

Health Improvement Board

Date 19th February 2026 **Time** 14:00 – 16:00
Location County Hall, GF Committee Rooms 2 and 3 and Microsoft Teams

Chair

Cllr Georgina Heritage South Oxfordshire District Council

HIB Members

Cllr Kate Gregory	Cabinet Member for Public Health & Equalities, Oxfordshire County Council
Cllr Helen Pighills	Vale of White Horse District Council
Cllr Rachel Crouch	West Oxfordshire District Council
Cllr Chewe Munkonge	Oxford City Council
Cllr Rob Pattenden	Cherwell District Council
Ansaf Azhar	Director of Public Health, Oxfordshire County Council
Kate Holburn	Consultant in Public Health/Deputy Director, Oxfordshire County Council
Clare Keen	District Partner Liaison, Oxford City Council
Jayne Bolton	District Partner Liaison, South and Vale District Council

In attendance

Derys Pragnell	Consultant in Public Health, Oxfordshire County Council
Donna Husband	Head of Public Health Programmes, Oxfordshire County Council
Claire Gray	Health Improvement Practitioner, Oxfordshire County Council
Sal Culmer-Shields	Head of Healthy Active Children at Active Oxfordshire
Francess Burnett	Public Health Registrar, Oxfordshire County Council
Caroline Welch	Project Lead, Good Food Oxfordshire
Jennifer Ekeland	CEO, Good Food Oxfordshire

Note Taker

Jasmine Bond-Kay Public Health Team Support Officer

Apologies

Robert Majilton	Healthwatch Oxfordshire Ambassador
Katharine Howell	Healthwatch Oxfordshire Ambassador

No.	Item
1	<p>Welcome by Chair</p> <ul style="list-style-type: none"> • Cllr Heritage confirmed the meeting would be chaired by herself and welcomed attendees to the meeting. • Changes to the agenda timeline since agenda publication was noted. It was decided that items 11 and 12 on the published agenda would switch, which meant that Good Food Oxfordshire's presentation would follow the comfort break.
2	<p>Apologies for Absence and Temporary Appointments</p> <ul style="list-style-type: none"> • It was noted by the chair that both Katharine Howell and Robert Majilton from Healthwatch Oxfordshire could not attend the meeting. The Healthwatch report was available to read, however it would not be presented and discussed during the meeting.
3	<p>Declaration of Interest - see guidance note opposite</p> <ul style="list-style-type: none"> • No declarations of interest were raised by members or those in attendance.
4	<p>Petitions and Public Address</p> <ul style="list-style-type: none"> • No public address requests were received.
5	<p>Notice of Any Other Business <i>To enable members of the Board to give notice of any urgent matters to be raised at the end of the meeting</i></p> <ul style="list-style-type: none"> • No notice of other business was raised prior to the commencement of the agenda.
6	<p>Note of Decision of Last Meeting <i>To approve the Note of Decisions of the meeting held on 27th November 2025 and to receive information arising from them.</i></p> <ul style="list-style-type: none"> • Kate Holburn requested for 2 amendments to be noted. • On page 4, the reference to auto-enrolment for free school meals was corrected to clarify that the process was <i>being introduced</i> rather than already in place. • On page 6, the figure relating to physical inactivity in children was corrected. The percentage value of 4.12% was removed, as it referred to the indicator number rather than a percentage. • Subject to these amendments, the minutes were approved.
7	<p>Performance Report <i>Presented by Kate Holburn, Consultant in Public Health/ Interim Deputy Director, Oxfordshire County Council for decision / noting.</i></p>

- Kate Holburn presented the Public Health quarterly performance report and covered indicators which the Health Improvement Board is responsible for. The indicators are aligned to the Health and Wellbeing Strategy priorities of healthy people, healthy places, and physical activity.

The following indicators were discussed:

- **Smoking prevalence in adults with long-term mental health conditions:**

This indicator was rated amber, which indicated performance was slightly worse than the target. It was noted that the data was not directly comparable with previous years due to changes in reporting methodology. Officers confirmed this indicator was a national challenge and outlined that new providers, additional funding, and a shift towards community-based interventions were intended to strengthen impact. Members were informed of ongoing work through inpatient tobacco dependency services and locally commissioned stop smoking services for people with lower-level mental health needs.

- **Physically inactive adults:**

This indicator was rated green, with Oxfordshire performing slightly better than the England average. Members noted that inactivity remained more prevalent among specific groups, including older adults, people with disabilities, those living in areas of deprivation, pregnant women, and parents of very young children.

