



**well  
together**

**NOVEMBER 2023 - SEPTEMBER 2025**

**Initial summary of internal evaluation and monitoring**

# INITIAL SUMMARY OF INTERNAL EVALUATION AND MONITORING

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Additional case studies covering a number of activities funded through Well Together are available on our organisations' websites, along with news and updates from the team:

<https://ocva.org.uk/well-together-programme/well-together-projects/>

<https://ocva.org.uk/category/well-together/>

<https://communityfirstoxon.org/blogs-news/>

# WHAT WE DID & WHAT HAPPENED



**159** expressions of interest

**£1 million** distributed to grassroots organisations and local charities

**128** funded projects

**2** anchor organisations receiving £10k each

**14** groups and organisations supported by hosts

largest grant : **£20,000**

mean grant : **£7656**

smallest grant : **£1250**

SO FAR\*, FUNDING DISTRIBUTED THROUGH WELL TOGETHER HAS CONTRIBUTED TOWARDS...

over 7250 sessions

reaching over 14,000 participants

**77%** felt "Very Supported"

**63%** felt "Much more part of community"

**61%** felt a "Great improvement or positive difference in mental health and wellbeing"

# WORKING TOWARDS HEALTH EQUITY FOR ADULTS

The programme's activity has been framed around a community-led interpretation of how grassroots groups and local charitable organisations can contribute towards accelerated improvements in the five clinical areas of the CORE20PLUS5. These clinical areas are defined as: Maternity, Severe mental illness, Chronic respiratory disease, Early cancer diagnosis, and Hypertension case-finding and optimal management and lipid optimal management. Smoking cessation positively impacts all five key clinical areas, so is also an area of focus.

Funded groups have demonstrated a unique strength in addressing health inequalities due to their deep embeddedness within the communities they serve. Their ability to listen, adapt, and respond quickly to local needs has ensured that activities are not only relevant but also culturally sensitive and inclusive. By working at the interface between formal healthcare systems and lived community experience, these organisations can build trust, foster relationships, and empower individuals to take greater ownership of their own health, and support that of their family members, friends, and neighbours. The University of Oxford Medical Humanities Phase 1 Evaluation recognised the programme as "crucial in linking residents to existing public health and medical provision" and the trusted relationships built as "an essential foundation for the success of overarching health programmes such as NHS screening and medical provision".

Alongside clinical interventions, it is well recognised that the wider social determinants of health play a significant role in shaping health outcomes. Addressing these building blocks of health through community action creates the conditions in which healthier choices become easier and more sustainable. In order to help to create these conditions a number of projects increasing access to healthy foods have been supported, as well a variety of low cost classes and sessions promoting physical activity. By connecting people to resources, opportunities, and supportive networks, local organisations can help reduce the structural barriers that perpetuate health inequalities and lay the foundations for long-term improvements in neighbourhood health and wellbeing.



## CLINICAL AREA & FOCUS

**Maternity** - "ensuring continuity of care for 75% of women from BAME communities and from the most deprived groups"

**Severe mental illness (SMI)** - "ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)"

**Chronic respiratory disease** - "uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations"

**Early cancer diagnosis** - "75% of cases diagnosed at stage 1 or 2 by 2028"

**Hypertension case-finding and optimal management and lipid optimal management** - "to allow for interventions to optimise BP and minimise the risk of myocardial infarction and stroke"

## COMMUNITY RESPONSE

The provision of activities aiming to build trust and remove barriers to engagement by providing accessible and culturally sensitive support.

The focus is primarily on prevention of SMI, including the provision of accessible and inclusive activities promoting general mental wellbeing, as well as continued support for recovery.

The emphasis is on prevention through community awareness campaigns and addressing misinformation about vaccines.

The approach is to raise awareness of early signs and symptoms, promote participation in screening programmes, and encourage health checks with GPs.

The focus is on proactive community engagement through blood pressure and cholesterol checks in trusted community settings, alongside education and support for lifestyle changes to reduce the risk of heart attack and stroke.

