

To: Members of the Health Improvement Partnership Board

Notice of a Meeting of the Health Improvement Partnership Board

Thursday, 19 February 2026 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

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Membership

Chair – Cllr Georgina Heritage
Vice Chair – Cllr 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: 28 May 2026

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. **Notice of any other business**
6. **Note of Decision of Last Meeting (Pages 5 - 12)**

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

7. **Performance Report (Pages 13 - 20)**

Presented by Kate Holburn, Consultant in Public Health/ Interim Deputy Director, Oxfordshire County Council

14:10 – 14:20

8. **Report from Healthwatch Ambassador (Pages 21 - 24)**

Presented by Katharine Howell, Healthwatch Ambassador

14:20 – 14:30

9. **Whole Systems approach to healthy weight update (Pages 25 - 50)**

Presented by Derys Pragnell, Consultant in Public Health, Oxfordshire County Council & Claire Gray, Health Improvement Practitioner, Oxfordshire County Council

14:30 – 14:55

10. **Break**

14:55 – 15:00

11. **Physical activity update (Pages 51 - 88)**

Presented by Sal Culmer-Shields, Head of Healthy Active Children at Active Oxfordshire and Francess Burnett, Public Health Registrar, Oxfordshire County Council

15:00 – 15:25

12. Delivery of the food strategy - education programs and activities from around the county (Pages 89 - 100)

Presented by Caroline Welch, Project Lead, Good Food Oxfordshire

15:25 – 15:50

13. AOB

15:50 – 16:00



HEALTH IMPROVEMENT PARTNERSHIP BOARD

OUTCOMES of the meeting held on 27 November at 14:00

Present:

Board members Cllr Georgina Heritage, South Oxfordshire District Council
Cllr 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
Cllr Kate Gregory, Cabinet Member for Public Health and Inequalities
Clare Keen, District Officer

In attendance Katherine Howell, Healthwatch Oxfordshire
Panagiota Birmbili, Public Health Registrar
Paul Wilding, Programme Manager
Melissa Goodacre, Place shaping
John Lee, Health Improvement Practitioner
Derys Pragnell, Consultant in Public Health

Officer

Taybe Clarke-Earnscliffe

Apologies: Robert Majilton, Jayne Bolton, Cllr Helen Pighills

ITEM
<p>Welcome</p> <p>Chair opened and welcomed everyone to the meeting.</p> <p>Welcome to Solomon who is an apprentice in Taybe's team and is shadowing the meeting.</p>
<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>
<p>Petitions and Public Address</p> <p>There were no petitions and public address.</p>
<p>Notice of any other business</p> <p>No</p>
<p>Minutes of Last Meeting</p> <p>Signed off as correct</p>
<p>Active Travel Update and Healthy Place Shaping</p> <p>Presented by Melissa Goodacre, Place shaping, supported by John Lee, Health Improvement Practitioner</p> <p>Melissa provided an overview of the Local Transport and Connectivity Plan (LTCP), highlighting its role as the guiding policy document for transport, including active travel and healthy place shaping strategies.</p> <p>Melissa explained the integration of supporting strategies under the LTCP, such as active travel, freight, air quality, public transport, mobility hubs, and sustainable school travel.</p> <p>Melissa discussed the use of local cycling and walking infrastructure plans (LCWIPs), which are required for grant funding and set out improvements for walking and cycling networks, developed with local stakeholders.</p> <p>Melissa noted recent changes in data availability for walking and cycling trips, with the Department for Transport discontinuing certain statistics, prompting a shift to local sensor-based monitoring.</p> <p>The purpose and application of active travel grants were described, including funding for infrastructure, staff, engagement activities, and behaviour change initiatives, with a move toward multi-year settlements based on local authority ratings.</p> <p>Melissa mentioned ongoing developments and the need to adapt monitoring and funding approaches due to changes in national data and grant processes.</p> <p>Healthy Place Shaping and Active Travel</p>

John Lee introduced himself as a health improvement practitioner supporting Melissa Goodacre on the paper.

John provided an update on the Healthy Place Shaping grants, stating that £450,000 of public health funds are being distributed equally across the five districts and city over three years to support sustainability of funded projects.

John gave examples of funded projects, such as rural bike libraries in Cherwell (facing volunteer recruitment challenges) and safe cycling courses in South and Vale districts (with instructor recruitment issues).

John noted that while projects have strong intentions, momentum can take time to build due to these challenges.

The grants also fund non-active travel initiatives, such as Park Yoga.

Questions Raised During the Meeting

Cllr Rachel Crouch raised a concern about the lack of a promised crossing on a main road near West Whitley Primary School, especially with the new Windrush school not fully open, leading to safety worries for children crossing from the Windrush estate. Cllr Rachel Crouch requested Melissa to take this issue away for further investigation.

There was interest in how monitoring of cycling and walking will proceed in the future given the discontinuation of national data sources, and support was expressed for improving connections between rural villages and towns for safer active travel

Cllr Rob Pattenden asked about the implications of the discontinuation of national data for cycling and walking, expressing concern that without this data, there may be no way to compare future progress to historical benchmarks. Melissa confirmed that the discontinuation of national data is a potential problem and explained that the team had expected to receive 2024 data soon, but this will no longer be available. Melissa stated that they are planning to deploy local sensors around the county to gather their own data for monitoring walking and cycling patterns, which was already being considered even before the announcement.

Cllr Chewe Munkonge expressed support for the increase in walking and suggested that making pavements more walkable in Oxford, especially addressing uneven pavements that discourage elderly people, would be beneficial. Cllr Chewe Munkonge raised concerns about the implementation of school streets, giving examples where some schools have them and others nearby do not, leading to parking and connectivity issues for parents and students. Cllr Chewe Munkonge highlighted the lack of direct connectivity between certain schools and suggested this should be reconsidered in future planning. Melissa acknowledged that uneven pavements are a common barrier to walking, especially for those less steady or using mobility aids, and mentioned ongoing work with maintenance colleagues and a review of dropped curb policy to improve walkability. She also suggested using "Fix My Street" for specific issues. Regarding school streets, Melissa confirmed that a county-wide review is underway to assess which schools are suitable for school streets, noting that some may not be prioritized due to road type or bus routes. Melissa will ask the school engagement officer to look into Windmill School and Wood Farm, emphasizing that school streets are implemented based on school interest.

Ansaf thanked Melissa and John for their work and highlighted the effective cross-council and partnership collaboration on active travel initiatives. Ansaf shared an anecdote from Chris Boardman about the challenges of safe walking in rural areas, relating it to the importance of

removing barriers for active travel in Oxfordshire. Ansaf noted that Oxfordshire is ahead of the curve in active travel efforts and emphasized the need to continue this work. He commented on the 2023 data, suggesting that changes in work patterns post-COVID have impacted cycling and walking statistics. Ansaf raised the issue of equity, questioning whether new active travel modes are being adopted by deprived and rural communities or mainly by already empowered groups, and suggested tracking uptake in these areas to address the inverse care law. He recommended considering data collection to monitor active travel uptake in areas of deprivation and rural locations for future planning.

Cost of Living

Presented by Paul Wilding, Programme Manager

Paul provided an overview of the cost of living programme, primarily funded by the Household Support Fund from the government, which has gone through several short-term funding rounds but will move to a three-year settlement next year.

The programme started as a crisis fund focused on essential living costs and has gradually expanded to include more preventative measures.

Key areas of spending include support for free school meal-eligible children during holidays, a resident support crisis scheme, and funding for city and district councils—these account for about 80% of the funding.

The remaining funds are used for targeted projects, especially in areas of deprivation.

A new data tool, the Low-Income Family Tracker, has been introduced to better target support and identify additional benefits for low-income households, with a steering group meeting monthly to guide its use.

Planning for the next year will align the programme with strategic objectives and Marmot principles, but details depend on forthcoming government guidance, especially regarding changes to the Household Support Fund and its transition to the Crisis and Resilience Fund. There may be a shift away from blanket support (such as for free school meal children) toward more resilience-focused interventions, pending government review.

Free School Meals Administration

Cllr Chewe Munkonge asked how free school meals are administered and how eligible families are encouraged to participate, mentioning issues with families not applying at Swan School.

Paul explained that schools manage the normal application process, but the Low Income Family Tracker now allows councils to target families who appear eligible. Letters have been sent to such families, resulting in increased uptake, and this will be repeated regularly. Paul also noted ongoing stigma and other reasons for non-participation.

Auto-Enrolment for Free School Meals

Kate Holburn added that auto-enrolment for free school meals has recently been introduced, which should help address challenges related to stigma and lack of awareness.

