To: **Members of the Health Improvement Partnership Board**

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 6 February 2025 at 2.00 pm

Room 2&3 - County Hall, New Road, Oxford OX1 1ND

If you wish to view proceedings online, please click on this Live Stream Link.

Martin Reeves
Chief Executive   Date Not Specified

Contact Officer: **Taybe Clarke-Earnscliffe**
email: Taybe.Clarke-Earnscliffe@Oxfordshire.gov.uk

Membership

Chair – Councillor Helen Pighills
Vice Chair – Councillor Georgina Heritage

Board Members:

Cllr Helen Pighills	Vale of White Horse District Council
Cllr Georgina Heritage	South Oxfordshire District Council
Cllr Rizvana Poole	West Oxfordshire District Council
Cllr Nathan Ley	Cabinet Member for Public Health & Equalities, Oxfordshire County Council
Cllr Chewe Munkonge	Oxford City Council
Cllr Rob Pattenden	Cherwell District Council
Ansaf Azhar	Director of Public Health, Oxfordshire County Council
David Munday	Consultant in Public Health/Deputy Director, Oxfordshire County Council
Dr Sam Hart	Oxfordshire BOB ICB GP
Mish Tush	District Partnership Liaison
Daniel Leveson	ICB Place Director
Robert Majilton	Healthwatch Oxfordshire Ambassador

Notes: Date of next meeting: 6 February 2025

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes*"any employment, office, trade, profession or vocation carried on for profit or gain"*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines.
http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact
Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1.   Welcome by Chair

2.   Apologies for Absence and Temporary Appointments

3.   Declaration of Interest - see guidance note opposite

4.   Petitions and Public Address

5.   Note of Decision of Last Meeting (Pages 1 - 10)

To approve the Note of Decisions of the meeting held on   (**HIB5**) and to receive information arising from them.

6.   Notice of Any Other Business

To enable members of the Board to give notice of any urgent matters to be raised at the end of the meeting

7.   Performance Report (Pages 11 - 18)

14:10 to 14:20
10 minutes

Presented by Bethan McDonalds, Consultant in Public Health, Oxfordshire County Council

To monitor progress on agreed outcome measures

8.   Report from Healthwatch Ambassador (Pages 19 - 22)

14:20 – 14:30
 10 minutes

Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

To receive updates from Healthwatch Oxfordshire on topics relevant to the Board

9.   Healthy Weight Environments (Pages 23 - 52)

14:30 – 15:00

Presenters Derys Pragnell, Consultant in Public Health, Yasmin Illsley, Public Health Principal, and Clare Grey, Health Improvement Practitioner

10.   Oxfordshire on the Move and Place Universal Offer (Pages 53 - 66)

15:00 – 15:25

Presented by Josh Lenthall, Chief Executive, Active Oxfordshire

11. Prevention Activity in the OUH (Pages 67 - 80)

15:25 – 15:50

Presented by Olivia Climer, Director of Strategy & Partnerships

12. AOB

15:50 – 16:00
10 Minutes

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 7 November at 14:00

Present: **Board members**	Cllr Chewe Munkonge, Oxford City Council
	Ansaf Azhar, Director of Public Health
	David Munday, Consultant in Public Health, Oxfordshire County Council (Lead Officer)
	Dan Leveson, Place Director for Oxfordshire, BOB ICB
	Cllr Chewe Munkonge, Oxford City Council
	Cllr Rob Pattenden, Cherwell District Council
	Cllr Rachel Crouch, West Oxfordshire District Council
	Cllr Georgina Heritage, South Oxfordshire District Council

In attendance	Bethan McDonald, Public Health, Consultant in Public Health in Data and research. Oxfordshire County Council
	Katherine Howell, Healthwatch Oxfordshire
	Lydia Avann, Smokefree policy
	Stephen Gilroy–Lowe at Response – mental health support and harm reduction
	Dr. Suzanne Bartington
	Ajit Singh, University of Birmingham
	Charlotte Iddon, Health Improvement Practitioner
	Derys Pragnell, Public Health Consultant
	Cllr Diana Lugova, Vale of White Horse District Council

Officer:	Taybe Clarke-Earnscliffe, Business Support Team Leader, Minute taker, Oxfordshire County Council
Apologies:	Cllr Nathan Ley, Cllr Helen Pighills, Robert Majilton, Dr Sam Hart

ITEM

1. Welcome

The board noted Cllr Helen Pighills was on annual leave and it was agreed Cllr Georgina Heritage would chair the meeting. Cllr Nathan Ley sent apologies, Cllr Helen Pighills sub Cllr Diana Lugova, Robert Majilton sub Katherine Howell, Dr Sam Hart sent apologies

2. Declarations of Interest

There were no declarations of interest.

3. Petitions and Public Address

There were no petitions and public address.

4. Notice of any other business

6. Minutes of Last Meeting

Actions from Minutes:

- **Performance Report Data** - Bethan to provide sub-Oxfordshire level data in the performance report, starting with smoking data in today's report and continuing with other health metrics in future meetings- Complete
- **All Aged Carers Strategy Insight** - Robert Majilton to share insight from people being discharged from the John Radcliffe to assist with the all aged carers strategy. This action has been completed.
- **Mental Well-being Hubs** - Board members to identify and connect social enterprises interested in partnering with Oxford Health to run the front house of mental well-being hubs- A reminder to contact David or Taybe for coordination.

7. Performance Report

Presented by Bethan Mcdonald, Consultant in Public Health in Data, intelligence and research, Oxfordshire County Council

Performance Report Minutes:

Bethan McDonald presented the performance report, focusing on the progress against ambitions within the "Live Well" part of the health and well-being strategy.

- **Sub-Oxfordshire Level Data**: The report now includes sub-Oxfordshire level data, indicated with a star for district level and a cross for MSOA level, with further information within the thematic reports later on the agenda

- **Key Messages and Outcomes**:

  - **Smoking Prevalence**:
    - Slight decline in adult smoking prevalence from 11.2% to 10.3%, similar to the national average.
    - Focus on population groups with the highest prevalence, including routine and manual occupations and pregnant women.
    - Smoking prevalence in routine and manual occupations declined from 26% to 15%, though the sample size is small and the estimate is uncertain.
    - Smoking in pregnancy has risen slightly in the last quarter, with ongoing interventions to support pregnant women.

  - **Alcohol-Related Indicators**:
    - Successful treatment completion and not requiring treatment again within six months is at 57% and 77%, respectively, both above the target.

  - **Physical Activity Programs**:
    - Move Together program engaged 2024 participants with long-term conditions, more than double the target.
    - 52% of young people engaged in the You Move program reported an increase in physical activity.
    -

Questions about the Performance Report:

1. **Smoking Data**:
   - Councillor Pattenden asked if there is any data on vaping or if the report only includes traditional smoking data. Bethan clarified that the current metrics focus on smoking and tobacco products, but vaping data is available separately.
   - Councillor Pattenden also inquired about the 5% smoking prevalence among pregnant women, which Bethan confirmed refers to smoking at the time of delivery and the HIB agreed even though it is a national target it is still higher than we'd like to see
2. **Treatment Progress**:
   - Councillor Munkonge questioned whether the target for successful treatment completion should be raised since the current performance is well above the target. David suggested that this could be reviewed with service leads.
3. **Smoking Targets**:

- o Daniel Leveson asked if the target for smoking prevalence should be adjusted to below 5% or remain at 10%. Ansaf explained that the aspiration to achieve below 5% by 2025 was disrupted by COVID-19, but efforts continue to reach this goal as soon as possible and the target tapers down over the next 5 years to be a 5% by 2030
4. **Routine and Manual Workers**
- o Ansaf Azhar highlighted the significant drop in smoking prevalence among routine and manual workers but noted the need to focus on mental health patients to further reduce overall smoking rates.

8. **Report from Healthwatch Ambassador**

Presented by Katherine Howell, Healthwatch Oxfordshire Ambassador

To receive updates from Healthwatch Oxfordshire on topics relevant to the Board

Katherine Howell presented the Healthwatch Oxfordshire quarterly report, standing in for Robert Majilton.

- **Key Activities and Findings**:

  - o **Wood Farm Community**: Healthwatch has been engaging with residents of Wood Farm to gather insights on health and well-being, with a report to be submitted to public health next month.
  - o **Women's Health Services**: Over 600 responses were collected, focusing on menopause, period support, and mental health. This will inform the development of Women's Health hubs in Oxfordshire.
  - o **Working Men's Health**: Outreach in Didcot and a webinar on designing services with men in mind are part of the "30 chaps in 30 days" initiative for November.
  - o **Eye Care Services**: Reports on community optometry and the Oxford Eye Hospital highlighted positive experiences and some issues with travel, costs, and referrals.
  - o **Hospital Experiences**: A summary of feedback on hospitals over the past year was shared with the Oxford University Hospitals (OUH) patient experience team, leading to action points.
  - o **Leaving Hospital**: Nearly 300 people shared their experiences of leaving hospital and receiving social care support, with a report to be published and presented at the HOSC
  - o **Enter and View Visits**: Reports were published on the Ambulatory Care Unit at the Churchill Hospital, the Oxford Eye Hospital, and the outpatient department at Wantage Community Hospital.
  - o **Food Poverty in OX4**: An event was held to share findings and work on solutions for food poverty and access to food in OX4.
  - o **Outreach Activities**: Healthwatch engaged with various community groups, including the Happy Place social club for older Chinese people

and My Life My Choice, discussing health topics like healthy eating and diabetes.

- o Appreciation for the quality of care and professionalism of health and care professionals.
- o Challenges in accessing primary care, digital inclusion, and long queues for COVID vaccine clinics.
- o Issues with interpreting services, including BSL and different languages.
- o Concerns about the impact of the cost of living on accessing health services, including audiology and podiatry.

Questions raised –

Access Issues:
- o Councillor Munkonge asked if difficulties in getting appointments were related to Royal Mail issues. Katherine responded that while this hasn't been a major theme, it has come up in the context of hospital discharge letters and secondary care referrals.

COVID Vaccine Queues:
- o Cllr Crouch sked for more details on the long queues for COVID vaccines. Katherine mentioned she would look into it and provide more information.

Feedback from Working Men:
- o Councillor Pattenden inquired about the difficulty in getting data from working men and the approach of direct conversation in the street. Katherine confirmed that this method has been used successfully in different locations like Witney and Costa, and they plan to continue this approach in other areas

9. Tobacco Control Progress

Presented by Derys Pragnell, Public Health Consultant and Charlotte Iddon, Health Improvement Practitioner

Derys Pragnell introduced the topic of tobacco control progress, highlighting its importance due to the significant health impacts of smoking.

- **National Updates**:
  - o Proposed smoke-free spaces, including school gates, parks, and hospitals.
  - o Raising the age of sale for tobacco products.
  - o Enhanced enforcement of sales and advertising regulations for vapes.
  - o Ban on disposable vapes starting from mid-2025.
- **Local Initiatives and Funding**:
  - o Oxfordshire received nearly £800,000 in smoke-free funding.
  - o Increased capacity in stop smoking services and plans to re-commission the service next year.

- o Pilot programs such as the Alan Carr method, targeted lung health checks, and tobacco dependency advisors in A&E.
- **Focus Areas**:
  - o Routine manual workers: Efforts to support this group in quitting smoking, with some positive trends noted.
  - o People with mental health conditions: Ongoing challenges and the need for more intensive support.
  - o Smoking in pregnancy: Continued concern due to its long-term health implications.

Stephen Gilroy-Lowe: Discussed the vaping initiative at Response, targeting residents with mental health needs. The initiative includes providing vapes and support sessions, with promising results so far, albeit at an early stage.

Lydia Avann: Shared Cherwell District Council's new smoke and vape-free policies, which prohibit smoking and vaping on all council-operated sites. The policies aim to create healthier environments for employees and visitors.

Questions About Tobacco Presentations –

Effectiveness of Vaping vs. Traditional Methods:
- o There was a discussion about the effectiveness of vaping compared to traditional methods like patches or gum. It was noted that vaping is particularly effective for certain groups, such as routine manual workers, and is a popular choice among those trying to quit smoking.

Workplace Smoking Policies:
- o Daniel Leveson raised a question about the smoking rates among employees of anchor organisations like Oxfordshire County Council and NHS trusts. Derys Pragnell mentioned that there is an ongoing effort to support staff in quitting smoking and that a workplace well-being program is being developed.

Challenges with Mental Health Patients:
- o Steph Gilroy-Lowe discussed the challenges faced in supporting residents with mental health needs to quit smoking. The vaping initiative at Response has shown mixed results, highlighting the difficulty of changing smoking habits in this group.

Children and Young People:
- o Concerns were raised about vaping among children and young people. Derys mentioned that while vaping is an effective quit aid for adults, it is important to prevent its use as a gateway to smoking for young people.

10. **Air Quality and healthy place shaping**

Presented by Rosie Rowe, Head of Healthy Place Shaping

Rosie Rowe introduced the topic of air quality actions in Oxfordshire, highlighting the importance of addressing both nitrogen dioxide and particulate matter pollution.

- **Positive Developments:**
- Five of the 13 air quality management areas in the county will be removed by 2025 due to meeting government targets for nitrogen dioxide levels. However, it was noted that these targets are higher than WHO recommendations, and particulate matter remains a concern.
  Updated Action Plans:
- Several districts have updated their five-year action plans to address air quality, including South and Vale District Councils, West Oxfordshire, and Cherwell. These plans involve extensive partnership work.
  New Initiatives:
- A three-year post for an air quality technical lead and partnerships officer has been funded to enhance capacity and support partnership work. This includes accessing more granular data and modelling tools.
  Focus on Children:
- The impact of air quality on children was emphasized, noting their vulnerability due to higher breathing rates and developing lungs. Initiatives like anti-idling campaigns and school streets aim to reduce exposure to pollution.
  School Streets Study:
- Dr. Suzanne Bartington presented findings from a study on the impact of school streets on air quality. The study used air quality sensors at pilot and control sites to measure nitrogen dioxide levels.
- Results showed a reduction in nitrogen dioxide levels during road closure periods at intervention sites, with reductions ranging from 10% to 75%.

Questions from Air Quality Discussion:

Impact of School Streets on Air Quality:
- ○ Councillor Munkonge asked about the impact of school streets on air quality, specifically whether there was a reduction in nitrogen dioxide levels during the road closure periods. Dr. Suzanne Bartington confirmed that there were reductions ranging from 10% to 75% at intervention sites.

Comparison of Air Quality During Different Times:
- ○ Councillor Munkonge inquired about air quality measurements between 9:00 AM and 2:00 PM to compare with the road closure periods. Dr. Bartington acknowledged the importance of this comparison and mentioned that it would be explored further.

Traffic Displacement Concerns:
- ○ Councillor Munkonge raised concerns about traffic displacement, noting that parents from Windmill School were parking on Odd Road, potentially affecting air quality there. Rosie Rowe acknowledged the issue and the need to consider travel behaviours and potential displacement effects.

11. Marmot Place

Presented by David Munday, Consultant in Public Health, Oxfordshire County Council

- **Introduction to Marmot Place**: David Munday introduced the Marmot Place initiative, emphasizing its goal to address health inequalities in Oxfordshire by focusing on the building blocks of health. The initiative is named after Professor Michael Marmot, a leading expert in health inequalities.

