NHS Oxfordshire Clinical Commissioning Group

OXFORDSHIRE COUNTY COUNCIL

healthwatch Oxfordshire

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 27 November 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

Contact Officer: ***Taybe Clarke-Earnscliffe***
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Membership

Chair – District Cllr Georgina Heritage
Vice Chair – District Councillor Rachel Crouch

Board Members:

Cllr Helen Pighills	Vale of White Horse District Council
Cllr Rachel Crouch	West Oxfordshire District Council
Cllr Kate Gregory	Cabinet Member for Public Health & Inequalities, Oxfordshire County Council
Cllr Georgina Heritage	South 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 Holborn	Consultant in Public Health/Deputy Director, Oxfordshire County Council
Mish Tullar	District Partnership Liaison
Robert Majilton	Healthwatch Oxfordshire Ambassador

Notes: Date of next meeting: Date Not Specified

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 - 8)

14:05 to 14:10
5 minutes

6. Active travel update and Healthy Place shaping (Pages 9 - 18)

14:10 – 14:40

Presented by Lead Hannah Battye, Head of Place Shaping,
Melissa Goodacre, Place shaping, supported by John Lee, Health Improvement Practitioner

7. Cost of Living (Pages 19 - 28)

14:40 – 15:05

Presented by Paul Wilding, Programme Manager

8. Break

15:05 – 15:10
Break

9. Report from Healthwatch Ambassador (Pages 29 - 36)

15:10 – 15:20
Presented by Robert Majilton, Healthwatch Oxfordshire Ambassador

To receive updates from Healthwatch Oxfordshire on topics relevant to the Board – Paper being brought to meeting

10. Performance Report (Pages 37 - 44)

15:20 – 15:30

Presented by Panagiota Birmpili, Public Health Registrar, Oxfordshire County Council

To monitor progress on agreed outcome measures

11. **Tobacco control strategy** (Pages 45 - 74)

15:30 – 15:50

Presented by Panagiota Birmpili, Public Health Registrar, Oxfordshire County Council

12. AOB

AOB

15:50– 16:00

HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 18 September at 14:00

Present:

Board members
Cllr Helen Pighills, Vale of White Horse District Council
Cllr Georgina Heritage, South Oxfordshire District Council
Cllr Chewe Munkonge, Oxford City Council
Ansaf Azhar, Director of Public Health
Kate Holburn, Consultant in Public Health, Oxfordshire County Council (Lead Officer)
Cllr Rob Pattenden, Cherwell District Council
Cllr Rachel Crouch, West Oxfordshire District Council
Robert Majilton, HealthWatch Oxfordshire
Clare Keen, District Officer

In attendance
Katherine Howell, Healthwatch Oxfordshire
Panagiota Birmpili, Public Health Registrar
Jason Yun, Public Health Registrar
Becca Smith, Health Improvement Practitioner
Janette Smith, Public Health Principal

Officer
Taybe Clarke-Earnscliffe

Apologies:
Robert Majilton, Jayne Bolton

ITEM

Welcome

Chair opened and welcomed everyone to the meeting.

Declarations of Interest

There were no declarations of interest.

Petitions and Public Address

There were no petitions and public address.

Notice of any other business

Minutes of Last Meeting

Performance Report

Presented by Panagiota Birmpili, Public Health Registrar, Oxfordshire County Council

Performance Report:

- Panagiota Birmpili presented the performance report, focusing only on two indicators with new data, both related to the physical activity priority in the health and well-being strategy.
- The "Move Together" programme exceeded its target, achieving an average increase of 3,218 steps per day among participants, with refined referral criteria to include only inactive individuals.
- The "You Move" programme, supporting disadvantaged children and families, reported that 40% of participants who completed a six-month survey increased their activity levels, which was below the 45% target. Survey process improvements are expected to increase response rates and data quality.
- Over the year, 52% of adults and 48% of children in the U Move programme increased their activity levels, with adults averaging an additional 70 minutes of activity per week

- Cllr Rachel Crouch asked if asylum seekers receiving free school meals in hotels are eligible for the You Move programme; Panagiota confirmed they are included among eligible groups.
- Cllr Chewe Munkonge questioned the discrepancy between annual and quarterly figures for the Move Together programme, specifically why the quota shows targets being exceeded while annual data differs, Panagiota explained this was due to changes in referral criteria over time.

Report from Healthwatch Ambassador

Presented by Katherine Howell, Healthwatch Oxfordshire Ambassador

- Katherine Howell presented the Healthwatch report, noting continued operations despite potential changes from the NHS 10-year plan and emphasising ongoing support for their work.
- Healthwatch published a report on Women's Health services in Oxfordshire, received positive provider responses, and highlighted actions to improve accessible communication and support for diverse backgrounds.
- The annual impact report showed over 5,000 people engaged last year, with ongoing projects including feedback from trans and non-binary people on GP services, and experiences with the NHS app, especially regarding digital access challenges.
- Healthwatch is developing a project on end-of-life care, working with the Oxfordshire Palliative Care Network to gather public input and support meaningful conversations about care preferences.
- Community research initiatives include collaborations with Sunrise Multicultural Project (focusing on South Asian women's cancer screening experiences), Oxford Food Crew (access to healthy food for those in temporary accommodation), and the local Chinese-speaking community (health and care experiences).
- Additional funding was received to support community research training, designed with and for community researchers, to be launched early next year. 6
- Recent activities include visits to health services (Cora Health, Marston Pharmacy, John Radcliffe Hospital), outreach to over 500 people in the last quarter, and public webinars on the NHS 10-year plan and upcoming cancer-related topics.
- Healthwatch is participating in neighbourhood health workshops and new primary/community care boards to ensure patient voice is included in planning.

Cllr Chewie Munkonge asked how Healthwatch can reach minority women who may face cultural barriers to accessing menopause support and what methods could be used to help them get assistance. Katherine explained that targeted listening was conducted with Oxford Community Champions and Refugee Resource but acknowledged that many communities were not reached and more outreach is needed. Katherine noted that lack of knowledge and understanding prevents some women from seeking help, and proactive outreach is being increased by providers. Katherine mentioned a webinar on managing menopause and offered to share the link for further community benefit

Suicide Prevention and Mental Wellbeing Concordat

14:30 – 15:10

Presented by Becca Smith, Health Improvement Practitioner, and Janette Smith, Public Health Principal

- Becca Smith presented an update on suicide and self-harm prevention work, highlighting that the Public Health team coordinates two partnership groups: the Oxfordshire Mental Health Prevention Concordat group and the Oxfordshire Suicide Multi Agency Group, both reporting to the Health Improvement Board.
- The Concordat group aims for everyone in Oxfordshire to have the opportunity for good mental health and well-being, supported by a framework published in 2024 and an action plan.
- The Suicide Multi Agency Group has refreshed its strategy, launched at a recent conference, and focuses on reducing suicide rates in Oxfordshire through partnership work, data analysis, targeted interventions, and training.
- Local data shows around 60 suicide deaths per year, with 75% being male. Key risk factors include depression, anxiety, previous suicide attempts, relationship breakdown, chronic pain, terminal illness, and substance use.
- The strategy's five focus areas are: making suicide prevention everyone's business, improving data and evidence, focusing on priority groups and risk factors, addressing stigma and language, and strengthening postvention support for those bereaved by suicide.
- Actions include expanding training, improving real-time data sharing, targeted grants for at-risk groups, and ongoing partnership events to share best practice and network.
- The group is committed to ongoing review of priorities and widening participation to new partners

- A participant commented on the high proportion of male suicides (75%) compared to females and asked Becca if this reflects differences in how the sexes express or manage depression, noting the paradox with self-harm data. Becca explained that self-harm data is limited, as much of it comes from hospital admissions and may not capture the full picture. Who was this?
- Cllr Rachel Crouch expressed support for football clubs' involvement in suicide prevention, specifically mentioning Whitney Town Football Club's mental health champion and free mental health training, and noted Oxfordshire Mind's similar efforts.
- Kate Holburn asked about the range of partners involved in the new strategy launch and how the agenda overlaps with other public health areas. Becca described efforts to invite a wide range of partners, including those outside mental health, and highlighted the importance of cross-agenda collaboration (e.g., gambling, substance misuse, domestic abuse).
- Cllr Helen Pighills shared a personal anecdote about someone who died by suicide after participating in mental health fundraising, wondering if involvement in such campaigns could be a "cry for help." Becca acknowledged the complexity of individual cases and said she would consider the point further.

Drug and Alcohol needs Assessment

15:15 – 15:35

Presented by Jason Yun, Public Health Registrar

- **Purpose & Methodology**
  - The assessment aims to identify unmet needs in Oxfordshire related to drugs and alcohol, inform future service planning, and generate actionable recommendations. It uses both quantitative data (national, regional, local) and qualitative input from stakeholder workshops and focus groups with people with lived experience.
- **Population Context**
  - Oxfordshire's population is aging and becoming more ethnically diverse. While the county is generally less deprived, there are significant pockets of deprivation, leading to inequalities in outcomes like life expectancy and childhood attainment.
- **Current Service Provision**
  - Primary prevention includes school education programs and awareness campaigns.
  - Secondary prevention involves identification and brief advice services, and targeted youth service.
  - Tertiary prevention covers treatment and harm reduction, with Turning Point as the main adult provider and naloxone distribution for opioid overdose. Services often overlap across these levels.
- **Alcohol Use & Harm**
  - Nationally, abstinence from alcohol has increased slightly post-COVID. Locally, alcohol dependence rates are stable and below national averages, but 75% of those estimated to need treatment are not in treatment. Alcohol-related deaths and hospital admissions are lower than national averages but higher in deprived/urban areas. Unintentional injuries and self-poisoning rates are close to national averages, highlighting areas for further work.
- **Drug Use & Harm**
  - Drug use among young adults is declining nationally; local rates for opiates/crack are below national averages, with about 50% unmet need. Drug-related deaths and hospital admissions are lower than national averages, but urban areas like Oxford City have higher rates. Hepatitis B vaccination uptake among people who inject drugs is falling, while hepatitis C treatment has achieved micro-elimination.
- **Inequalities & Vulnerable Groups**
  - Children and young people are affected by their own or others' substance use; numbers identified by social care are stable. Mental health issues are a key theme, with lower rates of severe drug-related mental health admissions but possible underrepresentation of mild/moderate issues. Most adults in treatment are from urban/deprived areas; 9 of 10 most deprived wards have higher service usage.
- **Service Data & Outcomes**
  - Most adults in treatment are for opiates, followed by alcohol and non-opiates. Numbers in treatment exceed targets, and substantial progress rates are higher than national averages. For children/young people, most

in treatment are boys, with cannabis and alcohol as main substances; treatment outcomes are below national averages for this group.

- **Recommendations**
  - Prevention: Strengthen alliances, campaigns, and screening for alcohol use.
  - Treatment: Consider remodelling youth services, involve people with lived experience.
  - Harm Reduction: Expand naloxone access, enhance night-time safety.
  - Tackling Inequalities: Support families holistically, address barriers (language, access), expand employment support, target outreach in deprived/urban and rural areas.
  - System Integration: Improve partnership with healthcare, mental health, police, probation, and voluntary sector; strengthen local data and evidence base.
  - Next steps include presenting the draft to the Oxfordshire Combating Drugs Partnership and integrating feedback into final recommendations.

Questions Raised on Drugs and Alcohol Health Needs Assessment

- There was a question about the reliability and completeness of data, especially regarding people who do not present for treatment, and the challenge of capturing hidden or unreported substance use. Jason acknowledged that most reliable data comes from those in treatment, and survey data can be limited by honesty and participation rates. National estimates are used to help fill gaps, but these are synthetic and not fully precise.
- Cllr Helen Pighills asked about the lack of individual-level risk factor data (e.g., domestic abuse, relationship breakdown, mental health issues) and how these factors might influence substance use. Jason responded that qualitative data from focus groups helps capture these insights, and future work aims to incorporate more lived experience perspectives to address this gap.
- Cllr Rob Pattenden inquired about the local granularity of data, specifically for areas like Banbury, and whether trends at the ward level are available. Jason explained that while some indicators are available at the district level, ward-level data is limited, and he had not specifically reviewed Banbury's data.
- There was discussion about the differences in service usage and outcomes between urban and rural areas, and the need to address inequalities in access and outcomes.
- The importance of integrating feedback from stakeholders and people with lived experience into the final recommendations was highlighted as a next step.
- Cllr Chewe Munkonge asked about comparing Oxfordshire's drugs and alcohol data not just at the district or ward level, but also at the county level—specifically, how Oxfordshire compares to neighbouring counties like Buckinghamshire. Jason responded that they have tried to include comparisons with statistical neighbours and regional data in the report, noting that the Southeast generally performs well, but did not provide specific figures during the meeting

Review of TOR

15:35 – 15:50

- The Terms of Reference (TOR) for the Health Improvement Board are being updated to address outdated terminology (e.g., replacing "clinical commissioning group" with current terms) and to better reflect the group's current focus and responsibilities, especially its role as a forum for city and district engagement on health improvement and the health and well-being strategy.
- The update will also acknowledge the current lack of health representation due to changes in the Integrated Care Board (ICB) and NHS structures, and will remove references to the clinical commissioning group.
- These are considered minor amendments intended to keep the TOR technically correct until further clarity is available regarding local government reorganization and NHS changes.

Any other Business

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OXFORDSHIRE COUNTY COUNCIL

Health Improvement Board **Item 2**
27 November 2025

An update on the strategic developments and direction for active travel, and on the Healthy Place Shaping (HPS) Grants delivering active travel initiatives across the City and District Councils.

1. Purpose

HIB members are asked to note:

1.1 An update on the strategic developments and direction for active travel.

1.2 An update on the Healthy Place Shaping (HPS) Grants delivering active travel initiatives across the City and District Councils.

1.3 The benefits, challenges and key partners involved in the above.

2. Background

2.1 Local Transport & Connectivity Plan (LTCP) Active Travel Targets

What is the LTCP?

- Local Transport Plans, in Oxfordshire the 'Local Transport and Connectivity Plan (LTCP)', are statutory documents required by central government.
- Local authorities must produce these plans to set out a clear vision and strategy for transport planning over a 5-year period.
- They provide the framework for how transport systems will evolve to meet national and local objectives, including reducing carbon emissions, improving connectivity, and supporting sustainable growth and health.

LTCP Structure & Active Travel content

- The LTCP is structured around 54 policies, organised into 12 thematic areas.
- One of these 12 thematic areas is 'walking and cycling', which reflects the importance of active travel in achieving Oxfordshire's sustainability and health goals.
- The walking and cycling policy areas sets out 7 policies that aim to make walking and cycling safer, more convenient, and more attractive for residents and visitors. The policies focus on expanding and improving infrastructure, integrating active travel into new developments, enhancing safety and accessibility, supporting behaviour change through education and engagement, linking routes to public transport hubs, maintaining high standards of quality.
- The most important policy, policy 1, sets out a **modal hierarchy (or road user hierarchy):** this sets out how different modes of transport should be prioritised in planning and design. Walking, wheeling and cycling are placed at the top, followed by public and shared transport, with private cars at the bottom. This approach ensures that decisions support sustainable travel, reduce car dependency, improve air quality, improve health and help achieve net-zero goals. It is a guiding principle for infrastructure investment,

development planning and scheme assessment, making active and shared modes the first choice for everyday journeys.

- Finally, the LTCP policies are translated into a broader, more specific work programmes for each area to set out a plan for officers to achieve the policies. For walking and cycling, this work programme is set out in the **Active Travel Strategy, which contains 79 actions organised into 13 areas**.

