

Evaluation of how 'hybrid' public health posts in local government support the delivery of healthier places in the Oxford-Cambridge Arc

A PHIRST South Bank evaluation
Findings - August 2025



Intervention:

- Hybrid public health-planning posts employed by public health teams in two areas:
 - BMK: Bedford Borough, Central Bedfordshire and Milton Keynes
 - OCC: Oxfordshire County Council and five district councils

Overall evaluation question:

- How do 'hybrid' public health-planning teams support the delivery of healthier places?

Theoretical framework:

- Hybrid posts as a complex, adaptive intervention
 - Functions rather than forms (Hawe, 2012)

Data:

- n-44 stakeholders were recruited for interviews or small focus groups – this included public health professionals (n-8) and planners (n-11)
- 15 (past, present and proposed) local plans from BMK and the OCC area were obtained for document analysis

The 5 functions of hybrid teams

Functions	Function statement
1. System Leadership	To lead system-wide change by embedding public health in corporate strategy while fostering collaboration and shared accountability
2. Public Health Capability	To build the knowledge, confidence and strategic capability of public health professionals to meaningfully engage with and input into planning systems
3. Planning Policy Influence	To support planning policymakers to integrate a public health perspective into local plans and policies through evidence, advocacy and collaboration
4. Development Management Support	To improve the governance, decision-making processes and health-related outcomes of development management by contributing evidence and strategic input
5. Community Engagement & Advocacy	To enable meaningful community engagement in healthy placeshaping while advocating for the health needs of underrepresented groups

Some testimonials...

“

I've gone through the quite a traditional public health route ... [but] I would say I had absolutely no training about the built environment or planning whatsoever ... We'd talk about the **social determinants** of health, but not really have the tools to do much about it ...

[Redacted name of postholder] was able to tell us where we could **influence**, what we could ask for and what was **realistic**, and without that I think there's a danger we come out with general comments, but don't give specifics: we make broad requests which don't necessarily then translate into requirements in the local plan.

”

Stakeholder testimonial – public health consultant

“

[Redacted name of postholder] was commenting on **all aspects of walking, natural infrastructure, accessibility to facilities and services** within the area. We were getting a **completely wide view** on the development and how it needed to be changed ... The comments were **more bespoke** ... He was able to break down a lot better to get more holistic comments that are fed through into what should result in a **better scheme**

”

Stakeholder testimonial – development management officer

“

There was an excellent presentation ... about how we should look at health in the widest possible sense ... She was so enthusiastic, I found her **absolutely inspiring**. When I left there, I was absolutely buzzing thinking: 'I'll come back to the council and tell them all about it'. Because I do believe it **touches every single committee**.

”

Stakeholder testimonial – parish councillor

A postholder's view

What worked well?

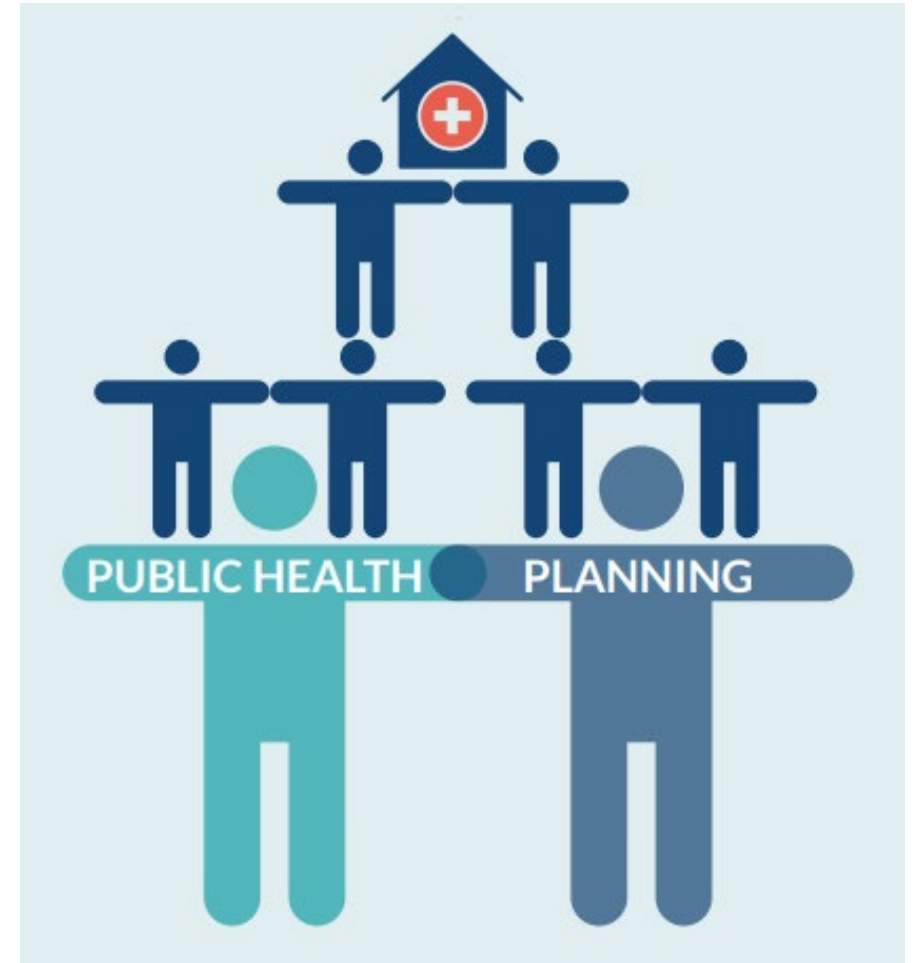
What challenges were there?

Check our outputs...

A 1-page infographic – key takeaway messages for use by local public health and planning teams

A 5-page research briefing – key findings and recommendations for both local councils, national policymakers and professional development

A full 84-page report – full details, including background, methods, findings and recommendations via a full slide deck report





Thank you from the PHIRST Team

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