- **Physically inactive children:**

This indicator was rated red, with Oxfordshire performing worse than the England and Southeast averages. Discussion focused on the limitations of survey data at local level and concerns that significant levels of physical activity were not being fully captured. Members acknowledged the expansion of the “You Move” programme into early years settings and other initiatives focussing on children as a positive response.

- Cllr Munkonge raised concerns about the robustness of local survey data for physical activity and noted that the sample size and methodology may not accurately reflect local realities.
- While limitations with data at local level were acknowledged, officers confirmed that ensuring children and families are physically active is an important area and therefore despite concerns that data might not be a true reflection it remained an important area of focus. Members accepted that, despite data caveats, the rating signalled a need for system-wide action rather than dismissal of the findings.
- Members discussed the importance of interpreting the results alongside qualitative intelligence and wider activity taking place across the county, such as the forthcoming physical activity health needs assessment. This was identified as critical to informing future priorities, targeting resources, and refining performance monitoring.

8	<p>Report from Healthwatch Ambassador <i>Presented by Katharine Howell, Healthwatch Ambassador</i></p> <ul style="list-style-type: none"> In the absence of Robert Majilton and Katharine Howell, this report was not discussed. Therefore the chair moved the meeting onto the next agenda item.
9	<p>Whole systems approach to healthy weight update: particular focus on early year. <i>Presented by Derys Pragnell, Consultant in Public Health, Oxfordshire County Council & Claire Gray, Health Improvement Practitioner, Oxfordshire County Council for decision / noting.</i></p> <ul style="list-style-type: none"> Derys Pragnell presented an update on the whole systems approach to healthy weight, supported by Donna Husband and Claire Gray from the public health team and provided highlights on key points. <p>Key points included:</p> <ul style="list-style-type: none"> In Oxfordshire, approximately 2,000 women per year entered pregnancy with obesity. This has implications for both maternal and child outcomes. Rates of childhood obesity remained broadly unchanged, with around one in five children in Reception and one in three children in Year 6 classified as overweight or obese. While Oxfordshire generally performed better than national averages, there were persistent pockets of significantly higher prevalence, mainly but not always linked to deprivation. Targeted interventions in specific areas had shown some improvement, with certain wards moving from red to amber status. Preventative work will increasingly be focused on early years, including planned piloted programmes and enhanced engagement with early years providers. A query was raised on the limited adult population-level impact of weight loss drugs and whether privately accessed medication should be considered. Ansa Azhar noted that while their use is increasing, on NHS prescription they are currently accessible to a very small cohort of the population, therefore they were unlikely to shift population-level data. Additionally, it was noted the use of these drugs do not address broader lifestyle and environmental factors. Cllr Crouch raised a query around school engagement. Challenges in engaging schools for healthy weight initiatives were discussed but focused primarily on schools competing priorities and that building relationships took time. Cllr Crouch emphasised the need to build relationships with school leadership and governors and expressed the importance of extending efforts to the wider school community and home environments. Derys confirmed that new national guidance for school meals was forthcoming. Locally, Oxfordshire County Council can slightly influence specifications for some school meal provisions and hope to be able to

	<p>support schools in meeting healthier standards.</p> <ul style="list-style-type: none"> • Cllr Pighills asked for clarification on how children who live in one area but attend schools in another are accounted for. Derys explained that data analysis considered both school location and children’s home postcodes. While much delivery took place in school settings, work was increasingly being designed to reach children and families within communities. Kate Holburn highlighted the recent Institute of Health Equity deep dive and highlighted the connection between free school meal uptake, educational attainment, and deprivation. The ongoing work to improve auto enrolment and awareness was noted by members, as well as the need to address support for vulnerable families in early years before school eligibility.
10	<p>Break</p>
11	<p>Delivery of the food strategy – education programs and activities from around the county <i>Presented by Caroline Welch, Project Lead, Good Food Oxfordshire and Jennifer Ekeland for decision / noting.</i></p> <ul style="list-style-type: none"> • Caroline Welch provided an update on the Oxfordshire Food strategy with links to translating strategy into practical delivery. The presentation focused on food insecurity, community food networks, education, rural inequalities, and local supply chains. • Caroline explained that food insecurity affects 9–14% of Oxfordshire households, and Good Food Oxfordshire coordinates a network of 80 food banks and larders where training and support are provided. Caroline highlighted a community food map, which has been implemented to improve access and collaboration across sites. • It was noted that the organisation invests in education beyond formal settings, offering cooking toolkits, classes, and social media campaigns to build food skills and confidence. Caroline explained that the focus of Good Food Oxfordshire’s work remained on building confidence, dignity, nutrition, and reaching marginalised groups. <p>Discussion and Queries raised:</p> <ul style="list-style-type: none"> • Members welcomed the approach and commended the emphasis on dignity and empowerment. Opportunities to strengthen links with allotments, community growing spaces, and neighbourhood health initiatives was discussed. • The unique challenges faced by rural communities, including transport and access to food was discussed by members. Caroline highlighted that the organisation relies on a transient volunteer workforce, which affects the sustainability of community food services. • Cllr Pattenden queried the affordability of local farm resourced food. It was acknowledged that locally produced food was often perceived as unaffordable. Caroline explained initiatives such as the Ox Plenty project and Ox Farm to Fork which aim to reduce food waste, strengthen local supply chains, and make local food more accessible. However, it was noted by Jennifer Ekeland that new funding opportunities, particularly through the National Lottery Climate Action Fund, could enable expansion and help make locally produced food more accessible to communities experiencing food insecurity.