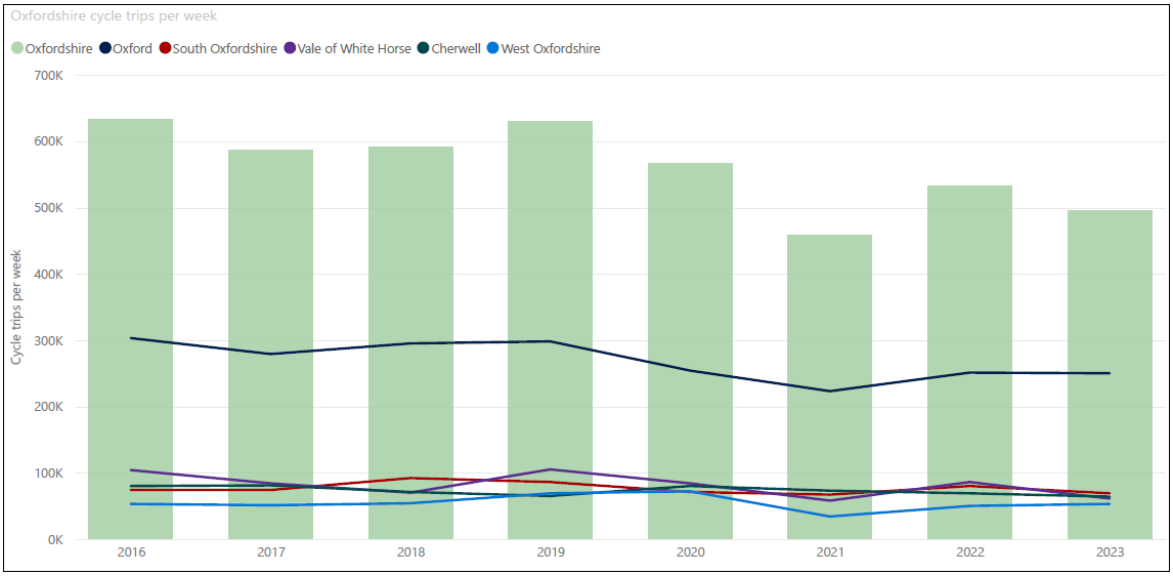
LTCP Monitoring: how does it work?

- To ensure accountability and make sure we meet our strategic objectives and policies, the LTCP sets out a monitoring framework consisting of Headline Targets and KPIs.
- Headline Targets are high-level, long-term objectives that define the overall direction and ambition of the strategy. They are designed to express the outcomes the plan seeks to achieve over decades.
- Key Performance Indicators, on the other hand, are detailed, measurable metrics used to monitor progress towards those headline targets. They operate at a more granular level and are typically assessed over shorter timeframes, such as annually or quarterly.

Active Travel-related Headline Targets:

1. **Increase the number of cycle trips per week in Oxfordshire to 1,000,000 by 2030**:

Baseline value (2019):	630,000 cycle trips per week
Value (2023):	496,000 cycle trips per week
Change from baseline:	- 21%
Target value (2030):	1,000,000 cycle trips per week
Data source:	Department for Transport, Walking & Cycling Statistics: Active Lives Survey



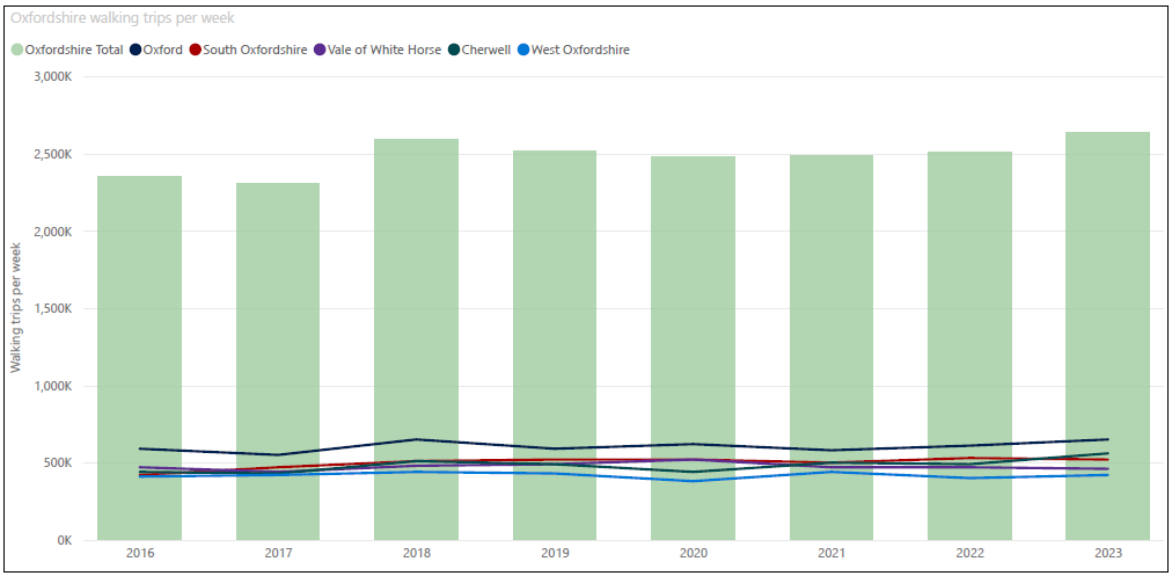
Description:	• The graph illustrates cycle trips per week between 2016 and 2023. The green column depicts the Oxfordshire total, while the associated line graphs show trends for individual district councils within the county.

Trend:	• From the previous year (2022) cycle trips per week have decreased by 7%. Between 2019 and 2023, the cycle trips per week have decreased by 21%.
Variables:	• Active travel schemes are in development but have not yet been delivered to support an increase in cycle trips. • Ongoing stakeholder engagement identifies perceived safety risks, especially in rural and car-dominated areas discourages cycling. • Cycling continues to lag in rural areas due to factors like longer travel distances, fewer dedicated cycle paths, and topographical challenges. • Behaviour change initiatives take time to lead to travel behaviours shifting
Outlook:	• The future of this headline target is uncertain. The scale of the decrease is amplified because the baseline year reflects pre-COVID conditions. Cycle trips require time to recover, particularly following the shift to remote working. A new baseline should be considered, accounting for post-COVID travel behaviours. • It is important to clarify that the reduction in cycling trips does not indicate a decline in cycle provision, as trip numbers have been more heavily influenced by changes in commuting patterns. • The County Council is working on embedding the use of VivaCity sensors in strategic locations within the county to capture monitoring data to provide a more robust and reliable data source. • It is planned to utilise this approach in the 26/27 financial year.

Active travel-related Key Performance Indicators (most relevant):

1. Number of walking trips:

Responsible team:	Place Shaping	Status: On Track
Baseline value (2019):	2,520,000 walking trips per week	
Value (2023):	2,640,000 walking trips per week	
Change from baseline:	+ 5%	
Data source:	Department for Transport, Walking and Cycling Statistics: Active Lives Survey	



Description:	• The graph illustrates the number of walking trips per week between 2016 and 2023. The green column depicts the Oxfordshire total, while

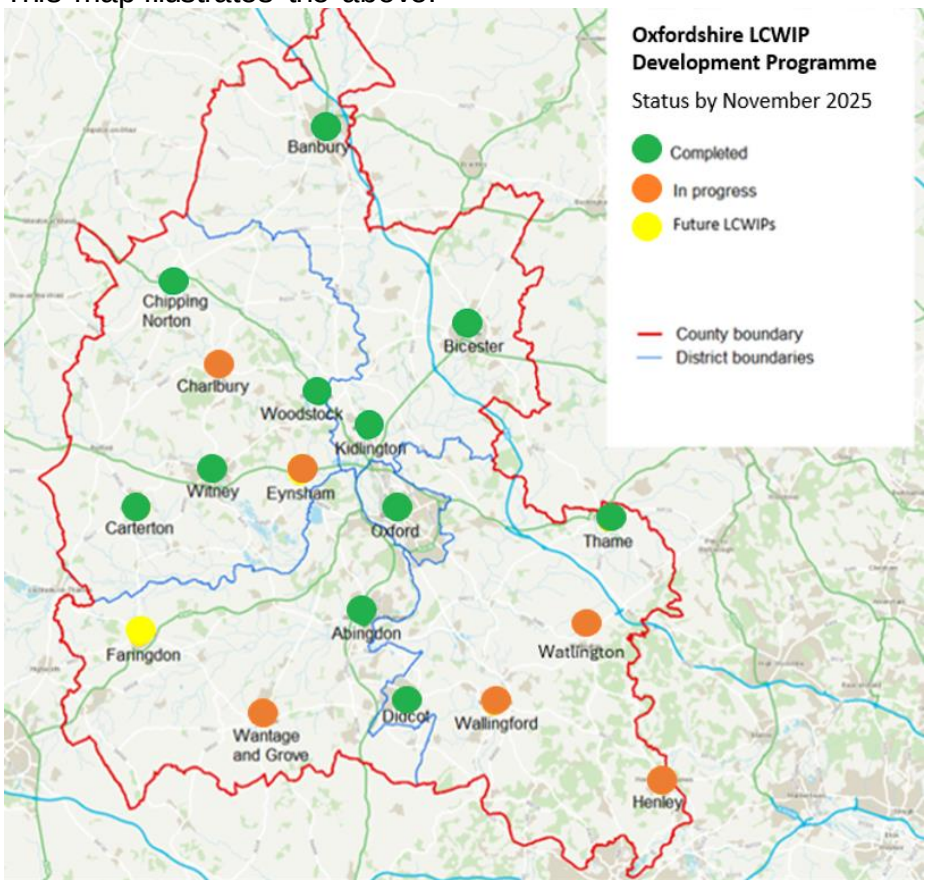
	the associated line graphs show trends for individual district councils within the county.
Trend:	• From the previous year (2022) the number of walking trips per week have increased by 5%. Between 2019 and 2023, the number of walking trips per week have increased by 5%.
Variables:	• There has been targeted policies and initiatives put into place to make walking more inclusive and accessible. • Local authorities and health organisations have promoted walking as part of daily routines, not just as part of a commute or transport. • Behaviour change initiatives take time to lead to permanent travel behaviours shifting
Outlook:	• The future of this headline target is positive. The number of walking trips per week have remained steady since 2020 and have risen in the past year. • The County Council is working on embedding the use of VivaCity sensors in strategic locations within the county to capture monitoring data to provide a more robust and reliable data source. • It is planned to utilise this approach in the 26/27 financial year.

2.2 Local Cycling & Walking Infrastructure Plans (LCWIP) Development

The Active Travel Strategy committed in 2022 to producing an LCWIP for all major settlements in Oxfordshire, with a population above 10,000 by 2025. The LCWIPs are aimed to improve or complete cycling and walking networks, identifying key barriers and areas of opportunities. The programme of LCWIPs are well on track, with OCC having developed and approved LCWIPs for the following locations:

2020	Oxford
2022	Bicester
2023	Abingdon; Witney; Banbury; Didcot;
2024	
2025	Chipping Norton; Woodstock; Thame; Carterton
Currently in development	Wantage and Grove; Wallingford; Charlbury; Henley-On-Thames; Eynsham
Planned	Faringdon

This map illustrates the above:



2.3 LCWIP Implementation

- During 2025, the Active Travel Team has undertaken a major task to better track and prioritise all schemes identified in LCWIPs countywide.
- The combined approved LCWIPs have identified a total of **1137** walking, cycling and walking and cycling schemes countywide, of which less than 10% have received funding.
- In addition to this, we have an adopted Strategic Active Travel Network (SATN) – effectively a 'super LCWIP' for the county which will provide inter-urban links, connecting up towns and villages and in some cases provided off road cycle routes across the county.
- Phase 2 of the SATN within the Oxford area is being undertaken in the form of Greenways (connecting to Kidlington, Cumnor, Nuneham Courtney and Wheatley).
- Following this, further identified SATN routes will be developed, dependant on future resources and funding.

2.4 Accessibility

- We are improving our approaches to Active Travel accessibility. This includes undertaking a barrier review to improve access for walkers, wheelers and cyclists. We are also doing a dropped kerb redesign to provide a smoother, less undulating surface on pavements and cycle paths.
- Budget was also allocated to fund an updated Street Design Code which will set out local standards for developers and other designers to use for walking and cycling provision, incorporating a Kerbside Strategy and Bus Stop design standards.

- We run the Inclusive Transport & Mobility Focus (IMPACT) group, which has individuals with lived experience and representation from countywide accessibility groups. This group is primarily Oxford focused.

2.5 Travel Behaviour Change

- We target schools and workplaces to equip them with the skills, experience, knowledge and confidence to enable sustainable travel choices.
- We employ two School Engagement officers, and our Technical Lead for Workplaces started October 2025.
- This is reflective of LTCP Policy 11. Since LTCP adoption we have published our Sustainable School Travel Strategy and action plan, which sets out what we are doing to enable safe, active and sustainable travel to schools across the county. School Streets is one such example of action that we can take with schools wanting to improve school journeys. We have just consulted on our third phase of School Streets: nine schools have permanent School Streets at the current time.
- One innovative way we are doing this is through our partnership with British Cycling employing two 'Community Developer' officers. Their roles are to work with and support local businesses and community groups to grow participation in cycling across their areas.
- Public Health provide funding for the Community Outreach Active Travel (COAT) programme. This gives funding to our current provider, Active Oxfordshire who award grants to local community, grass roots projects with a focus on walking and cycling in areas where deprivation levels are highest.
  Examples of projects include:
  - Walking for Wellbeing run by Oxfordshire Mind which promotes access to nature for those experiencing mental health issues;
  - Joy Riders are a cycling initiative offering cycle training and led rides, targeting residents who might otherwise not engage with cycling, such as ethnically diverse women.
  - Green Walks by MyVision Oxfordshire, helping those with visual impairments to develop the skills and independence to lead active lives.
- In the first year of COAT, 1,183 people engaged in projects, 60% of whom live in one of Oxfordshire's priority neighbourhoods.
- Our ambition is to provide some form of travel behaviour enabler/intervention as part of every capital scheme investment e.g. a new crossing is installed, appropriate training locally is given to more vulnerable users such as children, or cycle fun days/training is provided alongside a new cycle route improvement.
- A Travel Behaviour Change Strategy is being developed in 25/26.

2.6 Healthy Place Shaping Grants

- Healthy Place Shaping (HPS) is both an approach and a programme of work. HPS principles need to inform policy and strategy but place based activity is also required to deliver tangible change to improve the building blocks of health. It does this through changes to the built environment, community activation and new models of care, which involve working with the health care sector.

- In 2023, a needs assessment of Healthy Place Shaping was undertaken which identified key priority areas for action which have also informed Oxfordshire's Health and Wellbeing Strategy 2024-30. One of the seven priority areas is

"Support cycling and walking activation to increase physical activity and reduce carbon emissions."

- The Healthy Place Shaping grant is revenue from the Public Health grant, totalling £450,000, split over 3 years and divided equally across the five City and District Council authorities. The grant runs between 2024 and 2027.

3. Key Issues

- In Cherwell, funds have enabled wayfinding and circular walks to be publicised on the Go Jauntly app. This will enable more people to find out about them, increase access to green spaces, and improve physical activity levels. Some of the routes, such as the Parrot Trail, now have ground markings, wayfinding discs, and benches, which further improve the appeal and uptake of active travel, especially among families with young children. Cherwell also used their Healthy Place Shaping grant funding to initiate four 'pedal parties' in Bicester, with 153 people taking part and becoming more confident with cycling. Over half of the participants were children, which has multiple benefits of increased physical activity and increasing the likelihood that cycling will become integrated into their travel behaviours as they become adults.
- In West Oxfordshire, the grant funding enabled officers to work with YouMove to take families on a guided walk through Deer Park Wood in Witney. This small green space connects residential areas to a café, but many people use the road network to access it. The activity helped to encourage the use of the wood while also promoting a connection with nature, with foraging, brass rubbing and tree identification included in the session.
- In the Vale of White Horse, the district have linked up with a community cycling hub based in Faringdon to deliver safe cycling courses and convert their Ride Revolution HQ into a useable and safe cycling facility.
- Oxford City are focusing a portion of their grant funding on improving wayfinding in Shotover Park – a green space which is a short distance from urban East Oxford. By promoting access to the park, it is hoped that physical activity levels and associated improvement to health and wellbeing will be captured in residents living in some of the county's most disadvantaged neighbourhoods.

Some of the challenges faced when delivering these active travel initiatives include a lack of volunteers, resourcing issues, and communication problems with schools. Cherwell District Council have acknowledged the importance of appropriate delivery partners for the success of a scheme, and this is something that might not be available in all locations.

We are currently rated a Level 2 authority for active travel capability, based on Active Travel England's assessment. This rating is an assessment across four categories:

1. Organisational Context
2. Leadership and organisational capability
3. Network Planning
4. Delivery

We are waiting to hear the outcome of our most recent self-assessment to ATE, in which we made the case to be a Level 3 authority (a status mainly afforded to large combined and some unitary authorities). An authorities' Level directly correlates to the amount of active travel grant funding awarded.

4. Budgetary Implications

4.1 Funding for Active Travel is from several sources, including S106, Council funds and via grant award. This is allocated prioritised based on factors including link to LTCP outcomes, deliverability, identified need, and funding conditions. One key challenge is that Active Travel England grant funding has to date been allocated on an annual basis, but this is anticipated to change with the promise of multi-year settlements, linked to the national Integrated Transport Strategy.