- **Key Benefits**:

  - **Evidence Review**: Providing high-quality evidence to review current initiatives and identify areas for improvement.
  - **Integration**: Acting as a glue to bring together various activities addressing health inequalities, and leading to new and innovative projects
  - .
  - **Evaluation**: Developing an evaluative framework for ongoing initiatives.
  - **Rural Inequality**: Enhancing understanding of rural health inequalities.
  - **Research Collaboration**: Strengthening partnerships with the University of Oxford and Oxford Brookes University.

- **From the mapping work so far the following likely areas of focus are as follows**:

  - **Give Every Child the Best Start in Life**: Addressing early childhood development, school readiness, quality of maternity services, and parenting programs.
  - **Create Fair Employment and Good Work for All**: Improving access to good jobs, reducing long-term unemployment, and enhancing job quality.
  - **Ensure a Healthy Standard of Living for All**: Focusing on housing quality and affordability, access to food, and healthcare.

- **Next Steps**:

  - **Mapping and Prioritization**: To complete the mapping of current initiatives and identifying key priorities based on local needs and existing partnerships.
  - **Engagement and Workshops**: Hosting a launch event and workshops to further develop and refine the focus areas and actions.

Board members were in agreement that these 3x principles were important to focus upon a

Healthwatch observed that SEND needs often come up in conversation with the public and would support a focus on priority 1.

Cllr Pattenden noted the 3 ward areas of Banbury already have that best start in life and work with schools as a strong focus and supports priority 1. He also noted the factory based and transient nature of work in Banbury but it might not be "good work".

10. **Any other Business**

Next meeting 6 February 2025

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Health Improvement Partnership Board

6th February 2025

Performance Report

Background

1   The Health Improvement Partnership Board has agreed to have oversight of delivery of two priorities (priorities 3 and 4) within Oxfordshire's Joint Health and Wellbeing Strategy 2024-2030, and ensure appropriate action is taken by partner organisations to deliver the priorities and shared outcomes. An important part of this function is to monitor the relevant key outcomes and supporting indicators within the strategy's outcomes framework. This HIB performance report has therefore been edited to reflect the relevant measures and metrics from the outcomes framework.

2   The indicators are grouped into the overarching priorities of:

    3 Healthy People, Healthy places

        3.1   Healthy Weight

        3.2   Smoke Free

        3.3   Alcohol related harm

    4 Physical activity and Active Travel

        4.1   Physical Activity

        4.2   Active Travel

        4.3   Mental Wellbeing

Current Performance

3   The table report below show the agreed measures under each priority, the latest performance available and trend in performance over time. A short commentary is included to give insight into what is influencing the performance reported for each indicator.

    Where data is available at sub-Oxfordshire level, this is indicated with * for District and ‡ for MSOA level.

4   All indicators show which period the data is being reported on and whether it is new data (*refs numbers are highlighted*), or the same as that presented to the last meeting.

    Of the 25 indicators reported in this paper:

    8 indicators have NEW DATA   *(Reference Numbers are highlighted in the report)*

        These are: *3.12, 3.13, 3.18, 3.24, 3.31, 3.32, 4.11, 4.33*

    1 indicator(s) without rag rating.

    18 green indicator(s).

    6 amber indicator(s).

    0 red indicator(s).

Live Well Priorities

New data is indicated by highlighted references number.
All metrics are reported at county level. Available at District * and MSOA ‡ level

Targets set by local Public Health

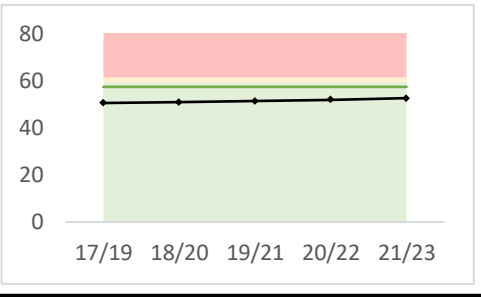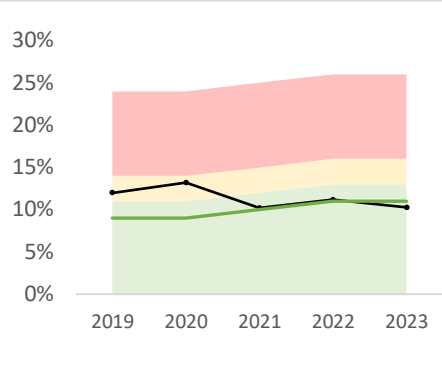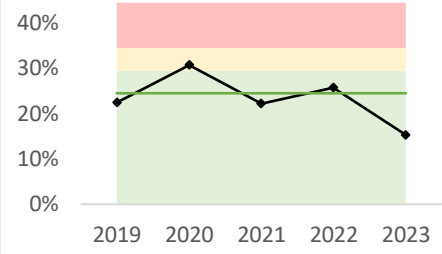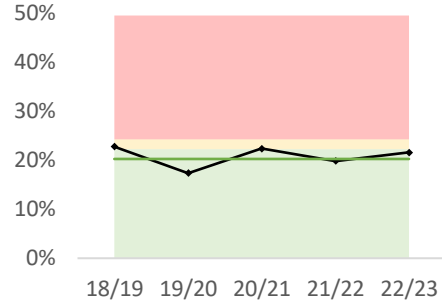|		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
	Key							
	Supporting							
3	**Healthy People, Healthy places**							
3.1	**Healthy Weight**							
3.11	Adults (aged 18 plus) prevalence of overweight (including obesity) *	Annual	57.0%	22/23	57.8%	G	A detailed action plan is in place to support healthy weight in Oxfordshire. With pillars of prevention, environment, support and wider strategy. A new service to support all ages came into place in September 2024. Work across the system to implement the recent health needs assessment recommendations continues, and includes improving the food environment in priority neighbourhoods through working with planning, advertising and established food businesses.	
3.12	Year 6 prevalence of overweight (including obesity) * ‡	Annual	29.7%	23/24	32.0%	A	In Oxfordshire, latest data (23/24) shows for year 6 there has been a very slight (not statistically significant) increase in excess weight over the last year though trend is fairly level. For this age group excess weight fell from 34% to (21/22) to 31% (22/23) then to 32% 23/24 Oxfordshire performs well against the England average generally, but there are some areas in Oxfordshire where children have experienced excess weight over a long period. A new all age healthy weight service launched in September with a focus on addressing inequalities associated with weight. For children, there is the option of both group sessions within the community and remote programmes to support them and their family to create healthy habits. Work to support more healthy environments continues.	
3.13	Reception prevalence of overweight (including obesity) * ‡	Annual	17.6%	23/24	19.3%	G	There has been a very small increase in Reception overweight and obesity which is similar to pre- pandemic levels in 2018/2019. Work is continuing to address this through the whole systems approach to healthy weight action plan and specific programmes such as You Move and the brand new, all age weight management service Beezee, which came into effect on 1st September 2024.	
3.14	Achievement of county wide Gold Sustainable Food Award	Annual	Gold	2023	Silver	A	**Application delayed until next year, 2026.** Working towards Gold award by continuing to develop and grow activities across all the key issues and gather evidence; showing exceptional achievement in two areas. This will involve: launching a campaign to signal our goal of achieving Gold , promoting a county-wide effort, engaging with high profile ambassadors and creating ways people can engage e.g. pledge.	Not applicable
3.15	Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations *	Annual	45.0%	22/23	36.2%	A	There are a variety of initiatives linked to improving the healthy weight environment and to within food policy work in individual District Councils that aim to impact positively on this.	
3.16	Of those residents invited for a NHS Health check, the percentage who accept and complete the offer.	Annual	45.0%	23/24	50.9%	G	Activity by Primary Care to deliver NHS Health Checks has been consistent throughout the year and an improvement on 2022/23. Alongside this, the Supplementary NHS Health Check Service provider has been offering community health checks showing a high take up from the priority groups identified by the Council	

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Health and Improvement Board

Live Well Priorities

New data is indicated by highlighted references number.

Targets set by local Public Health

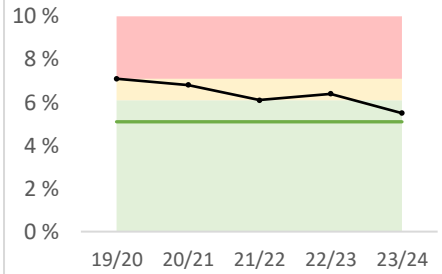All metrics are reported at county level. Available at District * and MSOA ‡ level

	Key	Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
	Supporting							
3.17	Healthy Start Voucher uptake	Monthly	63.0%	Mar-24	61.0%	A	**NB: NHS have reported an issues with source data -Therefore no new update for this report.** Launch of new messaging, marketing resources and campaign in May 2024 working with City/District Councils, Good Food Oxfordshire, Home Start and NHS. Based on insight from families and co-produced with local organisations working with ethnic minority groups (African Families in the UK, Sunrise Multicultural Centre). Raising uptake is more than just awareness; families need help applying, missed opportunities to get families signed up and a need for strong leadership and accountability.	New measure. Chart not yet available
3.18 *	Under 75 mortality rate from cardiovascular disease (Rate / 100k) (New name) 21/23	Annual	57.6	2021-23	52.8	G	This outcome has worsened slightly in the current reporting period (21-23) to the previous (20-22) which is a trend seen across UK and is related to wider impacts of COVID-19 pandemic. However, the Oxfordshire data remains better than regional, national and similar authority comparators. Local activity to address this outcome sits within theme specific work on tobacco control, or whole systems approach to obesity, or physical inactivity or alcohol harm. Specific updates will be provided as per HIB annual work plan	

Live Well Priorities

New data is indicated by highlighted references number.
All metrics are reported at county level. Available at District * and MSOA ‡ level

Targets set by local Public Health

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
	Key (blue) — Supporting (grey)							
3.2	**Smoke Free**							
3.21	Smoking Prevalence in adults (18+) - current smokers *	Annual	10.8%	2023	10.3%	G	The Oxfordshire Tobacco Control Alliance oversees work to reduce smoking prevalence in Oxfordshire. Work is within four pillars: prevention, support, environment and enforcement. The local stop smoking service (LSSS) continues to support smokers to quit, with specific focus on priority groups and . NHSE funded tobacco dependency services are in place within acute, mental health and maternity settings. Additional grant funding to boost smoking cessation efforts across England was received in April 2024 and is further supporting these programmes and expansion of the LSSS through a recommission ready for summer 2025. The new stop smoking campaign, 'It's Well Worth It' was launched on 30th September and is planned to direct residents to local stop smoking provision.	
3.22	Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers *	Annual	24.5%	2023	15.3%	G	The local stop smoking service targets work with routine manual through a variety of initiatives. Including the national Swap to Stop initiative for provision of free vapes. The new stop smoking campaign, 'It's Well Worth It' was launched on 30th September and plans to appeal to a range of residents including this priority group.	
3.23	Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) *	Annual	20.2%	22/23	21.1%	G	The Tobacco Dependency Service (TDS) funded by NHSE/ICB specifically supports adult inpatients with mental health conditions to quit smoking. In addition the local stop smoking service supports individuals with low level mental health challenges. The newly commissioned Local Stop Smoking Service (LSSS) will include enhanced work in this area.	
3.24	Smoking prevalence in pregnancy	Annual	5.1%	22/23	5.5%	G	Most pregnant women who smoke are now being supported via the new maternity in-house tobacco dependency advisor service (via NHS Long Term Plan funding). The local stop smoking service continues to support pregnant women to quit smoking, but numbers are fewer. A national incentive quit scheme for pregnant women is due to be rolled out across the Country. Oxfordshire has submitted an expression of interest to be part of the scheme – outcome awaited.	

Live Well Priorities
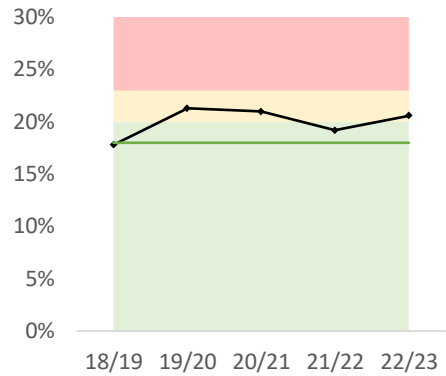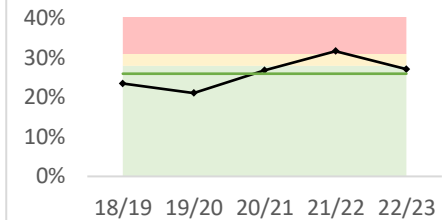
New data is indicated by highlighted references number.
All metrics are reported at county level. Available at District * and MSOA ‡ level

Targets set by local Public Health

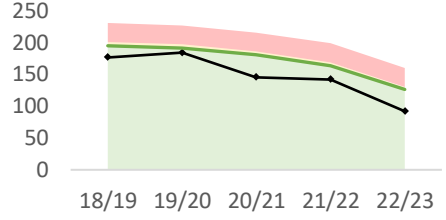|	Key	Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
	Supporting							
3.3	**Alcohol related harm**							
3.31	Alcohol only successful treatment completion and not requiring treatment again within 6 months	Quarterly	39.7%	Q2-24	60.0%	G	The latest performance remains significantly above the national average of 34.4%, and has increased again on last quarter. This is achieved through strong partnership and multi-agency working, extensive community-based engagement and outreach, providing holistic person-centred care, individualised goals, and supported by access to residential treatment where necessary.	
3.32	Alcohol treatment progress	Quarterly	55.4%	Q2-24	74.0%	G	The latest performance remains significantly above the national average of 51% and demonstrates delivery of the national and local strategic aims, which are ensuring people are supported through effective support, engagement and treatment.	
3.33	Admission episodes for alcohol-related conditions (Narrow) Rate / 100K *	Annual	490	22/23	347	G	Oxfordshire rates are below the south east average. There is significant ongoing partnership and multi-agency work to prevent the number of people drinking to hazardous levels, and significant investment and activity in community services to ensure people receive the support they require to prevent escalation of need. Other indicators demonstrate the positive impact of these services.	
3.34	Alcohol only numbers in structured treatment	Annual	810	23/24	987	G	In line with national strategic aims, extensive partnership work and outreach with those with health inequalities has supported the partnership to continue to increase the number of people in treatment over the last year, and rates of increase are above the England average. This demonstrates the impact of additional investment from central government linked to the national strategy.	

