

Oxfordshire Health Improvement Board

3 July 2025

Community Health Development Officer Programme

Report by Ansaf Azhar, Director of Public Health and Communities

RECOMMENDATION

1. **The Health Improvement Board is RECOMMENDED to**
 1. Note the important role that Community Health Development Officers (CHDO's) play in supporting community level health and wellbeing, and their contribution to the Oxfordshire Health Improvement Board priorities.
 2. Champion the work of the CHDO's to support them to continue to work with local partners in their respective areas.

Executive Summary

2. Oxfordshire County Council have funded Community Health Development Officer (CHDO) posts in each of the areas where a community insight profile has been developed. The CHDO posts are hosted by the relevant district or city council for the area.
3. The CHDO programme is a key component of Oxfordshire County Council's public health work to reduce health inequalities across the county and is a key enabler in the Marmot programme allowing strong connections to be made with communities most likely to experience health inequalities.
4. CHDOs act as vital connectors within communities where they work. Their role includes:
 - 4.1 Supporting the implementation of the Community Insight Profile recommendations through local action planning.
 - 4.2 Organising and convening local partnership meetings and health promotion activities.
 - 4.3 Building capacity among local organisations and residents, connecting local organisations and encouraging joint working
 - 4.4 Facilitating access to grant funding for community-led health initiatives.
 - 4.5 Raising awareness of public health services and local health and wellbeing activities

5. The first ten areas covered within the CHDO programme (alongside the NHS ICB-funded Well Together (WT) programme) is being evaluated by the University of Oxford as part of the Oxfordshire Health Humanities Project. The first phase of the evaluation took place between January to December 2024 through an applied mixed-methods approach, including interviews, focus groups, and fieldwork. A second phase is now under way and due to be completed in March 2026.

Exempt Information

6. There is no exempt information in this report.

Background to the CHDO programme – the creation of community insight profiles

7. Since 2021, Oxfordshire County Council have been working with partners to carry out a programme of work to develop Community Insight Profiles (CIP). The work was initiated after the publication of the Director of Public Health Annual Report for 2019/20 which highlighted ten wards in Oxfordshire which have small areas (Lower Super Output Areas) that were listed in the 20% most deprived in England in the Index of Multiple Deprivation (IMD) update (published November 2019) and are most likely to experience inequalities in health. The publication of Community Insight Profiles for all ten of these areas was completed in December 2023.
8. Following on from this, a further four Community Insight Profiles have been developed for areas across the county identified as falling within the 30-40% most deprived nationally according to the IMD (2019) and where local partners identified that there would be added benefit to developing a profile.
9. The purpose of creating a Community Insight Profile is to ensure we understand as fully as possible the factors that influence health and wellbeing outcomes within areas in Oxfordshire where residents are most at risk of poor health, or experience health inequalities.
10. The profiles map the assets in each area, capture community insight around enablers and challenges to health and wellbeing and detail a data set of indicators for each area to help inform high level recommendations. The methodology of the community insight capture and asset mapping are explained in each of the individual community insight reports.
11. Each profile includes a series of locally led recommendations that outline objectives to enhance identified community assets and strengthen development opportunities. An action plan is developed for each area based on the specific recommendations of that profile. The table below explains the phasing of these 14 areas where profiles have been completed.

An Overview of the [Community Insight Profile](#) phases.

Phase	Areas	Notes
1.	Abingdon Caldecott (Vale of White Horse)	These were published in September 2022 and a report outlining the key findings from these profiles was taken to the Oxfordshire Health and Wellbeing Board on 6 October 2022.
	The Leys - Blackbird Leys and Northfield Brook combined (Oxford City)	
2.	Banbury Grimsbury and Hightown (Cherwell)	These were published in March 2023 and a report on the findings was presented to the Health and Wellbeing Board on 29 June 2023. *The Banbury Neithrop and Ruscote combined profile includes a refreshed profile for Ruscote from an original proof of concept.
	Banbury Cross and Neithrop and Banbury Ruscote – combined profile (Cherwell)*	
	Barton (Oxford City)	
	Rose Hill (Oxford City)	
3.	Littlemore (Oxford)	These were published in December 2023 and a report on the findings was presented to the Health and Wellbeing Board on 14 March 2024.
	A bespoke area of Central Oxford (referred to as the Oxford Central Community Insight area)	
4.	Berinsfield (South Oxfordshire)	The Berinsfield CIP was published in September 2024 and a report on findings was presented to the Health Improvement Board in September 2024.
	Wood Farm (Oxford City)	
	A bespoke area of Witney referred to as the Witney Central Community Insight area (West Oxfordshire)	The Wood Farm and Witney Central CIPs were presented to the Health and Wellbeing Board in March 2025. The Bicester West CIP is due to be published at the end of June 2025.
	Bicester West (Cherwell)	