4.2 Funding for the Healthy Place Shaping Grants was secured in 2024 and will provide annual payments of £30,000 to each of the five District Councils over three years.

5. Equalities

5.1.1 Where applicable, HPS Grant funded projects will work/are working in areas of heightened health inequalities, such as Oxfordshire's 10 most deprived wards.

Report authored by
Melissa Goodacre, Sustainable Transport Manager, Place Shaping Service
John Lee, Health Improvement Practitioner
November 2025

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Template for Health Improvement Board reports

Health Improvement Partnership Board

27 November 2025

Cost of Living Programme

Purpose / Recommendation

1. **HIB members are asked to note the update on the Cost of Living programme and comment on the outline proposals for the new three-year programme from 2026/27 onwards.**

Executive Summary

2. This report sets out the development of, and key items of expenditure in, the County Council's Cost of Living programme. It shows how since 2021 the programme has moved from a crisis support fund to one which includes preventative support. It also sets out initial thinking for a new three-year programme from 2026/27, which is more closely aligned to local priorities.

Background

3. The Cost of Living programme is primarily funded by the government's Household Support Fund (HSF). The HSF initially focussed on the provision of emergency support to help households struggling with cost of living pressures. The focus of the fund was to provide support with the cost of food, energy and essential household expenditure. Subsequent HSF iterations have enabled local authorities to spend funding on preventative interventions as well as emergency support.

4. HSF commenced in 2021 and each funding round has lasted for 6 or 12 months, with notifications of new funding rounds typically made at short notice. This has made strategic planning for the fund very challenging. From 2026, the government has confirmed that local authorities will receive a three year settlement. The responsible department is the Department for Work and Pensions (DWP). They are reviewing the scope of the programme and are relaunching it as the Crisis and Resilience Fund (CRF).

5. Oxfordshire's HSF allocation for 2025/26 is £5.92 million, a reduction from £6.7 million in 2024/25. Oxfordshire's allocation from the CRF for 2026/27 onwards is still to be confirmed.

6. Government funding for cost of living has been supplemented with council funding of £500,000 annually for the last three years, which came from our Covid grants. 2025/26 is the last year that this additional funding is available. The Cost of Living programme also includes £300,000 allocated to advice services in the 2024/25 budget round.

7. The Cost of Living programme supports the Live Well agenda in the following areas:
   - Independence and resilience
   - Preventative support
   - Community engagement

Key areas of expenditure and development of the programme

8. The HSF started out as a means to support vulnerable residents with essential household costs. At the outset of the programme all expenditure was spent on crisis support. Although the scope of the programme has changed over time to allow more preventative spending, the short term nature of funding and late notice that further funding would be forthcoming has made planning effective preventative spend challenging.

9. *Support for families with Free School meal eligible children in school holidays*
   This is the largest area of expenditure at over £3.5 million. Free School Meal (FSM) equivalent support for school holiday periods has been provided as part of HSF since the first funding round, and preceding grants, through a payment of £15 per benefits-related FSM-eligible child and young person attending any state-funded school and college in Oxfordshire, per week of school holiday. Equivalent funding was provided to Early Years settings. 18,781 families are now entitled to Free School Meals, up from 10,120 in 2020. The reason for this increase is that, throughout this period, protections have been in place, which means that once a family becomes entitled to Free School meals, they stay entitled. These protections have recently been extended until September 2026.

10. *Resident Support Scheme*
    DWP requires all local authorities to maintain an application-based scheme which is available to all residents. The council has commissioned this service which is provided by NEC Software Services Ltd. The scheme provides support to people experiencing financial crisis, and can provide supermarket vouchers, vouchers for energy pre-payment meters and essential household items and equipment (furniture, white goods, etc.). Expenditure last year was £1.3 million and Appendix Three provides further details of how the scheme has been utilised.

11. *City and District Councils*
    £500,000 is allocated between the city and district councils to spend on priorities in their areas. Examples of their expenditure includes:
    - Equipment grants made though community larders
    - Warmth packs issued by Citizens Advice
    - Food and energy vouchers issued by advice centres
    - Food vouchers issued with information packs detailing meal plans and shopping lists for a week, as well as signposting to other services

    Appendix Four includes a case study of the support provided by Cherwell District Council.

Programme Development

12. The areas of expenditure above have in the main sought to prevent residents from falling into crisis. Support has been available to ensure people are able to buy food, heat their homes and access essential household items. Whilst this is essential support it is limited in the context of the Live Well objectives. More recent projects have attempted to go beyond crisis support, providing access to healthy and nutritious food, addressing inequalities through access and independence, and delivering sustainable and/or preventative support.

13. *Supporting community organisations*
    The county council's Cost of Living programme is delivered by a very small team, which means it is not practical to directly engage with small community organisations, many of whom are delivering essential cost of living work across the county. Instead the programme has supported two grant programmes run by Oxfordshire Community Foundation and Good Food Oxfordshire

14. Oxfordshire Community Foundation deliver a Living Essentials fund, supporting organisations with grants of up to £10,000 to help their communities build financial stability, provide basic services and/or improve home comfort and energy efficiency. Good Food Oxfordshire's grants programme provides funding of up to £3,000 to organisations supporting skills and behaviours around cooking and healthy eating. In combination these projects have supported more than 150 different community organisations.

15. In 2025/26 the Cost of Living programme has also partnered with an organisation called In-Kind Direct, who enable community organisations to access a range of personal hygiene products. Access to such products can make the difference between people feeling confident to engage with their communities, schools and workplaces as opposed to feeling like they do not want to leave their homes.

16. *Out of Hospital Team*
    The Out of Hospital team are a multi-disciplinary team including housing staff, social workers and clinical psychologists who work to support patient discharge where housing is a barrier. The Cost of Living programme provides the team with funding to make small purchases on behalf of patients, which can be critical in helping them get home. Typically expenditure includes support for energy costs, improving energy efficiency, improving cleaning services and maintaining health, safety and independence.

17. *Food co-operatives*
    One of the newest Cost of Living projects will support the establishment of food co-operatives in East Oxford. The project involves OX4 Food Crew and Oxford Food Hub from Oxford, and Co-operation Town from London. It aims to bring to Oxford a scalable, community-led model that enables residents on low incomes to access affordable, healthy, and culturally appropriate food with dignity and choice - while creating long-term, community-driven alternatives to emergency food aid and tackling structural barriers in the local food system. The aim is to develop 4 co-ops of up to 20 people each by March 2026.

18. *LIFT Dashboard*
    The Cost of Living programme has funded the purchase of the Low Income Family Tracker (LIFT) Dashboard on behalf of all the Oxfordshire councils. The Dashboard, which has been developed by Policy in Practice, utilises data used in the assessment of Housing Benefit and Council Tax Support, which is undertaken at the district council level. The richness of this data combined with the detailed benefits knowledge and programming skills of Policy in Practice sets enables the Dashboard to be used to identify households who are eligible for benefits they are not receiving, households at risk of falling into debt, households in fuel poverty, households at risk of homelessness, and households not in employment with low barriers for entering work among other uses.

19. The city and district councils have begun using the Dashboard at different times and it is only this autumn that all councils have completed the onboarding process. However the following activity has already been undertaken:
    Uptake campaigns
    - Pension Credit
    - Warm Homes Discount
    - Severe Disability Premium
    - You Move
    - Attendance Allowance
    - Free School Meals

    Other
    - Social water tariff campaign
    - Rent arrears campaign (Sanctuary Housing)

20. The first pension credit uptake campaigns run by West Oxfordshire and Cherwell district councils led to 127 pensioners making claims, who are now in receipt of £455,000 in pension credit and passported support annually. The same councils undertook a Free School Meals campaign this summer, which led to 83 new claims worth £40,670 to families and £107,400 to schools in additional pupil premium.

21. Appendix One provides a short summary of all other projects within the programme.

Future Plans – Crisis & Resilience Fund

22. DWP has announced that they will continue to provide funding for Cost of Living work for the rest of the Parliament, and next year's funding will be a three-year settlement. They are also reviewing the scope of the fund and have renamed it the Crisis and Resilience Fund (CRF). These new arrangements and greater funding certainty provide us with the opportunity to review our local provision and for a new Cost of Living programme to be developed which is more closely aligned to local priorities and objectives.

23. DWP recently held a webinar which communicated the outcome of their consultation on the CRF and set out their early thinking. It is important to note that this does not constitute a new policy position at this time. A key change to the programme has been mooted, which would ensure that where crisis support is provided, then this is connected to an offer of what DWP are calling "Resilience Support", which will be connected to a set of expected outcomes. DWP are also saying that they do not

want to see blanket provision of crisis support, and specifically cite the provision of support to families of FSM children as an example.

24. Over the lifetime of the Household Support Fund, the value of FSM holiday support has increased from 45% of the programme budget to an expected 70% next year, crowding out other potential initiatives. A criticism of the Holiday FSM support is that it is unstructured and may be used in a variety of ways. The DWP webinar presented feedback from their consultation with local authorities and third sector organisations which included some of these criticisms. The provision of a supermarket voucher, which is unconnected to any other type of intervention, does nothing to improve the outcomes for families in need of support. In many cases it solves an immediate problem by helping children to be fed adequately and nutritiously, but in some cases it will be spent on non-essential items.

25. An alternative to spending money on Holiday FSM support would be to increase the scope of our Holiday Activities & Food programme (HAF) and to extend the support provided in schools for healthy snacks (see Appendix One). This would link the support to wider outcomes connected to education and healthy activity, and ensure support is getting to those most in need. There is also scope to connect the Cost of Living programme to the council's Family Hubs work to ensure better outcomes for families who are most in need.

26. Over the last two months the council has been conducting an engagement exercise on the Cost of Living programme in Oxfordshire, canvassing the views of stakeholders through an online survey, focus groups and interviews. A report on this work is due in early December and will inform the development of a new three-year Cost of Living programme. Whilst the new policy position for the DWP needs to be published before the detailed planning work can be undertaken, there is an opportunity to deliver a programme which achieves the following:
    - Shifts from mainly providing crisis support to building resilience
    - Supports Start Well and Live Well objectives
    - Aligned to Marmot principles

Budgetary implications

27. There are no new budgetary implications. From 2026/27 the Cost of Living programme will be funded by the government's Crisis and Resilience Fund. It will also include the existing £300,000 provision for advice services.

Equalities implications

28. The majority of the Cost of Living projects target residents in our most deprived areas, or in known pockets of deprivation. National and local datasets show that such communities include an over representation of a number of groups with protected characteristics including age, disability, race and sexual orientation. As such, positive outcomes of Cost of Living projects can be expected to see these groups be similarly over-represented.

Sustainability implications

29. Third party organisations receiving funding from the Cost of Living programme will be required to demonstrate the sustainability of their project.

Risk Management

30. The main risks related to the Cost of Living programme are as follows:

- Overspend of funding – The majority of funding is demand led (FSM holiday support and Residents Support Scheme (RSS)). The RSS has several mechanisms for increasing or reducing support to ensure expenditure remains within budget.
- Low take-up of RSS either generally, or in relation to specific groups – ongoing work to communicate the availability of the RSS is required in order to ensure it supports the most economically disadvantaged groups in the county. Monthly monitoring is undertaken to identify any groups or areas where take-up is lower than expected. Where low take-up is identified, work will be undertaken with relevant organisations and community groups to promote the scheme.

Communications and engagement

31. As outlined in paragraph 26 an engagement exercise with stakeholders has recently been completed. This has included a residents' survey, a stakeholder focus group and one to one interviews with residents, although there was a low take-up of the latter offer. A report from the county council's engagement team is expected in early December setting out the feedback, which will be used to help shape the future development of the programme..

Report by Director of Public Affairs, Policy & Partnerships
Contact Officer Paul Wilding, Cost of Living Programme Manager,
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November 2025

Appendix One – List of Cost of Living projects

The following is a short summary of projects funded by the Cost of Living programme in the last two years, which are not mentioned elsewhere in the report.

Support for Community Larder Network

- Funding for the SOFEA larder network comprising core operational costs, an expansion of the product offer in larders and work to connect larders to other community services.

Migrant Food Programme

- Supporting people without status in both migrant hotels and dispersed accommodation with the cost of food, where a health issue requires a particular diet, or where someone is pregnant. Although people without immigration status are generally not eligible for support from the Cost of Living programme, the project avoids a potential loss of human rights in respect of project participants and is therefore eligible.

Healthy Snacks in School

- Funding the cost of healthy snacks in secondary schools. Initially undertaken as a pilot with The Oxford Academy it is being extended to other schools.

Period Poverty

- Making period products available for free in some of our libraries.

Domestic Abuse Fund

- Funding to help the Oxfordshire Domestic Abuse Service support DA survivors to set up new homes. This is jointly funded with Public Health.

Better Housing Better Health

- Funding to enable the council's commissioned provider for this scheme to provide support for energy costs and small energy efficiency measures.

Digital Inclusion project

- Reducing digital exclusion in our most deprived communities. This is jointly funded with Public Health

Advice Services

- Provides £300,000 to Citizens Advice and four independent advice providers to deal with additional cost of living related casework. This funding is provided by the County Council, not the Household Support Fund.

Appendix Two – Reporting to DWP for the period 1 October 2024 to 31 March 2025

See separate Excel document. This sets out the expenditure and number of households supported by the sixth round of the Household Support Fund.

Appendix 3 - Residents Support Scheme Information

KEY DATA FROM 2024/25

Number of applications
- 7,748 applications
- 4,847 successful awards
- 11,438 award elements (food, energy, household items)
- £1,314,850 value of awards

Applications by Council
- Oxford City – 2,214
- Cherwell – 2,147
- Vale of White Horse – 1,169
- South Oxfordshire – 1,121
- West Oxfordshire – 678

Awards by Type
- Support with Food – 4,611 awards (£569,784)
- Support with energy costs – 3,776 (£199,022)
- Household Items – 2,831 awards (£542.879)

Top reasons for applications being unsuccessful
- Maximum awards reached – 1,187
- Unable to verify circumstances – 655
- Other support not exhausted – 612

Scheme details and online application:
Oxfordshire Residents Support Scheme | Oxfordshire County Council

Appendix 4 – Cherwell District Council case study of Household Support Fund expenditure

HSF grant funding has supported a variety of projects with impacts on aspects of the Live Well agenda. This includes in the areas of healthy food for all, addressing inequalities through improving access and independence.

Equipment grants have included: water bottles, electric blankets, kettles, toasters, slow cookers, air fryers (delivered through various foodbanks and trusted partners) and warm packs (through energy matters/CA).

Examples of equipment projects:
Sunrise Multicultural Project: items were provided that residents would not be able to purchase for themselves due to the costs and would benefit them by saving money on energy bills or helping them keep warmer.
Banbury Foodbank: equipment was given to residents in receipt of food vouchers and therefore attending a Trussell Foodbank in Banbury. Residents were given electrical appliances to reduce fuel cost and to keep warm
Home-Start: Slow cooker project, volunteers worked with families to buy and cook healthy food (using food vouchers) over 3 sessions where they were supported to learn some new budget friendly, healthy receipts. The residents were then given a slow cooker at the end of the project with a recipe book to support this.
Bicester community hub and foodbank: air fryers and slow cookers were made available to those in need in the community to reduce energy costs. The following quote is from a recipient of this support:

> *"Now I won't have to worry about whether I can afford to put the oven….. As a small household of two adults…this will slash my energy costs for cooking dramatically"*

Examples of food grants using HSF:
The Banbury Beacon: providing hot drinks and essential foods for the homeless
RVS Cornhill Centre (Banbury): subsidising an inclusive Friday club for older people to meet together for a 2 course meal once a week.
Grimsbury Community Centre: subsidising an inclusive Thursday lunch club for residents (vulnerable, lonely, older) to meet together for a 2 course meal once a week.
Sunrise MCP: supporting the ladies multicultural community 'cook together, eat together', drop in session for marginalised residents. They link in with the use of surplus food and have also used funding previously to create a healthy eating recipe book.
Banbury Larder: monthly lunch club for users of their social supermarket and other vulnerable residents -funding for a chef, ingredients, equipment

Cherwell have created the following infographic to promote this work:
https://indd.adobe.com/view/140265ee-5b1e-47d4-9c6c-2d4064a1bdc9

Your voice on health and care services

Healthwatch Oxfordshire (HWO) report to Health Improvement Board (HIB)
27 November 2025
Presented by Healthwatch Oxfordshire ambassador, Robert Majilton

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 Sept 2025:

- We have a live survey focused on hearing about views on **end of life care** and have been linking to Oxfordshire Palliative Care Alliance **https://healthwatchoxfordshire.co.uk/have-your-say/complete-a-survey/**
- We published: All reports together with summary, Easy Read, and provider responses, available on our website.
    - **Trans and non-binary people's experiences of GP services**
    - **Using the NHS App**

healthwatch Oxfordshire

Trans and non-binary people's experiences of GP services in Oxfordshire

Trans, non-binary and gender diverse (trans+) people are more likely to experience poor physical and mental health, and to face barriers in getting the health and care they need.