Live Well Priorities

New data is indicated by highlighted references number.
All metrics are reported at county level. Available at District * and MSOA ‡ level

Targets set by local Public Health

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
	Key							
	Supporting							
4	**Physical activity and Active Travel**							
4.1	**Physical Activity**							
4.11	Percentage of physically inactive adults (Less than 30 minutes a week)	Annual	18.0%	Nov22-Nov23	20.6%	A	Efforts to increase physical activity across Oxfordshire adults are coordinated by Active Oxfordshire and supported across District, County and ICB, utilising a whole systems approach to physical activity. This takes an inequalities lens as per their Oxfordshire on the Move strategic approach. Programmes include upskilling professionals working with people who are least likely to be active, one to one and group support for individuals.	
4.12	Percentage of physically inactive children (less than a average of 30 minutes a day)	Annual	26.0%	Academic Yr 22-23	27.2%	G	Active Oxfordshire's strategy Oxfordshire on the Move has a commitment to support Oxfordshire children to become more active, learn to ride a bike and to swim. Other programmes across the County include a whole school approach to food and physical activity in targeted neighbourhoods and creating an active schools framework.	
4.13	Uptake of Move together	6 monthly	1000	Apr-Sep_24	2024	G	Move Together is jointly funded by public health and BOB ICB to support people with long term conditions (LTC). The target of an increase in 1000 steps per day, was surpassed, an average of 2042 steps per day being achieved across all participants meeting who engaged with the programme.	Reported for the first time. Chart not yet available
4.14	You move programmes	6 monthly	45.1%	Apr-Sep_24	52.0%	G	You Move, a physical activity programme delivered by Active Oxfordshire, jointly commissioned by public health and ICB, supports children and their Families meeting eligibility for free school meals, children in care, or some other vulnerable groups such as young carers. The programme delivers heavily subsidised or free physical activity. 52% of participants self-report an increase in physical activity via questionnaire.	Reported for the first time. Chart not yet available

New data is indicated by highlighted references number.
All metrics are reported at county level. Available at District * and MSOA ‡ level

Targets set by local Public Health

	Key	Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
	Supporting							

	4.2 Active Travel							
4.21	Active travel - percentage of adults walking/cycling for travel at least three days per week (age 16+)	Annual	59.0%	22/23 Nov	55.2%	A	Oxfordshire County Council's cycling and walking activation programme comprises a range of measures to enable people to cycle and walk more such as school streets, travel planning, led walks and bike libraries. These activities in conjunction to improvements to cycling and walking infrastructure seek to deliver an increase in active travel.	
	4.3 Mental Wellbeing							
4.31	Self reported wellbeing: people with a low happiness score (16+) *	Annual	8.9%	22/23	5.8%	G	The Prevention Concordat for Better Mental Health Group have a shared action plan to support good mental wellbeing. Activities during this period include sharing key data and good practice to inform local initiatives, mental health awareness training for staff and volunteers and joint mental health campaigns. The group have recently developed a new shared action plan for 2024-27 with a focus on supporting resilience in communities	
4.32	Self reported wellbeing: people with a high anxiety score (16+) *	Annual	23.3%	22/23	18.1%	G	The Prevention Concordat for Better Mental Health Group have a shared action plan to support good mental wellbeing. Activities during this period include sharing key data and good practice to inform local initiatives, mental health awareness training for staff and volunteers and joint mental health campaigns. The group have recently developed a new shared action plan for 2024-27 with a focus on supporting resilience in communities	
4.33	The percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in the financial year. (NEW)	Annual		23/24	1.6%		The percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in the financial year has remained relatively stable over the past five years. The incidence in 2023/24 is 1.6% which is within the 2nd highest quintile in England. This indicator replaces the Adult patients recorded with a diagnosis of depression which has been retired.	
4.34	Emergency hospital admissions for intentional self-harm in all ages (Rate / 100k) *	Annual	126.3	22/23	91.9	G	For further insight, see the paper on Adult and Older Adult Mental Health in Oxfordshire which was presented at the Oxfordshire Joint Health Overview & Scrutiny Committee on the 12th September 2024	

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Healthwatch Oxfordshire (HWO) report to Health Improvement Board (HIB)
6th February 2025
Presented by Healthwatch Oxfordshire Research and Projects Officer, Katharine Howell

Purpose / Recommendation

➢ For questions and responses to be taken in relation to Healthwatch Oxfordshire insights.

Background

Healthwatch Oxfordshire continues to listen to the views and experiences of people in Oxfordshire about health and social care. We use a variety of methods to hear from people including surveys, outreach, community research, and work with groups including Patient Participation Groups (PPGs), voluntary and community groups and those who are seldom heard. We build on our social media presence and output to raise the awareness of Healthwatch Oxfordshire and to support signposting and encourage feedback. We ensure our communications, reports and website are accessible with provision of Easy Read and translated options.

Key Issues

Since the last meeting in November 2024:

➢ We launched a survey on **navigating urgent and emergency care** services https://www.smartsurvey.co.uk/s/UECservices/ (live until 17 February)

➢ Forthcoming reports include findings on **women's health services** and **listening to men** on the street during November in Didcot in support of Oxfordshire Men's Health Partnership's '30 Chats in 30 Days' initiative. Themes include:
  o A lack of support and information about menopause
  o Women and people who use women's health services feeling their experiences of pain were not taken seriously, particularly with gynaecological conditions such as endometriosis
  o Barriers to men looking after their health and seeking help, such as work pressures and difficulty making appointments.

➢ **Wood Farm and Town Furze** community insight profile we undertook for Oxfordshire Public Health (part commissioned) will be presented at the Health and Wellbeing Board meeting in March. Key findings, from conversations and survey responses from 255 residents and stakeholders, include:

- o Big differences in people's experiences of living in the area and being able to make the most of its facilities and assets, with the wider determinants of health playing a key role
- o Barriers to health and wellbeing such as limited access to affordable, healthy food, and fears around safety and crime affecting people's ability to be physically active and make the most of the area's green spaces.

Enter and View reports and visits continue. Once complete, all reports and provider responses are available on our website including:

- ➢ White Horse Medical Practice, Faringdon (Dec 2024)
- ➢ Emergency Multidisciplinary Unit (EMU) Abingdon Hospital (Nov 2024)
- ➢ Discharge Lounge at the John Radcliffe Hospital (Nov 2024)

Since the last meeting we made Enter and View visits to:

- ➢ Hand and Plastic Injury Unit (HAPI) at the John Radcliffe (Dec 2024)
- ➢ Freeland House Nursing Home, Freeland (Jan 2025).

Other activity:

- ➢ We continue ongoing face to face **outreach** to groups and events across the county, including hospital stands (to Witney Community and Warneford Hospitals), focusing on general and topical listening. Outreach since the last meeting includes Refugee Resource Women's Group, Cherwell refugee support group, Rose Hill Health Promotion Day, Banbury shopping centre, and the Lived Experience Advisory Forum. In Oct-Dec we spoke to approximately 437 people.
- ➢ We support **My Life My Choice** to run a user-led Health Voices Group to ensure the voices and experiences of people with a learning disability are heard by commissioners and providers. A meeting on the theme of cancer screening, with support from OUH breast care nurses, took place in December 2024. The next meeting, on a theme to be decided by members of the group, is scheduled for March 2024.
- ➢ We held three public webinars:
  - o **'Designing Services with Men in Mind'** (19th November) with speakers from Oxford Community Champions and chaired by Matt Williams (Oxfordshire Men's Health Partnership)
  - o **'GP Surgeries – It's all about teamwork'** (21st January) with speakers from BOB ICB, health and care professionals and video on navigating GP reception created by Oxford Community Champions.
  - o **'Have your say on the future of the NHS'** (5th February) to enable people to feed into the NHS 10 year plan – focusing on how technology could be better used in health and care.

    Recordings of these webinars are available to watch on our website.

- ➢ Our next webinar will be on Tuesday 18th March 1-2 pm: **'Mental wellbeing support for our children and young people'** – details and speakers to be confirmed.
- ➢ Our next **Board Open Forum** is on **Wednesday 19th February**, 7-8pm and is open to all, to hear about our work and share views about health and care services ([Zoom link](#)).
- ➢ We attended the launch of the Marmot County launch on health inequalities and are supporting ways to bring community voices into this process, including rural communities.
- ➢ Our priorities and work plan for 2025-6 will be published in March.

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Health Improvement Board

6th February 2025

Whole System Approach to Healthy Weight

Purpose / Recommendation

The Health Improvement Board is asked to:

a) Consider the contents of the report, and questions/ points to discuss, as outlined within it.

b) Note the presentation by 'Bite Back' and provide advice and support to progress the following key areas.:-

- **Healthier food advertising policy**, with supporting evidence from the Bite Back report - capturing the voice of local young people and supporting evidence on junk food advertising.

- **Support stricter planning regulations**: Influencing the out of home food and drink offer available in Local Authority owned spaces across Oxfordshire, particularly in spaces regularly occupied by children and young people. Noting the recently updated (December 2024) National Policy Planning Framework (NPPF). Strengthening Local Authorities powers to prevent new hot food takeaways from opening where children learn and play and in areas showing adverse health impact.

Background

The Health Improvement Board (HIB) has requested an update on actions related to the whole systems approach to healthy weight, following its last update in February 2024. This report give and overview of core activities over the past 12 months with a focus on the healthy weight environment pillar of the related action plan and explores key actions that require progression.

Living with excess weight poses a significant challenge to living a healthy life. It is one of the leading causes of preventable early death, increasing the risk of a wide range of health conditions, including Type 2 diabetes and some cancers. It is also associated with worse mental health and lower educational attainment in children and needing to take more sick leave in adults. On average living with obesity reduces someone's life expectancy by around three years with severe obesity shortening life by as much as lifelong smoking – by up to 10 years. Children who live with excess weight are more likely to become adults who live with excess weight[1].

Excess weight impacts negatively on both physical and mental wellbeing of children and adults as demonstrated in Figure 1:-
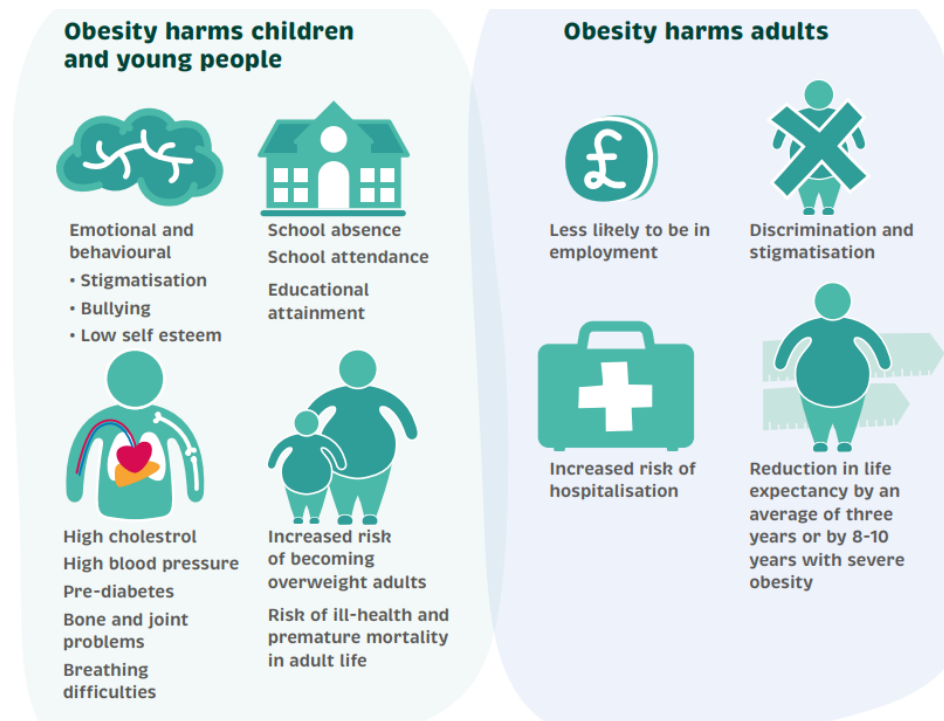

Obesity harms children and young people

Emotional and behavioural
• Stigmatisation
• Bullying
• Low self esteem

School absence
School attendance
Educational attainment

High cholestrol
High blood pressure
Pre-diabetes
Bone and joint problems
Breathing difficulties

Increased risk of becoming overweight adults
Risk of ill-health and premature mortality in adult life

Obesity harms adults

Less likely to be in employment

Discrimination and stigmatisation

Increased risk of hospitalisation

Reduction in life expectancy by an average of three years or by 8-10 years with severe obesity

Figure 1: Obesity harms children and young people and obesity harms adults

[1] Predicting adult obesity from childhood obesity: a systematic review and meta-analysis - Simmonds - 2016 - Obesity Review s - Wiley Online Library

The estimated annual costs of obesity in the UK are £58 billion, rising to £62 billion with unemployment benefits related to obesity added[2]. This equates to around 3% of the UK GDP[3]. National costs of obesity on health services are estimated to be £6.5 billion and relate to increased visits to GPs, hospital admission rates and medications and community services[4].

A Summary of trend in Oxfordshire

In the previous report to HIB detail was given about the trends for the following groups in Oxfordshire; children, adults, adults in areas of deprivation, and pregnant women, noting there was a rise in rates of overweight and obesity during the COVID-19 pandemic.

Children

In Oxfordshire, the latest data (23/24) shows that of 4 years olds, entering Reception (R) Year, nearly one in five (19.3%) are overweight or obese, rising to around one third in year 6 (32%). Figures for year R fell in 22/23, remaining very similar in 23/24. For year 6 they fell a little from 34% to 31% then back to 32% in year 6. Figures for year 6 remain just above pre-pandemic levels (Table 1).

Oxfordshire	21/22	22/23	23/24
Year R	20%	19%	19%
Year 6	34%	31%	32%
Adult	60%	58%	-

Table 1- Oxfordshire children's obesity data from the National Childhood Measurement Programme 21/22 to 23/24

Overall, rates in Oxfordshire remain below the England average (Figure 2).

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[2] Frontier Economics (2022) Estimating the full costs of obesity. Available here
[3] ONS. 2022. Gross Domestic Product: chained volume measures: Seasonally adjusted £m - Office for National Statistics (ons.gov.uk) https://www.ons.gov.uk/economy/grossdomesticproductgdp/timeseries/abmi/pn2
[4] PHE. 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907966/PHE_insight_Excess_weight_and_COVID-19__FINAL.pdf
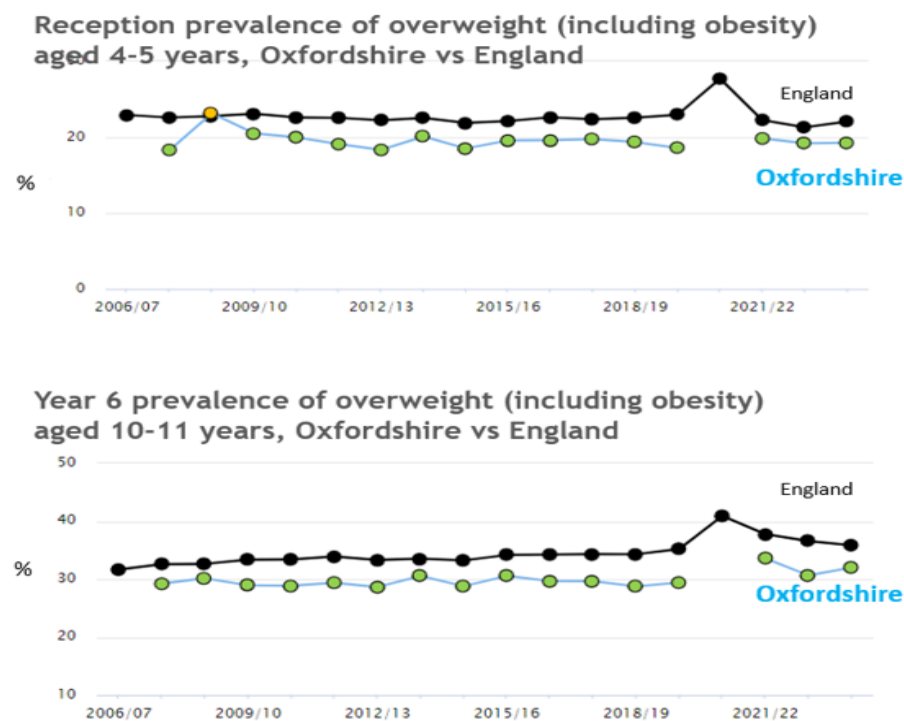
Reception prevalence of overweight (including obesity) aged 4-5 years, Oxfordshire vs England