## EXAMPLE PROJECTS (THERE ARE MANY MORE!)

**African Families in the UK (AFiUK)** - maternity and female reproductive health information sessions with EDI midwives

**Sunshine Centre** - referral-based postnatal group (continuation from an antenatal group) with community midwives

**Tandem Befriending** - one-to-one befriending partnerships and social group for people living with mental ill-health

**Oxford Polish Association** - low-cost, inclusive "art for wellbeing" workshops

**Sudanese Community** - postnatal depression and war trauma PTSD sessions in collaboration with Sudanese Doctors Union

**Restore** - therapeutic recovery groups

**Transition Lighthouse Empowerment Space CIC** - vaccine uptake awareness outreach, including challenging myths

**AFiUK** - two vaccine information sessions as part of wider weekly health programme

**Oxford Sudanese Supplementary School** - accessible evening "health seminars" led by experienced NHS specialists

**Urology Cancer Research and Education (Oxford), (UCARE)** - cancer awareness outreach at existing sessions and events

**Nigerian Community Oxford (NICOOX)** - prostate cancer awareness at Nigerian men's football group & online sessions

**Body Mind & Soul 4 You CIC** - men's cancer awareness workshop

**Body Mind & Soul 4 You CIC** - blood pressure checks, monitor demo, info on causes, complications, risks, symptoms

**Oxford Sudanese Supplementary School** - Dr. Maha Ahmed, NHS GP, led session on high blood pressure and cholesterol

**Body Mind & Soul 4 You CIC** - blood pressure checks, monitor demo, info on causes, complications, risks

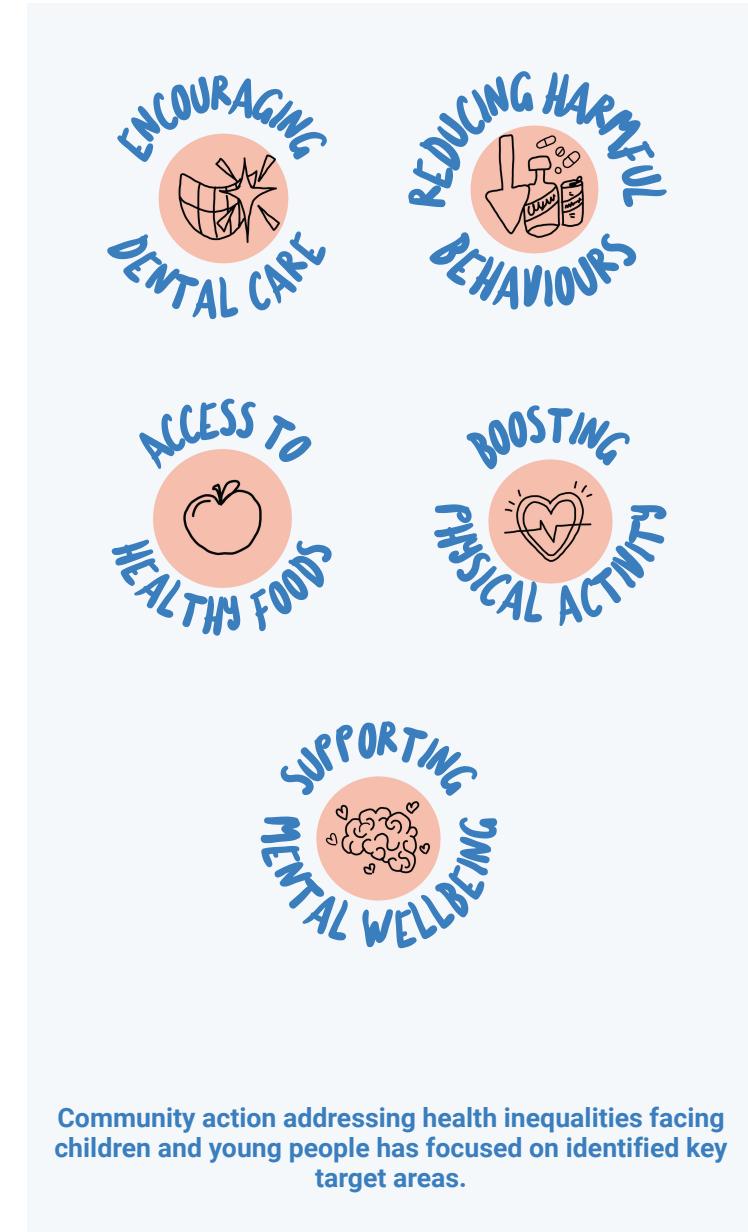
**John Henry Newman Academy** - Here4Health drop-in