As part of a national study, Healthwatch England commissioned Healthwatch Oxfordshire to listen to local trans+ people in the county about their experiences of using GP services. We heard from 45 trans+ people via an online survey, in-person outreach and in-depth phone conversations.

What did we hear?

We heard that there are examples of good practice across Oxfordshire, where trans+ people are treated with respect and dignity, and able to access the care they need – but that this is inconsistent.

Some of the trans+ people we spoke to do not feel confident using their GP practice. People told us about barriers and challenges including:

- Long waits for NHS Gender Dysphoria Clinics (GDCs) and a lack of support while waiting
- A 'postcode lottery' of access to gender-affirming hormone therapy
- GPs not having the understanding of, or confidence in, trans healthcare to provide the support people need
- A lack of clarity and transparency in terms of what trans+ people can expect from GP practices and how to access care and support
- Not being respected, or being misgendered, by practice staff
- Problems with changing personal details (such as name, title and gender marker), including people losing their previous NHS records, being misgendered at the practice or in communications, and losing access to preventative screening.

"My GP seems okay with my identity but was not comfortable with continuing my testosterone prescription without specialist involvement even though I have been discharged by the NHS GDC back into the care of the GP."

"GP did not feel qualified to do anything and relied on me to get informed."

"My GP changed my gender marker without my consent or asking me if that was what I wanted at the time. I hadn't started transitioning medically and I would have preferred to wait as I was going through health issues and this just made things more difficult to explain to NHS specialists outside of transition related care."

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We heard about the positive difference it makes when:

- GP practice staff are compassionate, respectful and willing to learn
- GPs support people to access and navigate gender-affirming care, for example through referrals, bridging prescriptions, shared care or blood tests
- Administrative changes are made quickly and effectively.

"My GP is empathetic and has been proactive in learning about things that are less familiar and chasing up possible avenues for me to receive some specific procedures."

"We appreciate all the hard work to be inclusive, accepting, patient and understanding. Every doctor has checked my name and pronouns."

What happens next?

We have sent our report to Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, which commissions GP services in Oxfordshire. They have committed to commissioning training for GP practice staff on understanding and competency in trans healthcare, providing guidance for GPs on prescribing gender-affirming hormone therapy, and setting up an LGBT+ page on their engagement platform, Your Voices.

Talk to us!

You can share feedback about your GP practice and other health and care services at:

- **healthwatchoxfordshire.co.uk/services**
- **hello@healthwatchoxfordshire.co.uk**
- **01865 520520**

Local support

Here are details of some local support organisations:

- Local events and organisations for trans+ people in Oxford **oxfordtransrights.org/trans-in-oxford**
- Abingdon Queer Action **@abingdonqueeraction** on Instagram and **@abingdonqueer** on Facebook
- Topaz – social group for LGBT+ young people **www.topazoxford.org.uk**
- Silver Pride – Age UK events for older LGBTQ+ people in Didcot and Banbury. Contact **community@ageukoxfordshire.org.uk** or **01235 849434**
- My Life My Choice LGBT self-advocacy group – for LGBT people with a learning disability **mylifemychoice.org.uk/lgbt-group**

Thanks to everyone who shared their views with us!

You can read our full report by scanning the QR or at healthwatchoxfordshire.co.uk/report/trans-experiences

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Digital health care and the NHS App – voices from Oxfordshire

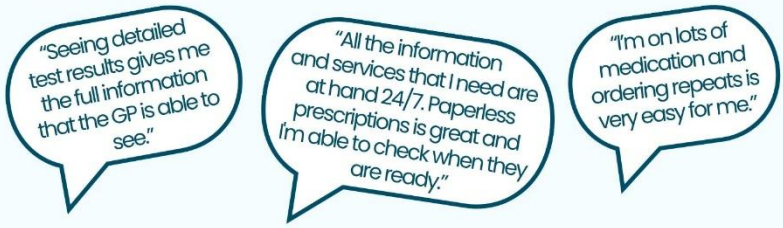
What did we do?

NHS England is undergoing major reform, including the expansion of digital health tools and services such as the NHS App. Although there is evidence of the benefits of using digital technology for health care, many people still face barriers using it.

We ran two surveys (one online and one face-to-face) to capture the views and experiences of people from a variety of backgrounds across Oxfordshire. In total we heard from 823 people.

What did we hear?

- Almost everyone said that they had heard of the NHS App, and most people had used it at least once.
- The commonest reasons for using the App were to:
  - Order repeat prescriptions (76%)
  - View personal health records and GP notes (70%)
  - Book and manage health appointments (43%)
- 58% of people agreed that the NHS App helps them manage their health and care.
- People value the ease of use, convenience, efficiency and access to information on the App.



Those who told us they had poor access to technology (signal, cost or equipment) or low confidence or skills in using digital methods, and those wanting to maintain choice around use of digital health care, found it difficult to use the NHS App or chose not to use it.

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- **We continue to support Community Research, working together with communities that may be seldom heard to support them to voice issues of concern to them:**
  - We worked with Sunrise Multicultural Project in Banbury, including capacity building for staff to gain insight into **South Asian women's experiences of cancer screening and diagnosis** – and held an information session in October 2025 linking with health professional (breast nurse) for questions and discussion
  - Support community research with the OX4 Food Crew, to hear stories to highlight the **experiences of people living in temporary accommodation and barriers to eating well**
  - Working with a member of the Chinese Community to hear from local Cantonese speakers and Chinese community members about their experiences of health and care services

- We continue to support the development of Oxfordshire Community Research Network. We have been holding workshops (Sept-Dec) with community members from grassroots groups (including Oxford Community Action, Sudanese, Nepali, AFIUK and others) to together develop community research training – a practical how-to, supporting communities to explore issues of importance to them, and to share findings.

All reports are available to read via our website, together with examples of the impact of our research.

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

- Marston Pharmacy

Since the last meeting we also made Enter and View visit to Wintle Ward, Warneford.

Other activity:

- We held a public webinar:
  - **Cancer care**, November – with speakers from Thames Valley Cancer Alliance and Maggie's.

Recordings of this and previous webinars and joining details are available to watch on our website.

  - Our next webinar will be on **Tuesday 20 January 2026,** 1-2 pm, on the theme of **Neighbourhood Health** – with speakers from across the system.
- We have been participating in Neighbourhood Health workshops, to highlight need for pathways for patients and residents to be part of the design of this shift towards care closer to home.
- We link to Oxfordshire Marmot work and will be undertaking engagement with some rural communities in the new year.
- Our most recent **Board Open Forum** was on **Wednesday November 19** online.
- See below for our Quarter 2 summary of activity (Jul-Sep) including the outreach across the county to community groups and on the streets https://healthwatchoxfordshire.co.uk/impact/activities-and-achievements/
- Healthwatch Oxfordshire continue to work to make sure the voices of Oxfordshire residents are heard – sign up to our news bulletin to hear about our work or visit our website to leave your feedback on a local service.

healthwatch Oxfordshire

July to September 2025

Activity and achievements

Hearing from you

- **71** people contacted us for help or information about local health and social care services. The top three services we heard about were GP services, outpatient services and musculoskeletal (MSK) services.
- We received **134** reviews of **57** health and care services via our Feedback Centre. We received **19** responses to reviews from service providers.

Our Enter and View work

We made **3** Enter and View visits - to the Outpatients Blue Area at the John Radcliffe Hospital, the Children's Ward at the Horton General Hospital and the Breast Imaging Centre at the Churchill Hospital. We heard from **21** patients and **35** members of staff during these visits. All our Enter and View reports, which set out our recommendations, together with a response from the service provider about the changes they will make, can be read at **www.healthwatchoxfordshire.co.uk/reports**

Out and about

We continued our programme of general and targeted outreach visits to speak to people about their experiences of using health and social care services. We attended five Play Days across the county, the Leys Afrobeats Festival and Abingdon Health Fest, as well as visiting community centres, larders and libraries. Between July and September we spoke to **506** people as a result of our visits. Over the summer, we focused our outreach on gathering insights into how people use the NHS App. Thank you to Charlbury Patient Participation Group (pictured top right) for joining us on a visit to the town to talk to people about this.

In September we attended the Nuffield Orthopaedic Centre as part of our regular programme of hospital visits, hearing from **45** people. We reported back what we heard to Oxford University Hospitals NHS Foundation Trust so they can use this feedback to make improvements.

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July to September 2025

Activity and achievements

NEW REPORT ON WOMEN'S HEALTH SERVICES

We published our report setting out what we'd heard from **684** women and people who use local **women's health services**. The report captures views and experiences on accessing and using women's health services, health services generally, and getting breast or cervical screening.

Impact so far:

- The report is being used to inform the development of a women's health strategy for Buckinghamshire, Oxfordshire and Berkshire West.
- Oxford University Hospitals NHS Foundation Trust has committed to reduce waiting times for specialist women's health clinics, improve patient information about screening and procedures, and training staff in cultural competency and trauma-informed care.

Read this report at www.healthwatchoxfordshire.co.uk/reports

"Healthwatch reports are a key part of our insights that inform strategy and planning. We are currently drafting our women's health strategy for this year and key aspects of this report are included in our priority setting."

Heidi Beddall, Deputy Chief Nursing Officer at NHS BOB ICB

COMMUNITY RESEARCH IN ACTION

We started work on a new project working with members from grassroots community groups to collaboratively develop a toolkit for community researchers in Oxfordshire. Funded by Oxfordshire Community Research Network, the resource will set out the steps to support groups to be able to carry out research themselves.

We also supported:

- OX4 Food Crew to focus on experience of families living in temporary accommodation and access to healthy food.
- A Well Together group to explore more about black women's experiences of maternity services.
- A member of the Chinese Community to undertake interviews reaching voices of this community in Oxfordshire.

We also:

- ✓ Held a webinar about the new 10 Year Health Plan for England, attended by more than **60** people.
- ✓ Received more than **800** responses to our survey asking for people's views on using the NHS App.
- ✓ Attended six Patient Participation Group meetings to help support PPGs and share good practice.

Read more about the impact of our work at www.healthwatchoxfordshire.co.uk/impact

Health Improvement Partnership Board

Thursday 27 November 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, 3.21, 3.22, 3.24, 3.31, 3.32***
1 indicator(s) without rag rating.
17 green indicator(s).
6 amber indicator(s).
1 red indicator(s).

4.12 Percentage of physically inactive children - (less than average of 30 minutes a day)
(Last updated Jun 2025)

There are data quality concerns with this indicator and therefore viewed with caution. Public health will lead a Physical activity Health Needs Assessment in 2025/26 to better understand the data, gaps in provision and local .

Live Well Priorities

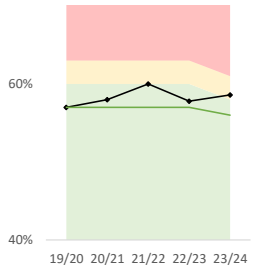
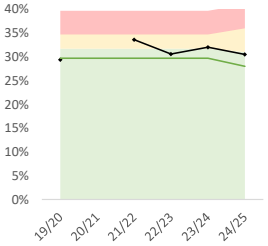
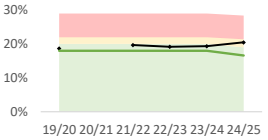
New data is indicated by highlighted references number.

Targets set by local Public Health

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

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3	**Healthy People, Healthy places**							
3.1	**Healthy Weight**							
3.11	Adults (aged 18 plus) prevalence of overweight (including obesity) *	Annual	56.0%	23/24	58.6%	A	As part of the whole systems Approach to Healthy weight, a detailed action plan focuses on the following pillars: Prevention, environment, support and wider strategy. A New All age healthy lifestyles came into effect in September 2024. The number of adults people benefiting from this service is now increasing following a slow start. This includes targeted work to support Global Ethnic Majorities, those with low to moderate mental health condition and men – all of whom may otherwise not traditionally benefit from such services. Work continues across the system to improve the food environment in priority neighbourhoods through working with planning, advertising at city and district level and established food businesses is building moment	
3.12	Year 6 prevalence of overweight (including obesity) * ‡	Annual	28.0%	24/25	30.5%	G	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 2024 with a focus on addressing inequalities associated with weight is in place although has struggled to see the number expected. To increase referrals a new proactive follow up will start from January 2026. Beezee Oxfordshire will contact (text, call) families with children identified as overweight through the National Child Measurement Programme (NCMP). New NCMP Co-ordinator recruited to lead this work. Another new option that has launched in October 2025 - Beezee Youth an online programme for children aged 13-17 years old. Work to support more healthy environments continues; latest pilot includes healthier vending in leisure centres to launch Jan 2026.	
3.13	Reception prevalence of overweight (including obesity) * ‡	Annual	16.6%	24/25	20.5%	A	Our whole systems approach to healthy weight and specific programmes including You Move and the new, all age weight management service Beezee, commencing September 2024 continue. In October 2025: Health, Exercise and Nutrition for the Really Young (HENRY), was launched. An evidence-based approach, designed for families with children aged 0–3 years and Nurturing healthy beginnings, Nutrition in Early Years Training for early year settings is being offered from November 2025. A deep dive into healthy weight, including Early Years will be presented to HIB in the New Year	
3.14	Achievement of county wide Gold Sustainable Food Award	Annual	Gold	2023	Silver	G	**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

Live Well Priorities

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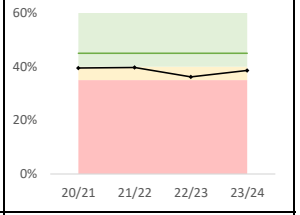
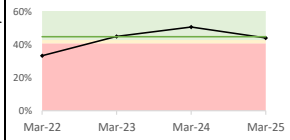
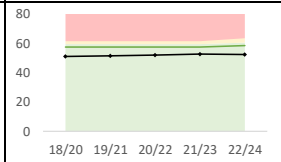
Targets set by local Public Health

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

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3.15	Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations *	Annual	45.0%	23/24	38.6%	A	A range of initiatives to support access to good food as part of the healthy weight agenda continues. From working with food retailers directly, to action plans lead by the districts and most recently a food Summit, Lead by Good Food Oxfordshire in June 2025 in which our director of Public Health is chair, to ensure continued and new commitment across the system. Programmes of support for children and young people also continue, with the view that healthy habits – such as eating 5-a-day can start early and continue into adulthood.	
3.16	Of those residents invited for a NHS Health check, the percentage who accept and complete the offer.	Annual	45.0%	24/25	44.2%	G	Activity by Primary Care to deliver NHS Health Checks has been consistent throughout the year and an improvement on 2023/24. 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	
3.17	Healthy Start Voucher uptake	Monthly	63.0%	Mar-24	61.0%	G	**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.	No data available
3.18	Under 75 mortality rate from cardiovascular disease (Rate / 100k) (New name) *	Annual	57.6	2022-24	52.5	G	This outcome has remained similar in the current reporting period (22-24) compared to the previous period (21-23) which is a trend seen across the South East and the UK. 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 Health Improvement Board annual work plan.	