District Council Use of Funding and Tracker

Cllr Rob Pattenden commented on the positive impact of secure funding and the Low Income Family Tracker, noting that Cherwell has used targeted letters (likely via the tracker) and small grants for food banks and community groups. Paul confirmed Cherwell was an early adopter of the dashboard and highlighted strong collaboration and uptake.

Report from Healthwatch Ambassador

Presented by Katherine Howell, Healthwatch Oxfordshire Ambassador

Katherine provided an update on Healthwatch activities since the last meeting, including the launch of a survey on end-of-life care experiences, developed with the Oxfordshire Palliative Care Alliance, to inform the Integrated Care Board's dying well strategy.

Reports published include one on trans and non-binary people's experiences with GP services, highlighting mixed experiences, barriers to accessing gender dysphoria clinics, postcode lottery for therapy, and issues with NHS records and app access. Positive experiences were also noted when GP staff were compassionate and proactive.

A major report on digital healthcare and the NHS app was shared, based on feedback from over 800 people. While many found the app useful, a significant portion struggled or were unaware of it, with barriers not limited to age or language. There is also geographical variation in app functionality, and people value human contact in healthcare.

Community research projects are ongoing, including work with South Asian women on cancer screening, people in temporary accommodation on food access, and the Chinese community, with reports expected in early 2026.

Healthwatch has conducted visits to Marston Pharmacy and is preparing reports on Watford Hospital's winter ward. Public webinars have been held on cancer care, with an upcoming session on Neighbourhood Health.

Engagement continues with rural communities and seldom-heard groups, including recent outreach in Farringdon as part of work on rural inequalities.

Katherine encouraged members to read the detailed report for further information.

A question was raised about the focus on end-of-life and palliative care, expressing strong support for this area and interest in its importance.

There was a question about whether the "postcode lottery" for gender dysphoria therapy waiting times is general across Oxfordshire or specific to certain areas. Catherine clarified that it is very much a GP practice lottery, which can relate to postcode, and varies depending on the confidence and policy of individual GPs and practices. She noted that West Oxfordshire, in particular, has fewer GPs comfortable with prescribing gender-affirming therapy, making access more challenging there.

Kate commented on the importance of the NHS app research for the analogue-to-digital transition in the 10-year health plan, emphasizing its value for the Oxfordshire approach to neighbourhood health.

Rachel asked about Healthwatch's community research, specifically regarding asylum hotels in West Oxfordshire and cancer screening for residents. Catherine responded positively, suggesting they connect after the meeting to discuss collaboration.

Performance Report

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

Panagiota presented eight new indicators with updated data, covering healthy weight, smoking, and alcohol-related harm.

For healthy weight, Year 6 overweight and obesity prevalence is green (30.5%), slightly below target and within tolerances. Reception age overweight and obesity is amber (20.5%), above target but below the national average, with Vale of White Horse performing less well than other districts. Oxfordshire ranks third lowest among statistical neighbours for obesity prevalence.

Under-75 mortality from cardiovascular disease is green, with stable performance matching regional and national trends.

Smoking indicators are all within target and performing well; further discussion on these is scheduled for the next agenda item.

Alcohol-related harm indicators faced data sharing restrictions, reverting to annual figures. Performance remains significantly above target and national averages. Successful alcohol treatment completion has increased due to strong partnership and multi-agency work.

Panagiota invited questions on the presented indicators.

Cllr Chewe Munkonge asked why Vale of White Horse has the lowest performance in healthy weight among districts. Panagiota explained it may be due to low numbers and wide confidence intervals and suggested further investigation into healthy weight programme uptake in that area.

Cllr Rachel Crouch raised concerns about data accuracy, noting that overweight children often avoid being weighed, which may affect Year 6 obesity data.

Cllr Rachel Crouch also asked about the percentage of physically inactive children and whether the data relates only to the You Move programme or a broader group

Derys Pragnell introduced themselves as a consultant in public health, leading on physical activity, smoking, and healthy weight.

They clarified that the 4.12% figure for physically inactive children refers to general physical activity among all children, not just those in the Move Together or You Move programmes.

Derys mentioned a health needs assessment is underway to better understand physical activity in children and identify areas for improvement

Tobacco Control

Presented by Panagiota Birmpili, Public Health Registrar and Sam Casey-Rerhaye, Public Health Lead

Sam and Panagiota presented the tobacco control update, including new data, activities funded by the Smoke Free Generation Grant, and the proposed Oxfordshire Tobacco Control Strategy for 2026–2030.

Adult smoking prevalence in Oxfordshire dropped to 7.5%, a statistically significant decrease and the lowest recorded, attributed to coordinated efforts by the tobacco control alliance and local stop smoking services.

Smoking prevalence trends are declining across all districts, though district-level data has wide confidence intervals due to small sample sizes.

Priority groups with higher smoking rates include routine/manual workers, people with long-term mental health conditions, and those in social housing. The stop smoking service is required to focus on these groups, as well as people who are homeless, certain ethnic groups, and the LGBTIQI community.

The new stop smoking service is more community-based, with a mobile van, app, and partnerships with GPs, pharmacies, and community organizations. Activities funded by the grant included piloting the Allen Carr Easyway seminar, public campaigns, joining the Southeast Smoke Free Alliance, and outreach with Community First Oxfordshire and the Fire & Rescue Service.

Challenges include engaging housing providers, misconceptions about vaping, and uncertainty over long-term funding for tobacco dependency advisors in hospitals. 9 10

The new strategy aims for a smoke-free Oxfordshire (prevalence below 5%) by 2030, with specific targets for priority groups and children. Public consultation showed strong support for ambitious targets, especially for children and pregnant women.

Five strategic priorities: prevent uptake (especially among youth), support smokers to quit (with focus on priority groups), create smoke-free environments, regulation/enforcement, and partnership working.

Next steps include launching a major campaign on smoking and mental health, expanding Allen Carr seminars, and developing an action plan for the new strategy.

Questions Raised Around Tobacco

Cllr Rob Pattenden asked about the role of vaping in the decline of smoking rates and whether vaping is being considered as a major factor or tool in tobacco control strategy. Sam clarified that vaping is encouraged as a cessation tool for smokers, but there is concern about non-smokers, especially youth, taking up vaping. Research and surveys are ongoing to monitor vaping trends and inform support pathways.

Cllr Chewe Munkonge asked about the root causes of women smoking at the time of delivery, questioning links to cost of living or deprivation. Sam and Panagiota responded that while there is overlap with deprivation and other priority groups, specific Oxfordshire data is limited due to staffing issues in maternity services. National incentive schemes and targeted support are in place, but further local exploration is needed.

There were requests for feedback and suggestions from the board on challenges such as engaging housing providers and misconceptions about vaping.

Any other Business

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Health Improvement Partnership Board

Thursday 19 February 2026

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:

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

These are: **3.23, 4.11, 4.12**

1 indicator(s) without rag rating.

17 green indicator(s).

6 amber indicator(s).

1 red indicator(s).

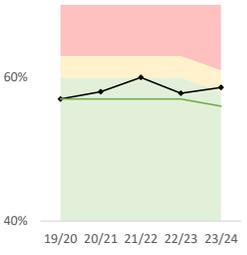
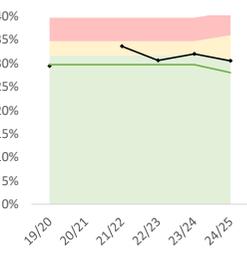
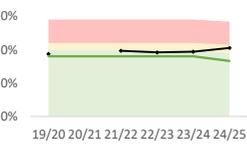
4.12 Percentage of physically inactive children - (less than average of 30 minutes a day)

New data is indicated by highlighted references number.

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

Targets set by local Public Health

Key
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 momentum	
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

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New data is indicated by highlighted references number.

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

Targets set by local Public Health

Key
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	<p>NB: NHS have reported an issues with source data -Therefore no new update for this report.</p> <p>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.</p>	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.	

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

Targets set by local Public Health

Key
 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	<p>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.</p> <p>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.</p> <p>This action plan includes work by: NHS trusts, Trading Standards The Fire Service Schools New Local Stop Smoking Service, Smokefree Oxon provided by Solutions4Health.</p> <p>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.</p>	
3.22	Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers *	Annual	23.3%	2023	15.3%	G	<p>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.</p> <p>Oxfordshire's prevalence (18.3%) is statistically no different to both South East (18.8%) and England (19.2%).</p> <p>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.</p>	
3.23	Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) (New method) *	Annual	20.0%	23/24	22.6%	A	<p>A Tobacco Dependency Service (TDS) funded by NHSE/ICB specifically supports adult inpatients with mental health conditions to quit smoking. The newly commissioned Local Stop Smoking Service Sign up to quit smoking today – Smokefree Oxon has key quit targets for people with low level mental health needs. They are working with mental health partners, pharmacies and GP surgeries to ensure they can engage and support this group.</p> <p>Data note: The 2024 results are not comparable with previous years because of changes to both the questionnaire and the mailing strategy.</p>	No data available for trend chart
3.24	Smoking prevalence in pregnancy	Annual	5.1%	24/25	5.5%	G	<p>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.</p>	

New data is indicated by highlighted references number.