England

Oxfordshire

20

10

%

0

2006/07   2009/10   2012/13   2015/16   2018/19   2021/22

Year 6 prevalence of overweight (including obesity) aged 10-11 years, Oxfordshire vs England

50

40

England

%   30

Oxfordshire

20

10

2006/07   2009/10   2012/13   2015/16   2018/19   2021/22

Figure 2: Year on year prevalence of overweight and obesity in children and summary of recent data

Figure 3 and 4 show there is some variation by District but changes this year are not statistically significant. Later, in the inequalities section, further detail will be given about smaller areas within Districts where children are consistently living with much higher levels of excess weight than Oxfordshire and even England averages.
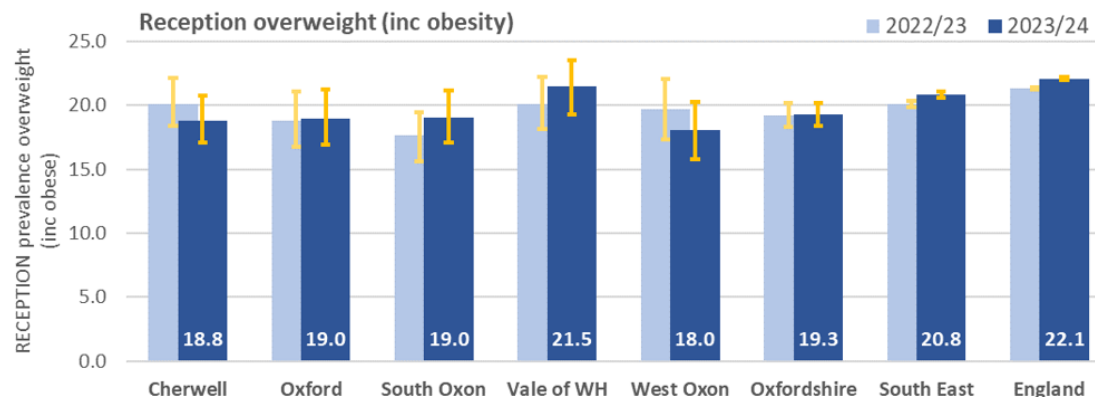
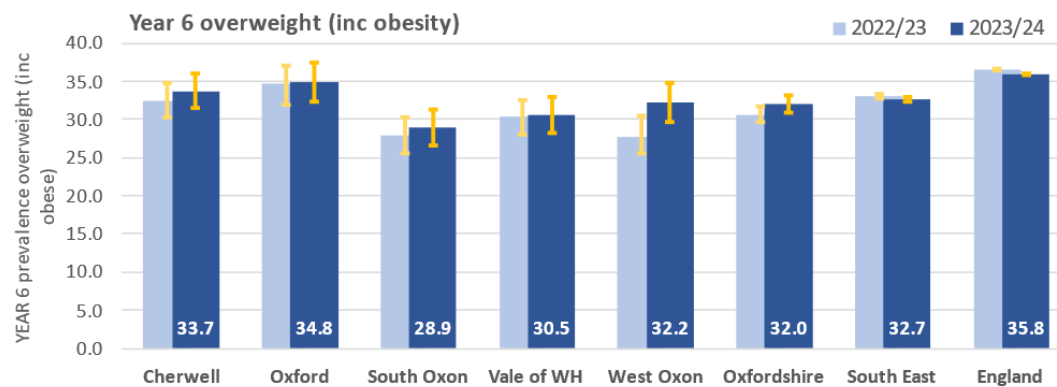*Figure 3: City and Districts reception prevalence overweight (including obesity)*

Figure 4: City and Districts year 6 prevalence overweight (including obesity)

Adults

Overall, in Oxfordshire the latest data from the annual population survey (22/23) found 57.8% of adults to be overweight or obese, a reduction of around 2% from the previous year[5].

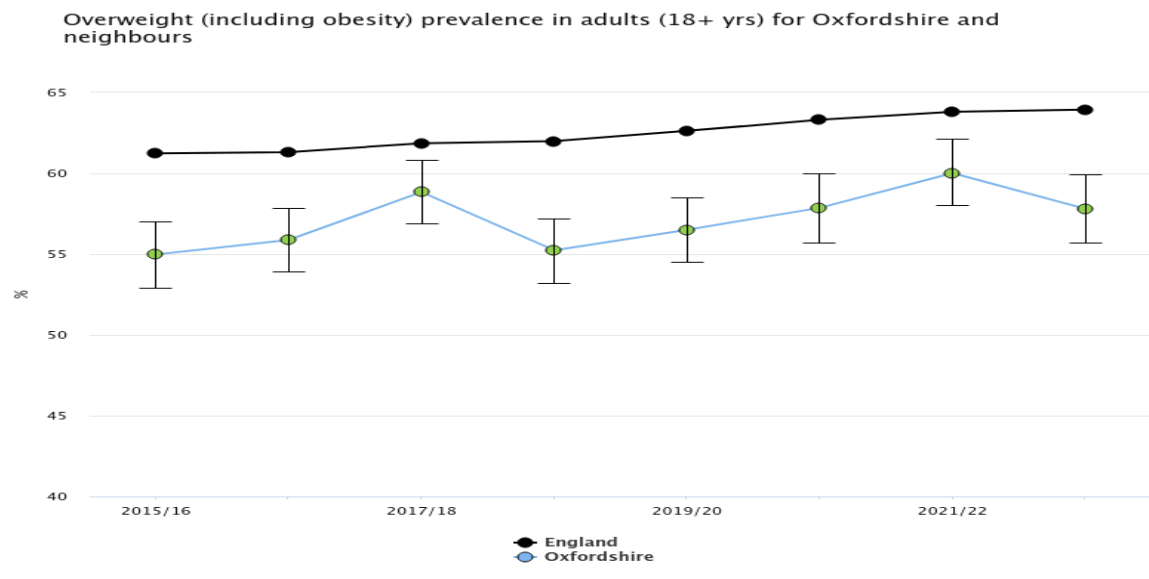Figure 5 shows the trend over the past 10 years.

Overweight (including obesity) prevalence in adults (18+ yrs) for Oxfordshire and neighbours

Figure 5: Trend data over 10 years for overweight (including obesity) prevalence in adults for Oxfordshire

Figure 6 shows there is variation by District, but all areas have more than half of their adult population living with excess weight, with ranges from 53.9% (Oxford City) to 60.3% (South and Vale).

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[5] Fingertips | Department of Health and Social Care

Figure 6: adults classified as overweight (including obesity) across City and Districts
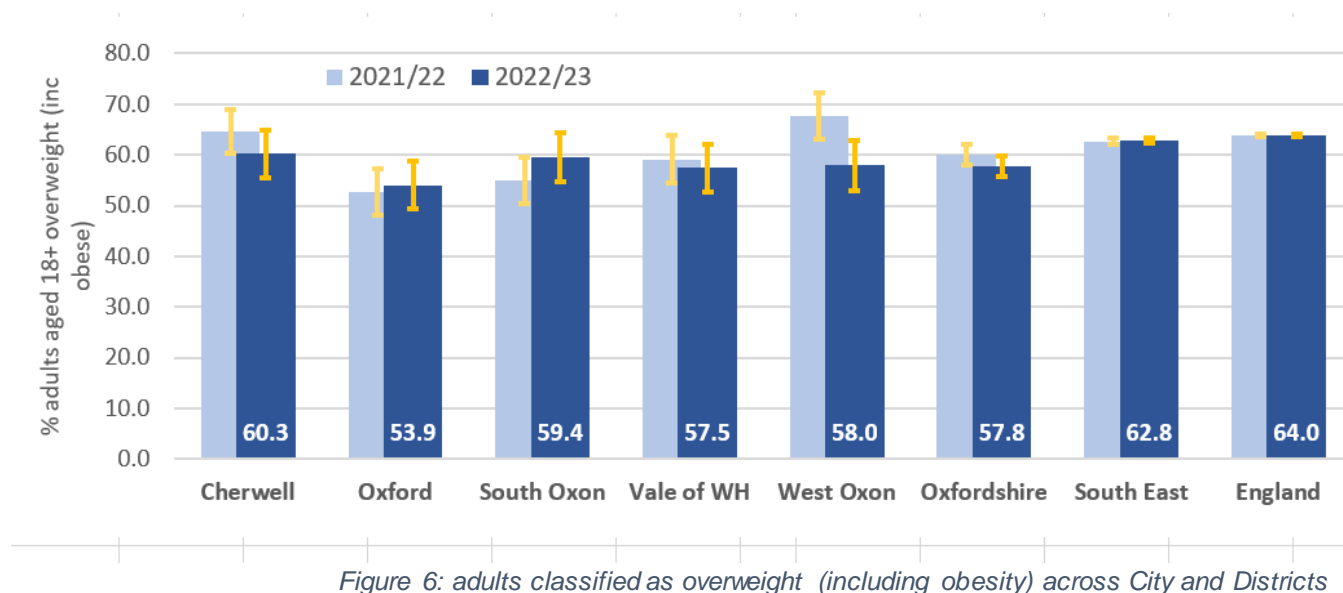
Key Issues

This report will primarily provide an update on core actions against the 'environment' pillar of the healthy weight action plan, with a brief update related to 'support' in light of a new service offering at Tiers1 and 2.

Excess weight is a challenge for many of us nationally and locally. Even those who currently maintain a healthy weight are not immune to the challenges of eating well and being active in today's obesogenic environment. The environment we live in makes it harder for us to ensure a varied balanced dietary intake and achieve sufficient physical activity.

Health inequalities exist. Excess weight, and the ability to eat well and move enough for good health, disproportionately impact some people more than others. The differences in excess weight across Oxfordshire are likely due to a combination of differences in socio-economic deprivation, ethnicity, and the age profile of people living in different parts of the county.

While Oxfordshire's overall rates of overweight and obesity in childhood remain lower than the England average, some areas have similar (amber) rates than the England average and some have much higher (red) rates, see Figure 7. This year, for year 6, four

areas rank worse than the England average. These areas with worse rates have featured over a long period of time. It is notable that Blackbird Leys and Greater Leys have previously featured, but we have seen them move from worse than, to similar to, the England average this year.

Areas of Oxfordshire with the highest prevalence (%) of overweight including obesity (3 years combined to 2023/24)
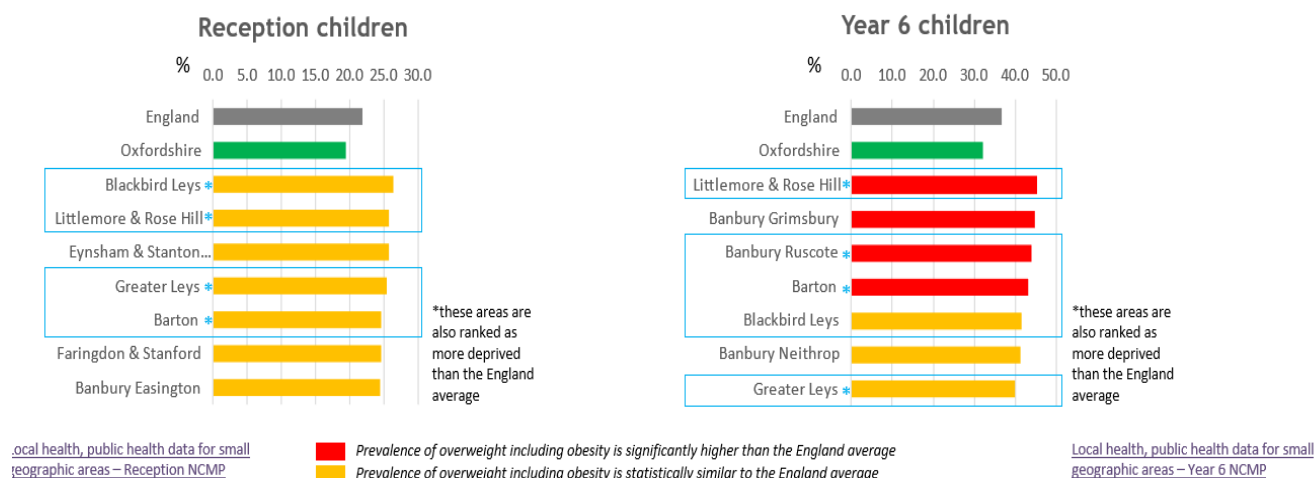
Figure 7: areas of Oxfordshire with the highest prevalence overweight including obesity

We know that areas of greatest socio-economic deprivation have residents with the lowest rates of fruit and vegetable consumption. Typically they find it harder to access healthier food locally, but easier to access hot food takeaways.

While undertaking some work across the whole of Oxfordshire, over the past year we have honed our approach to focus on specific geographical areas where there have been consistently higher levels of excess weight in children. This year the focus has predominantly been on Blackbird Leys/Greater Leys area.

Our approach to addressing this issue

Reducing excess weight is a priority for Oxfordshire's Health Improvement Board and the Health and Wellbeing Board and was the focus of the Director Public Health Annual Report 22/23. A related Health Needs Assessment (HNA) in 2023 (see Appendix 1) made more than 20 recommendations [6]. This work led to a key change of focus, giving a greater emphasis on the wider food environment within which food purchasing and consumption occurs.

An Oxfordshire Whole Systems Approach (WSA) to healthy weight action plan (see Appendix 2) is in place focusing on four key areas: prevention, healthy weight environment, support and system.
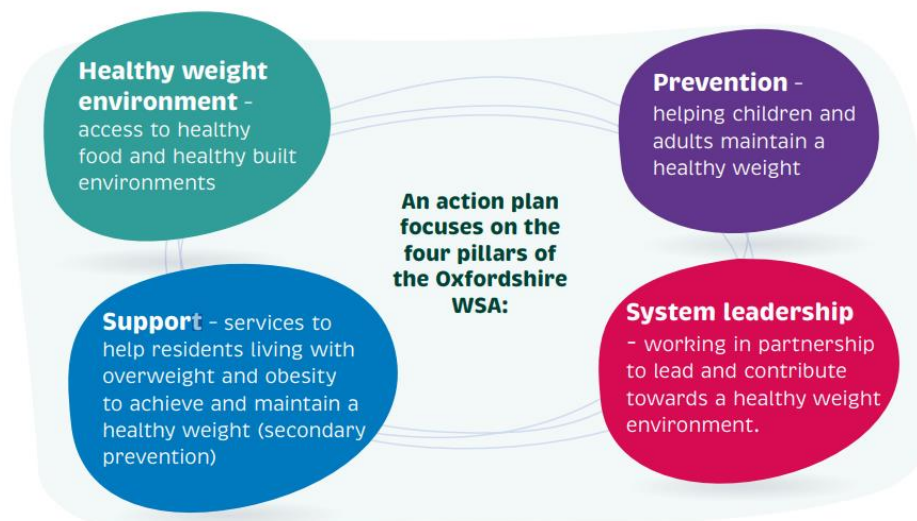

Healthy weight environment – access to healthy food and healthy built environments

Prevention – helping children and adults maintain a healthy weight

An action plan focuses on the four pillars of the Oxfordshire WSA:

Support – services to help residents living with overweight and obesity to achieve and maintain a healthy weight (secondary prevention)

System leadership – working in partnership to lead and contribute towards a healthy weight environment.