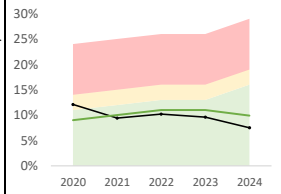
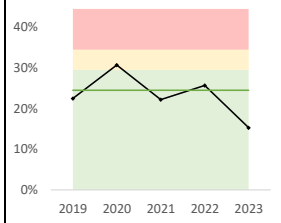
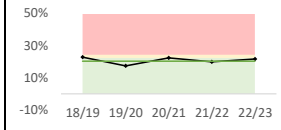
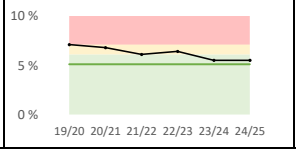
Live Well Priorities

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

Targets set by local Public Health

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3.2	**Smoke Free**							
3.21	Smoking Prevalence in adults (18+) - current smokers *	Annual	9.9%	2024	7.5%	G	Data note: The 2024 Annual Population Survey (APS) returned to using face-to-face interviews as its main method. Based on this new data, the ONS recalculated its adjustment factor and revised all smoking estimates from 2020 to 2023. As a result, single-year smoking indicators for those years were updated in the APS 2024 release. The Oxfordshire Tobacco Control Alliance oversees works to reduce smoking in Oxfordshire. The Alliance has developed a new strategy and action plan for the next 5 years, working in partnership to build on the effective work of the last 5 years, with the aid of a comprehensive new Health Needs Assessment for smoking. This action plan includes work by: NHS trusts, Trading Standards The Fire Service Schools New Local Stop Smoking Service, Smokefree Oxon provided by Solutions4Health. The additional grant funding from government is helping to target work to priority groups whose prevalence rates are highest. This includes outreach work and alternative support option of Allen Carr Easyway, continued work with Swap to Stop in mental health settings and funding Trading Standards work to tackle illegal tobacco supply.	
3.22	Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers *	Annual	23.3%	2023	15.3%	G	Data Note - Due to sample size issues in APS, Data for 2024 is report across 3 years replacing the previous one-year metric until further notice. Oxfordshire's prevalence (18.3%) is statistically no different to both South East (18.8%) and England (19.2%). The new Local Stop Smoking Service, Smokefree Oxon, targets work with routine and manual workers as one its priority groups. The Public Health team track this work at quarterly monitoring meetings with the Smokefree Oxon provider, Solutions4Health. Outreach to places of work and in the community is planned with a new workplace wellbeing service which will deliver Very Brief Advice and make referrals/signpost to Smokefree Oxon. Campaigns in March 2025 for No Smoking Day and Stoptober focused on priority cohorts including routine and manual workers.	
3.23	Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) *	Annual	20.0%	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%	24/25	5.5%	G	Most pregnant women who smoke and their household members continue to be supported via the new maternity in-house tobacco dependency advisor service. The new national incentive quit scheme has been rolled out across the county and is showing small but increasing numbers of take up.	

Live Well Priorities

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Targets set by local Public Health

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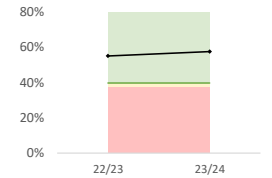
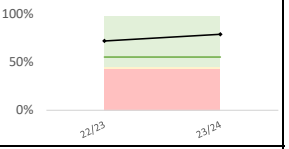
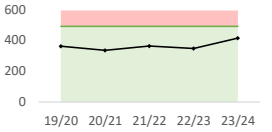
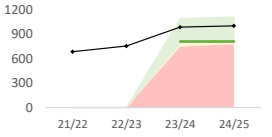
Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3.3	**Alcohol related harm**							
3.31	Alcohol only successful treatment completion and not requiring treatment again within 6 months	Annual	40.0%	23/24	57.5%	G	**Due to data sharing restrictions, we are unable to provide the most recent performance data and have therefore reverted to previous performance figures.** The latest performance remains significantly above both the set target and the national average of 34.1%, and has increased from the previous. 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	Annual	55.0%	23/24	78.0%	G	**Due to data sharing restrictions, we are unable to provide the most recent performance data and have therefore reverted to previous performance figures.** The latest performance remains above both the target and the national average of 52% 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	23/24	414	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	24/25	1002	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

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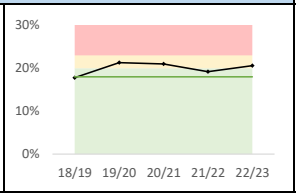
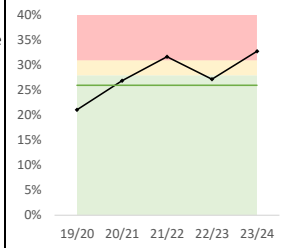
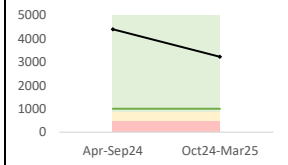
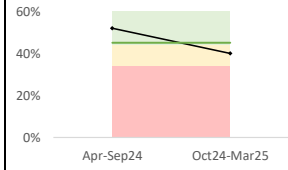
Targets set by local Public Health

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

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
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 average of 30 minutes a day)	Annual	26.0%	Academic Yr 23-24	32.8%	R	We note for this indicator there are some challenges with the data sample and therefore some caution to be applied to interpreting these results. Active Oxfordshire continue to work towards their Oxfordshire on the Move Physical Activity strategy. We've seen an expansion of the children's You Move programme into Early Years in September 2024. Enabling opportunity to create healthy habits in children early. We've commission Healthy Movers also to support early years, delivered across several schools and community settings. Increased strategic support within school setting with the development of Active Framework. Public health will lead a Physical activity Health Needs Assessment in 2025/26 to better understand the data, gaps in provision and local assets/opportunities.	
4.13	Uptake of Move together	6 monthly	1000	Oct-24-Mar-25	3218	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 3218 steps per day being achieved across all participants who engaged with the programme. Significantly higher than reported in Q1 and Q2. It should be noted that, the referral criteria have been refined to ensue only those people who are inactive are referred into the programme.	
4.14	You move programmes	6 monthly	45.1%	Oct-24-Mar-25	40.0%	A	You Move, a physical activity programme delivered by Active Oxfordshire, jointly commissioned by public health and ICB, supports children and their Families meeting eligibility i.e. 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. Between October 2024 and March 2025, 40% of participants who completed a six-month survey said they were doing more physical activity. Fewer people returned the survey during this time. The process has now been improved so that participants only need to fill out one survey after six months. Early signs show this change is helping more people take part in the feedback.	

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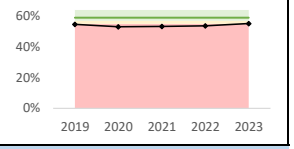
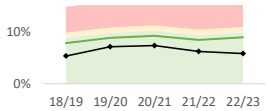
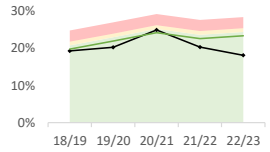
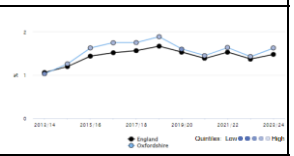
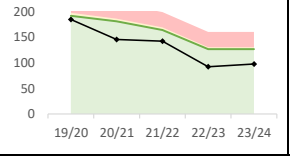
Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
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	9.0%	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	23/24	97.3	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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27 November 2025

Oxfordshire Tobacco Control Alliance (OTCA) Strategy 2026-2030
OTCA Annual Update
Tobacco and Smoking Data Nov 2025 update

Purpose / Recommendation

This is an annual update to the Health Improvement Board related to progress by Oxfordshire Tobacco Control Alliance (OTCA) and a presentation of the new Strategy 2026-2030.

This is also an opportunity to present the latest updates in activity and data related to tobacco and smoking for Oxfordshire

The Health Improvement Board is asked to;

- receive updates on the latest data related to smoking and tobacco in Oxfordshire
- receive an update on progress on Smokefree Generation grant funding activity
- note updates on some of the key projects of interest to HIB being overseen by Oxfordshire Tobacco Control Alliance.
- approve the publication of the Oxfordshire Tobacco Control Strategy 2026-2030
- consider and advise on the challenges outlined in this report

Background

Each year since the commitment to the Smokefree pledge by Oxfordshire partners in 2020, a report and update has been brought to HIB to monitor updates and progress.

Smoking tobacco remains the single biggest cause of preventable illness and death in England – up to 2 out of 3 lifelong smokers die of smoking[1]. It is also the single biggest driver of health inequalities, with a strong link between smoking and deprivation and socioeconomic status. It is responsible for half the difference in life expectancy between the most and least advantaged in society[2] .

The Oxfordshire Tobacco Control Alliance (OTCA) was set up in 2020 to deliver on the Oxfordshire Tobacco Control Strategy (OTCS) – a four-pillared approach to reduce adult smoking prevalence across Oxfordshire.

HIB received a detailed update in September 2022 of work related to reducing smoking prevalence in Oxfordshire, an annual update in 2023 with a focus on enforcement and

[1] Minister Neil O'Brien speech on achieving a smokefree 2030: cutting smoking and stopping kids vaping - GOV.UK (www.gov.uk)
[2] Tackling Inequalities - ASH

regulation pillar of the TCA and an update in 2024 with a focus on the plans to allocate the Local Stop Smoking Services and Support Grant. Below is the 2025 annual update with a focus on addressing inequalities in health outcomes. We show the latest data on smoking prevalence and present the new OTCA strategy.

Key Issues

Progress Towards Oxfordshire's Smokefree Ambition: reduce prevalence to 5% or less by 2030.

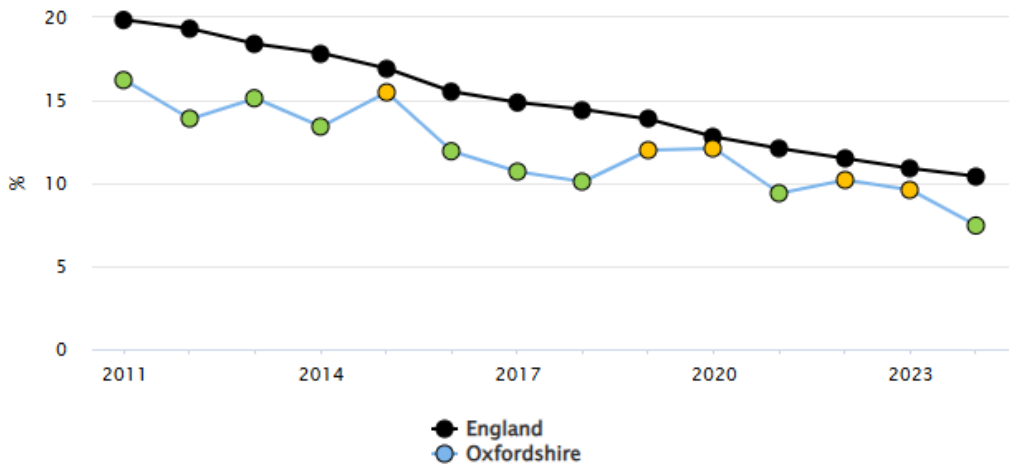
Smoking Prevalence: the latest Oxfordshire data (from the annual population survey-APS) shows a downward trend in smoking prevalence from 2020, when the original smokefree aspiration for Oxfordshire was set.

Adult smoking prevalence has fallen from 12.1% (2020) to 7.5% (2024). This compares favourably to the Southeast (9.4%) and England (10.4%). This is a welcome and statistically significant change. But we must remember that this still means there are around 47,000 people who smoke in Oxfordshire.

The Office for National Statistics has revised all estimates between 2020-2023 because of changes to the collection methodology. Percentages for previous years are lower than previously reported (e.g. 2022 is now showing as 10.2% and 2023, 9.6%). The data still shows a downward trajectory in numbers of smokers, however.

Figure 1: Snapshot of Smoking Data for Oxfordshire compared to England. DHSC, Fingertips 2024

Figure 2: Smoking Prevalence in Oxfordshire VS England, DHSC Fingertips 2024



Aggregated smoking prevalence data for **3** years shows that the Oxfordshire Prevalence is 9.1% compared to 9.9% in the South-east and10.9% nationally.

District level

Using the aggregated data from the Annual Population Survey (APS), we can look at prevalence by district. As indicated in figures 2 and 3, West has the highest prevalence and Cherwell the lowest. This is a change from last year when Cherwell had the highest, but note the confidence intervals here, these figures should be viewed with caution. However, it is notable that the trajectory for all Districts is in line with the downward trend of England as a whole.

Figure 2 Smoking Prevalence in Adult by District: Trend 2011-2024

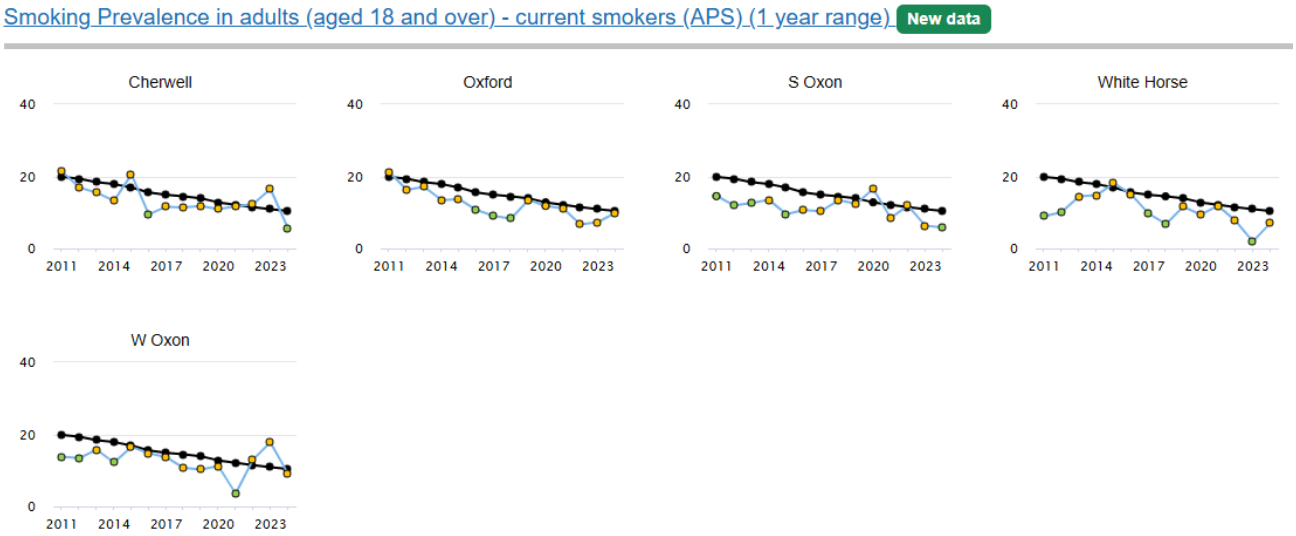


Figure 3 Smoking Prevalence in Adult by District 2024: Prevalence Figures and Confidence Intervals

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	10.4	10.2	10.7
Oxfordshire	–	-	7.5	5.3	9.6
Oxford	–	-	9.9	3.8	16.0
West Oxfordshire	–	-	9.1	3.3	14.9
Vale of White Horse	–	-	7.0	2.5	11.6
South Oxfordshire	–	-	5.8	2.3	9.4
Cherwell	–	-	5.6	2.3	8.9

Source: OHID, based on Office for National Statistics data

Disparities in Smoking Prevalence – We continue to see higher rates of smoking in key population groups. For example:

- **Routine and manual occupations:** smoking prevalence in Oxfordshire is estimated 18.3% - a slight increase from last year, although the confidence interval is between 12.7%-23.9%. Though lower than England and SE Regions

in all areas, routine and manual smoking prevalence is around 3 times that of the general population and therefore this is a group we want to reach and support to quit smoking.

- **People living with a long-term Mental Health condition** with an Oxfordshire prevalence of 22.6% (2024/5), better than the national average at 24% but slightly (though not statistically significantly) worse than last year (21.5%)
- **Smoking in pregnancy** is a leading contributor to poor health outcomes during both pregnancy and childbirth for both parent and infant. Children with parents who smoke are about three times more likely to start smoking themselves3. In Oxfordshire we continue to see decline in the proportion of women smoking at the time of delivery (SATOD). From 7% in 2021/22, to 5.5% (2024/5). Smoking support is now delivered by maternity services in Oxford University Hospitals Trusts and also offered to their household members.
- **People who live in social housing**: in 2023 in Oxfordshire, 42.5% of those renting from a local authority or housing association smoked (but there is a 24.1%-60.9% confidence interval), significantly more than those renting privately (3.2%), owning with mortgage (9.0%), and owning outright (6.2%). This population face significant intersectionality, with people who live in social housing more likely to have mental health conditions and/or live in deprived areas [4]

The presentation given at the HIB meeting will expand on some of the focused work we have undertaken with these groups this year and are expecting to include in the action plan accompanying the new strategy (some of which is detailed in the section about Section 31 funding, below)

Appendix 1 provides a comprehensive summary list of our priority group and further details around some of the disparities they face.