	<ul style="list-style-type: none"> • It was confirmed that Good Food Oxfordshire supported inclusion by working with migrant populations. Resources are translated and they partner with organisations to address the needs of those living in hotels or with limited cooking facilities which included kettle-based cooking resources and arrangements for shared kitchen access. Ansaf Azhar suggested the organisation explore links with family and community health hubs, which Caroline confirmed was happening regularly.
12	<p>Physical activity update: including You Move <i>Presented by Sal Culmer-Shields, Head of Healthy Active Children at Active Oxfordshire and Francess Burnett, Public Health Registrar, Oxfordshire County Council for decision / noting.</i></p> <ul style="list-style-type: none"> • Francis Burnett presented findings from the Physical Activity Health Needs Assessment, followed by a presentation by Sal Culmer-Shields from Active Oxfordshire. • Francis provided a summary on the physical activity levels in Oxfordshire. It was noted while adult physical activity levels in Oxfordshire are above national averages, significant inequalities exist by age, disability, gender, caring responsibilities, and deprivation. Similar disparities in children's activity and swimming proficiency were also noted. • The following key points were raised by Francis: <ul style="list-style-type: none"> • Around 70% of adults in Oxfordshire self-reported meeting physical activity guidelines, though significant inequalities persisted. • Children's physical activity levels had declined, with only around half meeting daily activity recommendations. • Swimming competency among children had reduced, particularly in deprived areas. • Barriers to accessing leisure centres included cost, transport, safety concerns, and lack of awareness of subsidised fees. • Sal Culmer-Sheilds provided an update on programs from Active Oxfordshire which included Move Together, You Move, physical activity champions, and active travel initiatives. The positive impacts on physical activity, wellbeing, and reduced pressure on health services from these programs were explained. <p>Discussion and Queries raised:</p> <ul style="list-style-type: none"> • Cllr Pighills raised a point on the decline in swimming proficiency and queried how realistic it was to maintain or expand swimming provision. It was acknowledged that maintaining swimming pools was a significant and growing challenge due to ageing infrastructure, rising costs, and national closures. Officers agreed that this was a structural issue and that expectations needed to be realistic, while still exploring innovative and alternative approaches such as such as temporary school pools and better promotion of free or subsidised access for eligible children and families. • Kate Holburn emphasised that leisure centres played a wider role beyond swimming and competitive sport. They included providing inclusive spaces for community activity and social connection. She expressed the

	<p>importance of considering leisure infrastructure as part of healthy place-shaping, particularly in the context of population growth.</p> <ul style="list-style-type: none"> • Cllr Crouch highlighted that cost remained a significant barrier for families. The You Move programme was identified as a key mechanism for enabling access for children eligible for free school meals and asylum-seeking families. Active Oxfordshire confirmed that school games officers promoted You Move but accepted that further engagement and communication with schools was required to improve uptake, particularly in rural schools. • Transport was recognised as a significant barrier, especially in rural communities. Active Oxfordshire confirmed that early discussions were underway with transport providers about discounted or supported travel for You Move families, although this work was at an early stage. • Strong agreement was expressed by all that a whole system approach was essential. Officers emphasised that the greatest population-level impact would come from embedding physical activity into daily routines, such as walking or cycling for everyday journeys (integrating active travel), rather than relying solely on specific interventions like organised sport. • Ansaf Azhar noted that funding pressures were a concern. He confirmed that the Integrated Care Board was reviewing physical activity proposals through its innovation funding and that further clarity was expected in March.
13	<p>AOB</p> <ul style="list-style-type: none"> • In the absence of no other business, the chair closed the meeting. The chair thanked all for their time attending and particular thanks went to those who presented.
	<p>Date of Next Meeting 25th June 2026 2pm – 4pm</p>