Priority 3: Healthy People, Healthy Places

The length and quality of people's lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight.

People in Oxfordshire should live in healthy environments where they can thrive free from these harms.

Shared outcomes	Updates on activities delivering on priority	Challenges in progress	Plans for the year ahead	RAG Rating
3.1 More residents living with healthy weight and reduced harm from unhealthy weight, with focus on priority groups. Using Whole Systems Approach: **ii. System Leadership** **iii. Prevention** **iii. Support** **iv. Healthy weight environments**	**System Leadership** Health Needs Assessment and Action Plan Review Ongoing. Data Deep Dive to identify geographical areas with ongoing excess weight to inform targeted approach and support related commissioning and strategy.. **Prevention***:* Healthy Start marketing materials developed, and social media campaign delivered to support promotion across the County for increased uptake. Expansion of You Move programme to work with pregnancy and early years. Recent report from Active Oxfordshire on Prevention First: transforming health and wellbeing through activity in Oxfordshire. Strategic School Food and Physical Activity role in place developing policy (uniform/lunches), communication/relationships (healthy school forum set up and conference held) and training offer for school governors and senior leadership (first course March 2025 whole school approach to wellbeing, learning and performance through nutrition). ***Support*** New Life course Healthy Weight Service 'Bee Zee Oxfordshire' (Tiers 1 and 2) live with capacity to work with 5000 adults and 200 children and families annually. Remote tier 3 service is now available under NHSE right to choose framework, and people can access medications for overweight and obesity if eligible.	**Support** Tier 3 (specialist multi-disciplinary healthy weight services) for Oxfordshire are at Luton and Dunstable Hospital where waiting lists are currently around 9 months. Weight loss medication Tirzepatide will require development of a delivery pathway in a primary care setting. NHSE have defined priority cohorts for the first 3 years of rollout. The majority of our overweight population will not be eligible in these cohorts and therefore public messaging around the situation is paramount OUH Tier 4 (bariatric surgery) closed to new patients. Service available out of county at RBH, Ashford St Peters or Luton and Dunstable. **Healthier weight environment:** Opportunities to change the food environment are slow going. Limited success so far on policy changes for healthier food advertising and planning regulations to limit new hot food takeaways (many Local Authorities outside of Oxfordshire have successfully implemented these). New National Planning Policy Framework would benefit from Local Plan wording or Supplementary Planning Document alongside.	**Prevention** Launch cooking and healthy eating programme in schools (primary and secondary) April 2025. In development cooking resources hub, train the trainer model and secondary school programme (includes community link). **Support** Bee Zee Oxfordshire from April 2025 pilot programmes to be co-produced with residents and partners for early years, antenatal/post-natal, young people aged 13-18, ethnic minority groups and mild-moderate mental health conditions. **Tier 3:** ICB are developing a local contract with Oviva, the current providers of tier 3 remote services under the NHS are right to choose framework. This contract will allow greater assurance around quality and access. **Tier 4** ICB are leading discussion on a provider collaborative approach to tier 4 to provide equitable services across BOB Medications for overweight and obesity: Tirzepatide technical appraisal was released in December. ICB are	Amber

	Healthier weight environments: Oxfordshire food system youth voice project worked with Bite Back to capture young people's stories and evidence on junk food advertising and food available in Local Authority owned spaces for example leisure centres. Report available (end of February 2025) and video featuring young people watch here.- recommended policies in place to restrict move from high fat salt and sugar to alternative advertising. Oxfordshire Good Food retail project: Phase 1 worked with 5 convenience shops, in Blackbird Leys where there is a price premium compared to Tesco of +30%. The number of healthier lines available increased by 19% and on average the stores stocked 12 more healthier lines. Healthier out of Home post in place sitting within Trading Standards at OCC. Aspiration to support existing premises to provide a healthier offer. Work to date has focussed on identifying an appropriate scheme that meets both business and health needs. Oxfordshire Sustainable Food Places Silver Award achieved collecting evidence on key areas of work : **OxFarmToFork**, local food action plans and healthier food environment policy changes	Cherwell District Council have included wording around walking distance form schools (very positive but could be strengthened).. .	developing pathways to include primary care from June 2025. Awaiting clarification of priority cohorts and funding from NHSE. ***Healthy weight environment*** Progress healthier food environment action and policy adoption across City and Districts; healthier vending, junk food advertising, hot food takeaway controls and healthier catering. Pilot Good Food out of Home scheme in Banbury working with hot food takeaways, restaurants, and cafes. Oxfordshire Good Food Retail project funding extended for a further 2 years until 2027 to roll out into other areas, build local retail networks, evaluate impact and recommendations to embed model for LA's. Oxfordshire working towards Sustainable Food Places Gold Award in 2026 collecting evidence on key areas of work : **OxFarmToFork**, local food action plans and healthier food environment policy changes.	