Figure 8: Showing the four pillars of the whole system approach to healthy weight for Oxfordshire

Updated recommendations following the HNA gave a greater focus on prevention and changes to the environment to encourage and facilitate access to healthier food. It remains important to maintain an offer of effective support to people who are already experiencing excess weight.

The causes of excess weight are complex, resulting less from individual behaviours and more from the many factors which collectively make up an obesogenic environment. No single organisation has the knowledge, tools, or power to solve it, and so a 'whole system'

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[6] Oxfordshire County Council (2023) Health Needs Assessment for Promoting Healthy Weight. Available here

approach is needed to make a sustainable change happen. Actions will not show immediate effect and may take some time and resource to implement and for sustainable change to be seen. To make significant progress input is required from a broad range of partners. It's also pertinent to remind ourselves that actions that seek to reduce levels of excess weight through improving dietary quality and physical activity levels will benefit health, wellbeing and environmental sustainability more broadly. For example, a shared ambition to increase active travel will support increased physical activity for both physical and mental health, but also support less vehicles on the road which improves air quality (thus improving health and wellbeing) but also improve congestion and noise level.

Historical perspective

Following the HNA (2023) the Oxfordshire WSA action plan (appendix) was refreshed. An overview of the process towards the development of WSA since 2019 is summarised in the table below:

July 2019	Guidance towards a Whole System Approach to Obesity Issued[7]. Oxfordshire Health Improvement Board endorse WSA for Oxfordshire
2020/21	More than 125 stakeholders in Oxfordshire work together towards a collective approach to developing Oxfordshire WSA including causal mapping
2022/23	Health Needs Assessment completed by public health Healthy Weight Needs Assessment 2023 Full report | Oxfordshire Insight
2023	Whole Systems Approach action plan refreshed (appendix 2). Outcomes influence Health and Wellbeing Strategy for Oxfordshire.

In Appendix 3 we present more detail on the work in plan and progress across the four pillars.

Progression of the WSA was last reported to the Oxfordshire Health Improvement Board in February 2024, where the focus was on the 'support' pillar. Good Food Oxfordshire presented progress on Food Strategy and City/District food action plans, and Active

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[7] PHE (2019) Whole systems approach to obesity: a guide to support local approaches to promoting a healthy weight. Available here

Oxfordshire presented an update on their work. Below is a brief update against these previously reported areas followed by more detail about the 'environment' pillar.

New life course healthy weight service – BeeZee.

Since September 2024 a new all age healthy weight service, BeeZee Oxfordshire, is in place Home Page - Free Healthy Lifestyle Services | Oxfordshire. The previous service was an adult only service, although a programme for children aged 4–12-year-olds was piloted with good outcomes. The new service has capacity to work with 5000 adults and 200 children and families. People can refer themselves or be referred if they have a BMI over 28 (or lower for some ethnic groups and some co-morbidities). They offer:-

- BeeZee Families: a 12-week family focused programme (online or in person) with fun activities and expert support on nutritious snacks, easy meals and getting active.
- BeeZee adults: designed to help adults lose weight in a healthy way and keep it off for good.
- Gutless: a bespoke programme developed for men recognising the challenges they face when managing their health and fitness.
- Slimming World: offers members support, commitment and accountability to help boost happiness, self-esteem and slimming success, both in person and online.
- Weight Watchers Reimagined – another commercial support group, providing a similar offer to weight watchers across the county.

From 2025 a staged approach to piloting the following programmes of work will be delivered, to be co-produced with residents and partners:

- **Health Exercise and Nutrition for the Really Young** HENRY [8], is an evidence based programme, providing holistic support, to help families create healthy habits around eating well and moving more, supporting a healthy foundation for life. The programme will focus on geographical areas where there is higher need,

- **Antenatal/Postnatal pilot**: The HNA found a high proportion of women going into pregnancy are already overweight. Working in conjunction with maternity and dietetics will develop an approach in line with guidance for this group.

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[8] Homepage | HENRY

- **Young people aged 13-18** –support, dedicated for young people,

- **Ethnic Minority groups** - such as women only swimming for Muslim women, building on success seen previously and expanding to other parts of Oxfordshire.

- **Mild-moderate mental health conditions** – building on links with social prescribing to provide additional support, with gaining confidence and building resilience to attend a specific healthy lifestyle type course.

Food Strategy and City/District food action plans

Oxfordshire Food Strategy – Part 1 was adopted by all county, district/city councils in May 2022, followed by the formation of five Food Action Working Groups (FAWG) with action plans agreed in April 2024 for City, West Oxfordshire and Cherwell areas. These FAWGs are working with Good Food Oxfordshire on a 6-month progress report. South and Vale are in the final review of their area action plan. There will be end of year report for Year 1 (2024-25) with plans to showcase at a food summit bringing stakeholders together in early Summer 2025.

OCC achieved the [Sustainable Food Partnership (SFP) Silver Award for Oxfordshire](#)[9] in November 2023, and are now working towards Gold in 2026 by continuing to develop and grow activities across all the key SFP issues (see Figure 9) and collect evidence across Oxfordshire on broad impact, exceptional achievements and systematic partnerships. Key activity that will contribute to achieving Gold include:

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[9] [Oxfordshire wins Sustainable Food Places Silver Award! | Good Food Oxfordshire](#)

OxFarmToFork[10]: a short supply chain initiative that connects local, ethical, sustainable food to Oxfordshire institutions. With 18 Oxford colleges already on board, and plans to expand to schools in 2025. In year one £66,000 was invested in start-up costs and infrastructure; 14 farming livelihoods supported; £28,000-worth of transactions facilitated.

- **Participatory processes**: Food Action Plans will provide comprehensive data, alongside initiatives like FEAST[11] (European project Oxfordshire is a living lab researching the shift to a sustainable and healthy diet) and the Community Research Network. Priority Places Food Index (PPFI) is a new measure we are using for monitoring impact of the action plans started using this from April 2024 - March 2025 Year 1 will report in May 2025.

Figure 9: Sustainable Food Places 6 key issues

- **Healthier food environment (Good Food Retail/healthier food out of home/healthier advertising)** – discussed later in this report.

There will be launched at the food summit (Summer 2025) to signal our goal of achieving an SFP Gold Award for Oxfordshire.

Whole Systems Approach to Physical Activity.

After successful development of pilots commissioned by Public Health, (You Move and Move Together) overseen by Active Oxfordshire and delivered by City and District Councils, a partnership approach has been taken to continue and expand this offer with joint commissioning from Oxfordshire County Council, Public Health ,the Integrated Care Board, and City and District Councils New support is available as part of the programmes already delivered including:

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[10] OxFarmtoFork | Good Food Oxfordshire

- **You Move Early Years** offer is for families who are supported by Home Start, families with 0–4-year-olds who are being supported by early help services, and families in receipt of Universal Credit, or similar benefits.
- **Move Together** launched in September 2024 for pregnant and post-natal women (12 months post birth).
- **Moving Medicine** post to further embed physical activity into acute hospital pathways.

The Report **Prevention First: transforming health and wellbeing through activity in Oxfordshire**,[12] showcases the positive outcomes to date. Some highlights include:
- Reaching 13,000 residents at highest risk of inactivity. This includes residents with long term health conditions (2,052), children on free school meals and their families, and residents living in areas of highest deprivation in Oxfordshire (10,057).
- Focusing on creating healthier, more active places, to live through increasing active travel with a new Community Outreach Active Travel Fund and Active Neighbourhood Scans in priority areas, which benefit us all.
- 55% of participants overall increased their activity levels.
- Reducing the burden on Primary Care - 51% fewer GP appointments in the 4 weeks prior to 3-month review. This can be translated into a saving of 4.5 GP appointments per participant per annum with a cost-saving of £396,900
- With the additional funds, for the first time they are taking a full life course approach with the addition of (early years and maternity programmes.
- Recruited a Physical Activity Clinical Champion, with a wealth of experience, relationships and credibility with their audience, to train and upskill hundreds of health and social care professionals across Oxfordshire.

'Healthy Weight Environment' Pillar

The rest of this report focuses on the Healthy Weight Environment pillar.

Whilst there is continuing work to promote physical activity, which remains important to support a healthy weight and positively contributes to many other health, wellbeing and environmental benefits, we know that consumption of excess calories is the predominant cause of excess weight.

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[12] prevention-first-report.pdf

The purpose of the healthy weight environment pillar is to change the environment in which food is offered. Our current food environments are designed in ways that often make it easier to 'choose' less healthy foods rather than healthy ones. There is evidence that in areas of greatest deprivation, children are flooded by less healthy food with access to hot food takeaways and exposure to advertising of junk food (high fat salt and sugar products) being disproportionately prominent.
Local authorities are in a unique position to improve the quality of the environment by enabling easier access to healthier food and drink options, supporting a diverse and healthy high street retail offer and supporting advertising of healthier products.

Table 2, below, provides more detail about some of the aims, key action and supporting evidence, behind programmes of work taking place, over the last 12 months as part of the **'healthy weight environment'** pillar. The Oxfordshire Good Food Retail Project and the 'Healthier out of Home' work have been designed to support food and retail businesses to intervene and identify opportunities to benefit health and economy.   Initial pilot work is underway in Blackbird Leys and Banbury.

"Temptation is put in your way everywhere really these days, isn't it? It's like when you walk past the chip shop; it's just that smell. It might not be on your mind, but then you walk past..."

Banbury Resident Press Red Insight Project 2022

Table 2: Summary of aim's, evidence and progress on the healthy weight environment pillar

Aim and objective	Background/Evidence	Progress update on supporting work/projects
Oxfordshire Councils to have a **healthier advertising policy** in place that promotes healthier food options over foods that are high in fat, salt and sugar.	Advertising of less healthy food has been shown to drive over-consumption. "Food marketing and advertising promotes consumption of what is available … That intake is not compensated for, so when children snack in response to food marketing, they do not then consume less at the	**National** Over the last few years, local authorities across the UK have introduced Healthier Food Advertising policies in their own advertising spaces with 21 known to have successful policies in place. A further 150 Local Authorities have expressed intent

Switch the spotlight away from less healthy food across **council owned advertising spaces phone boxes, billboards, roundabouts, lampposts) and council advertising contracts.**	next eating opportunity to balance out their energy intake; additional energy is added. It takes only between 40 and 70 additional calories per day to contribute to weight gain in children[13] For children growing up in this frenzy of advertising, exposure to HFSS products normalises these highly processed, less healthy foods and drinks, and research shows this influences their food choices[14]. HFSS marketing is linked to a strong preference for HFSS products,[15] more snacking[16], eating more calories[17], and HFSS products replacing healthier foods[18]. This leads to lower consumption of fruit and vegetables and higher sugar content. Local insight from young people (collected October 2024 from across the County by Bite Back):	to explore and adopt such an approach. Evidence shows this does not negatively affect income from advertising, advertising revenues were maintained and, in some areas, improved following changes of policy.[19] **Local** Oxford City Council are retendering their bus stop advertising contract with appropriate criteria to discourage HFSS advertising, and are currently exploring how they might implement an overarching policy. Work is ongoing across other Districts with a key challenge being identifying who would lead on such a policy. **Public Health, Oxfordshire County Council have worked with Bite Back.** Through workshops and walkabouts with young people from Oxfordshire, the aim was to capture their stories and evidence on junk food advertising and food available in Local

[13] Recipe for health: a plan to fix our broken food system, quote from Professor Emma Boyland committees.parliament.uk/oralevidence/14569/html/ evidence food, diet and obesity, March 2024. Available here.

[14] Ferguson CJ, Muñoz ME, Medrano, MR. Advertising Influences on Young Children's Food Choices and Parental Influence The Journal of Paediatrics. 2012; 160(3):452 – 455.

[15] Boyland EJ, Harrold JA, Kirkham TC, Corker C, Cuddy J, Evans D, Dovey TM, Lawton CL, Blundell JE, Halford JCG. Food commercials increase preference for energy-dense foods, particularly in children who watch more television. Pediatrics. 2011; 128(1):93-100

[16] Boyland EJ, Nolan S, Kelly B, Tudur-Smith C, Jones A, Halford JCG, Robinson E. Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food or non-alcoholic beverage advertising on intake in children and adults. American Journal of Clinical Nutrition. 2016. 103:519-533

[17] Boyland EJ, Whalen R, Christiansen P, McGale L, Duckworth J, Halford J, Clark M, Rosenburg G, Vohra J. See it, want it, buy it, eat it: how food advertising is associated with unhealthy eating behaviours in 7 -11 year old children [online]. Cancer Research UK. 2018

[18] Thomas, C, Hooper L, Petty R, Thomas F, Rosenburg G, Vohra J. 10 years on: New evidence on TV marketing and junk food consumption amongst 11–19-year-olds 10 years after broadcast regulations [online]. Cancer Research UK. 2018

[19] Transport for London declares healthier food advertising policy a success as revenues announced | Sustain

	• *Everywhere we look and everywhere we go, we are surrounded by junk food ads. This needs to stop. It is negatively impacting my generation's health."* - Poppy, young participant • *"When you are out with friends and you see a McDonald's advert, you think oooo that looks so good, let's go and get it."* - Faith, young participant • *"Another ad... It's even got a little cartoon on it to tempt the kids to get it. They're gonna see that when they're waiting for the bus to school and go oooh!"* - young participant	Authority owned spaces across Oxfordshire for example leisure centres. (In attendance at the HIB meeting will be one of these young people, who will share her experience and recommendations to the Board). More information is available on the report (end of February 2025), fact sheet (see appendix 4) and video (watch here) in the communications section.
All City and District Councils to introduce **planning policy to restrict new hot food takeaways** in areas where children learn and play and/or in areas where geographies have ongoing excess weight.	Nationally, one in four places to buy food are fast food outlets, and almost one in five meals are eaten outside the home[20]. Out-of-home meals contain significantly higher intakes of sugar, fat and salt, portion sizes tend to be bigger, and they are usually cheap and easily available[21]. There is robust evidence linking availability of fast-food outlets to excess childhood weight. In January 2024, Oxfordshire had 513 takeaway food outlets[22]. In some areas of Oxfordshire there are more than double the number of takeaway outlets per 1000 population than the England average. Takeaway outlets tend to be located	**National** More than half of local authorities in England now have planning policies in place to address the proliferation of hot food takeaways. In December 2024, the National Planning Policy Framework (NPPF), that sets out land use in England providing a framework for local authorities to shape their local plans and make planning decisions, was updated. This highlighted the need to address health inequalities and for developments to promote health and prevent ill health. Chapter 8 (promoting healthy and safe communities) policy states local planning authorities should refuse

[20] 2022-23 Director of Public Health annual report | Oxfordshire County Council
[21] Health matters: obesity and the food environment - GOV.UK (www.gov.uk)
[22] Food Environment Assessment Tool, used to present data on Oxfordshire takeaway food outlets Jan 2024, Available here

	closer to people's homes in the most deprived wards of the county where we see the highest levels of obesity[5]. In some of our areas with the highest levels of childhood obesity fast food outlets are shown to be frequently located within 400m of primary and secondary schools.	applications for hot food takeaways and fast-food outlets that are near where children congregate (unless in a designated town centre).[23] Or in locations where there is evidence that a concentration of such uses is having an adverse impact on local health, pollution or antisocial behaviour. **Local** In 2023 all District and City Councils were provided with a detailed summary of the situation for their area, evidence, data and options for wording in their local plans to support the above. We have highlighted the latest change in the NPFF framework (December 2024) to City and District planners and reminded them of the current situation in their areas. Despite the provision of detailed information including evidence to support these policies, to date most Districts/City have been reluctant to include such a policy. As Cherwell District Council and South & Vale District Councils have progressed their Local Plans to Reg 19 and Submission stages respectively, their Local Plans are based on the previous version of the NPPF (though S97 of the NPPF will still apply to applications when lodged). South and Vale have not included relevant wording in their Local Plan, Cherwell have some