National Updates: Tobacco and Vapes Bill; disposable vapes ban mid 2025

The Kings Speech in July 2024 referenced the Tobacco and Vapes Bill. The Bill will introduced a smoke-free generation by gradually phasing out the sale of tobacco products across the country, banning the advertising and sponsorship of all vapes and other nicotine products, expanding current indoor smoking restrictions to certain outdoor public places and workplaces aiming to strengthen enforcement activity. The Bill is currently at the Committee stage in the House of Lords. Following which, it will proceed to the Report stage, 3rd Reading, and Consideration of Amendments. Once both Houses agree on the final text, the Bill will receive Royal Assent and become law.

On 1st June 2025, single-use disposable vapes were banned from sale in the UK. The impact of this is yet to be seen.

[3] Young people and smoking - ASH
[4] https://ash.org.uk/uploads/ASH-Housing-LIN-Smoking-and-Social-Housing-May-2022.pdf?v=1652284469

Smokefree Generation funding – 'Section 31' Grant

All upper tier local authorities received funding should use this to enhance and improve access to and awareness of local stop smoking services. Below is a summary of some of the key activities that have been developed using the Smokefree Generation Funding this year:

- **A new Stop Smoking Service for Oxfordshire ,** called Smokefree Oxon (Smokefree Oxon – A Stop Smoking Service) with significantly increased capacity, open to all but with targeted work for higher prevalence groups, started on 1st July and focuses much more on community partnership and outreach than the previous service, as well as having a digital offer.
- **The Smoking Health Needs Assessment** (Oxfordshire Data Hub – Bitesizes and Health Needs Assessments) has been completed with some further information added in early 2025. This has significantly informed the work commissioned with the S31 monies for 2025-26 and the development of the OTCA strategy.
- **Qualitative Insights report commissioned** last year informed the campaign we ran in March 2025 for no-smoking day. The campaign assets 'It's Well Worth It' were used again and the campaign was a mix of social media, posters, leaflet drops in key areas and letters to GPs and pharmacies. There was excellent engagement with this campaign.
- **SE Smokefree Alliance:** This has been set up in the last year with 14 other local authorities contributing. The focus is on campaigns across the region, a website, research and a lead person in post. The website is here, using a tagline: Quit Together/Live Better: About us – Southeast Smokefree Alliance
- Based on a successful pilot elsewhere a **Tobacco Dependency Advisor (TDA) is still planned for Accident and Emergency** at Oxford University Hospital.
- **Safe and Well Visits with the Fire & Rescue Service** are showing positive results with an increasing number of brief advice sessions given and referrals to the LSSS.
- A programme of **community outreach with Community First Oxfordshire** started in February. The programme involves intensive, focused work in community spaces such as food banks to engage people in quitting smoking. An interim impact report is expected later this month
- Work continues **with schools to promote INTENT**, a preventative programme for secondary schools
- **Targeted Lung Health Check Programme**: continue to make referrals to Smokefree Oxon

Forward look at activity in the pipeline over the next 5 months (end of year).

- **Allan Carr's Easyway:** a pilot evaluation showed good results for smoking quits and longer term quits, and we are commissioning further seminars this year. This NICE and WHO-approved intervention offers a different approach to quitting smoking that better suits some people.
- Close monitoring and development of **Smokefree Oxon** to ensure the targets and performance indicators are met.

- Working in partnership with the drug and alcohol team and the workplace wellbeing team to commission **a workplace well-being and community brief intervention service,** that offers VBA (Very Brief Advice) and signposting to Smokefree Oxon amongst other prevention work, is underway. This service is expected to start early next summer.
- **Smoking and Mental Health campaign** in January with the SE Smoke free Alliance. This will be a widespread campaign challenging myths around smoking and mental health, supported by PR media, the NHS and communities. It is based on successful stop smoking campaigns run in Yorkshire and North Humber regional alliance. It will include social media, local TV & radio ads, train carriage posters and more.
- **Research project into nicotine dependency and vaping** and the best way to support people to quit**,** especially children and young people.

Oxfordshire Tobacco Control Alliance Strategy 2026-2030

The current Oxfordshire Tobacco Control Strategy expires this year. This new strategy (2026-2030) continues our aspiration to become and remain smokefree (defined as a prevalence of 5% or less in Oxfordshire) (Appendix 2).

The strategy addresses health inequalities and aims to reduce smoking prevalence overall and across priority groups. It links to wider strategic priorities on prevention and health improvement.

The strategy was developed through a **whole-system approach**, led by the Oxfordshire Tobacco Control Alliance (OTCA), and informed by:

- **National Policy and Evidence**: Khan Review recommendations, Tobacco and Vapes Bill, 10-year Health Plan.
- **Data Analysis**: Annual Population Survey, OxWell survey, Oxfordshire County Council Public Health Survey
- **Stakeholder Engagement**: Two workshops with OTCA members.
- **Public Consultation**: Feedback gathered via a public engagement survey and a public consultation survey, both delivered via *Let's Talk Oxfordshire*.
- **Integration of Learning**: Built on successes and lessons from the 2020–2025 strategy.

We have also set five strategic priorities:

- **Preventing Uptake:** We aim to focus on preventing smoking uptake and nicotine dependency in children and young people, as well as reduce their exposure to tobacco and vaping products.
- **Supporting Smokers to Quit:** This involves enhancing access to stop smoking services and targeted support for populations where smoking rates remain highest and groups particularly vulnerable to the harms of smoking.
- **Creating Smokefree Environments:** Promoting smokefree spaces in public and private settings will de-normalise smoking and reduce the harms from exposure to second-hand smoking.
- **Regulation and Enforcement:** This involves strengthening compliance with tobacco and vaping legislation and tackling illicit and underage tobacco sales.

- **Working in Partnership:** We aim to foster collaboration across local authorities, health, care, education, and community sectors.

A five-year action plan is being developed to deliver the priorities set out in the strategy. The action plan will be monitored annually and will be coordinated by the Oxfordshire Tobacco Control Alliance.

Challenges

- Reaching/engaging providers who work with key priority groups such as local authority and social housing providers, job centres and workplaces employing routine and manual workers and schools. But work is focused on this area, particularly with the OTCA strategy.
- Continued misconceptions around vaping and the negative impact this is having on harm reduction strategies to be gained from vaping.
- Uncertainty around the continuation of BOB ICB- funded Tobacco Dependency Advisors in Oxfordshire hospitals

Budgetary implications

Public Health activity to reduce smoking is funded from the Public Health grant and the Smokefree Generation Section 31 government grant (which is committed for 5 years from 2024-2029). This latter grant is linked to smoking prevalence rates and will reduce or grow in line with prevalence rates.

Delivery of the Oxfordshire Tobacco Control strategy 2026-2030 will be supported through existing public health budgets, the s31 grant and partnership contributions. No financial risks are associated with the publication of the strategy.

Equalities implications

The strategy prioritises reducing smoking among vulnerable groups, including people with mental health conditions, routine/manual workers, pregnant women, and people with long term health conditions thereby addressing health inequalities.

Sustainability implications

Creating smokefree environments supports sustainability by reducing tobacco-related litter and environmental harm. The strategy complements local climate action commitments. All providers who work with the Council in any of these activities are required to commit to the Council's priorities to a Greener Oxfordshire.

Risk Management

- There is a requirement to refresh the Oxfordshire Tobacco Control Strategy, as the previous strategy was published in 2019 covering 2020-2025.

- The strategy aligns with priority 3.2 of the Oxfordshire Health and Wellbeing Strategy, to make Oxfordshire smokefree. Not refreshing the strategy would carry the risk of failing to take action towards achieving this priority.
- Absence of a tobacco control strategy and a subsequent action plan would also have implications for the health of the population, with a risk of increasing smoking prevalence and the associated healthcare, societal, and productivity costs for adults, young people and infants.
- Activity funded by the s31 grant needs to be linked to falling prevalence rates and is monitored by DHSC.

Communications

- Public consultation on the draft strategy was undertaken via 'Let's Talk Oxfordshire' from 30th June to 18th August. A "You said, we did" piece is currently being prepared for publication.
- Stakeholder engagement included OTCA workshops and feedback sessions.
- Publication of the strategy will be accompanied by a communications plan to ensure clear messaging.

Key Dates

27 Nov 2025: Approval of the Oxfordshire Tobacco Control Strategy 2026-2030

17 Dec 2025: Publication of the public-facing document of the strategy

11 Mar 2026: Official launch of the Oxfordshire Tobacco Control Strategy 2026-2030 (No Smoking Day - March 2026) including an associated action plan

Report by: Sam Casey-Rerhaye, Programme Lead, Smoking & Tobacco, Panagiota Birmpili, Public Health Registrar

Contact Officer: Derys Pragnell, Consultant in Public Health, Oxfordshire County Council.derys.pragnell@oxfordshire.gov.uk

Appendices

Appendix 1 - Comprehensive summary list of priority groups
Appendix 2 – Oxfordshire Tobacco Control Strategy

Appendix 1

Priority Groups for Oxfordshire's Local Stop Smoking Service 2025:

- Routine Manual Workers
- Mental Health Illness (not mental health inpatients)
- Dual Drug and/or alcohol users
- Homeless
- Council/Housing Association residents
- Under 18s
- Ethnic Groups where smoking prevalence is high
- Never worked/unemployed
- People with long term conditions

Inclusion criteria for the service:

The following people in Oxfordshire are eligible for this Service:

- Any Oxfordshire resident or employee working in Oxfordshire aged 13 years* and over that smokes a tobacco product and who wishes to quit.
- This includes people who go to school, college or university in Oxfordshire.
- For adults, a person who smokes is defined in terms of daily use, whereas for children and young people it is defined in terms of weekly use.
- Confirmation of an Oxfordshire postcode for resident or employee workplace is based on the given postcode.
- Anyone who has been triaged, using motivational interviewing techniques to assess their readiness to engage in the Service, regardless of how recent their last (failed) quit attempt was with or without the support of the Service (presentism).
- Severe Mental Illness (SMI), someone who has a diagnosis of psychosis, schizophrenia or bipolar affective disorder for example who are on the SMI Register with primary care, will be eligible to access a specific pathway designed by the Service to meet their needs.
- Refugee and Asylum seekers supported by OCC or local partner organisation.

Appendix 2

Oxfordshire Tobacco Control Alliance

Oxfordshire Tobacco Control Strategy 2026-2030

Contents

Introduction

Tobacco smoking remains the leading cause of preventable deaths and ill health nationally and locally. In addition to the harms in people's health, it is associated with substantial productivity, societal and healthcare costs. Smoking is also the largest driver of health inequalities, as it is more common among disadvantaged communities.

Over the years, significant legislative and policy measures have been introduced nationally to address the public health challenge that tobacco poses. These can be considered successful, as smoking prevalence has declined in England from 27% in 2000 to 10% in 2024.

In Oxfordshire despite a reduction in smoking prevalence over the years, more than 7% of adults still smoke, which amounts to over 45,000 people. Like the national picture, smoking rates remain disproportionately high in some population groups. Smoking cigarettes is not the only way that tobacco is used, and this strategy covers all types of tobacco which includes but is not limited to shisha, heated tobacco and chewing tobacco.

The Oxfordshire Tobacco Control Alliance was formed to address these challenges at local level and produced the first Oxfordshire Tobacco Control Strategy for 2020-2025, 'The Final Push' in 2019. The strategy set out priorities to reduce tobacco use in Oxfordshire through a whole systems approach across four pillars; prevention, supporting smokers to quit, creating smokefree environments, and local regulation and enforcement.

However, since its publication, the national and local policy landscape has changed, and the emergence and management of the COVID pandemic disrupted progress on these priorities. The new Oxfordshire Tobacco Control strategy 2026-2030 builds on the aims and pillars of the previous strategy and expands them, taking into account the most recent policy developments, latest statistics on smoking in Oxfordshire, and lessons learned over the past 5 years.

Our vision: In line with national aspirations and the current Oxfordshire Joint Health and Wellbeing Strategy, our aim is to reduce smoking prevalence to less than 5% in Oxfordshire, becoming 'smokefree' by 2030, and support everyone to have a healthy lifestyle without the harmful effects of smoking.

The National Picture

The national policy landscape for tobacco control has evolved significantly since the Government published its Tobacco Control Plan for England 2017-22[5], marked by a renewed political commitment to achieve Smokefree by 2030. Key developments have been shaped by the Khan Review, the Tobacco and Vapes Bill, updated NICE guidance, the 10-year Health Plan for England, and evolving regulatory proposals around vaping.

The Khan Review: Making Smoking Obsolete (2022)[6], commissioned by the Department of Health and Social Care, underlined the need for bolder national action and set out 15 recommendations to meet the 2030 ambition. The review called for comprehensive investment in stop smoking services, increased taxation on tobacco products, improved prevention in the NHS, mandatory licensing for retailers, increase in smokefree places, and promotion of vaping as a smoking cessation tool, alongside measures to reduce the appeal of vaping to children. More importantly, it proposed an increase in the age of sale of tobacco by one year every year, to ensure that future generations never start smoking.

The review was followed by the policy paper "Stopping the start: our new plan to create a smokefree generation", published by the Department of Health and Social Care (DHSC) in October 2023[7]. This policy paper set out proposals to raise the age of sale of tobacco products, actions to reduce youth vaping, plans to support enforcement agencies to tackle illicit tobacco sales, and measures to support current smokers to quit, such as increased funding for local stop smoking services (LSSS), financial incentives for pregnant smokers to quit, and providing free vaping kits through the 'Swap to Stop' scheme[3].

Subsequently, the Tobacco and Vapes Bill, was introduced to parliament in November 2024, and represented a landmark shift in legislation by aiming to create a smokefree generation[8]. The new legislation will make it an offence to sell tobacco products to anyone born on or after 1 January 2009, incrementally raising the legal age of sale each year. This long-term structural approach is expected to progressively eliminate youth uptake of tobacco. The Bill also introduces retailer licensing and gives the Secretary of State broad powers to regulate vape product

[5] Department of Health (2017). Towards a Smokefree Generation: A Tobacco Control Plan for England
[6] Khan, Dr Javed (2022). The Khan review: making smoking obsolete.
[7] Department of Health & Social Care (2023). Stopping the start: our new plan to create a smokefree generation
[8] UK Parliament (2025). Tobacco and Vapes Bill

packaging, flavours, advertising, and in-store display, and to expand smokefree restrictions to outdoor spaces such as outside schools, hospitals, and in playgrounds.

The 10-year Health Plan for England (2025) aims to shift the focus from sickness to prevention, and a major area of work includes supporting smoking cessation services[9]. The plan highlighted the role of the NHS in providing support to tackle tobacco dependence for all patients admitted to hospital, pregnant women and their partners, and long-term users of mental health services, continuing the commitment made in the NHS Long Term Plan[10].

Local NHS and community efforts to reduce tobacco smoking prevalence are guided by the updated National Institute for Health and Care Excellence (NICE) guidance 'Tobacco: preventing uptake, promoting quitting and treating dependence' (NG209), published in 2021[11]. This document consolidates all previous guidelines related to tobacco and provides evidence-based best practice for supporting people to stop smoking, including pregnant women and people with mental health conditions, reducing tobacco harm, and preventing children and young people from taking up smoking. It recommends embedding smoking cessation in all NHS services, expanding use of behavioural support and pharmacotherapy, and supporting the regulated use of vaping products for cessation in adults.

Finally, the All-Party Parliamentary Group on Smoking and Health published the landmark report 'Roadmap to a Smokefree Country' in 2025[12]. The report calls for a cross-party support of a national strategy that consolidates legislative, financial, and enforcement tools. It emphasises ending industry interference in policy, securing long-term funding for stop smoking services, and coordinating national and local implementation.