# WORKING TOWARDS HEALTH EQUITY FOR CHILDREN AND YOUNG PEOPLE

The five clinical areas that have been identified for accelerated improvement under the Children and Young People's version of Core20PLUS5 include: Asthma, Diabetes, Epilepsy, Oral Health, and Mental Health. As with adults' health, the programme recognises that children's health is also shaped by broader social determinants - including, for example, the homes where children live, what kind of support their families have, their education, and what healthy options are around them. Efforts to reduce inequality supported through this programme include increasing understanding of dental care (to reduce tooth decay and extractions), ensuring families know where they can access specialist care, and building trust in clinical health systems. By helping to reduce the everyday barriers - whether in access, cost, or awareness - local charities and community-led groups play a key role in creating the conditions for healthier childhoods and setting young people up for better health as they grow.

Engaging children and young people is central to breaking cycles of generational health inequality, and aligns closely with NHS commitments to prevention and reducing health disparities. Early life experiences have a profound impact on physical and mental health across the life course, making it essential that services connect meaningfully with younger populations. As highlighted in the University of Oxford Medical Humanities Phase 1 Evaluation, creating "social relationships that encourage aspirations and expectations of improved health and wellbeing" is crucial and provides a powerful protective factor. By embedding this focus within programmes such as Well Together, the NHS and its partners can help secure healthier futures and prevent health inequalities from becoming entrenched across generations.



## CLINICAL AREA & FOCUS

**Asthma** - "Address over reliance on reliever medications; and Decrease the number of asthma attacks."

**Diabetes** - "Increase access to real-time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic minority backgrounds; and Increase proportion of those with Type 2 diabetes receiving recommended NICE care processes."

**Epilepsy** - "Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism."

**Oral health** - "Address the backlog in tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under."

**Mental health** - "Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation."

## COMMUNITY RESPONSE

The focus is on addressing known contributing factors to asthma incidence for children including second-hand smoke, diet and obesity.

The focus is on increasing awareness of the specialist services available, building trust, and addressing systemic barriers in accessing support.

The approach is to provide support to families with children with learning disabilities and /or autism so they feel confident in accessing existing health and medical provision.

The focus is on promoting good oral health care to reduce the incidence of tooth decay, as well as increasing knowledge of healthy eating habits.

The focus is on the provision of accessible and inclusive activities promoting general mental wellbeing, as well as referral-based groups and age-appropriate therapeutic interventions.

## EXAMPLE PROJECTS (THERE ARE MANY MORE!)

**Rose Hill Junior Youth Club (RHJYC)** - "Wellbeing-Welfare-Wellness" project, including healthy cooking for children / families  
**Oxford Hub** - full programme at the Windale Hub, including a range of health promoting sessions and activities

**John Henry Newman Academy** - tailored programme at Littlemore Hub, building strong links with local NHS Community Health & Wellbeing Workers.