3.2 Oxfordshire to become smoke free **i. Less people taking up smoking** **ii. Smokefree environments** **iii. Effective regulation and enforcement of illicit tobacco** **iv. More smokers supported to quit, targeting those populations where smoking rates remain high**	**Less people taking up smoking** Commissioned **INTENT** prevention support in secondary schools taking a behavioural change approach to prevent smoking and vaping in young people – preventing the start. **Smokefree environments** The Tobacco Control Alliance are working together to ensure an aligned approach to HR policy and staff offering, to support staff to quit smoking. The Smokefree Community Fund has continued to be used by local town and parish councils to create signage for local parks and support initiatives for smokefree environments. Smokefree school gates is regularly promoted to local schools and EYFS settings. Most interest has come through the smokefree parks and school links in local areas. Smokefree Sidelines launched in 2020 with an aspiration for all Oxfordshire Football Association Clubs to become Smokefree . The initiative has been promoted via OFA social media, newsletters and at welfare officer meetings. A Health Needs Assessment will support commissioning of a new service, and the new strategy. **Effective regulation and enforcement of illicit tobacco** Trading Standards - continue to target underage sales of smoking related products There is	The full Acute, Maternity and Mental Health Inpatient Tobacco Dependency in house offer is now in place and bringing positive results but there is a risk to continuation due to the removal of the ring fenced grant allocation to the ICB. Some of the innovation pilots have taken considerable time to get off the ground due to time needed for procurement, workforce challenges within systems to recruit to new roles/additional hours funded. An evidence-based approach within A&E is at risk as a result (of not being able to transfer monies) . Continued misconceptions around vaping and negative impact this is having on harm reduction strategies to be gained from existing smokers using regulated vapes to quit. Some medications that can offer good support for smoking have not been available due to national shortages but are now emerging. Challenges on reaching people who smoke via primary care - EMIS form set up for GPs via the ICB – however this is underutilised.	Commissioning of a new outcomes focused Local Stop Smoking Service with additional capacity, innovation and flexibility. Due to launch July 2025. Plan for refreshed Tobacco Control Strategy for 2025 – 2030. Continue Tobacco Control Alliance, with renewed energy and commitments following the launch of the new strategy. Delays in funding from NHSE through to ICB may put the maternity and acute Tobacco Dependency programmes at risk More comms work around No Smoking Day in March 2025 New medications will require formulary updates.	Amber

	increasing concerns around nicotine pouches as they contain varying strengths of nicotine. Trading standards have recently published an article on some of the work they are doing – Oxfordshire News on Nicotine Pouches . **More smokers supported to quit, targeting those populations where smoking rates remain high** We have considerably increased capacity within the Local Stop Smoking Service over the past year, supporting over 1,000 quitters in Oxfordshire. New 'Smokefree Generation funding' has enabled innovation projects to roll out in 24/25 including ***Allen Carr Programme*** – pharmacology-free behaviour-change group support which has supported 30 people to quit this year. ***Targeted Lung Health Check*** **pilot** with OUH, enabling Very Brief Advice, access to NRT and support to quit. Programmes to support Acute inpatients. Mental health inpatients and people in maternity to stop smoking are in place. **(though may be at risk as funding transferred from NHSE to ICB is not clearly ring fenced to this imitative)** **Stoptober and other comms –** high profile presence on buses, out of home advertising and various paper and digital platforms. **Recommissioning of the Local Stop Smoking Service** with the revised service due to start in July 2025. The new contract specification works to the Smokefree guidance and builds on learnings from the evidence from the S31 grants given during 2024 and comprehensive health needs assessment			

	The system have worked together to put in place Swap to Stop initiatives in Maternity services, Acute settings and for staff in hospital trusts.			
3.3 Reduced alcohol related harm **i. Address unmet need for alcohol support and treatment.**	**Unmet Need -** Extensive work continues across Oxfordshire to support and engage more people into effective treatment for alcohol dependence. This includes enhanced outreach to people with health inequalities including those who are experiencing homeless or who are vulnerably housed, and people accessing the criminal justice system, supported by additional national grant funding. The number of people accessing alcohol treatment has increased by 68.7% since April 2020. As a result, Oxfordshire's unmet need for alcohol treatment has reduced significantly from 86.9% in March 2020 to 74.3% (Sept 2024) and is now below the national average of 76.6%. We also continued to work with Oxford University Hospitals NHS Foundation Trust to support the continuation of the Alcohol Care Team to reduce repeated alcohol related admissions.	The main challenge to progressing activities against this priority has been the ongoing uncertainty around continuation of national grant funding that contributes significantly to activity to increase treatment numbers. Grants have currently been confirmed to 31 March 2026. In addition, the national and local focus on continuing to ensure high quality treatment systems means that we cannot continue to expand the treatment population indefinitely without impacting on service quality.	The focus on further increasing the numl people supported into alcohol treatmen remain for children and adult's services 2025/2026. Activities to support this will include targ outreach and housing support to people health inequalities and community engagement events, including use of FibroScan equipment. Support the continuation of the expande service in ED, evaluate provision and outcomes and work with partners to ensure stability of service based on the outcome of the evaluation	Green