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

Targets set by local Public Health

Key
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	<p>Due to data sharing restrictions, we are unable to provide the most recent performance data and have therefore reverted to previous performance figures.</p> <p>The latest performance remains significantly above both the set target and the national average of 34.1%, and has increased from the previous.</p> <p>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.</p>	
3.32	Alcohol treatment progress	Annual	55.0%	23/24	78.0%	G	<p>Due to data sharing restrictions, we are unable to provide the most recent performance data and have therefore reverted to previous performance figures.</p> <p>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.</p>	
3.33	Admission episodes for alcohol-related conditions (Narrow) rate / 100K *	Annual	490	23/24	414	G	<p>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.</p>	
3.34	Alcohol only numbers in structured treatment	Annual	810	24/25	1002	G	<p>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.</p>	

New data is indicated by highlighted references number.

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

Targets set by local Public Health

Key
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%	Nov 23/24	18.7%	G	<p>Adults in Oxfordshire are less likely to be inactive (complete 30 minutes or less of moderate exercise per week) than the England average with 18.7% of Oxfordshire adults being classed as inactive compared with 22% in England.</p> <p>People who: are older; live in areas with higher levels of deprivation; report that they have a disability; are pregnant or have a child under 1; have caring responsibilities, or are overweight are most at increased risk of being inactive. Our Whole Systems approach to physical activity aims to support these groups including upskilling professionals working with people to support activity, You Move and Move Together. A physical activity health needs assessment aims to identify what else could be put in place.</p> <p>It should be noted that data about physical activity if based on the Active Lives Survey which is not considered statistically robust at a local level.</p>	
4.12	Percentage of physically inactive children (less than average of 30 minutes a day)	Annual	26.0%	Academic Yr 24-25	32.5%	R	<p>Around 1 in 3 (33%) of children in Oxfordshire are 'inactive' (active for less than 30 mins daily), higher than the England and South East averages of 28%</p> <p>In September 24 You Move was expanded to include 'early years', by providing Jabadoo training to Early Years professionals and partnering with Home Start. A Healthy Movers programme (supporting children and families via settings to move more), launched in January 2025, engaging nearly 1,000 children and 90 families, to date, showing early improvements in physical activity. A play sufficiency assessment is underway aiming to enhance play opportunities across Oxfordshire. The Physical Activity Health Needs Assessment, will offer further recommendations.</p> <p>It should be noted that data about physical activity if based on the Active Lives Survey which is not considered statistically robust at a local level nevertheless it is the best data we have.</p>	
4.13	Uptake of Move together	6 monthly	1000	Oct-24-Mar-25	3218	G	<p>Move Together is jointly funded by public health and BOB ICB to support people with long term conditions (LTC).</p> <p>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 ensure only those people who are inactive are referred into the programme.</p>	
4.14	You move programmes	6 monthly	45.1%	Oct-24-Mar-25	40.0%	A	<p>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.</p> <p>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.</p>	

New data is indicated by highlighted references number.

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

Targets set by local Public Health

Key
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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Healthwatch Oxfordshire (HWO) report to Health Improvement Board (HIB)
19th February 2026

Presented by Healthwatch Oxfordshire Research and Projects Officer, Katharine Howell

Purpose / Recommendation

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

Background

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

Key Issues

- Since the last meeting in November 2025:
- We have been commissioned to undertake additional engagement and listening across 14 **rural areas** (Deddington, Cropredy, Heyford, Yarnton, Chipping Norton, Charlbury, Long Hanborough, Freeland, Chalgrove, Sonning Common, Faringdon, Stanford in the Vale, Shrivenham and Watchfield) for Oxfordshire County Council as part of the **Marmot focus on health inequalities**. We are working in partnership with Community First Oxfordshire and are running a survey and focus groups. (People living in other rural areas of the county can also add views). The survey link is here: www.smartsurvey.co.uk/s/rurallivingpublic
 - We will shortly be publishing insights from **community research** including members of the Chinese community, and Sunrise Multicultural Centre with a focus on cancer awareness. We also have a forthcoming report on end-of-life and palliative care. All reports together with summary, Easy Read, and provider responses, available [on our website](#).
 - 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, including:
 - Supporting grassroots group **Black Women in Maternity** in Blackbird Leys to hear from Black women about their experiences of maternity care and support

- Supporting community-led development of a **'how to' guide for community researchers in Oxfordshire**, with funding from Oxfordshire Community Research Network/University of Oxford. We held four workshops in the autumn, with over 20 people attending from grassroots groups in Oxfordshire's priority areas (including Oxford Community Action, Sudanese, Nepali, AfiUK and others). The finished guide will be designed early 2026, and we hope to progress on supporting training.

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:

- Blue Outpatients Department at the John Radcliffe Hospital
- Children's Department at the Horton Hospital
- Oxford Breast Imaging Centre at the Churchill Hospital
- Wintle Ward at the Warneford Hospital

Since the last meeting we also made an Enter and View visit to St Leonard's Ward at Wallingford Community Hospital.

Other activity:

- We held a public webinar:
 - **Neighbourhood health in Oxfordshire**, January 2026 – attended by 64 people, with speakers including Ansaf Azhar, Director of Public Health and Dr Michelle Brennan, chair of Oxfordshire GP Leadership Group.

Recordings of this and previous webinars and joining details are available to watch [on our website](#).

- Our next webinar will be on **Tuesday 17th March 2026**, 1-2 pm, on the theme of **Oxfordshire as a Marmot Place** – with speakers from across the system.
- In **Quarter 3** we engaged directly with approximately 389 people across the county through being on the streets, attending events, hospital stands, community gatherings and play days and Patient Participation group meetings. We spoke to men in Faringdon as part of #30Chats, inspired by Men's Health Partnership.
- 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.
- Our most recent [Board Open Forum](#) was on **Wednesday 18th February** online.
- 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](#).



Images: data analysis with Black Women in Maternity group; breast care nurse visit to Sunrise Multicultural Centre; Grief Week outreach in Summertown; #30 Chats with men in Faringdon; community research workshop; hospital stand at Witney Community Hospital.

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Health Improvement Board

19th February 2026

Whole System Approach to Excess Weight – prevention pillar

Purpose / Recommendation

The Health Improvement Board is asked to:

- a) Consider the contents of this report and questions/points to discuss, as outlined within it.
 - Note brief updates against work on the healthier weight environment and support pillars, the focus of previous updates,
 - Continue to champion and support the implementation of approaches to support a healthier weight environment at City and District Council Level.
 - Note specific work being undertaken or planned to focus on prevention in the early years and in children.
 - HIB are also reminded there are links between excess weight and physical activity, food access, quality and poverty. This meeting will also receive updates on physical activity and the local food system.

Background

This is the annual update to the Health Improvement Board (HIB) on actions related to the Whole Systems Approach to excess weight.

HIB are reminded that Oxfordshire are focusing on four key pillars: prevention, healthy weight environment, support and system with a detailed action plan.

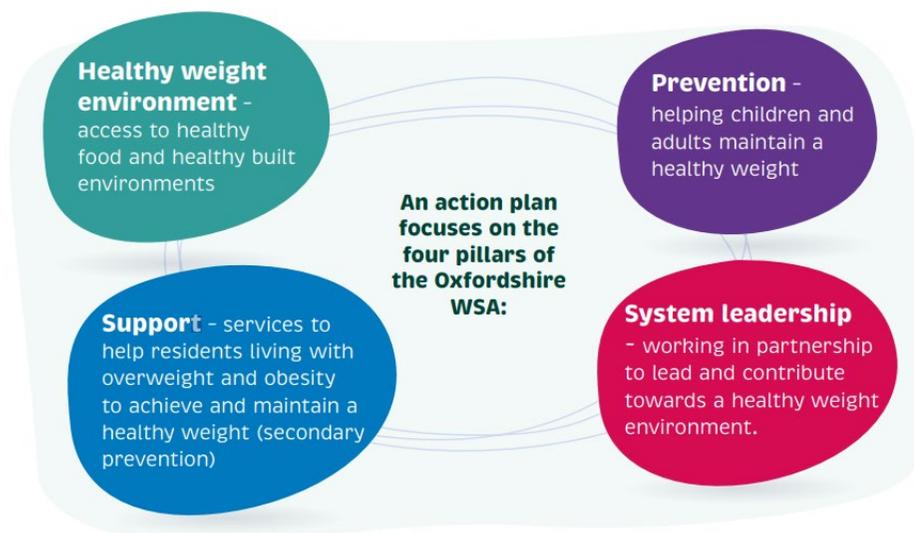


Figure 1: Four pillars of Oxfordshire WSA

In 2024 HIB were updated on the support pillar with information on services to support individuals experiencing excess weight, highlighting a new all age healthy weight service for Oxfordshire commencing mid-2024. Access report [here](#).