**Transition Lighthouse Empowerment Space CIC** - working with groups and individual to address digital poverty and language barriers

**AFiUK** - diabetes focus group discussions

**Jigsaw Oxford** - support and social sessions for families with children with SEND

**KEEN** - social and sporting sessions for young people (and adults) with disabilities and other complex needs

**Sudanese Community** - nutrition educational workshops and 2-part workshop on children's dental hygiene

**Home-Start Oxford** - weekly sessions providing access to expert advice including weaning, teething, and dental care

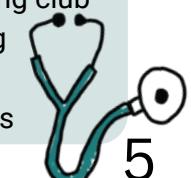
**Dovecote** - healthy snacks and nutrition info during playschemes

**The Abingdon Bridge (TAB)** - tailored 1-1 coaching for identified vulnerable young people & a series of safe-space group sessions

**AT The Bus** - art-based, therapeutic interventions in schools

**ARK-T** - referral-based after-school creativity and wellbeing club & online group for 12-14 years who are avoiding attending school for emotionally-based reasons

**Be Free Young Carers** - mindfulness movement in schools

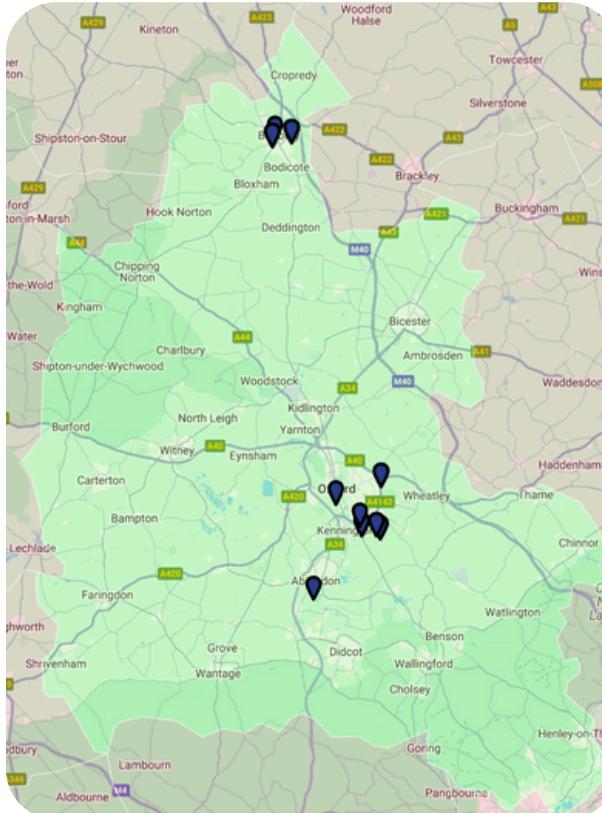


# WORKING IN NEIGHBOURHOODS – OXFORDSHIRE'S PRIORITY AREAS



The Core20PLUS5 approach defines a target population of the 20% most deprived population by the Index of Multiple Deprivation (IMD) – the “Core 20” of the national population. In Oxfordshire 10 wards are identified as “the most deprived”. Throughout the programme we have referred to these places as “priority areas”.

- **Abingdon**
  - Caldecott
- **Banbury**
  - Nethrop
  - Grimsbury
  - Ruscote
- **Oxford**
  - Barton
  - Blackbird Leys
  - Central Oxford
  - Greater Leys
  - Littlemore
  - Rose Hill



Funding was distributed to grassroots groups and local charitable organisations to provide health-promoting activities for residents of each priority area (£100k per area).

Where appropriate facilities and venues were available activities took place within the priority areas to ensure that barriers regarding travel, and time required for travel, were reduced. Some activities required specialist facilities or venues so were held outside of the areas. In these cases consideration was given to transport to ensure they remained accessible for residents of the priority areas.

Throughout the programme the team has participated in the place-based Health & Wellbeing Partnership meetings and Community Insight Steering Groups. We have worked with the Community Health Development Officers based within the Public Health teams at the District Councils, including sharing communications about additional funding opportunities and training, and hosting collaborative events.