[5] 2022-23 Director of Public Health annual report | Oxfordshire County Council

[23] https://www.gov.uk/guidance/national-planning-policy-framework/8-promoting-healthy-and-safe-communities

		relevant wording included in their Reg 19 Local Plan (no new hot food takeaways within walking distance of schools). City Council have previously decided not to include any wording around hot food takeaway restriction. They are expected to vote to redo their Plan following Inspectors' direction, in which case it will come to consultation around June. While it's a positive that this wording is included in the NPPF, there are some nuances in the wording which might need some work to help City/Districts clarify when reviewing applications, i.e. how to judge what is appropriate walking distance from schools (guidance is minimum 400m). Clarification may be needed about what a 'designated town centre' is (i.e. assurance that this does not include local centres) and what locations could have an adverse impact on local health (i.e. the areas that have much higher levels of excess weight than Oxfordshire and England). How we ensure this information is taken into account is probably what we now need to consider and HIB's support in doing would be appreciated.
Increase access to healthier food by **working with local convenience stores** in key locations to:	Access to healthy food in the UK is unequal which has created food deserts[24]. These are areas where people are likely to pay a higher cost for their weekly food shopping and have to shop in more expensive small convenience stores with a limited stock of good value fresh products.	**Local** **Oxfordshire Good Food Retail project[28]** (first area in UK to deliver this outside of London) delivered by a retail expert organisation to engage local convenience shops to offer healthier options to their customers. Shops are assessed against the 100

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[24] The University of Sheffield (2018) 1.2 million living in UK food deserts. Available here.
[29] Making Healthier Choices Easier in Blackbird Leys: Local Shops Partner with Good Food Retail Network | Good Food Oxfordshire

1. Improve the affordability, range of healthier of healthier options and quality of fresh fruit and vegetables in the selected stores. 2. Focus on the purchasing behaviours of children 3. Improve the promotion of healthier options in store 4. Ensure that retailers are confident and ready to accept the new Healthy Start card. 4. Improve the range and availability of culturally appropriate foods 5. Engage convenience stores and connect them with the local community 6. Develop a Good Food Retail criteria for Oxfordshire	The chances of accessing healthy food at an affordable price depends on where we live. Areas with a high proportion of families living on a lower average income often have many less healthy food options[25]. This influences food consumption and contributes to excess weight. Healthier food is three times more expensive calorie for calorie than less healthy options[26]. There is a need to ensure healthier products are available and sold at either the same price or cheaper than less healthy alternatives. If this is not addressed there is a high risk that individuals living on a low income will be pushed towards less healthy food and drink options, further contributing to health inequalities[27]. Oxfordshire Health Needs Assessment reviewed findings from a community insight project (2021-22) which gathered lived experiences of residents trying to be a healthy weight. This highlighted a need to address access to healthy affordable food as the local food infrastructure was designed and characterised by convenience and ease, leading to less healthy habits.	healthier lines framework, supported/agree an action plan and receive free stock drops to trial healthier products for example baked, wholegrain, reduced fat, salt and sugar. A Good Food Retail brand has been developed for stores to use to help market their stores and promote to customers when part of the project. Phase 1 took place in Blackbird Leys where there is a price premium in local shops compared to Tesco of +30%. The number of healthier lines available increased by 19% and on average the stores stocked 12 more healthier lines. Evaluation as to the difference this has made to wholesaler purchasing is underway. Phase 2 has commenced working in Banbury.

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[25] Public Health England (2017) Health matters: obesity and food environment. Available here.
[26] The Food Foundation (2022) The Broken Plate; at a glance . Available here.
[27] Impact on Urban Health (2022) Putting health at the heart of convenience. Available here.

| Implement a '**whole school approach'** to promote healthier eating and physical activity in schools, prioritising areas in Oxfordshire with high excess weight prevalence amongst children. | A number of key national documents including Childhood Obesity: Applying All Our Health[29], Promoting Healthy Weight in Children, Young People and Families[30], and related NICE Guidance[31] advocate for schools to be a key place of focus to improve childhood obesity and physical activity, highlighting the types of measures (from policy, food provision, and activity opportunities) that can be put in place.

The driver for schools is evidence that overweight or obese children are more likely to experience poor health and related poor attainment[32]. Healthy school meals in school-age children are linked with improved school attendance and exam grades[33] whilst emerging evidence suggests an association between being physically active and academic attainment and attention[34].

School settings provide an opportunity to increase children's acceptance of a wide range of healthy foods and improvement in diet related factors[6]. When implemented as part of a multicomponent programme, cooking activities have the potential to facilitate healthy food consumption, increase frequency of home-cooked meals, and improve physical and wellbeing indicators e.g. self-esteem.[7] | **National**
The Great Big School Dinner debate January 2025 hosted by Soil Association in partnership with Good Food Oxfordshire at St Ebbe's Primary School in Oxford. The food was provided by Oxfordshire County Council school catering team and discussions were facilitated with local and national stakeholders on 'School Food Supply Chain' informed by the experts and pioneers from across the farm-to-fork spectrum- – farmers and growers, supply chain and procurement professionals, caterers and head teachers.

Local
A Strategic School Food and Physical Activity Advisor has been in post since January 2024 Progress so far includes:

- **Developed policy** (uniform to support being active, healthy lunches) and programmes to encourage healthier eating and more physical activity for a whole school approach (and linked early years settings). New programmes such as Healthy Movers to be piloted in 20 Oxfordshire schools. |

[29] OHID (2022) Childhood obesity: applying All Our Health. Available here
[30] PHE (2018) Promoting healthy weight in children, young people and families: resource to support local authorities. Available here
[31] NICE (2015) Obesity Prevention Clinical Guidance CD43. Available here
[32] Caird et al (2011) Childhood obesity & educational attainment: a systematic review. Available here
[33] Belot & James (2011) Healthy school meals & educational outcomes. Available here
[34] Chalkley et al (2015) Rapid evidence review on the effect of physical activity participation among children aged 5-11 years. Available here

The Oxfordshire Cooking and Healthy Eating report published February 2024 highlights the need for parents to be involved in School based activities as teaching children about cooking and healthy eating is incredibly beneficial. Cooking and healthy eating programmes offer superior advantages beyond simply enhancing people's nutrient intake. Food brings people together, creating a space for shared experiences, conversations and an opportunity to signpost people to other types of social support.

- **Communications and building relationships with schools:** Schools' forum established and an Oxfordshire Schools Conference on healthy and active young people bringing together local cross sector (VCS, NHS and Education) and national partners (Youth Sports Trust, Veg Power).
- **Training and skill development**: to be delivered in March 2025 for school governors and senior leadership on a whole school approach to wellbeing, learning and performance through nutrition.

School Cooking project

Public Health commissioned SOFEA (founders of the Nourish and Flourish programme) to develop and deliver an interactive school-based cooking programme in priority areas in Oxfordshire linking to wider community (in line with best practice). Working with Primary (Year 5 and 6) and linked Secondary Schools with delivery in school commencing April 2025. The approach embeds the programme into the core curriculum for year 5s in biology, maths, geography and history. Using lesson plans, teaching session slide decks, designed activities and resources. Sessions cover a range of topics; food labelling, growing, sugar smart, healthy lunchboxes and junk food advertising. Engagement with parents/carers (sports day and informal coffee morning) is a key part of the programme. Alongside a train the trainer model and access to an online

		resource hub to support delivery by schools themselves after the initial course.
Work in partnership with **food businesses to improve the availability and affordability of healthier food and drink options**, through the introduction of a scheme designed to enhance the local out of home food environment.	Eating out increasingly plays an important part in our lives – around a quarter of our calories are consumed out of the home in restaurants, cafes, pubs and fast-food outlets. Approximately one fifth of children eat food from out of home food outlets at least once a week.[35] .	**National** Councils elsewhere have developed healthier catering initiatives (schemes, commitments, awards) aiming to support restaurants, takeaways, cafes, education and health settings (early years, colleges, schools, hospitals) and other food businesses to provide healthier and accessible food options. **Local** **A 'Healthier out of Home' post has been in place** for 6 months sitting within Trading Standards at OCC. Work to date has focussed on identifying an appropriate support offer that meets both business and health needs for Oxfordshire including:- , • learning from areas that have or have previously offered a similar scheme • understanding the food business landscape across Oxfordshire and for priority areas • community insight which has included, survey and in-person in-depth conversations to understand people's current eat out of home eating habits and motivations. The next step is to pilot the programme in Banbury.

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[35] PHE (2017) Health matters: obesity and the food environment. Available here.

| Work with local authorities and providers in council owned spaces and contracts on practical ways to make the **food and drink in vending machines healthier.** | Vending machines have been highlighted as providing convenient access to food and drinks that are high in energy, fat, saturated fat, sugar and salt. [36]

Local councils can use their leasing and purchasing powers to influence the nature of the food supplied to outlets and vending machines on council owned premises or contracts out to food services. This might involve cafes in council buildings and parks, leisure and sport centres and community, children's centres. Such contracts or leases could be used to ensure healthier food options are provided for example Central Bedfordshire included a requirement that at least 25% of the snack options in vending machines should be 'healthier'. | **Local**

Healthier vending project aims to:
• Introduce standards that improve the overall health profile of food and drinks available in vending machines, and influence vending machine locations to adopt the standards/set of phased targets for the proportion of 'healthier products.
• Provide guidelines that support businesses with making the required changes, evaluating the acceptability and effectiveness using sales data.
• Take an evidence-based approach to determining 'healthiness'. Draft standards have now been written, giving clear quantifiable goals that use the Nutrient Model Profiling approach.

In partnership with Oxford City Council, we have now reached an agreement with Serco, who have recently taken over the Leisure Centre contracts in Oxford City to trial the standards across the five sites they operate.

Following the pilot we will look to roll-out the standards across all identified publicly available vending machine locations, with an initial focus on those located in Council owned spaces. |

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[36] Food Active | Guest Blog: Healthier snack provision in vending machines – findings from Leeds City Council trial

Look Forward

Over the next 12 months there will be continued focus on the healthy weight environment including the following aspirations. HIB's support to progress the first two in particular would be appreciated:-

- Find a pragmatic way to adopt healthier advertisement policy across all the District and County Council owned advertising spaces. We welcome the opportunity for further discussion at the HIB on how best to can we progress with this strategically. For example, is there a key person to facilitate the required change? What else is needed to progress this further.

- Ensure Councils take full advantage of the additional powers following amendments to NPPF and apply the approaches as per Table 2 (incorporating a set distance from facilities frequented by children) and taking into account areas of excess weight that would enable the second condition to be met. .

- Support with the roll out the Healthier Out of Home pilot and consider further iteration of Healthier Out of Home pilots projects to the food and drink offered at community groups– one of the areas that helpfully engaged in the consultation.

- Determine the need and support required for Early Years Settings with regards food provision. Review and build on the current evidence base of best practice to support early years settings,

Budgetary implications

The Public Health budget contributes to a number of programmes and services related to the WSA to healthy weight.

Some WSA to healthy weight actions do not have budget attached and are required to be driven and supported across the system through partnership work.

Equalities implications

As outlined earlier in this report, there are differences in excess weight which are due to a combination of both differences in socio-economic deprivation, ethnicity, as well as the age profile of people living in different parts of the County. Some ethnic groups are

more likely to experience excess weight. For example, national rates show 48.1% of black Caribbean and 49.6% of black African Year 6 children experiencing overweight or obesity, and 68% of black adults are overweight or obese.

The risks of less healthy diets and obesity start before conception. Children living with obesity are five times more likely to become adults with obesity, and more likely to become parents with obesity in turn. Experiencing excess weight in pregnancy is a risk factor for several health issues for women, their baby, and their childbirth experience. Local data found between March 2022 and February 2023, that over 1900 pregnant women had a BMI of 30 or over at the time of booking in Oxfordshire (within the first 12 weeks of pregnancy).

People with Learning Disabilities (LD) experience greater barriers to reaching and maintaining a healthy weight, For most of them, the diet and exercise requirements of losing weight are similar to the actions required of others for some certain conditions or taking particular medications may add complexity[37]. Work is underway to develop bespoke support for this cohort.

Communications

Below detail two pieces of work that involved public engagement in the latter half of last year.

Bite Back report and video (consultation with Oxfordshire young people) in October 2024 will be discussed in depth at this meeting. A small group of young people from across Oxfordshire came together to explore issues relating to the local food environment and child health. Across two days, they took part in a range of workshops and went out onto the streets to collect evidence on junk food advertising and food available in council owned spaces. Most hadn't taken part in anything like this before and in addition to exploring the food environment locally, they had a chance to develop their communication, teamwork, research and content-creation skills. The full report (available end of February 2025), for the fact sheet see appendix 4 and video (watch here) bring together the young peoples' stories with the evidence we collected documenting the problems we discussed.

They proposed the following actions communicated with leaders of all local authorities in Oxfordshire,
- Bring in a **healthier advertising policy** on all advertising sites you control to promote healthier food options over junk food.
- **Work with council-controlled spaces** such as leisure centres, to reduce the prevalence of less healthy food, while making healthy food more available, accessible and affordable for young people.

[37] Obesity and weight management for people with learning disabilities: guidance - GOV.UK

Healthier food out of home community insight in October 2025 an online survey and in-person in-depth conversations with the community took place at a range of community engagement events e.g. men's breakfast. The aim of the insight work was to understand Oxfordshire residents current eat out of home eating habits and motivations. In total the online survey received 268 responses they included:

- 47% of respondents eating meals outside their home at least once a week.
- 49% of respondents regularly purchase takeaways.
- Convenience and social occasions were cited as the most popular reasons for purchasing food from these places.
- Sandwiches, traditional pub food, pizza and Indian cuisine were the most often purchased, which is in-line with the national research conducted by NESTA[38].
- Most respondents (76%) stated that, when buying from these establishments, the healthiness of the food was either 'very important' or 'somewhat important'
- 58.6% said that it was 'a lot more likely' or 'a little more likely' that they would buy food from these places if the food was healthier.
- Similar majority (64%) also felt that a business having a badge or logo that show their food met County Council standards for being healthier mean they would be 'a lot more likely' or 'a little more likely' to buy from them instead of another place.
- When asked 'What would you like businesses to do to make their food healthier?'. The themes included reducing less healthy ingredients (salt, sugar, MSG), increasing healthy options, transparency and labelling, sourcing and quality, affordability and accessibility, portion control and cooking methods.
- Many respondents, particularly parents with young children, strongly support increased transparency and better options.
- For other groups, lower-income individuals, health is not a primary concern, likely due to competing demands on their time and energy such as paying bills, rent and income.

Key Dates

Report by Claire Gray, Public Health Practitioner, Derys Pragnell, Public Health Consultant and Yasmine Illsley, Public Health Principal.

January 2025

Contact: Yasmine Illsley, Public Health Principal, Yasmine.illsley@Oxfordshire.gov.uk

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[38] How eating out contributes to our diets | Nesta

Appendix

1. **Appendices**

Appendix 1: Recommendations from Healthy Weight Health Needs Assessment

[PDF icon]
20230824 HNA
Recommendations Su

Appendix 2: Whole systems approach to healthy weight action plan 23/24

[PDF icon]
20230823 WSA
Action Plan Summary.