The 2025 update focussed on the healthy weight environment including the opportunity for District Councils to implement changes to progress:

- **Healthier food advertising policy**, with supporting evidence from the Bite Back report - capturing the voice of local young people on the Oxfordshire food system who expressed concern about High Fat Salt and Sugar advertising they were exposed to on Oxfordshire streets and in places they frequent like leisure centres. Supporting evidence and examples of where Local Authorities had successfully tackled this were also presented. Link to report [here](#).
- **Support stricter planning regulations:** Noting the recently updated (December 2024) National Policy Planning Framework (NPPF) that strengthened Local Authorities powers to prevent new hot food takeaways from opening where children learn and play.

- **Influencing the out of home food and drink offer available in Local Authority owned spaces** such as leisure centres.

This update primarily focusses on the Prevention pillar. This being a ‘Whole Systems Approach there is cross over with the ‘Healthy Weight Environment’ and ‘Support for Residents’ pillars.

Obesity remains one of the leading causes of preventable early death, increasing the risk of a wide range of health conditions, including Type 2 diabetes and some cancers. It is also associated with worse mental health and lower educational attainment in children. On average living with obesity reduces someone’s life expectancy by around three years with severe obesity shortening life by as much as lifelong smoking – up to 10 years.

The causes of excess weight are complex, resulting less from individual behaviours and more from the many factors which collectively make up an obesogenic environment. No single organisation has the knowledge, tools, or power to solve it, and so a ‘whole system’ approach is needed for sustainable change to happen. Actions will not show immediate effect and may take some time and resource to implement and for sustainable change to be seen. To make significant progress input is required from a broad range of partners. It is also pertinent to remember that actions that seek to reduce levels of excess weight through improving dietary quality and physical activity levels will benefit health, wellbeing and environmental sustainability more broadly.

Children living with excess weight are five times more likely to become adults with obesity¹, and more likely to become parents with obesity in turn.

Excess weight impacts negatively on both physical and mental wellbeing of children as demonstrated in Figure 2:-

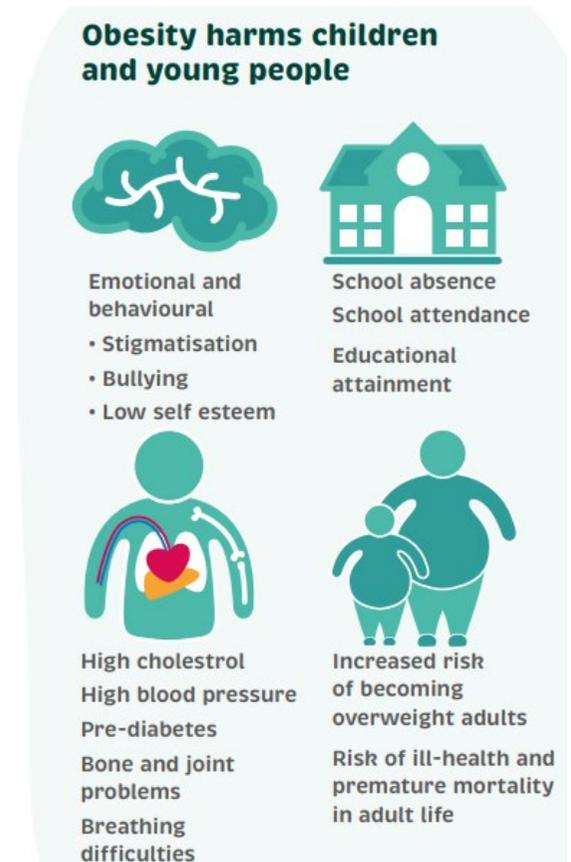


Figure 2 : Obesity harms children and young people

¹ [Predicting adult obesity from childhood obesity: a systematic review and meta-analysis - Simmonds - 2016 - Obesity Reviews - Wiley Online Library](#)

A Summary of trends in Oxfordshire

Maternity and Babies

The risks of less healthy diets and excess weight start before conception. Experiencing excess weight in pregnancy is a risk factor for several health issues for women, their baby, and their childbirth experience. Maternal obesity also leads to increased risk of childhood obesity. Local data from March 2022 to February 2023, found over 1900 pregnant women had a BMI of 30 (obese) or over at the time of their maternity booking in Oxfordshire (within the first 12 weeks of pregnancy).

The importance of first feed breastmilk is twofold; the establishment and continuation of breastfeeding begins with initiation and first feed, and the feeding of colostrum in the first hours and days of life confers sophisticated protective benefits. Breast milk provides the ideal nutrition for infants in the first stages of life. Babies who are breastfed experience lower levels of gastro-intestinal and respiratory infection and breastfeeding brings improved maternal health: lower risk of breast cancer and endometriosis, and greater postpartum weight loss and lower body mass index (BMI) in the longer term.

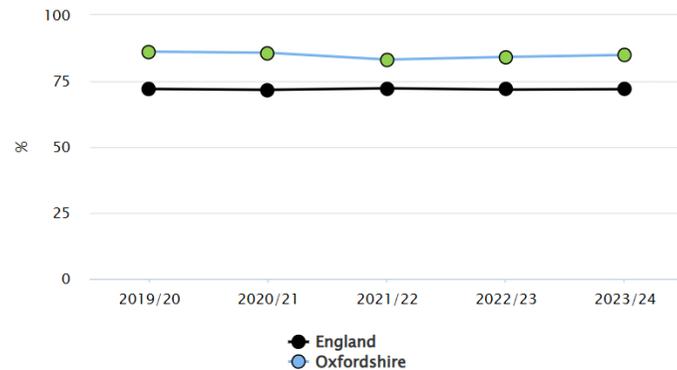
In Oxfordshire in 2023/2024, 84% of babies first feed was breastmilk compared to 71.9% in England².

[Baby's first feed breastmilk](#) 

Proportion - %

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Recent trend:  No significant change

Period		Count	Oxfordshire		England
			Value	95% Lower CI / 95% Upper CI	
2019/20		1,680	86.2%	84.7% / 87.8%	72.0%
2020/21		4,510	85.7%	84.8% / 86.6%	71.7%
2021/22		5,330	83.2%	82.3% / 84.1%	72.2%
2022/23		5,625	84.2%	83.3% / 85.0%	71.8%
2023/24		4,865	84.9%	83.9% / 85.8%	71.9%

Source: OHID, based on NHS England data

[Indicator Definitions and Supporting Information](#)

Figure 3 : Oxfordshire baby's first feed breastmilk 2023/24

Breast milk provides the ideal nutrition for infants in the first stages of life. As baby grows breastfeeding support is provided from the 0-19, Healthy Child and Young Person Public Health Service which has integrated health visitors, family nurse partnership nurses with school and college health nurses In Oxfordshire, breastfeeding prevalence at 6-8 weeks has consistently been above 60% for the last years, compared to 55.6% nationally. In qtr. 3 2025/2026, breastfeeding prevalence at 6-8 weeks after birth was 62.5% breastfed compared to 55.6% nationally.

Children

In Oxfordshire we have robust data related to children's weight. Each year in Oxfordshire around 98% of children in Reception and 96% of children in Year 6 are weighed and measured as part of the National Childhood Measurement Programme.

² [Fingertips | Department of Health and Social Care](#)

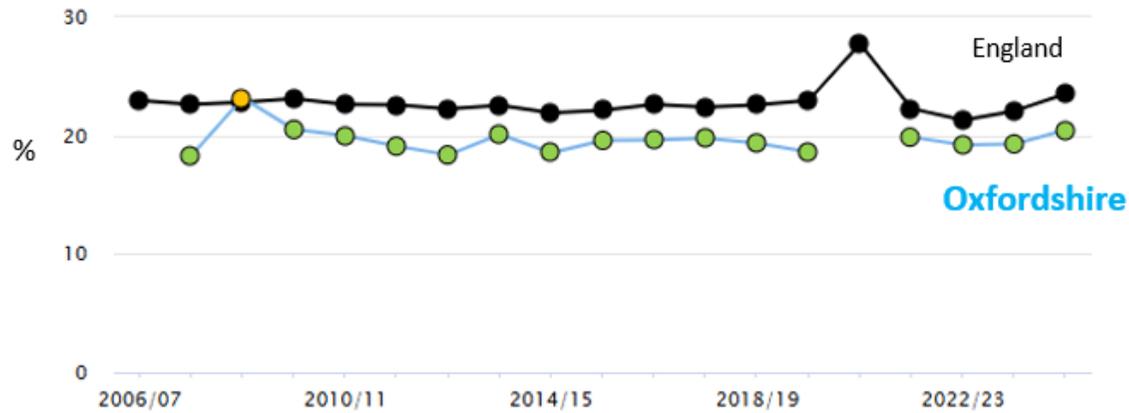
As table 1 shows, the latest data,2024/2025, for Year 6 overweight including obesity shows a 1.5% decrease from 32.0% to 30.5% for the year before. For Reception, overweight including obesity shows a 1.2 % increase in prevalence from 19.3% to 20.5% (these changes are not statistically significant).