# TARGET POPULATIONS & HOW TO REACH INCLUSION GROUPS



Grassroots community groups and local charities are not absent or disengaged - they are already here, rooted in place, and often doing vital health inclusion work with little resource but immense commitment and creativity.

These groups and organisations play a crucial role in engaging with target population groups offering trusted relationships, safe spaces, advocacy, and culturally appropriate support. They help individuals navigate complex health and care systems, reduce fear or stigma, and enable their voices to be heard in shaping services. These groups are often the first point of contact for those excluded from mainstream provision.

Well Together has supported activities that involve:

- Homeless people, and those at risk of homelessness
- Asylum seekers
- Vulnerable migrants
- People with experience of the criminal justice system
- LGBTQ+ communities
- Survivors of domestic abuse

“

*[The] economic, social and political environment against migrants has an ongoing detrimental impact on women and children feeling confident to ask for support, or accessing services that already exist.*

”

The challenge is therefore not locating or motivating communities, but ensuring that health systems align with, support, and learn from them.

The Well Together programme seeks to promote and build genuine partnerships - enabling NHS colleagues to connect with, rather than overlook, the enthusiasm and drive that already exists within Oxfordshire's diverse communities.



# SURVEYS, STORIES AND FOCUS GROUPS

Internal monitoring and evaluation of Well Together has used a 3-level approach to understand more about the impact of the programme for:

- the VCFSE sector (i.e. the experience of the organisers and providers of activities) and;
- for residents of the priority areas (i.e. the attendees and participants of the activities).

It should be noted that in many cases this distinction is blurred with organisers who are resident in the area (or nearby priority areas), also joining in with activities.

Care has been taken to ensure that the reporting requirements of the fund are proportionate to the level of funding provided and are not over-burdening teams that are already facing demand that outstrips their capacity.

We have been sharing the outputs of these evaluation methods through our communications and social media channels to raise awareness of impact.

## LEVEL 1

**Who:** All funded groups and organisations  
**What:** A mid-point check-in and an end of project review to be completed by the group / activity organisers. Participant survey responses to be requested from attendees of activities aged over 18.

**How:** Responses were submitted to surveys online or using hard copy, with the support of the Well Together Community Capacity builders, where necessary.

## LEVEL 2

**Who:** A selected number of organisations offering a variety of activities for different groups.

**What:** Informal focus group discussions with other members of the group / session /class.

**How:** The Community Capacity Builders worked with activity organisers to identify attendees / participants to take part and facilitated the discussions.

## LEVEL 3

**Who:** A selected range of individuals attending, organising, or running activities.

**What:** Storytelling method.

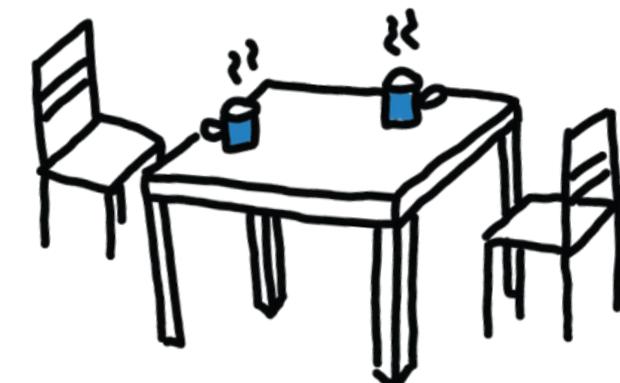
**How:** After completing storytelling evaluation training with the Old Fire Station members of the Well Together team worked with groups to identify willing participants. The team then collected and edited stories of the transformational effects of participating in community-led activity.

“

*These [case study and story] are really great and the storytelling technique is terrific. Absolutely the best grant evaluation I've experienced!*

**Community Larder Coordinator**

”



# PARTICIPANT SURVEY RESPONSES

Where groups and organisations were providing activities for adults (over 18s) we asked that they request that their attendees /participants completed a short participant survey form. The participant survey has sought both qualitative and quantitative feedback from attendees and participants of activities supported through the Well Together programme. The form also collects some basic demographic information.