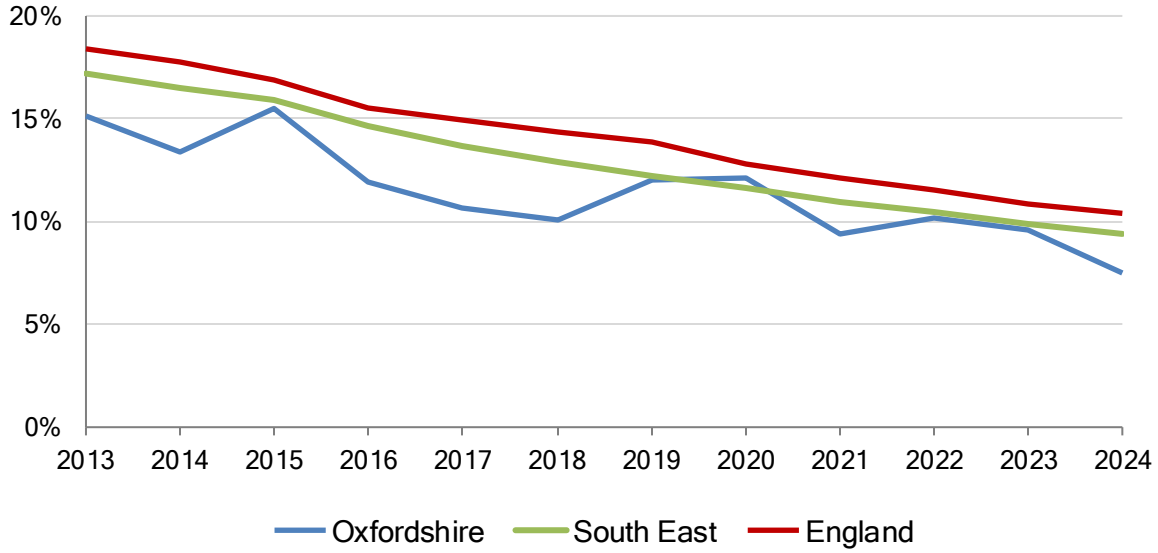
Together, these national policy frameworks provide strong support and a legal mandate for localities to adopt comprehensive and ambitious approaches to tobacco control.

[9] National Health Service (2025). 10 Year Health Plan for England: fit for the future - GOV.UK
[10] National Health Service (2019). The NHS long term plan.
[11] National Institute for Health and Care Excellence (NICE)(2025). Tobacco: preventing uptake, promoting quitting and treating dependence
[12] All-Party Parliamentary Group on Smoking and Health (2025). A Roadmap to a Smokefree Country: No one starts, everyone stops, no profit in tobacco

Smoking in Oxfordshire

Over the past 10 years, smoking prevalence has been declining nationally and locally, as shown in Figure 1. The latest data indicate that an estimated 7.5% of adults in the county still smoked in 2024, compared to 13.4% in 2014[13]. This is lower than the England average (10.4%) and similar to the South East (9.4%)[9]. Continuous efforts to support tobacco control will maintain this downward trend in the coming years and help reach the 5% target by 2030.

Figure 1. Smoking prevalence in adults (18+) from 2013 to 2024



Source: Annual Population Survey (APS), Office for Health Improvement and Disparities (OHID)

Smoking in priority populations

While Oxfordshire performs better than the national average on several smoking indicators, the proportion of people who smoke remains disproportionately high in some population groups, such as routine and manual occupations, people with mental health conditions, people who are homeless or live in social housing, and those who live with unemployment. We need to ensure our actions address the needs of these high-prevalence groups, as well as groups that are at particular risk from smoking, such as pregnant people, children, and young people.

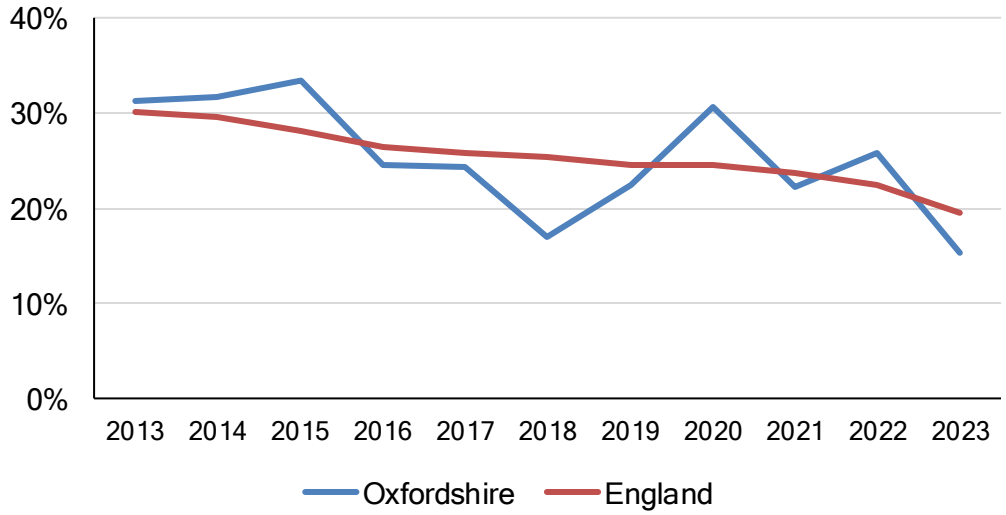
Adults in routine and manual occupations or unemployed

[13] Department of Health and Social Care (2025). Fingertips - Smoking profile

Smoking is associated with individuals' occupation. Smoking prevalence in routine and manual workers was 15.3% in 2023 in Oxfordshire, a substantial decline from 31.2% in 2013, but the rate fluctuates from year to year due to low numbers of adults in this population and is comparable to 19.5% in England (Figure 2)[14]. Over the 2022-24 three-year period, smoking rate in Oxfordshire was 18.3%, compared to 19.2% in England[10]. However, these percentages are much higher than the Oxfordshire general adult population (7.5%), highlighting the need to focus our tobacco control efforts to this population group.

Smoking is also associated with individuals' employment status. Higher rates of smoking are observed in people in unemployment, with 16.5% of unemployed people in England smoking in 2024, compared to 9.8% in employment[15]. In the Oxfordshire Public Health Survey (2024), both unemployed and self-employed groups had notably high rates of smoking (22% and 28% respectively)[16].

Figure 2. Smoking prevalence in adults (18+) in routine and manual occupations



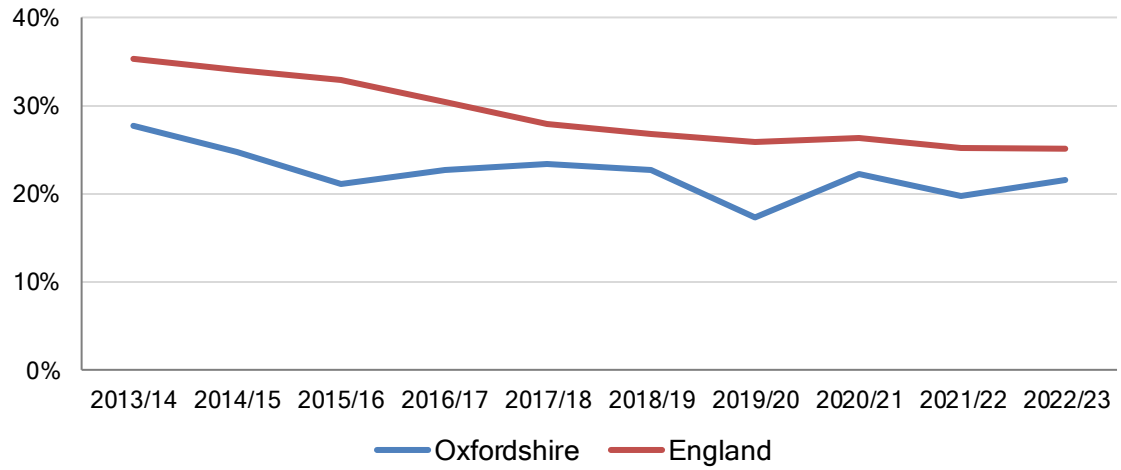
Source: Annual Population Survey (APS), Office for Health Improvement and Disparities (OHID)

[14] Department of Health and Social Care (2025). Fingertips - Smoking profile
[15] Office for National Statistics (2025). Smoking habits in the UK and its constituent countries
[16] Oxfordshire County Council Public Health Survey 2024

People with mental health conditions

Smoking is a leading cause of the lower life expectancy among people with mental health conditions[17]. The cause-and-effect relationship between the two is not clear, as people with poor mental health are more likely to smoke and smoking can negatively affect people's mental health. Smoking rates increase with the severity of the mental health conditions, and people in this group are also more likely to be heavy smokers, despite a more frequent desire to quit compared to the general population[18]. In Oxfordshire, 22.6% of adults diagnosed with a long-term mental health condition smoked in 2024/25[19]. This rate is lower than the England average of 24.0% and has decreased over the past 10 years as shown in Figure 3, but people with a mental health condition are still 2.5 times more likely to smoke than people without[15].

Figure 3. Smoking prevalence in adults (18+) with a long-term mental health condition



Source: GP Patient Survey (GPPS), NHS England.
The analytical approach changed in 2024, so the 2024/25 data is not comparable.

People living in Council Housing or Housing Association housing

Smoking prevalence is higher in socioeconomically disadvantaged groups. In England, the percentage of current smokers is higher among people living in social housing (23.8%) compared to those renting privately (14.5%) or owning their homes

[17] Walker ER et al. (2015). Mortality in mental disorders and global disease burden implications: A systematic review and meta-analysis. JAMA Psychiatry. doi: 10.1001/jamapsychiatry.2014.2502
[18] Action on Smoking and Health and Public Mental Health Implementation Centre (2022). Public mental health and smoking: A framework for action
[19] Department of Health and Social Care (2025). Fingertips - Smoking profile

(7.0%)[15]. Comparatively, 28.5% of people who rent from local authorities or housing associations smoked in Oxfordshire in 2022.

Other priority groups

Other population groups where prevalence is high are outlined below. Sustained effort is required to eliminate these inequalities.

- People experiencing homelessness. Surveys consistently estimate that 76% of people experiencing homelessness or sleeping rough smoke[16]. Of those, 50% would lie to give up, with 46% stating that they had not been offered support to stop smoking[20]. They are also more likely to experience negative health outcomes arising from smoking, such as respiratory conditions, which in combination with the health impacts of homelessness, have a detrimental effect on their overall health.
- Dual drug and/or alcohol users. It is estimated that in Oxfordshire, 21% of adults admitted for treatment for alcohol misuse, 39% of those on treatment for non-opiate misuse, and 50% of those on treatment for opiate misuse smoke[21]. These rates are markedly higher than the general adult population. Despite that, only 4% of people were recorded as having been offered referrals for smoking cessation interventions in 2023-24 nationally[22].
- People living with long term conditions. People diagnosed with respiratory conditions (asthma or COPD), circulatory diseases, or cancer often have higher smoking rates rather that the average population. Smoking may be the cause of these conditions or exacerbate them. For example, over 70% of COPD cases are associated with cigarette smoking[23]. Smoking is also the most common cause of lung cancer and is responsible for more than a quarter of all cancer deaths in the UK[24].
- People living or working in areas of high deprivation according to area deprivation indices such as the index of multiple deprivation (IMD) or Census household deprivation. In England, 14% of people living in the most deprived 10% of areas smoke, compared to 8% of those in the least deprived 10% areas[17].

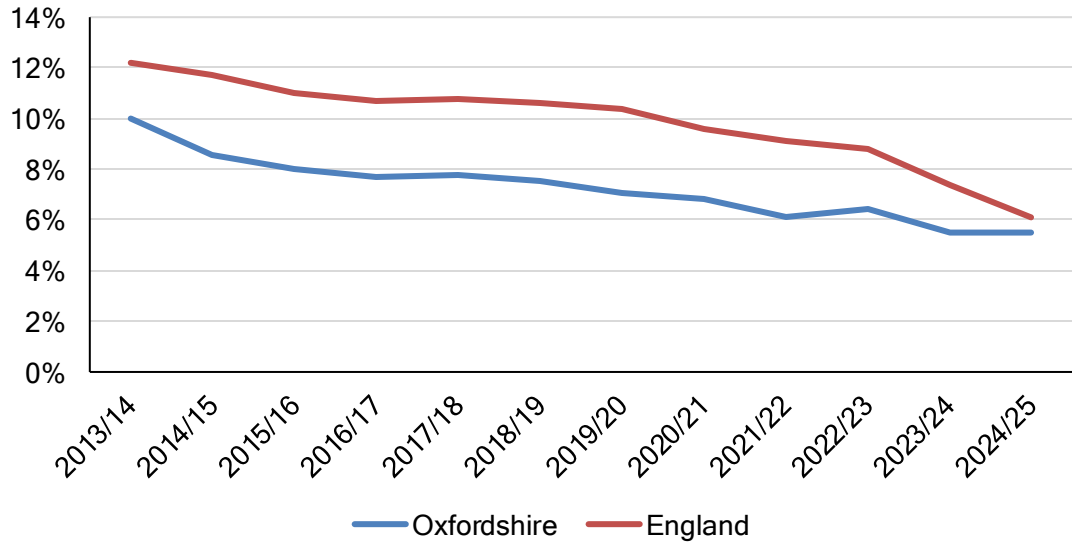
[20] Hertzberg, D., & Boobis, S. (2022). Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit. Homeless Link.
[21] Department of Health and Social Care (2025). Fingertips - Smoking profile
[22] Office for Health Improvement and Disparities (2024). Adult substance misuse treatment statistics 2023 to 2024
[23] World Health Organisation (2023). Tobacco and Chronic obstructive pulmonary disease
[24] Action on Smoking and Health (2023). Smoking and cancer.

Smoking in pregnancy

Smoking in pregnancy has well known negative effects for the growth and development of the baby and health of the mother. On average, women who smoke have more complications during pregnancy, including bleeding, miscarriages, stillbirths, premature birth, low birthweight, and birth defects[25]. Encouraging pregnant women to stop smoking not only reduces the risk of pregnancy-related complications but also helps them kick the habit for good. This provides health benefits for the mother and reduces exposure to second-hand smoke and risk of future smoking for the child. Children whose parents or caregivers smoke are more than twice as likely to have tried cigarettes and four times more likely to regularly smoke than those who do not live with smokers.[26]

Smoking rates in pregnancy have significantly decreased over the past few years, as illustrated in Figure 4. In 2024/25, 5.5% of women smoked at the time of delivery in Oxfordshire, compared to 6.1% in England. It appears that Oxfordshire has achieved the national ambition to reduce the rate of smoking at the time of delivery below 6%, as outlined in the Tobacco Control Plan[27]. However, the latest data may not be entirely accurate, as smoking status was unknown for over 10% of maternities in Oxfordshire in 2024/25.

Figure 4. Proportion of women known to smoke at the time of delivery



Source: Office for Health Improvement and Disparities (OHID), based on NHS England data

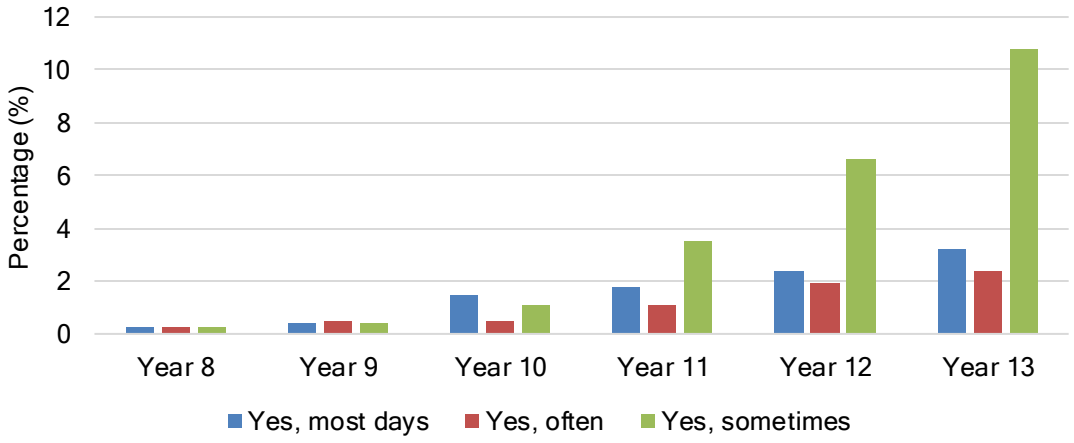
[25] Royal College of Physicians (2018). Hiding in plain sight: treating tobacco dependency in the NHS
[26] Laverty AA, et al. (2019) Smoking uptake in UK children: analysis of the UK Millennium Cohort Study. Thorax. doi: 10.1136/thoraxjnl-2018-212254.
[27] Department of Health (2017). Towards a Smokefree Generation: A Tobacco Control Plan for England

Children and Young People

Nationally, smoking shows a declining trend among school pupils aged 11-15 in England, with 3% currently smoking and 1% smoking regularly (more than once a week) in 2023[28]. However, a recent survey of pupils in Oxfordshire found that the prevalence of regular smokers increases with age from less than 2% for those aged 11-15 years to nearly 6% for those aged 17-18 years (Figure 5)[29]. The parental and sibling smoking is also a significant factor associated with childhood smoking. Children whose parents or caregivers smoke are more than twice as likely to have tried cigarettes and four times more likely to regularly smoke than those who do not live with smokers[30]. Two thirds of those trying one cigarette will become daily smokers, at least temporarily[31].

