOMMENDED to**
 - 1.1 Support the promotion and sharing of the findings from the evaluation of the Oxfordshire County Council-funded Community Health Development Officer (CHDO) programme and the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)-funded Well Together programme, with partners and colleagues across the system.

Executive Summary

2. This report gives an overview of the Oxfordshire County Council-funded Community Health Development Officer (CHDO) programme and the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)-funded Well Together programme. Both programmes build on the Community Insight Profiles (CIPs) work and aim to reduce health inequalities by supporting community-led action, small grants, and stronger local partnerships in areas facing the greatest disadvantage.
3. The evaluation found that CHDOs and Well Together Community Capacity Builders are a key strength. Their regular local presence helps to build trust, connect residents and organisations, and support the delivery of local priorities.
4. The final report of the evaluation highlights that these approaches work best when funding is multi-year, roles are stable, reporting is proportionate, and success is measured using realistic indicators such as reach, participation, trust, stronger networks, and long-term sustainability.

Background

5. Oxfordshire County Council Public Health has been working with partners to develop Community Insight Profiles (CIPs). This work began after the publication of the [Director of Public Health \(DPH\) Annual Report](#) for 2019/20, which highlighted ten wards in Oxfordshire that included small areas (Lower-layer Super Output Areas) in the 20% most deprived in England (Index of Multiple Deprivation (IMD), 2019) and are therefore more likely to experience health inequalities. Following this, a further four Community Insight Profiles

were developed for areas identified as falling within the 30–40% most deprived nationally (IMD 2019), and where local partners agreed there would be added benefit in developing a profile.

6. The profiles map local assets, capture community insight on enablers and challenges to health and wellbeing and set out a dataset of indicators for each area to help inform high-level recommendations.
7. Each profile includes locally led recommendations that set out objectives to strengthen community assets and development opportunities. An action plan is then developed for each area, based on those recommendations.
8. To support delivery of the actions arising from the Community Insight Profile recommendations, Community Health Development Officer posts have been funded in each area where a profile has been developed. This is supported by a small grants scheme to help community projects deliver the recommendations in the profiles.

The Community Health Development Officer (CHDO) programme and associated community grants programmes.

9. Oxfordshire County Council has funded nine Community Health Development Officer (CHDO) posts to cover the 14 areas where a Community Insight Profile (CIP) has been developed. The posts are hosted by the relevant city or district council. Posts have been recruited to by the city and district councils in different ways to reflect local need; for example, one full-time role may cover several areas, or part-time roles may focus on a single area.
10. CHDOs work with local partners and residents to turn CIP recommendations into action. Using an asset-based approach, they help to coordinate local activity, share health and wellbeing messages, and support projects that build community capacity, resilience, and connection.
11. CHDOs act as trusted connectors in the communities they work with. Their role includes:
 - (a) Supporting delivery of CIP recommendations through local action planning.
 - (b) Convening local partnerships and coordinating health promotion activity.
 - (c) Building capacity by connecting people, aligning activity and encouraging joint working.
 - (d) Supporting communities to access grant funding for local health and wellbeing initiatives.
 - (e) Raising awareness of public health services and local health and wellbeing opportunities.

Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) funded Well Together programme

12. Building on the CIPs programme, the Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) has funded a grants programme called 'Well Together'. This programme invests in community-led health and wellbeing projects and capacity building in the 10 wards that were included in phases 1–3 of the CIP programme.
13. [Well Together](#) is a place-based programme designed to bring individuals, communities, and organisations together to enhance wellbeing from the ground up. Community Capacity Builders are a key element of the programme. Taking an asset-based focus, they helped to identify health and wellbeing priorities that mattered to local residents. They connected with existing and new community groups and individuals wanting to do more in their community; building confidence, connections and mutual support and collaboration.
14. The programme is based on the principle that wellbeing is created collectively through engagement in activities, meaningful conversations, and relationships that are part of everyday life. Community Capacity Builders actively support access to Well Together funding and build relationships with the funded groups. This includes helping organisations to collect stories and data to evaluate the effectiveness and impact of their activities, as well as offering guidance on expanding outreach, promoting local collaboration, and connecting with wider networks and resources – making small steps in addressing the deeper roots of inequality.
15. The Well Together Community Capacity Builders and the Community Health Development Officers actively worked together to co-ordinate activities and support to maximise the benefit to communities.

Strategic links

Marmot

16. Both the CHDO and Well Together programmes support delivery of the Marmot Place approach by enabling direct engagement with partners and communities in areas most affected by health inequalities. This place-based, community-led approach aligns with the Marmot focus on addressing inequalities linked to the social determinants of health.