Oxfordshire	21/22	22/23	23/24	24/25
Year R	19.9 %	19.2%	19.3%	20.5%
Year 6	33.6%	30.6%	32%	30.5%

Table 1: Oxfordshire children's overweight including obesity data from the National Childhood Measurement Programme 2021/22- 2024/25

As figure 4 shows, Oxfordshire overall performs well against the England average, however there are some areas in Oxfordshire experiencing long term higher rates of excess weight than England (figure 7).

Reception prevalence of overweight (including obesity) aged 4-5 years, Oxfordshire vs England



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

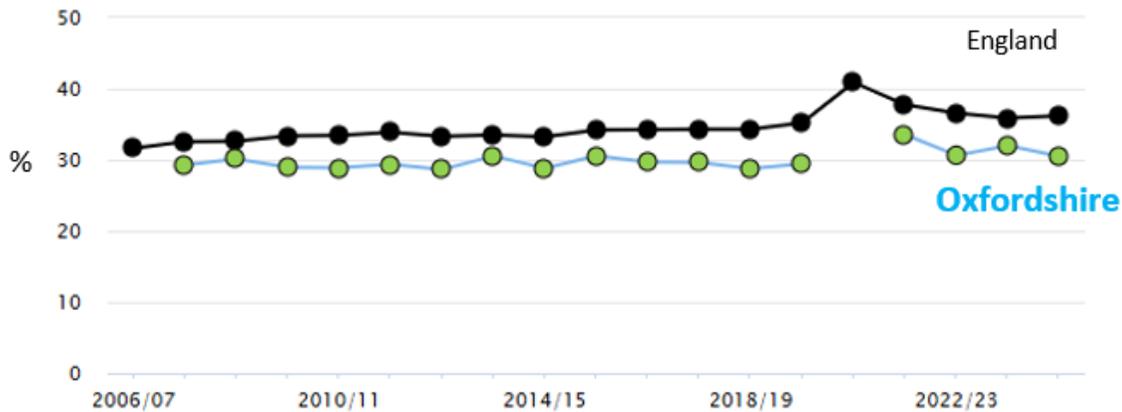


Figure 4: Year on year prevalence of overweight and obesity in children and summary of recent data

For obesity (including severe obesity) Table 2 shows, like overweight and obesity combined there was a slight increase in prevalence amongst reception children (tracking national trend) and a slight decrease (neither of which were statistically significant) amongst Year 6 (better than England trend).

OBJ

Reception prevalence of obesity aged 4-5 years, Oxfordshire, South East, and England 2015/16 - 2024/25

Period	Value	<u>South East</u>	England
2015/16	7.0%	8.1%	9.3%
2016/17	7.0%	8.5%	9.6%
2017/18	7.8%	8.2%	9.5%
2018/19	7.6%	8.5%	9.7%
2019/20	6.7%*	8.9%	9.9%
2020/21	*	12.6%	14.4%
2021/22	8.5%	8.7%	10.1%
2022/23	7.6%	8.0%	9.2%
2023/24	7.7%	8.6%	9.6%
2024/25	8.3%	9.4%	10.5%

Table 2 : Obesity prevalence for reception 2015/16-2024/25

Year 6 prevalence of obesity aged 10-11 years, Oxfordshire, South East, and England 2015/16 - 2024/25

Period	Value	<u>South East</u>	England
2015/16	15.9%	17.1%	19.8%
2016/17	16.8%	16.9%	20.0%
2017/18	16.2%	17.3%	20.1%
2018/19	15.7%	16.8%	20.2%
2019/20	16.1%*	17.8%	21.0%
2020/21	*	20.9%	25.5%
2021/22	19.5%	20.0%	23.4%
2022/23	17.9%	19.4%	22.7%
2023/24	18.6%	19.2%	22.1%
2024/25	17.8%	19.2%	22.2%

Table 3 : Obesity prevalence for Year 6 2015/16- 2024/2

Summary of the comparison trends from 2023/24 to 2024/25 in each of the City and District areas:

Reception

All Districts saw minor changes (though not statistically significant) in rates of overweight including obesity from 23/24 to 24/25

- **Oxford, South Oxfordshire, and Vale of White Horse** - slight increases (not statistically significant)
- **Cherwell and West Oxfordshire** - slight decrease (not statistically significant)

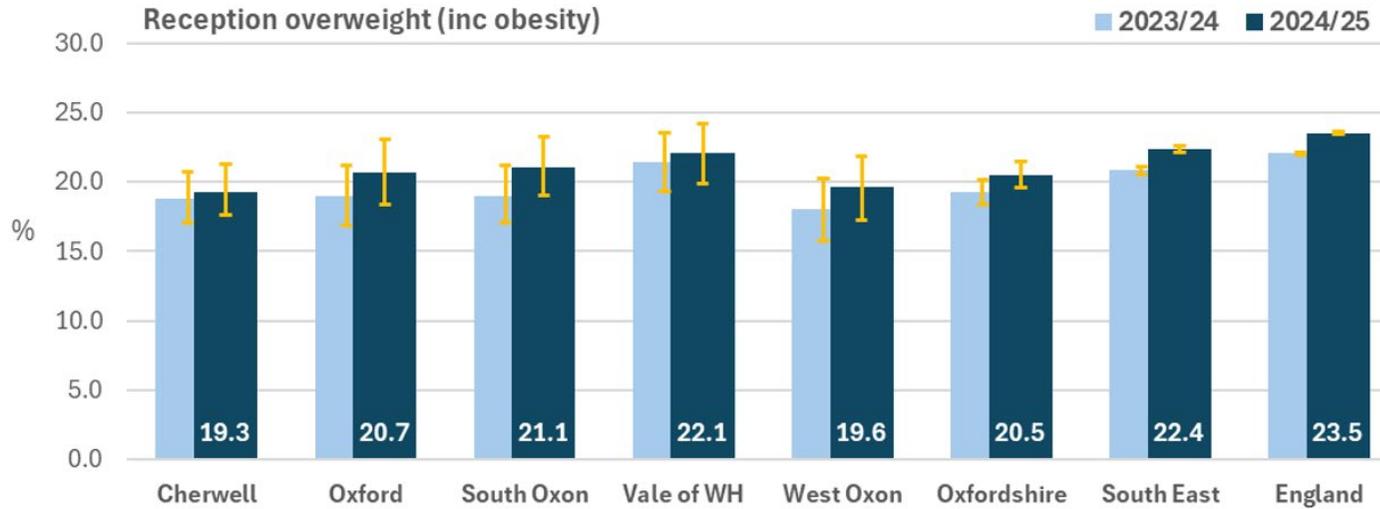


Figure 5: City and Districts Reception prevalence overweight (including obesity)

Year 6 Districts comparison trends from 2023/24 to 2024/25:

- **Cherwell, South Oxfordshire, and West Oxfordshire** saw slight increases but not statistically significant.
- **Oxford and Vale of White Horse** saw decreases, with Oxford showing the largest drop (from 34.6% to 31.6%) though not statistically significant.