In terms of vaping, the proportion of young people aged 11-17 who had ever vaped in England was 18% in 2024, amounting to around 980,000 children[32]. Among 11-17-year-olds, 9.5% had only tried once or twice, 3.0% vaped less than once a week, and 4.2% more than once a week[28]. Vape use increased with age from 3% of 12-year-olds, to 10% of 14-year-olds and 19% of 15-year-olds[33]. In Oxfordshire, the majority of children and young people aged 11-17 had never tried vaping (76%), while 10% had tried once and 3.5% vaped every day[34]. However, the proportion of those vaping every day increased to 10% in the 17/18-year-old group[30].

Figure 5. Pupils responding "Yes" to the question "Do you smoke cigarettes?"[25]



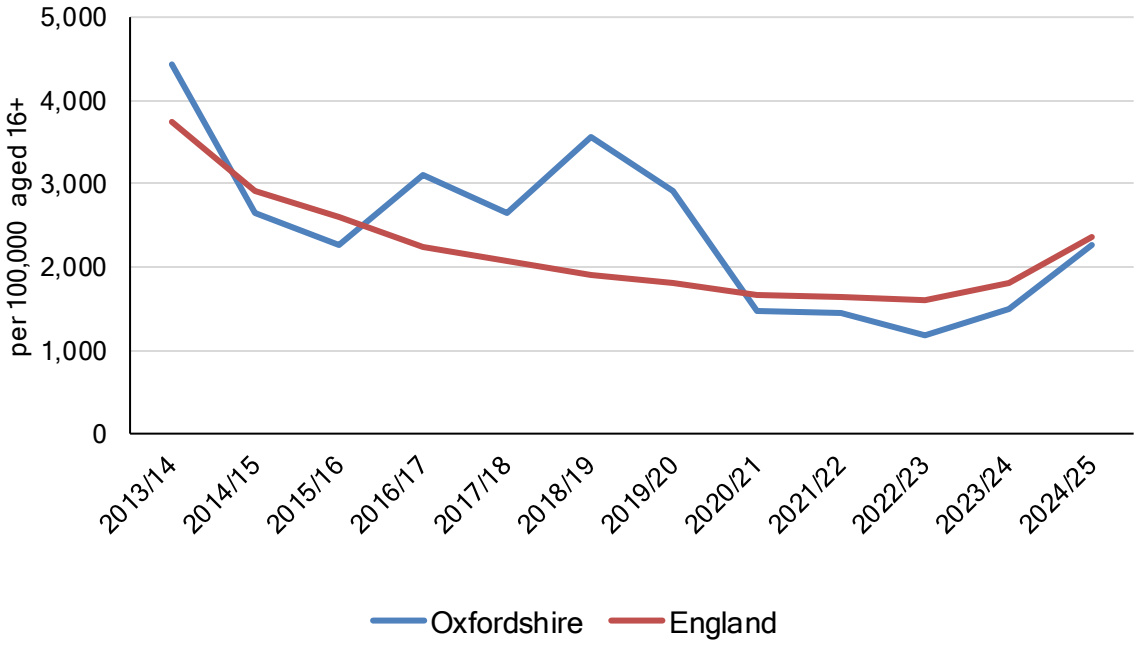
[28] Smoking, Drinking and Drug Use among Young People in England, 2023 - NHS England Digital
[29] University of Oxford OxWell survey (2025).
[30] Laverty AA, et al. (2019). Smoking uptake in UK children: analysis of the UK Millennium Cohort Study. Thorax;74(6):607-10. doi: 10.1136/thoraxjnl-2018-212254.
[31] Birge M, et al. What Proportion of People Who Try One Cigarette Become Daily Smokers? A Meta-Analysis of Representative Surveys. Nicotine Tob Res. 2018;20(12):1427-33. doi:10.1093/ntr/ntx243.
[32] Action on smoking and health (2024) Use of vapes (e-cigarettes) among young people in Great Britain
[33] NHS England (2023). Smoking, Drinking and Drug Use among Young People in England - Part 4: Electronic cigarette use (vaping)
[34] Oxfordshire County Council. Oxfordshire Youth Vaping Survey 2024

Stop Smoking Activity in Oxfordshire

A broad range of services are in place to prevent people from taking up smoking in the first place and to support those who smoke tobacco to quit, and they are referred to as "Tobacco Control". Locally, support to quit in the form of pharmacotherapy and behavioural support is offered via a specialist Local Stop Smoking Service, commissioned by Oxfordshire County Council. Inpatient and maternity tobacco dependency services (TDS) are also available through local NHS Trusts.

Following a reduction in commissioned local stop smoking service capacity in 2020, the last few years have seen a gradual increase in capacity. In 2024/25, 2,095 people set a quit date in Oxfordshire, amounting to 3,360 per 100,000 smokers, substantially lower than the national average of 4,403 per 100,000[35]. Of those, 67.4% reported that they had successfully quit at 4 weeks (2,268 per 100,000 smokers), compared to 53.6% in England (2,358 per 100,000 smokers) (Figure 6). Very few of the successful quitters were confirmed by carbon monoxide (CO) validation (3.3%), which is a more objective indication of tobacco use compared to self-reporting.

Figure 6. Smokers that have successfully quit at 4 weeks in Oxfordshire vs England



Source: NHS England Digital

[35] NHS England Digital (2025) Statistics on Local Stop Smoking Services in England 2024/25

The NHS maternity and inpatient TDS have also supported the stop smoking activity in the region. During 2024/25, the Oxford University Hospitals NHS Foundation Trust inpatient TDS service received 2,375 referrals while the outpatient service received 1,345 referrals of people who smoked and wished to quit. In 2024, 538 referrals for people who smoked were received by the maternity TDS service, of which 29% were accepted. Of those who accepted, 24% were smoke-free at 4 weeks and 15% remained smoke-free postnatally.

In summary, an increasing number of people have had access to specialist stop smoking services in Oxfordshire since 2020, but this needs to increase further, as does CO validation. Additionally, more efforts need to be made to increase the number of smokers who are referred to these services and make the decision to quit.

The Effects of Smoking in Oxfordshire

In addition to the harmful effects of smoking on the population's health, there is also a wider societal cost. Action on Smoking and Health (ASH) estimated that in Oxfordshire, smokers spend £140 million a year on purchasing tobacco products, while the costs to society reached £527 million per year in 2025[36]. These can be broken down into productivity, social care, healthcare, and house fire costs.

Productivity costs

It is estimated that every year £283 million is lost from the local economy in Oxfordshire due to lost productivity from smoking[32]. Smokers take more days off work due to smoking-related illnesses, resulting in an annual loss of earnings of £120 million. Smoking is also related to economic inactivity and inability to work due to smoking-related illness, costing £38.7 million to society[32]. Additionally, about half of all lifelong smokers will die prematurely, losing an average of ten years of life[37]. Around 570 people in Oxfordshire die each year due to smoking, which amounts to 2,725 total years of life lost[38], with the productivity cost of these early deaths to the local economy estimated at £12.9 million annually. Finally, if people switched their spending from tobacco to other products, that would add £112 million to the local economy, as tobacco creates few jobs and there are very small profit margins for retailers compared to other goods and services[32].

Healthcare costs

Smoking causes or exacerbates a wide range of diseases, including cancers of the lung, mouth, throat, oesophagus, and bladder, chronic lung conditions such as chronic obstructive pulmonary disease and asthma, and cardiovascular diseases, such as coronary heart disease and stroke[39]. In 2019/20, smoking contributed to an estimated 3,720 hospital admissions in Oxfordshire[34]. The cost of treating smoking-related conditions in hospital and via primary care and ambulatory care services has been estimated at £27.1 million in Oxfordshire in 2025[32].

Social care costs

[36] Action on Smoking and Health (ASH) Ready Reckoner January 2025
[37] Banks, E., Joshy, G., Weber, M.F. *et al.* Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC Med* **13**, 38 (2015). https://doi.org/10.1186/s12916-015-0281-z
[38] Department of Health and Social Care (2025). Fingertips - Smoking profile
[39] Royal College of Physicians (2018). Hiding in plain sight: treating tobacco dependency in the NHS

Smoking greatly increases a person's chances of needing social care. Smokers are 2.5 times more likely to need care support at home and need care on average 10 years earlier than non-smokers[40]. In Oxfordshire, smoking-related ill health means social care is being provided informally by friends and family for about 14,100 people[41]. Smoking-related ill health causes unmet care needs for about a further 4,640 people[37]. The total costs of smoking-related care needs in Oxfordshire have been estimated at £213 million annually and can be broken down into informal care by family and friends (£119 million), unmet care needs (£76.6 million), residential care (£8.34 million), and domiciliary care (£9.13 million)[42].

Fire costs

Smoking is a common cause of accidental fires, with an estimated 23 smoking-related fires being attended by the Oxfordshire Fire and Rescue service (OFRS) each year[38]. These result in annual losses of £3.85 million, due to the cost of death (£1.79 million), non-fatal injuries (£798,000), property damage (£1.17 million), and cost to the OFRS (£97,700)[38].

Exacerbation of socioeconomic inequalities

Smoking is the leading cause for the difference in life expectancy between the most and least socio-economically deprived population groups. Higher smoking rates are observed in the most deprived 10% of areas in England (13.9%) compared to the least deprived 10% (8.1%)[43]. Each smoker spends around £2,340 on purchasing tobacco annually[38], and it is estimated that 25.8% of all smoking households in the South East fall below the poverty line after smoking expenses are taken into account[44]. In Oxfordshire, this would represent 10,500 households.

[40] Action on Smoking and Health (2021). The Cost of Smoking to the Social Care System
[41] Action on Smoking and Health (2025). Inequalities Dashboard January 2025
[42] Action on Smoking and Health (2025). Ready Reckoner January 2025
[43] Department of Health and Social Care (2025). Fingertips - Smoking profile
[44] H Reed (2021). Estimates of poverty in the UK adjusted for expenditure on tobacco – 2021 update

The priorities for Oxfordshire for 2026-2030

Our ambition is to reduce the smoking prevalence in Oxfordshire to below 5%, becoming smokefree by 2030. The targets we aim to achieve by 2030 are outlined in the table below.

Aim	Baseline	Target
Reduce the prevalence of smoking in the adult population	7.5%	Below 5%
Reduce the prevalence of smoking in adults with a long-term mental health condition	22.6%	Below 15%
Reduce the prevalence of smoking in routine and manual workers	15.3%	Below 10%
Reduce the prevalence of women who smoke at the time of delivery	5.5%	Below 2%
Reduce the prevalence of children who smoke often or most days in academic year 11*	2.9%	Below 1%

* Captured in the OxWell survey

To achieve these ambitious goals, we set objectives across four main priority areas (Figure 7). The central theme of "Working in partnership" recognises that progress on these priorities is dependent on a collaborative whole-system approach. A detailed action plan will be developed by the Tobacco Control Alliance to support and implement these priorities.

Figure 7. The main priority areas for Oxfordshire for 2026-2030

Preventing uptake

Smoking is often an addiction developed in childhood and young adulthood, as two thirds of smokers start before the age of 18.[45] Intervening early and preventing uptake of smoking and nicotine dependency in children and young people will reduce the number of adults who smoke over time. Our main objective is to ensure that children and young people are supported not to start smoking or vaping.

We will:

- Communicate the harms of smoking and vaping to young people through evidence-based prevention programmes in educational and youth settings.
- Enable children and young people to live smokefree by eliminating smoking in areas that they frequent, such as playgrounds, school gates, and community venues.
- Support schools to update their approach to smoking prevention.
- Explore the benefits of providing access to stop vaping services for young people.
- Take action to reduce the sale of tobacco products and vapes to people underage, for example by enforcing age verification and illicit sales controls in all tobacco and vape retail outlets.

[45] Health matters: smoking and quitting in England - GOV.UK

Supporting smokers to quit

Our strategic aim is to reduce the prevalence of smoking and eliminate health inequalities through providing universal stop smoking support and enhancing this for populations where smoking rates remain highest and groups particularly vulnerable to the harms of smoking.

We will:

- Ensure ongoing access to evidence-based specialist Local Stop Smoking Services, which meet best practice standards and work in line with national guidance (currently NICE (NG209) and NCSCT).
- Focus on priority groups through stop-smoking interventions and messaging tailored to them, developed through co-production.
- Ensure people who smoke are offered advice and/or support to quit at every contact with relevant services, such as hospitals, GPs, midwives, pharmacists, dentists, optometrists, social care, fire and rescue and youth services, by providing access to training for all related professionals on smoking cessation.
- Ensure effective and swift pathways into support are in place for potential referrers, particularly those working with the most vulnerable groups.
- Ensure that Primary Care teams proactively identify and refer smokers to stop smoking services.
- Promote harm reduction and clear messaging about vaping as an effective smoking cessation tool.
- Increase the capacity or presence of midwives with experience in providing expert smoking cessation support and advice.
- Offer targeted interventions in pregnancy, ensuring an effective pathway is in place for pregnant people and their partners for identification, referral and support to stop smoking.
- Offer targeted interventions for people with mental health conditions and learning disabilities
- Ensure that maternity, acute medical, and mental health inpatient settings continue to implement the tobacco dependency commitments outlined in the 10-year Health Plan for England.
- Raise awareness of the free-to-use Local Stop Smoking Services, NHS-funded tobacco dependency services and effective methods to quit through local mass-media campaigns.

Creating smokefree environments

Increasing the places that are smokefree will de-normalise smoking and reduce the harms from exposure to second-hand smoking.

We will:

- Work with partners to extend smoke-free zones to outdoor public spaces including parks, town centres, and school entrances.
- Continue enforcing existing smoke-free legislation in workplaces, hospital grounds, hospitality venues, and transport.
- Promote smoke-free homes and cars through voluntary pledges and community education.
- Explore opportunities to target stop smoking support and communications to smokers living in social housing and establish referral pathways from social housing providers to local stop smoking support, in partnership with social housing providers.
- Support NHS trusts, universities, and workplaces in developing and implementing comprehensive smoke-free policies.
- Ensure clear public signage and enforcement partnerships with local authority and environmental health teams.

Regulation and enforcement

In the UK, all tobacco products are subject to excise duty, and any cigarettes or tobacco sold without paying this duty are considered illegal. The illegal tobacco trade undermines the effectiveness of taxation by making cheap, unregulated tobacco products more accessible, and bypasses the laws of underage sales, enabling the initiation of smoking in children. The proven link between the supply of illegal tobacco and organised crime, including exploitation and modern slavery, makes this issue even more concerning.

Cheap, illegal tobacco keeps people smoking and smoking more. This is particularly true where household incomes are lower, adding to both health and financial inequality in our communities.

Equally, tobacco and nicotine products that do not comply to legal requirements put users at risk, undermine legitimate attempts to promote vaping as a safer alternative to smoking tobacco, and has a detrimental impact on the fair trading environment of an area.

Oxfordshire County Council's Trading Standards Service continues to adopt an intelligence-led approach to enforcement for underage and illicit sales of tobacco and nicotine products.

We will:

- Work with key partners, including all local authorities in Oxfordshire to tackle the supply and demand of illicit tobacco.
- Raise public awareness, through mass-media campaigns, work with businesses and employers, and via community engagement events, of the effect of illicit tobacco on society and increase the number of people who volunteer intelligence.
- Continue to pursue effective enforcement and disruption activities, including prosecutions in appropriate cases, based on intelligence received.
- Take action to ensure compliance with regulation relating to vapes and other nicotine products, such as nicotine pouches.
- Raise awareness of the issue of cigarette, vape and nicotine product littering and increase enforcement for littering, as well as encouraging suitable recycling of products

Working in partnership

Working in partnership across the system is key to achieve the priority areas for Oxfordshire. The Oxfordshire Tobacco Control Alliance (TCA) owns and oversees the development and delivery of this strategy on behalf of the Oxfordshire Health Improvement Board and Health and Wellbeing Board. Everyone is involved in making required changes.

We will maintain a strong, multi-agency TCA consisting of all relevant council and community partners who are collectively responsible for the delivery of our tobacco control strategy. The TCA will oversee actions, updating these annually in line with best practice and evidence base.

We will:

- Work with regional partners to complement local action with appropriate tobacco control interventions at a regional level.
- Promote the aims of this strategy through diverse local forums and networks, such as Primary Care Networks, local business forums, and housing associations, supporting local stakeholders to play their part in delivering tobacco control locally.
- Partner with local champions and community leaders to reach those living in communities where smoking rates are disproportionately high and co-produce interventions tailored to their needs.

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