So far we have received over 600 responses to surveys relating to activities provided through over 40 funded projects.

The survey collects information on demographics, as well giving an opportunity to give qualitative feedback and comments on activities. The survey is primarily completed online, however we are also collecting feedback on paper forms, where this is preferred to digital options.

The form used to capture the data from participants was modified during the course of the programme based on early feedback from activity organisers, and from the Community Capacity Builders within the Well Together team. The changes made to improve accessibility of the form mean that, due to some rewording of questions, there are two sets of data. The data captured in the initial surveys was reported in the March 2025 Snapshot Report.

Where groups and organisations are working with children and young people under the age of 18 we have asked that they share the data that they are already capturing through their own existing records and evaluation and monitoring approaches. The information that has been shared with us is current being analysed and will be presented at a later date.

The responses consistently underscore the role that community-based activities play in reducing social isolation, improving mental and physical health, providing financial relief, and fostering personal growth. These activities address wider determinants of health, at a familiar and trusted level, whilst being highly relevant to system-level priorities around prevention and reducing health inequalities.



# SELF-REPORTED IMPACTS ON HEALTH AND WELLBEING

Throughout the programme we have heard from people who have commented on the, sometimes transformational, effect that their involvement in activities has had on their health. This has sometimes been verbally - off the cuff - during a visit, during an organised focus group session, as part of the storytelling methodology, fed back to us via activity organisers, or through the participant survey forms.

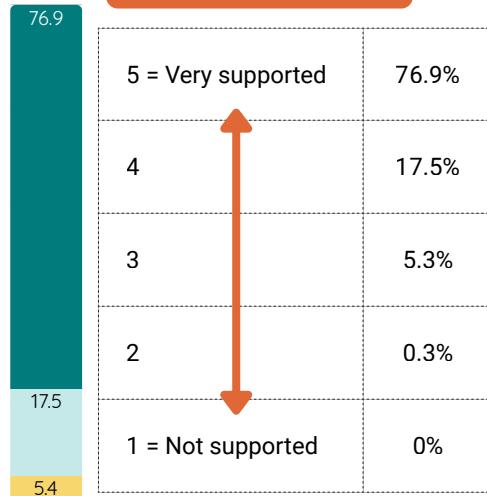
This huge volume of comments and feedback evidences how health equity is being promoted at neighbourhood level by enabling communities (and communities within communities) to provide and participate in activities that are:

- preventative;
- restorative after illness or injury;
- and / or help maintain wellbeing even where personal health challenges persist.

As social isolation is well documented to be a key driver of health inequalities - linked to poor mental health, increased risk of long-term conditions, and higher mortality rates - the health benefits of increased connectedness should not be underestimated. The sense of belonging and social connection fostered by the activities supported by Well Together plays a crucial role in improving wellbeing.

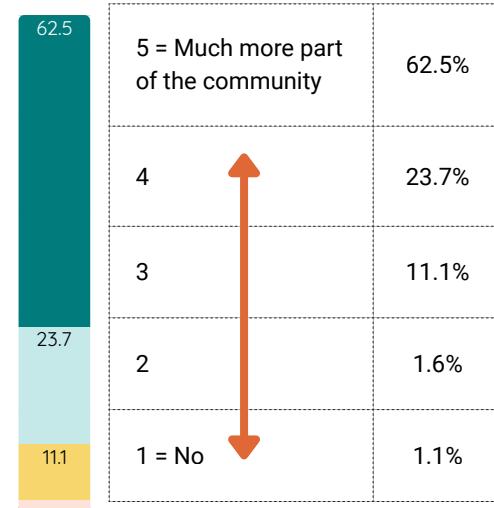
*“The group changed me. I felt very safe, could speak openly, learnt so much from the speakers, and yes I truly do miss it as I knew it made my life worthwhile, now I have stopped going out, have no one to off load to... Without the mindfulness they taught me I would probably not be able to cope.”*

Do you feel better supported through attending this activity?