The Community Health Development Officer (CHDO) programme

12. For longer term sustainability of this in-depth community work, Oxfordshire County Council have funded the city and district councils to host a Community Health Development Officer (CHDO) post to cover each of the profiled areas. The City and District Councils have been able to take an approach that works best for them in terms of how the posts are recruited to and how they proportion the hours. CHDO's started at different times and where a profile was already produced, they started by supporting the delivery of the recommendations identified. In the areas where the profile was still underway, they were able to support with community engagement in the creation of the profile as well as the delivery of the recommendations once completed.
13. Community Health Development Officers have an important role of working with community partners to deliver actions arising from the recommendations set out in the community insight profile reports, making the most of and building on community assets. They take a community-based approach to encourage collaborative work within communities, communicate health messages that support health and wellbeing, and facilitate health enabling activities to build social capacity and resilience in local communities.
14. The aim of a CHDO role is to:
 - 14.1 Support effective working between statutory services (such as local authorities and health services) and the voluntary and community sector to discover, develop and deliver a response to the locally identified need highlighted in the community profiles (and in some areas to help produce them).
 - 14.2 Enable the involvement of key partners, stakeholders and each local community in the delivery of the action plan in each area, usually through a Health and Wellbeing Partnership within the local area.
 - 14.3 Contribute to the network of Community Health Development Officer roles to test and learn from the programme, share good practice and provide mutual support. Reducing inequalities, strengthening community assets and giving communities a voice.
15. Some of the specific tasks they undertake include:
 - 15.1 Supporting the implementation of the Community Insight Profile recommendations through local action planning.
 - 15.2 Organising and convening local partnership meetings and health promotion activities.
 - 15.3 Building capacity among local organisations and residents, connecting local organisations and encouraging joint working.
 - 15.4 Facilitating access to grant funding for community-led health initiatives.
 - 15.5 Raising awareness of public health services and local health and wellbeing activities

Contributing to Oxfordshire as a Marmot Place

16. The CHDO's have become an invaluable resource in their communities, supporting with many activities and being able to cascade messages and share information with local communities. The CHDOs engage with a wide range of partners within the local communities where they work. This type of work is a fundamental enabler for the delivery of the Marmot Place programme as it supports with direct engagement with partners and communities in the areas that are most likely to experience health inequalities in Oxfordshire. The Marmot approach to tackling the social determinants of health has a strong link to this community-based working and the work of the CHDO's will complement the aims of the Oxfordshire Marmot programme.
17. In March 2025, Sir Michael Marmot visited Oxfordshire for the first Oxfordshire Marmot Place Advisory Board meeting. As the CHDO's play such an important role in addressing inequalities at a hyper-local level, a session was set up for Sir Michael to meet with the CHDO's. The CHDO's were able to discuss and reflect with Sir Michael on some of the challenges and opportunities that they encounter through their roles.

Impact in the Community and links to Health Improvement Board Priorities

18. In the table below, Community Health Development Officers have shared some examples of which CHDO activities have worked well, how they link to primary/community health services and how they support the Health Improvement Board (HIB) priorities in each area. All areas for phases one to three of the Community Insight Profile programme have been included, as well as an overview of Berinsfield as this one was of the earliest CHDO's to be in position for phase four. The work shared by the CHDO's below are examples of ways that they are working with local communities and partners rather than an exhaustive list. Further details of CHDO activities are captured in newsletters which are produced three times a year.