Appendix 3: Oxfordshire WSA To excess weight: Work undertaken or in progress update 2024

[Word icon]
Oxfordshire WSA To
excess weight underta

Appendix 4: Bite Back Oxfordshire Report fact sheet (January 2025)

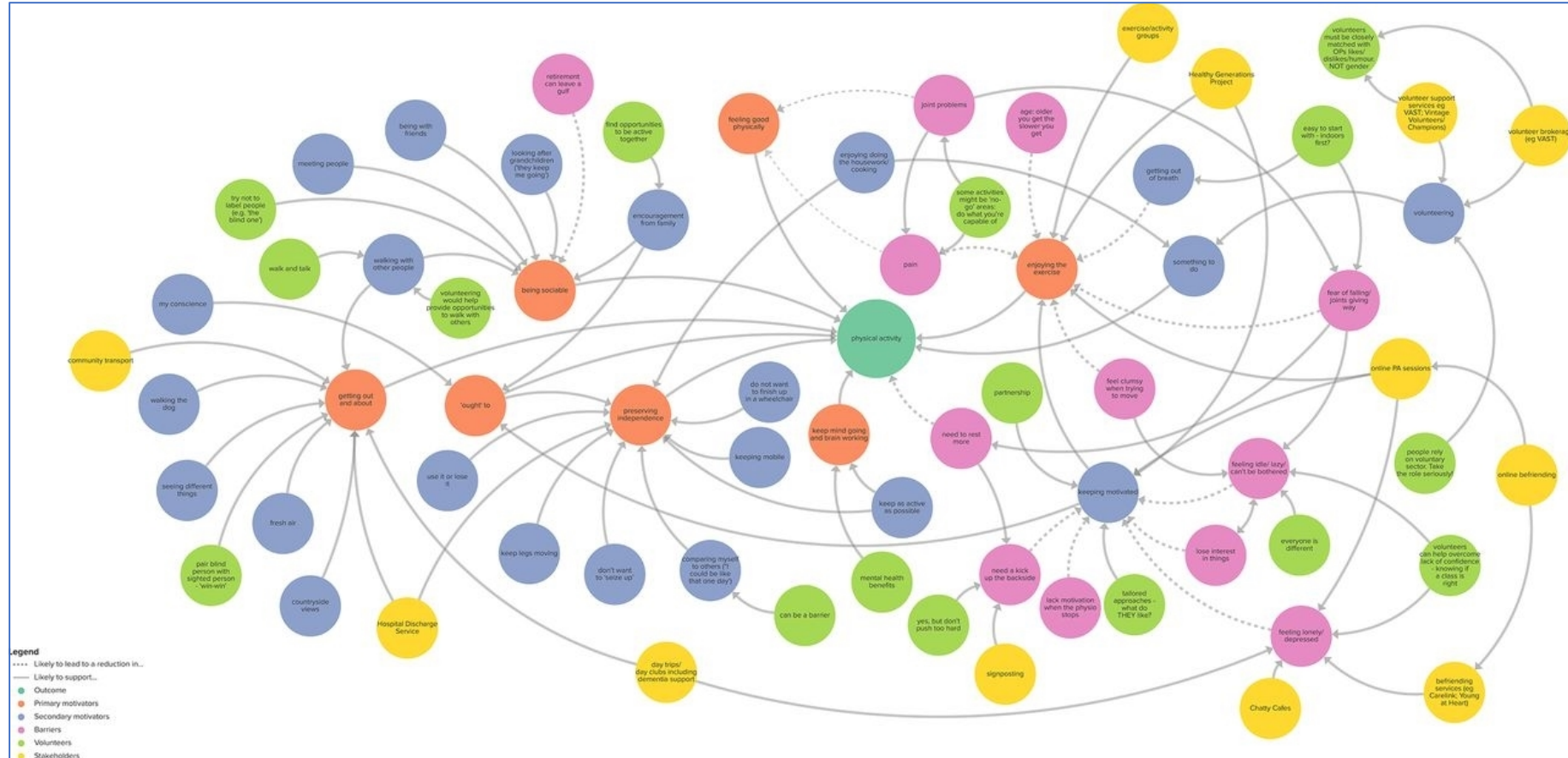[Word icon]
BITE BACK __
OXFORDSHIRE REPOR

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A whole system approach to physical activity in Oxfordshire

- What we mean by a Whole System Approach to physical activity (Oxfordshire on the Move)

- Impact and successes

- 'Place Universal Offer' – the opportunity for Oxfordshire

- Your views

A whole system approach

Whole system approach to physical activity in Oxfordshire

Components:

- **Expanded YouMove and Move Together programmes** to including maternity & Early Years

- **Physical Activity training** for health and social care professionals

- **Active Travel Community Outreach** in priority neighbourhoods

- **Expanded social movement** to increase activity levels through multiple partners taking action

Approach:

- **Fully collaborative** together with ICB, County and District Councils; Public Health; Home Starts
- **Place based** and focused on **tackling health inequalities**
- **Cross theme collaboration** e.g. food access, green space and environmental improvement

Where we were

137,000 people in Oxfordshire (all ages) live with two or more long term conditions

Over 45,000 school aged children do not meet CMO guidelines for physical activity

13-year projected life expectancy gap for children born today (affluent v non affluent)

Abundance of individual funding streams with separate governance

Physical activity a fringe issue, not part of the solution

Evidence of impact was in different siloes not aggregated

Investing in curing the symptom not the root cause

Ambition: Key Priorities

Systemic rather than interventions

Collaborative not competitive

Evidencing impact to system and people

Culture shift in perception of physical activity

Ambitious for our residents

Reducing burden on Primary Care

51%

fewer GP appointments after 3 months

Improving resident outcomes

4.5
fewer appointments per person

Reducing burden on Primary Care

£396,900

saved in GP appointments

Improving resident outcomes

27%
reduction in falls

Giving children the best start in life

40%

reduction in the number of children(and their parents/carers) classed as 'Less Active'

Place Universal Offer

- **£630,000** investment from Sport England (2025-2028)
- To improve the **capacity** and **capability** for place-based working
- **Proportionate Universalism** approach

Questions and discussion

- How could we engage Health Improvement Board (HIB) members more fully in Oxfordshire on the Move?

- What are the opportunities for linkages?

- Would HIB like to keep abreast of Place Universal Offer work as it develops?

Keep in touch

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NHS

Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Health Improvement Partnerships Board: Thursday 6 February 2025

2025.XX

Title:	**OUH Prevention Programme**

Status:	**For Information**
History:	

Board Lead:	**Chief Medical Officer**

Authors:

Olivia Clymer, Director of Strategy & Partnerships, Dr Deon Louw, Consultant, Emergency Department Lead Mental Health & Lead High Intensity Use Service, Emma Hagues, Here for Health, Service Development Manager, Nicole Satullo, Palliative Care Equality, Diversity & Inclusion Officer, Dr Natasha Jones, Consultant in Sport and Exercise Medicine, Nuffield Orthopaedic Centre

Confidential: No

Key Purpose: For Information

OUH Prevention Programme Update

1. Purpose

1.1. The purpose of this paper is to summarise recent work on prevention at Oxford University Hospitals NHS Foundation Trust (OUH).

2. Background

National Context

2.1. Prevention should be at the heart of everything the NHS does. This has been emphasised in the NHS Long Term Plan and in the Secretary of State's Prevention Vision, both of which stress the core role of the NHS in preventing disease and improving population health. The Long Term Plan highlights the importance of preventing disease as a route to better health and lower inequalities, and to controlling demand management and maintaining sustainable finances.

2.2. Lord Darzi's rapid, state of the NHS review, focusing on assessing patient access, quality of care and overall performance of the health system, and the subsequent development of the Governments 10 Year Health Plan reinforces three shifts to Community, Digital and Prevention supporting the drive for prevention.

2.3. Prevention is a stated strategic priority for the Shelford Group, a collaboration of the ten largest research and teaching NHS hospital trusts in England, which includes Oxford University Hospitals NHS Foundation Trust.

Local Context

2.4. The Oxfordshire Health and Wellbeing Board is the partnership vehicle in Oxfordshire for delivering whole systems approaches to health and wellbeing.

2.5. The Oxfordshire Health and Wellbeing Board has developed a Prevention Framework setting out how partners can work together across the system to prevent ill health. OUH is a member of the Board, a key delivery partner for the delivery of the Health and Wellbeing Strategy and the Prevention Framework.

3. Prevention at OUH

3.1. OUH has the opportunity to make a significant contribution to preventing disease and improving the health and wellbeing of the Oxfordshire population through its 15,522 members of staff, 1 million patient contacts, and substantially more visitors to its sites every year. This is being achieved through activities such as acting as an 'anchor institution', by making best use of its digital and analytical potential, by acting both independently and in partnership to orientate services towards prevention and through its membership of Oxfordshire Integrated Care Partnership and wider Buckinghamshire, Oxfordshire and West Berkshire Integrated Care System (ICS).

3.2. The importance of prevention has also consistently been reflected in the Commissioning for Quality and Innovation schemes in previous years, including alcohol and tobacco screening and advice, and staff flu vaccinations.

3.3. Preventing disease and improving population health is a national NHS priority. Some patients, often the most vulnerable in society, may access health care in acute healthcare trusts more frequently than in community settings. Acute trusts therefore have an important contribution to make in supporting preventative work, improving healthy life expectancy and reducing inequalities, as part of the care and treatment of their patients.

3.4. The Trust's potential health-promoting influence extends to the families of staff, patients and visitors, and to the wider local community, for example through employment, procurement, and transport infrastructure.

3.5. The vision of OUH is to 'be an exemplar in healthcare delivery that is compassionate and enabled by the highest levels of research and innovation.' The following strategic objective has been agreed and is central to the development of the 3-year plan:

3.6. To work in partnership at Place and System level for the benefit of our patients and populations with effective collaboration to reduce health inequalities and fulfil our roles as an anchor institution.

OUH Prevention programme

Here for Health

3.7. Here for Health offer a free health and wellbeing service to staff, patients and visitors to OUH trust. As part of the lifestyle consultation, physical activity is discussed, and people are regularly referred to Move Together.

3.8. Here for Health supports services and their patients through recommendation of Nicotine Replacement Therapy (NRT) and providing

behavioural change support to inpatient smokers and onward referrals to community stop smoking services. On average of 138 patients per month are supported. Patient Education sessions are delivered for Oncology, ERAS, Urology, Colorectal, Dermatology and Hepatology averaging 35 patients per month.

3.9. The Here for Health (H4H) approach is based upon improving psychological capability through increasing awareness, knowledge and emotional wellbeing support; providing support opportunities through referral pathways; and influencing motivation for behavioural change through behavioural medicine

3.10. During 2024, 5156 lifestyle medicine conversations were completed by Here for Health (H4H) team. These included 2996 remote consultation, 373 face to face consultations, 863 Inpatient ward visits, 815 promotion stand conversations and 400 education session attendances.

3.11. Of the contacts in 2024, 31.4% were with individuals whose ethnicity was BAME, 51% identified as a man and 49% as a woman and <1% were non-binary or preferred not to say.

3.12. In 2024 H4H made 184 referrals to Move Together/You Move. Discussing the benefits of being more active can have significant benefits on reducing stay in hospital, mental health, progression of disease and can help manage long term conditions. Therefore, being able to discuss this with everyone seen helps to improve people's wellbeing and self-management.

3.13. Move Together and You Move is a physical activity pathway which can offer free or low-cost physical activities for adults, children and young people respectively. This can include home based, community or leisure type activities.

3.14. Here for Health also deliver **Making Every Contact Count (MECC)** and the Power of Healthy Conversations skills training which aims to increase healthcare professionals' skills in discussing topics such as physical activity, minimising harmful substances, weight, healthy eating and self-care. Within these training sessions H4H regularly signpost to Moving Medicine, a free resource, which healthcare professionals can access, for advice on conversation frameworks, on how to discuss physical activity as well as providing the benefits of exercise for a variety of long-term conditions.

3.15. **Tobacco Dependency Advisors**

Tobacco Dependency Advisors (TDAs) have been employed at the Trust since April 2023, and provide behavioural support, as well as

recommending an appropriate level of Nicotine Replacement Therapy (NRT), to all inpatient smokers who are referred to the service.

3.16. Referrals are automatically generated when smoking status is clerked on the Electronic Patient Record (EPR). As of December 2024, there is a dedicated proforma for recording smoking status, with a reminder being placed on the patient tasks until it has been completed. Before this time, smoking status could be recorded via completion of the KIPI tool, but completion of this was found to be low. Since the change, the number of inpatient referrals has increased threefold.

3.17. NHS England's Core20Plus5 approach focuses on five clinical areas all of which are exacerbated by smoking. The work being undertaken by TDAs directly contributes and positively impacts upon potential health inequalities in the Oxfordshire and OUH's patient population.

3.18. **Emergency Department Based Services**

3.19. Over the last decade, several complementary services have been developed to provide care and support for an identifiable yet heterogenous cohort of patients attending OUH Emergency Department (ED). They include the High Intensity Use Service (HIU), Community Safety Practitioners (CSP), Alcohol Care Team (ACT), Embedded Housing Workers (EHW), and the Hospital Navigator Programme (HN). Some of these services are the result of specific initiatives and some are nationally mandated (e.g. ACT and HIU). All the individual teams have become valued partners across the Trust and within a network of external organisations. They have not only proven to be beneficial to the needs of a typically marginalised group, but many have shown an ability to reduce pressures on the acute hospital. Although they work with a similar patient population, the various teams are all inherently different, and they each provide a unique service. That said, they often work in unison and support each other when more specific problems arise.

3.20. While the nature of Emergency Department care is typically reactive to urgent medical need, the services mentioned above have given additional value in their ability to play a preventative role in health improvement, both at patient and population level. Although all the services contribute towards this aim, an example of primary prevention is the work of the ACT. Additionally, secondary prevention is a major goal across the various teams, i.e. the prevention of future biopsychosocial crises. Within this remit all the services work closely with the OUH Safeguarding Teams.

3.21. **High Intensity Use Service (HIU)**

3.22. Prior to establishing the HIU service, OUH and Oxford Health NHSFT had a Frequent Attender Programme which focused on devising management plans for patients regularly attending our Emergency Departments. It is widely recognised that this population has complex physical and mental health needs, which are not easily met in the acute care environment. Yet, they often return to the ED, which is where a focus on prevention is required. A 2021 Red Cross report found that High intensity ED use is associated with homelessness, joblessness, drug and alcohol misuse, criminality, loneliness and social isolation. (*A symptom of unmet need: Learning more about people who frequently attend Accident and Emergency services*. A report for the British Red Cross by Imperial College Health Partners. November 2021, North West London)

3.23. In 2019/20 a formally commissioned HIU service was established. This service recognised the need for providing support outside of the ED environment, with the patient as a partner in goal-setting, and the aim of making a real change to their lives. The HIU service has recently been paused, so the model will be described as it existed when fully operational.

3.24. Since its inception the HIU team consisted of multi-disciplinary professionals, including clinical coordinators of various backgrounds (in the first year we had a physiotherapist and since then seconded ED nurses and EDPS practitioners), ED and psychiatry consultants, and a psychologist. While hosted by OUH, the core HIU service is provided by both OUH and Oxford Health, the two major Trusts in Oxfordshire.