Director of Public Health Annual Report 2025/26

17. [The Director of Public Health Annual Report \(DPHAR\) 2025/26](#) recommends sustained, preventative action to reduce health inequalities. It highlights the importance of strengthening community assets, supporting local leadership, and embedding place-based approaches. The report includes examples of how CHDOs, grant schemes, and the Well Together programme have benefitted local communities, supported by case studies and videos.

Health Overview and Scrutiny Committee recommendations

18. The benefits of the CHDO and Well Together programmes are also reflected in recommendation 4 from the HOSC response to the Director of Public Health Annual Report, presented on [29 January 2026](#):

To move Community Health Development Officer, Well Together roles and community led programmes onto multiyear funding cycles, given that short funding cycles undermine sustainability. It is recommended that there is a best value review and prioritisation of funding continuity to avoid regression of gains in areas with improving Index of Multiple Deprivation deciles.

Development of Neighbourhood Health and Care

19. Community led development supports the foundations for neighbourhood health and care. Building on the work of the Community Insight Profiles and the further insights gained via the Well Together programme and the CHDOs can enable a more sophisticated and rounded approach to Population Health Management, combining qualitative and quantitative data. There is an opportunity to build on the trust and relationships developed to engage and involve residents in identifying what is most important to them. There is a need to provide holistic support and interventions in response to ill health, particularly for those experiencing the greatest health inequalities.

Evaluation of the Community Health Development Officer role and the Well Together Programme

20. The CHDO programme and the ICB-funded Well Together programme are being evaluated by the University of Oxford as part of the Oxfordshire Health Humanities Project. [The interim report \(January–December 2024\)](#) focused on the roles within each programme and the set-up of the grant schemes. The final report explores the impact of the funded activities and the benefits of longer-term investment. An executive summary of the findings from the final evaluation report can be found in annex 1 of this report.
21. The evaluation covers the first 10 areas where Community Insight Profiles were produced, which mirrors the 10 areas covered by the Well Together programme. However, the learning from the evaluation can be scaled and applied to all areas in Oxfordshire, and beyond.
22. An extract from the evaluation report is included below:

“Individual Community Health Development Officers and Well Together’s Community Capacity Builders are particular strengths of each programme, able to effectively engage with local communities through regular presence in community activities; excellent communication and networking skills; and active partnerships with existing organisations and networks.”

High level findings from the final report

23. The final report suggests several public health policy implications:
- a. Support long-term, relationship-based community infrastructure—not short-term “projects.” Trust, familiarity, and sustained networks are central. Policy should therefore prioritise multi-year funding, continuity of staff, and stable local partnerships.
 - b. Treat community capacity-building as a core prevention strategy (not an optional add-on). Both CHDO and Well Together are bottom-up prevention models that enable residents and local organisations to define needs, mobilise assets, and deliver activity. Policy should elevate these mechanisms alongside clinical services.
 - c. Design evaluation frameworks that match programme timescales and aims. As population-level outcomes will not shift quickly, policy should legitimise intermediate measures (participation, reach into underserved groups, network strength, resident engagement, trust, and sustainability) rather than relying only on morbidity/mortality changes.
 - d. Use flexible delivery models with clear roles and coordination across sectors with clarity on who does engagement, grant support, and coordination and look at ways of reducing administrative burden for community groups.

Next Steps

24. The next steps will be to complete a dissemination plan to ensure that the research findings are shared with a range of audiences, including policy makers, academics and communities.

Corporate Policies and Priorities

25. The CHDO and Well Together programmes align with Oxfordshire County Council’s corporate priorities for 2025–2028, which focus on making the county greener, fairer, and healthier.

Financial Implications

26. There are no direct funding implications from this report. The work described has been funded by the Public Health grant and the ICB Inequalities and Prevention fund.

Comments checked by:

Stephen Rowles, Strategic Finance Business Partner,
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Legal Implications

27. There are no specific legal implications arising from this report. The work described informs and supports the delivery of the local authority's public health functions.

Comments checked by:

Janice White, Principal Solicitor – ASC, SEND and Education

Equality & Inclusion Implications

28. The CHDO and Well Together programmes aim to help address inequalities by providing funding and support to communities experiencing the greatest inequality.

Sustainability Implications

29. There are no sustainability implications arising from this report.

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Annex 1: Summary of the Evaluation of the Community Health Development Officer role and the Well Together programme

Annex 1 is provided as a separate document attached to this paper.

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May 2026