Barton
<ol style="list-style-type: none">1. Which CHDO initiatives have worked well?<ul style="list-style-type: none">• Community Outreach: Partnered with Aspire, Stop for Life OXON, Community Dental Services, and Alzheimer's Society for Larder roadshows.• Partnership Meetings: Quarterly Health & Wellbeing Partnership meetings grew 300% in attendance since March 2024, reflecting strong local engagement.• Community Collaboration: Supported local association with volunteer coordination, training needs assessments, and initiatives like the revived newsletter, 'Big Buffet', and recipe card trials.• Local Presence: Built trust through consistent visibility, enabling effective word-of-mouth promotion, especially among older and digitally excluded residents.2. How CHDOs link with primary/community health services?

- Joint Events: Co-hosted health promotion events with the OX3 PCN in Wood Farm and Barton. A variety of health partners were invited to showcase the service they provide to the local community – it includes some on-site provision e.g. blood pressure checks as well as signposting to other services.
- Information Sharing: Regular updates and occasional joint drop-ins with social prescribers.
- Partnership Engagement: Engagement with the Barton Health & Wellbeing Partnership strengthened social prescribing outcomes through increased service awareness.

3. How the CHDO work supports the HIB priorities?

- Tobacco & Alcohol: Promoted Very Brief Advice training and DrinkCoach toolkit.
- Mental Wellbeing: Funded 'Hear4You' listening service—70+ hours of support for 13 residents.
- Healthy Weight & Activity: Recipe cards, community picnics, Barton Growers allotment project, and gentle dance sessions.

The Leys (Blackbird Leys and Northfield Brook)

1. Which CHDO initiatives have worked well?

- Collaboration between Blackbird Leys Adventure Playground (BLAP -who provide afterschool and holiday programmes for children aged 8-13) and WEmpowered (Women Empowered) who focus on empowering women and their children through exercise and social brunches). Funding from CHDO operational budget was also offered to support continuation of the family sessions including a family Saturday session where they will rent the space from BLAP for a 'Mom's Brunch'. This will benefit both groups in term of finance and a positive working relationship.
- Body Mind Soul Community Interest Company (CIC) supported to launch walking netball and mentoring sessions. Body Mind Soul CIC delivers wellbeing and mindfulness sessions to the local community. Their aim is to support those who have experienced trauma, loneliness, health problems and anxiety at the grassroots level.

2. How CHDOs link with primary/community health services?

- Acting as the link to community-based health and wellbeing activities and supporting Primary Care Network priorities e.g. focus groups with parents around uptake of the HPV vaccine and cervical screening.
- Working with the Integrated Neighbourhood Team (INT) for the Leys to try and secure some space for the mental health youth workers, that could also be used as a co-location space for the INT, Oxford City Council and other partners to increase partnership working in The Leys.
- A meeting between the Social Prescribers for the SEOxHA Primary Care Network (PCN) and the Leys CHDO happens every six weeks. In this meeting we discuss opportunities for patients, future projects and any support that the Social Prescribers may need. This is a really worthwhile meeting as it keeps everyone in the loop with the latest activities happening in the Leys.
- Coordinating annual local health promotion events in collaboration with the local PCN and wider health partners such as public health commissioned services. Local residents can access information and support from a variety of service providers at the event.

3. How the CHDO work supports the HIB priorities?

- Mental Wellbeing: Supporting local organisations that run activities aimed at improving mental wellbeing e.g. Body Mind Soul Community Interest Company (CIC) with their walking netball and youth mentoring sessions.
- Healthy Weight & Physical Activity: Funding exercise sessions, swimming and walking netball. A particular highlight is supporting WEmpowered to run a parent and child exercise class to combat the childcare barrier that disproportionately affects women's ability to exercise.

Abingdon Caldecott

1. Which CHDO initiatives have worked well?

- Nature trail promotion and community walking groups.
- Caldecott Collaboration Day (in partnership with the Well Together programme) and a relaunch of the South Abingdon Partnership.
- Easter holiday activities and Makespace community arts session.
- Asset-based community development training and plans for collaboration with Abingdon Carousel.
- Cooking classes promoting healthy eating.

2. How CHDOs link with primary/community health services?

- Networking with social prescribers, NHS Talking Therapies, and mental health charities like Abingdon Bridge and Oxfordshire Mind.