3.25. The HIU programme is founded on the principle that complex patients need a complex response to improve their ability to self-care and enable them to be healthy and functional members of society. This is not a homogenous group of individuals, but rather a number of distinct groups whose needs and risks require different approaches to ensure they receive a coordinated and consistent response to address their health and social challenges. Such a response involves system-wide working with multiple partners, both statutory and voluntary, both primary care and secondary care. Indeed, the networks created by the HIU service has enhanced its potential as a key stakeholder in the health improvement and prevention space.

3.26. In an independent evaluation done by Imogen Blood and Associates in 2023, the Oxfordshire HIU service was described as "looking after a houseplant; the traditional NHS approach looks at the water given to a plant, but plants also need soil, an appropriate size pot, light and clean air,

which the NHS alone is not designed to do; to look at someone's whole problem needs an analogously broad approach. Overall, 30 other organisations were mentioned in the HIU data as sources of onward referral or further support".

3.27. From a healthcare cost perspective, the report estimated a return on investment of more than £4 for every £1 spent. This is simply a monetary quantification of preventative impacts. As stated in the report it "could well be an underestimate, as many patients have complex histories of mental health and long-term physical health conditions which could be prevented from becoming worse if they are supported into more appropriate care, preventing inpatient treatment for their condition becoming necessary."

3.28. The HIU service sub-contracted Elmore Community Services, a local third sector organisation, to provide a direct referral pathway which prioritises a brief 3-month intervention, with the premise that increased ED attendances signifies a crisis period.

3.29. The Oxfordshire HIU service model involves working with patients directly, identifying opportunities to prevent health deterioration, and enabling numerous services to deliver care in a coordinated way, rather than in silo. It has received regional and national recognition, and aspects of our model were referred to in the recently published Royal College of Emergency Medicine guidance on services for patients who frequently attend EDs.

3.30. **Alcohol Care Team**

3.31. The Alcohol Care Team (ACT) has been operational since October 2018. Over time we have extended our scope of practice, and our primary focus is on the improvement of alcohol withdrawal management within the OUH. The ACT was restricted to the inpatient setting due to funding and resource. However, the evidence suggests that ACTs can be most effective when operating in Emergency departments.

3.32. A 18-month grant was awarded by Oxfordshire County Council to help develop and introduce a 5-day ACT into the two ED Departments at the OUH. This was to help understand the unmet need and collect local data which would help to highlight the issues around alcohol related presentations. This model is to provide equality of care to our patients including safe detoxes, interventions in ED and EAU and teaching/training. The project commenced in September 2023. The current funding for the service will end on the 31st March 2025.

3.33. The project has been extremely successful. During the first 12 months of the project the ACT reviewed 804 patients in ED across both sites (JR and HGH). On average the ACT have been able to support 67 patients a

month. This has included initiating and advising medical management for alcohol withdrawal plus supporting patients with complex social needs. The ACT have identified that many patients in the Oxfordshire area are already known to community drug and alcohol services but may have sporadic engagement. In our role we have been able to bridge this gap and encourage patients to re-engage and access timely support in the community. The ACT have referred 516 patients to community alcohol services with 209 of these being new referrals. During the first 12 months of the project the ACT averted 112 admissions from ED. This has been calculated as a financial saving of £310,464 over the first 12 months.

3.34. **Community Safety Practitioners**

3.35. The Community Safety Practitioner Service (CSP) has been running in its current format since 2021, with three Band 7 ED Nurses sharing 1.8 whole time equivalent. They are funded by Public Health and are embedded within the Emergency Departments (ED) in the OUHFT John Radcliffe and Horton Hospital.

3.36. The patient cohort that we are referred, are those that are discharged or who left the Emergency Departments following an attendance where alcohol, illicit substance use, homelessness, community violence (either as a victim or perpetrator) and violence / assaults on Emergency Workers in the ED's. Patients who frequently attend the ED will often be referred onwards to the HIU service and managed collaboratively. Other individuals will require specific input from the ACT or homelessness services, in which case the teams will work in parallel. Notably, CSP does not primarily provide a patient-facing service, but is active at the interface of hospital-based and community services.

3.37. CSP is based on The Cardiff Model for information and data sharing and forms a vital multifaceted interface between stakeholders and tertiary services within the community setting and the Emergency departments.

3.38. CSP have initiated and developed patient pathways with probation services, His Majesty's Prisons and Police to improve transfer and communication and information sharing between the custody setting and the Emergency Departments and to improve patient safety. These have been implemented locally within the ED and some more Trust wide.

3.39. CSP has seen an overwhelming increase into the service since we have been working within our current model which has increased by over 450% since 2016 and continues to grow.

3.40. CSP continue to be increasingly impactful on reducing health inequalities and health improvements especially with the increasing misuse and cost of alcohol and illicit substances within our communities and the NHS.

3.41. CSP has developed from an in-house support service to a proactive, innovative and respected team within the wider OUH Trust and our partners and stakeholders, empowering a positive change to the experience of both patients and staff and our communities.

3.42. **Hospital Navigator**

3.43. The John Radcliffe Hospital Navigation Scheme, initiated in July 2024, is part of the Thames Valley Violence Prevention Partnership's broader initiative under the Home Office Violence Reduction Scheme. The program targets people aged 15–25, which allows it to focus on children and young people, thereby augmenting the work done by other ED-based services. The scheme addresses issues such as physical and sexual assault, gang-related violence, exploitation, mental health crises, and substance misuse. With a part-time employed ED Coordinator, the scheme relies on volunteers to provide support and guidance to at-risk individuals in the Emergency Department (ED). These volunteers build trust, offer emotional support, and connect young people with relevant community resources, aiming to prevent future ED visits and promote positive outcomes.

3.44. The program's primary goal is to intervene during critical "reachable moments" when young people are open to assistance. Volunteers receive referrals from ED staff and engage in tailored signposting to local agencies, follow-up communications, and mentoring sessions. Specific cases illustrate the scheme's impact, including supporting victims of violence, addressing family dynamics, and fostering re-engagement with education or work. Navigators often collaborate with safeguarding teams, social workers, and mental health professionals to address complex needs comprehensively.

3.45. While the program has proven invaluable, challenges such as volunteer sustainability and safety concerns during offsite visits have emerged. Despite these obstacles, the initiative has made a measurable difference, with 120 referrals since its inception. The scheme emphasizes the importance of expanding its scope to include community navigation and enhancing partnerships with external organizations. Its success underscores the need for long-term sustainability and development to maximize its impact on young people and their families.

3.46. **Oxfordshire Health and Homelessness Inclusion Team**

3.47. A multidisciplinary team comprising a mixture of short-stay respite accommodation and statutory / clinical in-reach into hospitals and community services. For people aged 18 and over, experiencing, or at risk of, homelessness or rough sleeping within Oxfordshire.

3.48. Core aims are to:

•Facilitate planned, safe and timely discharges from hospital; avoiding discharges to street and associated re-admissions;

•Increase access to services; reducing inequalities and avoiding admissions to hospital where a person's needs can be better met in the community;

•Improve patient experience and outcomes;

•Prevent rough sleeping and homelessness.

3.49. The service has assisted in generating flow, creating capacity and changing lives. 611 supported discharges with 267 to step down facilities. This has shown 24% reduction in emergency admissions, 56% reduction in presentation to ED and 155% increase in elective outpatient visits.

3.50. £1,587,000 freed up preventing re-admissions and £1,984,647 costs avoided maintaining accommodation

3.51. The service contributes towards preventing admission, avoiding rough sleeping and increasing access.

3.52. **Prevention Work in Palliative Care**

3.53. The Palliative Care Service across Oxfordshire and South Northamptonshire aims to improve the quality of life of patients who have a non-curable, life-limiting illness, and of their families.

3.54. Our Living Well service supports patients with a life-limiting illness to improve their wellbeing and manage their symptoms. As more people choose to be cared for in their own home at the end of their lives, OUH Palliative Care services offer personalised care to more people in their own homes, through integrated and enhanced palliative care and support plus early supported discharge from hospital, where this is the choice of patients and their families. They complement existing services provided by a wide range of valued hospices and care providers (rather than replacing them). This initiative has meant that our patients have cumulatively spent >12,000 days at home each year instead of in hospital in their last year of their life.

3.55. Palliative Care Bereavement Support is offered to friends and family members of palliative care patients. This support serves an important

preventative function in helping with mental health and wellbeing at a critical time of change in people's lives. In addition to 1:1 support, we also offer a Bereavement Cafe, which provides social engagement with others who are bereaved.

3.56. Voluntary Services within Palliative Care also provides an opportunity for social engagement. We have over 100 volunteers, with an average age of sixty.

3.57. The Palliative Medicine Department has made a significant commitment to Equality, Diversity, and Inclusion (EDI), hiring an EDI Officer funded by Sobell House Hospice Charity to better understand and address health inequalities in palliative care. There was a significant unmet need for palliative care among individuals experiencing homelessness, who are more likely to die premature deaths. Together with the Lived Experience Advisory Forum, they held focus groups to understand what matters most to people on the homeless pathway when they or a friend are dying. In response to those results, they initiated a Homelessness Outreach Project with funding from St. James' Place Charitable Foundation and Sobell House Hospice Charity. A Community Nurse Specialist (CNS) has been seconded to work directly with partner organisations on their sites, in a location where patients would be comfortable, reducing barriers to our service. Five months on, the CNS has worked closely with Homeless Oxfordshire, Luther Street Medical Centre, Turning Point, and Connection Support, among others. The patient caseload of individuals experiencing homelessness has doubled, and the team have been able to support patients' dignity and choice through the end of their lives.

3.58. **Prevention Work through Sexual Health clinics**

3.59. Prevention work undertaken by Sexual Health clinic incorporates sexual health promotion and risk reduction. This would include preventative measures for blood borne virus, sexually transmitted infections and unplanned pregnancy.

3.60. Our Terence Higgin Trust outreach team do specialist health promotion/ safer sex & risk reduction work, focussing on young people, but also adults.

3.61. Within the clinical outreach team, we do health promotion workshops and visits to community groups, Turning Point and Hostels. This is to reduce stigma and promote easier access to testing, condoms and contraception to reduce infections and unplanned pregnancies.

3.62. **Maternity**

3.63. The maternity lifestyle team was established in January 2024 and offers the following maternity services. The tobacco dependency in pregnancy service offers a bespoke maternity in house programme throughout pregnancy and the postpartum period. Offering behavioural support, NRT and swap to stop vape vouchers.

3.64. The maternity immunisation service which has two hubs, one at the JR and one at HGH. Launched in September these offer RSV, Pertussis and seasonal flu and covid to pregnant individuals alongside antenatal appointments. Outreach pop up clinics are planned for hard-to-reach communities.

3.65. Several initiatives aim to tackle inequalities in maternity care, including the Equal Start Oxford program, place-based outreach clinics for asylum seekers, and efforts to improve language support and resource equity.

3.66. Community Partnerships: Equal Start Oxford (ESO) collaborates with community midwifery teams in the most diverse and deprived areas of Oxfordshire to improve maternal and perinatal health outcomes through advocacy and support for non-health needs such as immigration and welfare benefits.

3.67. Outreach Clinics: Place-based outreach clinics have been established for asylum-seekers in dispersal accommodations to ensure timely access to maternity care, addressing barriers like language and transportation.

3.68. Language Support: Efforts are being made to improve language support for rare languages, including Tetum, to enhance patient experience and communication.

3.69. Data Quality and Resource Equity: Ongoing initiatives include improving the accuracy of ethnicity and social determinants data in digital health records and matching community midwifery resources to areas of high need.

3.70. Community Engagement: Maternity services have expanded community engagement to Blackbird Leys, holding monthly sessions with diverse groups of women to gather insights and share information.

3.71. Digital Inclusion: Maternity services have become a registered hub for digital support, providing free SIM cards and mobile devices to pregnant women experiencing digital poverty, benefiting over women so far.

3.72. Anti-racism Training: Anti-racism and anti-discrimination training for maternity staff has been completed and mandated by senior leadership, with a focus on strong staff attendance.

3.73. **Moving Medicine & Physical Activity**

3.74. **I**n 2024 Oxfordshire became a pilot site for the place based [physical activity clinical champions programme](). [A physical activity coordinator]() was recruited who is working with Oxfordshire Active partnership to deliver training to all staff about physical activity in primary and secondary prevention. Physical Activity coordinator is working across the ICB and with the Sport and Exercise Medicine team of Specialist Registrar's to deliver training across the system.

3.75. The active Hospital project which was piloted in Oxford in 2018-20 continues. [OUHFT Active Hospitals]():

3.76. The Sport and Exercise Medicine team lead a Public Health England commissioned and Sport England funded Pilot to integrate physical activity interventions within secondary care.

3.77. Five pathways were developed in peri-operative transplant service, cardiology service, complex medical units (CMU), maternity service and prosthetics service. Since the Pilot, further pathways have been developed and implemented in Accident & Emergency, Hepatobiliary medicine, Paediatric services, Renal Dialysis and Acute Medical Admissions. Physical activity training has been delivered to over 400 healthcare providers during the Pilot.

3.78. On the CMU wards a dedicated team of trained rehabilitation support workers assess and deliver physical activity interventions for over 800 inpatients per year, aimed at maintaining functional status and reducing hospital deconditioning. Audit data demonstrates that this service is safe, that there has been no increase in falls rates and is highly valued by patients, families, and staff members.

3.79. Since launch the maternity service has assessed and delivered brief advice regarding physical activity to over 32,000 pregnant women.

3.80. **Staff Active Travel:**

3.81. Here for Health deliver health promotion campaign awareness stands throughout the year, one of which being National Bike Week in June 2024. This led to a partnership with OUH travel & transport to hold a cycle to work day on 1st August 2024 at JRH and travel & transport Horton day on 17th October 2024.

3.82. This led to a staff cycling initiative in collaboration with OUH travel and transport and Joyriders Oxford (local cycling volunteer group) to deliver a 10-week pilot cycle training programme for staff who wanted to learn/improve ability to cycle. 31 staff members signed up and 21 attended at least one session. Participants went from being absolute beginners to being able to balance and pedal on a bike independently. 75% of staff

who participated lived in OX3 and OX4 postcodes. 60% participants were from clinical roles and 20& administrative. 84% were from BAME backgrounds and 95% participants were female. Feedback was that staff wanted more sessions, more time to practice and the pilot to continue.

3.83. Here for Health were successful in securing £8k grant money through Active Oxfordshire and OCC active travel grant in Dec 24. This will allow the project to be further developed to provide 2 further 10-week training programmes at JRH and CH/NOC site to increase reach of project. OUH T&T will also be supporting extra funding to further develop this project.

3.84. Here for Health has also been exploring with colleagues from the Nuffield Orthopaedic Centre to develop walking routes connecting places across and around sites to encourage both patients and staff to walk more when accessing the Headington hospitals. This is in early stages but includes support from OUH charities and partnership with Go Jauntly, a community, based walking app encouraging connection with nature.

3.85. Staff also have access to the cycle to work schemes and discounted gym memberships through staff pay and rewards schemes.

4. Conclusion

4.1. The paper summarises the current areas in which OUH seeks to support the prevention of ill health, with particular reference to inequalities.

5. Recommendations

5.1. The Committee is asked to note and support the commitment of OUH to health improvement and the prevention of ill health described in the paper.