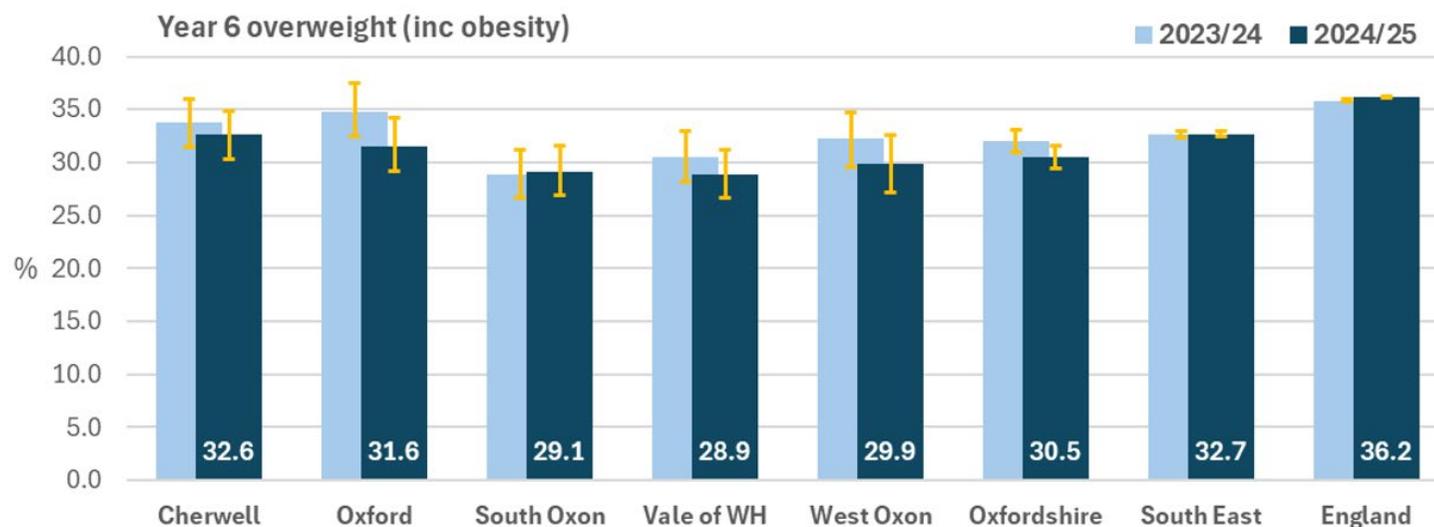


Figure 6: City and Districts year 6 prevalence overweight (including obesity)

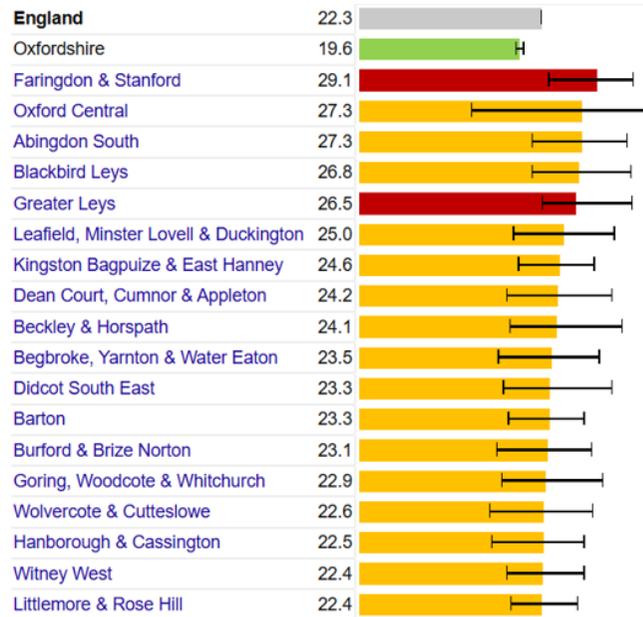
While Oxfordshire's overall rates of overweight and obesity in childhood remain lower than the England average, some areas have similar (amber) rates to England and some have statistically significantly higher (red) rates than England (figure 7).

When we look in more detail there are clear inequalities in excess weight that need to be considered when focussing our work. For example, for children in year 6 the rate of those who are overweight in Oxfordshire averages 31% but ranges from 18.2% in Osney, Jericho & Port Meadow to 42.9% in Oxford Central).

There are four areas ranked significantly worse than the England average:-

- For Reception children (aged 4-5 years) **Greater Leys and Faringdon & Stanford**
- For Year 6 children (aged 10-11 years) **Banbury Grimsbury and Littlemore and Rosehill**

Reception (aged 4-5 years), overweight inc obesity, 3 years combined to 2024/25 (%)



Year 6 (aged 10-11 years), overweight inc obesity, 3 years combined to 2024/25 (%)

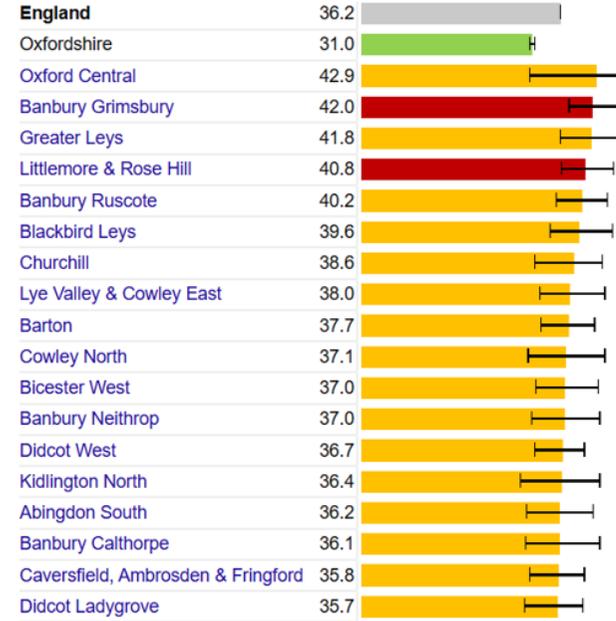


Figure 7- areas of Oxfordshire with the highest prevalence overweight (including obesity)

ADULTS

While the focus on this report is on children HIB may be interested to note that for adults the latest available data at Local level from the annual population survey (22/23) found 57.8% of adults in Oxfordshire to be overweight or obese, a reduction of around 2% from the previous year. We expect to receive updated data imminently.

Figure 8 shows that for the most recent data available at the time of writing, there is variation by District but all areas have more than half of their adult population living with excess weight with ranges from 53.9% (Oxford City) to 60.3% (South and Vale).

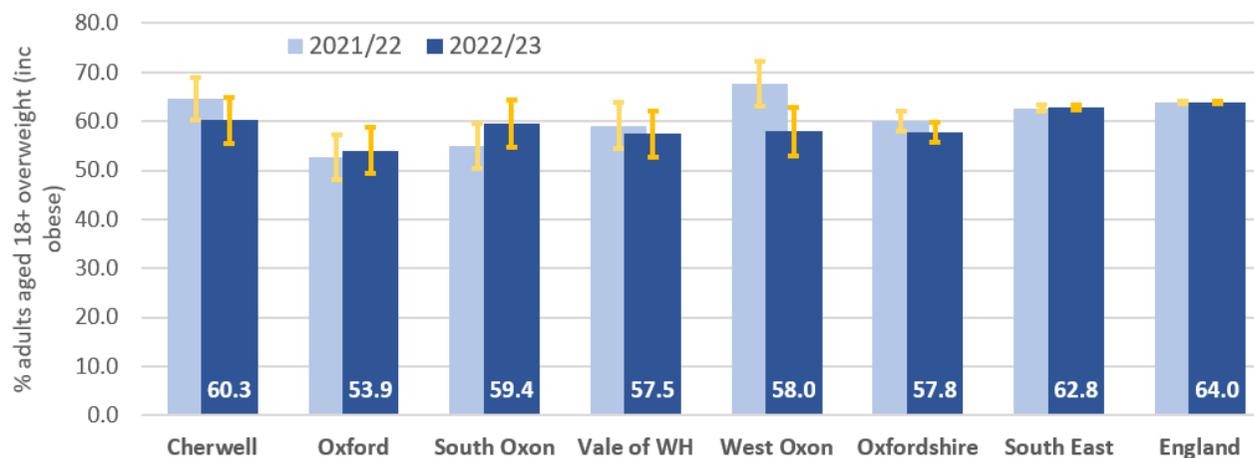


Figure 8: adults classified as overweight (including obesity) across City and Districts

Key Issues

This report will primarily update on work undertaken or planned to focus on babies' children and families under the 'Prevention pillar', while touching on related areas like the wider environment and, commercial determinants of health³ where these link strongly. Other reports presented to HIB today will cover physical activity and the local food system, food strategy and food poverty, both strongly linked to the Whole System Approach to Healthy Weight; but also standalone^e.

³ Commercial Determinants of Health briefing for Elected Members and Senior Officers in Local Authorities, Food Active , 2025 [CDOH-Briefing.pdf](#)

It is too late to wait until children start school before considering effective interventions to ensure our children have a healthy childhood – investment in early preventative measures is critical. Especially the vital role of nutrition in early years. There are facilitators and/or barriers to good early years nutrition (figure 9) and positive health outcomes, covering a range of factors related to food consumed in and out of the home, as well as in early years settings.

Healthy weight environment pillar

In their 2025 submission to the Health and Social Care Commons Select Committee Inquiry on Food and Weight Management, the Kings Fund highlight evidence that population-wide interventions, particularly those that reshape the food environment, are among the most effective and cost-efficient ways to reduce obesity and improve dietary health. Interventions targeting children, such as restrictions on advertising unhealthy food, are especially effective and cost-efficient over the long term.⁴

The 2024 update to HIB focussed on the Healthy Environment Pillar and how our food environments are designed in ways that there is more exposure and access to unhealthy food options in areas of deprivation. Children and young people are particularly influenced by commercial practices⁵ such as High Fat Salt and Sugar food advertising, brand-led sponsorships, giveaways, and less healthy food in schools, leisure centres and public venues.