3. How the CHDO work supports the HIB priorities?

- Tobacco and Alcohol: Has attended Very Brief Advice training and toolkit dissemination.
- Mental Wellbeing: Funding and support for mental health groups and services.
- Healthy Weight & Physical Activity: Promoting activities such as walking groups and the Maximus healthy weight service. Planning to explore opportunities for future cooking sessions.

Rose Hill and Littlemore

1. Which CHDO initiatives have worked well?

- Rose Hill Low Carbon group partnered with local organisations for nature walks and education funded partly through the CHDO operational budget.
- Littlemore-The Stacey & Tracey Community Slow Cooking Course expanded and partnered with a local allotment.
- Intergenerational lunches – linking with Age UK Oxfordshire

2. How CHDOs link with primary/community health services?

- Strong relationships with Leys Health Centre and social prescribers.
- Health Promotion events in collaboration with social prescribers and local health partners. These often prove very popular with both providers and local residents. Those attending can receive information and can be signposted to services that support their health and wellbeing.
- Participation in local community partnership meetings to align priorities.

3. How the CHDO work supports the HIB priorities?

- Tobacco and Alcohol: promotion of support services is integrated into community meetings and events.
- Mental Wellbeing: Activities to reduce isolation and promote inclusion.

<ul style="list-style-type: none"> • Healthy Weight & Physical Activity: Cooking courses and nature-based activities.
Central Oxford
<p>1. Which CHDO initiatives have worked well?</p> <ul style="list-style-type: none"> • Establishment of the Hinksey Park Community Food Larder in January 2025, serving 45 members weekly. <p>2. How CHDOs link with primary/community health services?</p> <ul style="list-style-type: none"> • Coordinating annual health promotion events in collaboration with wider health partners such as public health commissioned services. • Still working on engagement with the local Primary Care Network and health inequalities lead for the area. <p>3. How the CHDO work supports the HIB priorities?</p> <ul style="list-style-type: none"> • Mental Wellbeing: Addressing food insecurity and community cohesion. • Healthy Weight & Physical Activity: Access to healthy, affordable food through establishment of the larder.
Banbury Ruscote, Neithrop and Grimsbury
<p>1. Which CHDO initiatives have worked well?</p> <ul style="list-style-type: none"> • The Hill and Community Album singing projects. • St Joseph's School Allotment and sensory garden. • Little Seeds Music project and upcoming songwriting initiative. • These and other projects have been sustained through feedback, evaluations, and additional funding. <p>2. How CHDOs link with primary/community health services?</p> <ul style="list-style-type: none"> • Partnerships with Oxfordshire Mind for wellbeing workshops. • Engagement with local Integrated Neighbourhood Teams (INTs) and Communities of Practice. <p>3. How the CHDO work supports the HIB priorities?</p> <ul style="list-style-type: none"> • Tobacco and Alcohol: Life Education Wessex workshops and Stop for Life participation at events. • Mental Wellbeing: Funded projects targeting mental health through education and support. • Healthy Weight & Physical Activity: Collaborations with Cherwell District Council activators, cooking sessions, and nutrition education.
Berinsfield
<p>1. Which CHDO initiatives have worked well?</p> <ul style="list-style-type: none"> • Supporting the setup of bi-weekly drop-in sessions by Turning Point (from June 2025). • Riverside Counselling resumed drop-in sessions. • Men's Sheds pilot workshops, SEND movie sessions, and a pre-school sensory room funded by the Health and Wellbeing grant. • Berry Youth Centre expanded youth engagement during school holidays. • Energy Champion Scheme to address fuel poverty and mental health issues. • Additional SEND play equipment and Alternative Provision via Abingdon Gymnastics Club. <p>2. How CHDOs link with primary/community health services?</p> <ul style="list-style-type: none"> • Collaboration with Berinsfield Health Centre for Stop for Life clinics and cervical screening uptake

- Engagement with Abingdon & District Primary Care Network (PCN) Health Inequalities Lead to co-produce over 60's health service provision
- Social prescribers regularly participate in the Berinsfield Health and Wellbeing Working Group led by CHDO
- Working with The Abingdon Bridge to assess youth mental health needs and provide services accordingly
- Attend Patient Participation Group (PPG) meetings and Communities of Practice

3. How the CHDO work supports the HIB priorities?

- Tobacco and Alcohol: Supporting the setup of clinics and drop-ins for cessation support.
- Mental Wellbeing: Several initiatives have been funded, including funding for resumption of counselling drop-in sessions, youth engagement, and community-based mental health activities.
- Healthy Weight & Physical Activity: Sports programmes, outdoor activities, and inclusive play facilities
- Participation in local community partnership meetings to align priorities.