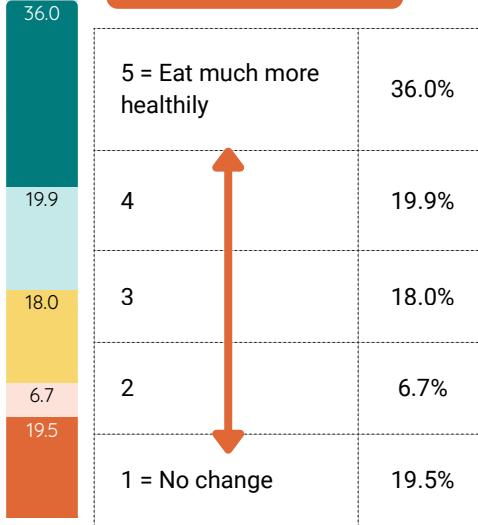
Based on 372 respondents

Do you feel more part of your community through attending this activity?



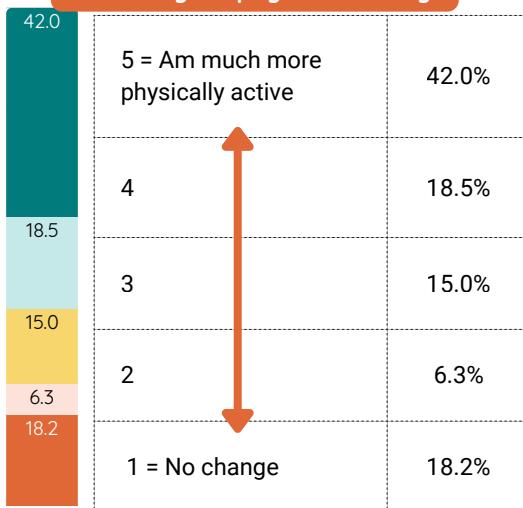
Based on 371 respondents

Has attending this activity encouraged you to eat more healthily?



Based on 267 respondents

Has attending this activity encouraged you to increase your physical activity?



Based on 286 respondents

“  
The food is very healthy here. When I come here I get all the stuff I need – all the vitamins, all the protein – they have got me to eat healthy things I would never have bought, and now I buy them because I tasted it here, which is good and very helpful.

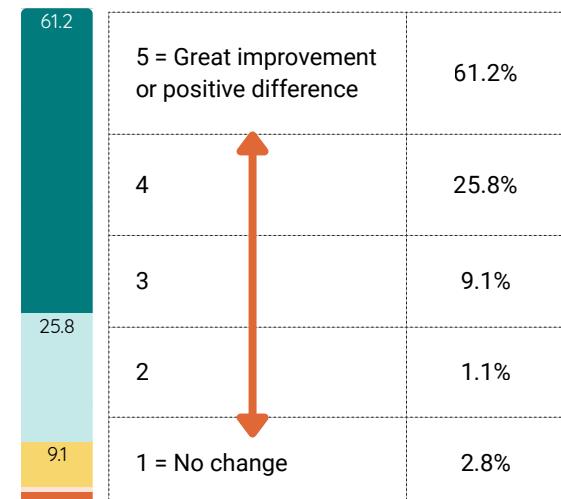
“  
Having this group to go to each week has massively improved my mental health.

“  
[The sessions] taught me how to identify and make healthy food choices for myself and family, we have begun a healthy and active lifestyle and are seeing the changes. And the diabetes workshop helped me gain new information that is very much needed.

“  
I have fibromyalgia and arthritis and lordosis, and I come here, and I have found out that even I can dance! This place is keeping me out of hospital!

“  
We also get doctors coming here to talk to us. It is very hard to get to speak to a doctor, but they come here and we can talk to them.

Has attending this activity helped to improve your mental health and wellbeing?



Based on 353 respondents

# DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