ii. **Improve earlier identification and prevention of alcohol harm**	**Improve earlier identification and prevention** - Developments in alcohol prevention in 2024 include the provision of more Alcohol Identification and Brief Advice (IBA) sessions to train professionals across the system to help people identify their drinking behaviours at an early stage, and signpost them to support including bespoke sessions for key partners. In early 2025 we are launching alcohol counselling sessions alongside our DrinkCoach online alcohol test, to provide people with support sessions to help them to reduce their drinking before it becomes problematic.		Publicise the new alcohol counselling ses offer to ensure public awareness of the new provi and link to social media campaigns planned throughout the year including promoting alcohol awa Week. Scope further alcohol prevention and early interventions to enhance the pathways an for those drinking at increasing-risk levels.	

Priority 4: Physical activity and Active Travel				
Residents of Oxfordshire should be able to be and stay physically active, for example by walking and cycling, especially in our most deprived areas.				
Shared outcomes	**Updates on activities delivering on priority**	**Challenges in progress**	**Plans for the year ahead**	**RAG Rating**
4.1 A system wide approach to physical activity, incorporating key physical activity programmes	There has been an expansion of both the You Move (physical activity for low-income families and Move Together (physical activity for people with long term conditions) programmes with the addition of Moving Medicine. There are now 15,000 people engaging in these programmes. The **You Move** programme has expanded to work with antenatal and early years. **Move together s**upporting adults with Long term conditions has been positively evaluated, demonstrating, not only an increase in physical activity amongst participants but also a reduction of Primary Care appointments(an estimated saving of 4.5 GP appointments per participant per annum. 111 demand has also fallen and falls have reduced.	Ongoing funding to ensure this provision is maintained. 'Active Lives' data shows the proportion of adults meeting daily recommended levels of physical activity for Oxfordshire overall has increased (74% - 76%). However, the levels of inactivity have increased amongst both adults and children. This is different to the findings from You Move and Move Together where a a positive decrease in inactivity is shown. It is notable there was a significant reduction in sample size for active lives data being utilised for the most recent data which may have impacted on outcomes.	Work to determine the future funding and commissioning arrangements for the expanded You Move and Move Together Programmes. Take a focussed look at best practice to increase participation amongst those who are currently 'inactive' to determine any gaps in provision Further aligning the new early years offering with the Best Start in Life principle of the Marmot Place work	Amber
4.2 Whole system approach to improving access and uptake of active travel options	First year of **Community Outreach Active Travel (COAT)** completed and the second (of three) tranches was launched in early 2025 with initiatives going live in the spring, led by Active Oxfordshire. Results of year one include: - 1,183 people have been reached by COAT projects and 60% of these	The **COAT** Programme includes a wide range of initiatives, so ensuring all are on target and working successfully will be a challenge for OCC as commissioner and for Active Oxfordshire as provider. **Sustainable School Travel Strateg**y Challenge is the number of schools to work with using two School Engagement Officers. Hence prioritisation is key.	Continued monitoring of implementation and outcomes of COAT Delivering actions in the Sustainable School Travel Strategy **Better Points.** Launch and promotion of the app (soft launch and testing underway) to ensure Oxfordshire residents and businesses know about the app/incentives and are engaged with	