At this meeting Poppy (age 16) from Oxfordshire shared her and her peers experience of exploring Oxfordshire’s local food system highlighting how they felt ‘*our streets are flooded with fast food outlets,*

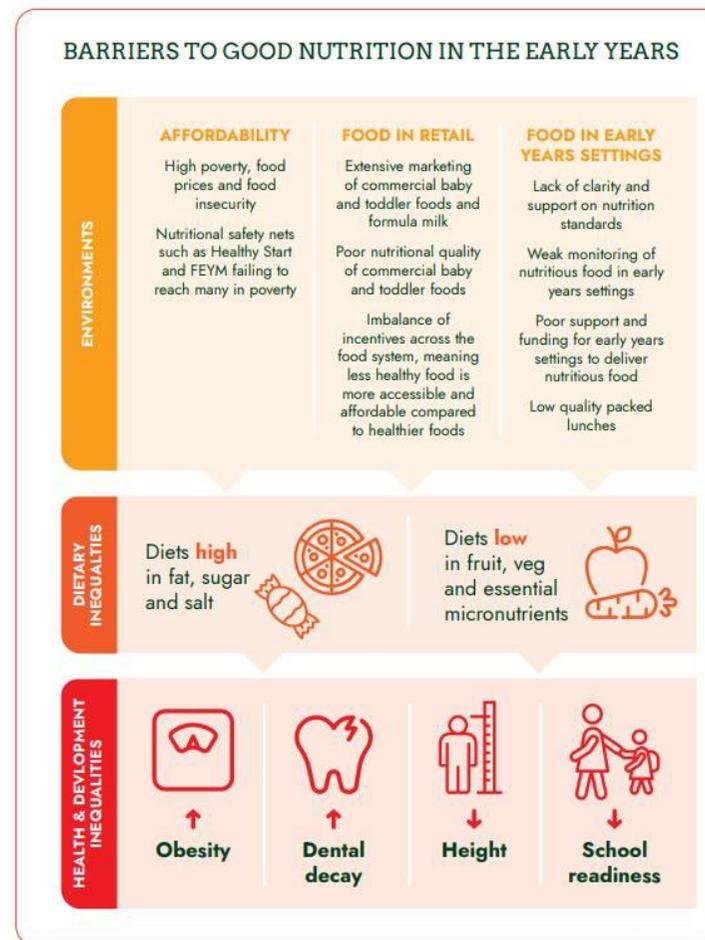


Figure 9: Barriers to good early years nutrition¹

⁴ [Written submission: Health and Social Care Commons Select Committee Inquiry on Food and Weight Management](#)

⁵ [Food Active | Briefing paper: Commercial Determinants of Health for Elected Members and Local Authority Officers](#)

school food can be unhealthy, local leisure centres have vending machines full of junk and children are being bombarded with junk food ads'.

The HIB report shared how Local authorities are in a unique position to improve the quality of the food environment by enabling easier access to healthier food and drink options, for example through their provision in leisure centres, supporting vibrant and healthy high street retail by reducing the proliferation of hot food takeaways (requiring tweaks to Local Plans) and having policies supporting the advertising of healthier products.

In response one Oxfordshire Council has made a change to some of its healthier advertising (influencing 'Clearview Screens on Bus Stops'), another is in the early stages of developing an Advertising and Sponsorship policy. A healthier vending project in leisure centres is underway with plans to embed healthy food policies into leisure contracts. One District has a clear restriction on hot food takeaways in its local plan. This is really encouraging and demonstrates these changes (that have been implemented in many Councils outside of Oxfordshire) are possible though they have been challenging to progress in Oxfordshire. A request to HIB is to recognise that it is possible to make changes and to continue to champion and support the implementation of such approaches at District Council Level.

Preventing Excess Weight

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

Nationally the government is planning to positively impact children's health and food with actions including:-

- **Uplift to the value of the weekly Healthy Start payments** by 10% pregnant women and children (up to four years old) from £4.25 to now receive £4.65 per week. Children under one from £8.50 to receive £9.30 per week from April 2026.
- **Healthy School Food Standards** (last updated in 2015) are to be updated to align with the latest nutritional guidance.
- **Free school meal expansion** to eligibility for all children in household's receiving universal credit.
- **Increased funding for breakfast clubs** (from 60p to £1.00 per child) in primary schools aiming provide a variety of healthy breakfast options.

- **Investment in the Holiday Activities and Food programme** commitment to extend the programme for a further 3 years. HAF primarily provides free holiday clubs for Reception to year 11 pupils in receipt of benefit related free school meals providing nutritious food and physical activity opportunities.
- **Healthier advertising**, new UK rules now in effect that limit how less-healthy food and drink can be advertised on TV (not between 5.30am and the 9pm watershed) and online (around round the clock). There are concerns though that this may push advertising to other routes such as outdoor advertising.

In 2023 a Health Needs Assessment for Promoting Healthy Weight provided data and insight with recommendations on preventing excess weight to start early. An evidence review around preventing excess weight in the early years was completed in 2024. Table 4 details each of the recommendations relevant to healthy weight in babies, children and young people’s prevention and the progress and plans in place to address this area of work.

Table 4: Summary of activity, evidence and progress on the prevention pillar

Assessment Recommendation	Progress update
Antenatal	
<p>Ensure support is provided pre, during and post pregnancy</p> <p>The Health Needs Assessment found a high proportion of women going into pregnancy are already overweight.</p> <p>Public Health and the All Age Healthy Weight Service are working in conjunction with maternity and dietetics to develop an approach in line with NICE guidance for this group.</p>	<p>The new All Age Weight management service Beezee Oxfordshire life course weight management service offer support during pregnancy successfully elsewhere. Pilot online group sessions and an in-person group sessions have taken place in Oxfordshire, but referrals and uptake were low. Further work is in plan to revise and strengthen the approach.</p>
Breastfeeding and infant feeding	

Understand the opportunities for breastfeeding support

Breastfeeding makes an important contribution to the health of mother and baby.

Being breastfed for longer (at least 6 months compared to less than 6 months) boosts a baby's ability to fight illness and infection; there is good evidence that not breastfeeding can increase the risk of chest and ear infections, diarrhoea and vomiting, and tooth decay. There is also growing evidence that not breastfeeding might increase the risk of obesity later in life. It is recommended that babies are exclusively breastfed for around the first 6 months of life with continued breastfeeding for at least the first year of life once solid foods have been introduced.

There is a myriad of support provided around breast and infant feeding in Oxfordshire including:-

OUH Infant Feeding Team provide Community Support, Breastfeeding Support, Specialist Infant Feeding Clinics.

Oxford Human Milk Bank [Oxford Human Milk Bank - Maternity - Oxford University Hospitals](#)

UNICEF baby friendly initiative – Oxford Health BFI Strategy Board meets every 8 weeks to monitor progress against standards.

Countywide Infant Feeding Strategy Group meets quarterly to share updates; includes partners from health and VCS.

[Infant feeding support - Health Visiting Service](#) in areas across Oxfordshire

[Infant feeding - Maternity - Oxford University Hospitals](#)

Baby Week promotion of services, including infant feeding blog providing a road map of support for families.

The integrated 0-19 service supports infant feeding through both digital platforms and in-person consultations. During pregnancy families are sent information with links to the 0-19 webpages and Infant Feeding Support Hubs. Here they can access details of antenatal breastfeeding information sessions offered by partners around the county, and a variety of evidence-based information on infant feeding. All families are also invited to attend drop-in Infant Feeding Support Hubs if they would like an in-person conversation. Some clients also receive ante-natal visits from a health visitor, if indicated necessary by midwifery colleague.