Evaluation of the Community Health Development Officer Programme

19. Linking to the Community Insight Profiles and the CHDO programme, the NHS Integrated Care Board (ICB) has dovetailed with this work by directly funding a programme called 'Well Together'. This is a grants programme which recognises the essential role community and voluntary organisations play in addressing health inequalities at a local level. The programme has invested in community-led health and wellbeing activities and projects by providing funding and support for new and existing groups and organisations in the 10 areas in Oxfordshire most likely to experience inequalities. These are the areas in phases one to three of the community insight profile programme.
20. The CHDO and ICB funded Well Together programmes in these 10 areas are being jointly evaluated by the University of Oxford as part of the [Oxfordshire Health Humanities Project](#). The first phase of the evaluation took place between January to December 2024 through an applied mixed-methods approach, including interviews, focus groups, and fieldwork. This phase focussed on an evaluation of the roles within each programme and the processes involved with setting up the grant schemes. A second phase is now under way and due to be completed in March 2026 which will go into greater depth around the value of longer-term investment in this type of approach and the impact of the programmes that have been grant funded and facilitated by the roles.
21. The key findings from the evaluation highlighted that:
 - 21.1 The CHDO and Well Together programmes '*demonstrably fulfilled their objectives in terms of distribution of grant funding as well as widespread and sustained engagement with community groups*'.

- 21.2 Local and social relationships are important in improving access to existing health assets by tackling indifference or distrust.
- 21.3 The CHDO and Well Together programmes *'are crucial in linking residents to existing medical and health provision in the wards, as well as ensuring that key health infrastructure is accessible and trusted.'*
- 21.4 CHDO and Well Together staff play a crucial role in community engagement and partnerships with existing networks and groups. The researchers found that the individual CHDO's and Well Together staff *'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.'*
- 21.5 Rather than novelty or parachute projects, there should be a focus on long-term 'rooted' projects. Researchers highlighted that it is important to have an awareness that *'Policy-makers have short-term recall but communities have long-term memory'*.

Corporate Policies and Priorities

22. The CHDO programme builds on the [Oxfordshire Health and Wellbeing Strategy](#) which identified action on health inequalities as one of the three cross cutting principles that spans across all priority areas for action. The Strategy's 10 priorities span across four thematic area, the first three being stages of the life course, with the fourth the Building Blocks of Health. This final theme describes the social determinants of health that are the structural drivers of much of the inequality we see locally.

Financial Implications

23. There are no direct funding implications from this report. The work areas described have been funded by the Public Health grant and the NHS BOB ICB.

Comments checked by:

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Legal Implications

24. The powers and duties of the Council to engage in the activities set out in this report are covered by the Health and Social Care Act 2012 ("the Act"). The Council has a statutory duty to take such steps as it considers appropriate for

improving the health of the people in its area (s12 of the Act). In addition, s31 of the Act requires the Council to have regard to the Government's public health outcomes framework setting out the Government's goals for improving and protecting the nation's health and for narrowing health inequalities through improving the health of the poorest, fastest.

Comments checked by:

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Staff Implications

25. Oxfordshire County Council officers are working on the delivery and implementation of the Community Health Development Officer programme alongside colleagues from partner organisations.

Equality & Inclusion Implications

26. The Community Health Development Officer programme of work seeks to help to address inequalities. A formal Equality Impact Assessment is not required.

Sustainability Implications

27. There are no sustainability implications to note with this report.

Risk Management

28. A detailed risk assessment is not required for this work.

Consultations

29. Public Consultation is not required for this report, however extensive engagement has been undertaken with communities in areas where a community insight profile has been produced.

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