	participants live in one of Oxfordshire's priority neighbourhoods - 56% of Active Travel Project participants reported that they are cycling, walking or wheeling for travel more or much more frequently as a result of taking part in the project and have made modal shift. **Sustainable School Travel Strategy** published whose aim is to improve the health and wellbeing of our children and young people by enabling active and sustainable travel to school and college on a safe, ecofriendly Oxfordshire transport system. This is being supported by an **air quality project** where data from outside 18 schools in the county are being monitored for changes following the introduction of School Street interventions and from control locations. **E-Bike market testing** to see how the findings from the Oxford E-Bike Pilot can be used to scale up to a wider scheme which will allow residents across wider geographical areas and demographics to use E-Bikes in a cost-effective way. **Betterpoints app i**s being rolled out across Oxfordshire. This is an app to incentivise sustainable and active travel choices. We're targeting areas of deprivation with enhanced rewards. (linking with Public Health to target inactive population and smoking cessation) See BetterPoints Ltd – Behaviour change technology	**The E-Bike market testing** is still in the hypothetical stage and so there is a risk that we do not gain momentum with achieving stakeholder engagement and/or securing funding. **British Cycling Officer** First round of recruitment for Central Oxfordshire post unsuccessful. Engaging target groups maybe a challenge. Funding beyond what we have grant for will need to be sought if we agree to continue these roles/this partnership.	this opportunity (and measurable outcomes achieved). **Air Quality Project.** Receive the final report from University of Birmingham showing the results of the data analysis to date, and then renewal of sensor subscriptions in June 2025. Continue conversations with stakeholders and to determine a viable route to rolling a scheme out to a wider population. We also need to seek funding. When in post, the Central Oxfordshire British Cycling Community Developer could assist with this Prioritisation of the infrastructure in the LCWIPs is underway.	

	British Cycling Officer – Community Developer – employed for increasing access to cycling across Oxfordshire (1 year post). Second post being recruited to for Central Oxfordshire (2 year post). Targeting underrepresented groups in cycling, particularly women and girls and supporting workplaces. **Local Cycling & Walking Infrastructure Plans (LCWIPS) being approved**. On track to meet LTCP target for LCWIP approval. Standardisation of LCWIPs underway to improve quality of our plans and resulting infrastructure.			
4.3 Recognition and action on the critical importance of being active for mental health and wellbeing	A "nature buddies" scheme has been put in place along with increasing access to nature through a program working with small organisations and Oxfordshire County Councils Travel team to access more rural locations. Public health commissioned employment of a 'People and Nature' Manager through the Oxfordshire Local Nature Partnership (OLNP), who has been in post since March 2024. Key achievements for this role and related partnership activities include:	*Finance and resource gaps, including lack of sustainable and accessible funding for wellbeing in nature projects. This prevents effective scaling up of 'green prescribing' interventions as well as community-based wellbeing projects. *Limited health and social care sector engagement (practitioners and policymakers) with green prescribing as an evidence-based means of delivering preventative healthcare, that could support integration into care pathways. *Lack of clarity on how to measure and demonstrate impact (social, environmental, and financial) for a heterogenous set of nature-based wellbeing interventions in a way that is	Development of a subsidised community transport pilot (April to Sept 25) to improve access to Oxfordshire's larger nature spaces for underserved groups (with funding from public health - Development of a 'Green Wellbeing Lab' in partnership with OUH to promote participation in nature-based activities for staff, patients and visitors. Launch OLNP People and Nature website, featuring resource bank and Subgroup member directory to enhance networking opportunities.	Green

	• Growth of a 'People and Nature' network with over 200 members, a monthly newsletter and quarterly network meetings to share best practice and offer training opportunities. • Establishment of additional working groups focusing on 'Inclusive Nature Recovery' and green prescribing opportunities through CAMHS. • Deveopment of a 2-year partnership project to build a network of organisations hosting 'Nature Buddies' - specially trained volunteers who offer peer support to those lacking confidence to take part in nature-based activities. • Delivery of 'green prescribing' themed sessions to OCVA's Communities of Practice meetings across Oxfordshire, to raise awareness of the benefits of nature for physical and mental health and of local activities. • Commissioned research through the Leverhulme Centre for Nature Recovery on local research to identify Oxfordshire's 'priority neighbourhoods' for green infrastructure improvements. • Input into the Local Nature Recovery Strategy for Oxfordshire, to ensure (within the parameters of guidance from DEFRA) that the socioeconomic context, access to nature, and wider environmental benefits of nature (such as natural flood prevention, heat reduction, and more direct health and wellbeing benefits) are represented.	meaningful to commissioners, delivery organisations, and participants. *Diverse and fragmented social prescribing system in Oxfordshire (although in some ways this is also a strength). *Green/nature-based skills gap (addressing this could contribute to an inclusive and sustainable economy) *Lack of coherent and concise narrative on the benefits of a systems approach to people and nature and the roles of public institutions in promoting this.	*Support the Inclusive Nature Recovery working group to commission research, guidance, and capacity building for more equitable access to resources for community-based nature projects to support wellbeing. *Explore opportunities to enable and support approaches to green infrastructure and green skills development for a more inclusive and sustainable economy in Oxfordshire.	