	<p>Infant feeding assessments of all babies, regardless of feeding method, are made at all routine New Birth and 6-8 weeks reviews, and ongoing support provided at that time, and also through Episode of Care appointments, and at drop-in Infant Feeding Support Hubs which are provided every week, in all localities around the county. Families are particularly encouraged to attend at 4 weeks.</p> <p>Families who have more complex issues, or who need tongue-tie assessments can be referred into the Enhanced Infant Feeding Service which runs weekly clinics around the county.</p>
<p>Early Years</p>	
<p>Review the evidence related to programmes to reduce excess weight in the early years (age 0-3 years)</p> <p>The review highlighted Health Exercise and Nutrition for the Really Young HENRY as having strongest evidence base and Healthy Heroes as having potential.</p> <p>The Oxfordshire All Age Weight Management Service is subcontracting to HENRY to pilot the approach in Oxfordshire</p>	<p>HENRY Evidence based 8-week programme, providing holistic support, to help families create healthy habits around eating well and moving more. The Oxfordshire Age Healthy Weight service has piloted programmes mid 25 with good outcomes. Further programmes are planned during 2026. More information here HENRY Oxfordshire - Healthy Start Programme for 0-3 Year-Olds</p> <p>Healthy Heroes will be reviewed as a potential programme to embed in the work with Early Years Providers this year.</p> <p>The integrated 0-19 service (health visiting and school nursing) also undertake work to support families and young people to achieve a healthy weight and lifestyle from birth through to adulthood.</p> <p>Support and education begins in infancy, focussing on responsive feeding for all babies, regardless of feeding method, to enable adequate nutrition without overfeeding. The team support families to transition to complementary foods around 6 months, and provide routine Introduction to Solids sessions which families can access online. These focus on how to introduce solids as well as what foods to offer, with a focus on homemade food</p>

	<p>Skilled Community Public Health Associates also offer personalised Episodes of Care if families need more support around achieving a healthy weight, and healthy nutrition.</p> <p>Routine development reviews present an opportunity to discuss healthy weight, exercise and oral health.</p> <p>A Healthy Weight, Healthy Nutrition working group is currently developing a training package for staff, based on Institute of Health Visiting resources, which will be rolled out later this year.</p>
<p>Work with early years providers to assess current food provision against, and understand facilitators and barriers to adherence to, national nutritional guidance and work to improve adherence where it is currently low.</p> <p>The 2025 Early Years Foundation stage nutrition guidance provides a good framework for all early years settings to follow.</p> <p>Feedback from providers in Oxfordshire (including child minders and schools with early years settings) is that support is needed to understand and embed this guidance in settings.</p>	<p>Some work has already been undertaken with Early Years providers to better understand awareness and support them to implement the latest national EYFS Food guidance⁶ that is part of the statutory EYFS safeguarding and welfare requirements from September 2025.</p> <p>Raising Nutrition were commissioned to deliver an initial pilot early year's course in January 2026. Providing formal accreditation for attendees and with topics on embedding the early years nutrition guidance in settings, creating a positive food environment and reviewing food provision. 21 attendees successfully passed this initial course. Further opportunities are in plan.</p> <p>This year there will be a focus on what additional work can be undertaken to support early years settings of all types. One proposal is to have a similar post to the Schools Strategic Physical Activity and Food role specifically focussed on early years settings to drive forward this work.</p>

⁶ [Early Years Foundation Stage nutrition - GOV.UK](https://www.gov.uk/guidance/early-years-foundation-stage-nutrition)

Ensure a continued focus on increasing uptake of the Healthy Start scheme across Oxfordshire.

New national evaluation available with recommendations "***The Healthy Start scheme in England "is a lifeline for families but many are missing out"***": a rapid qualitative analysis makes various recommendations that could be implemented in Oxfordshire.

The Healthy Start Working group will review opportunities to embed recommendations in evaluation in the Oxfordshire system which include: families requiring a 'helping hand' to successfully complete applications, Community Larders accepting Healthy Start cards via card machines and new recommendations related to communications.

Good Food Oxfordshire will be working with a local influencer to share ideas on healthy snacks/meals on social media platforms via videos, to demonstrate how Healthy Start monies can be utilised with tips for fussy eaters aimed at low-income families.

The Low Impact Families Tracker will be used to promote Healthy Start in City/District Councils that are using this platform e.g Cherwell District Council and West Oxfordshire District Council.

Healthy Start Oxfordshire online training (for professionals) is in place. A 2026 refresh is planned.

All District and City areas have included actions on Healthy Start in their Food Action plans.

All age - children

<p>Develop a clear healthy weight care pathway for children and adults across all ages and commissioning bodies</p> <p>There are pathways between the different service tiers offering healthy weight support for all ages.</p> <p>Research on factors that support or hinder engagement with local weight management services highlighted that parents expressed a greater willingness to engage when the support offer was visible and trusted with specific, practical, and clearly linked to positive family stories which Beezee Families Oxfordshire - Parent & Child Health Programme provides locally.</p>	<p>Pathways between services that support children and families are in place.</p> <p>Based on evidence based practice, new data sharing agreements have enabled direct referral from the National Childhood Measurement Programme to the Oxfordshire childhood healthy weight programme with proactive follow up for children identified as living with excess weight. Commencing in January 2026 this has already generated a 46% sign up rate with 36 families commencing support (previous outcome letters with signposts to the service were piloted with very low engagement and uptake).</p> <p>The 0-19 integrated service Specialist Lead Practitioner (SLP) for Healthy Weight healthy Nutrition has been working with OUH to develop a Healthy Weight Pathway. This is currently being reviewed by School Health Nurse (SHN) colleagues to ensure that all children and young people are adequately represented and have their needs met. The SLP also contributes to a number of healthy weight groups at a county level, such as the Healthy Start Working Group, and the Food and Sustainability Working Group.</p>
<p>Schools</p>	
<p>Implement a ‘whole school approach’ to healthier eating and physical activity in schools, prioritising areas with high excess weight prevalence amongst children.</p> <p>New Ofsted guidance has a judgement on personal development, behaviour and welfare which specifically mentions food and a whole school approach to healthy eating. Supporting schools to</p>	<p>School age children and families have been a core focus for the last year. Appointing a Strategic School Food and Physical Activity Advisor (in January 2024) has been positive – A number of initiatives have been put in place, trialled or are in plan these include:-</p> <p>Chefs in Schools 6 school chefs from across the county have taken part in a pilot programme which aims to upskill them to enhance the provision of school food.</p> <p>Raising Nutrition - training governors school leaders</p>

embed an approach that is implemented from early years onwards is imperative.

A number of key national documents including Childhood Obesity: Applying All Our Health^[1], Promoting Healthy Weight in Children, Young People and Families^[2], and related NICE Guidance^[3] advocate for schools to be a key place of focus to improve childhood obesity and physical activity, highlighting the types of measures (from policy, food provision, and activity opportunities) that can be put in place.

Additionally, specifically for schools the new Ofsted guidance, early years nutrition guidance and the Children's Wellbeing and Schools bill all have elements impacting on food provision in school settings.

Oxfordshire Cooking and Healthy Eating report published February 2024 highlights the need for parents to be involved in school based activities. Teaching children about cooking and healthy eating is incredibly beneficial. Evidence highlights though that to translate into sustained change parental involvement is key.

Raising nutrition have delivered 3 courses for schools. In total, 53 individuals have attended. One secondary school has gone on to self-fund the accreditation through raising nutrition, showing their commitment to provide high quality food provision.

Feedback from these courses has been positive with schools reporting making changes to the food environment and provision across the school day. Further work is being explored on accurately evaluating the impact of this work and developing opportunities to share good practice (e.g. through the Well Schools partnership).

Biteback in Schools

One secondary school in Oxfordshire is taking part in the national Biteback in Schools project from January 2026. Impact will be evaluated with any key successes shared with other schools.

Free School Meal Universal Sign up

Work is underway to implement Free School Meal Auto enrolment in Oxfordshire aiming to ensure to no eligible child misses out on their right for a free school meal.

Working with the Low-Income Family Tracker (LIFT) to support targeted FSM uptake. Successful promotions in both West and Cherwell, planned work in Oxford City.

School Cooking and Nutrition project

Public Health have commissioned SOFEA (founders of the Nourish and Flourish school programme) to develop and deliver an interactive school-based cooking programme in priority areas in Oxfordshire (in line with best practice). Working

with 12 Primary (Year 5 and 6) and Secondary Schools with delivery in school commencing April 2025. Full evaluation is awaited.

Well School's Framework

Well Schools Oxfordshire Partnership is a new collaboration between Oxfordshire County Council, Active Oxfordshire and the North Oxfordshire School Sport Partnership. The is to bring school leaders together, share best practice and work together to tackle challenges with a primary focus around physical activity and healthy eating. The framework focuses on a whole school approach (for example, considering how a school can create a Well Culture through exploring environment and policies). Currently, 34 schools are involved in the partnership with 3 Multi Academy Trusts exploring how their schools can be involved.

Planned work/areas of focus for 2026:

- Developing a 3-year training plan with raising nutrition for schools and early years settings
- Ongoing support for schools involved in the national breakfast club scheme
- Reviewing the impact of Chefs in Schools with possibility for expansion
- Developing the Well Schools Oxfordshire Partnership and sharing best practice
- Continue to develop and share resources for schools to support high quality food provision (e.g. lunchbox guidance)
- Review school cooking and nutrition project outcomes and recommendations
- Implementation and monitoring of FSM auto enrolment
- Working with Oxfordshire County Council school meals service towards healthier school meals
- Considering the most appropriate way to support and guide schools in implementation of newly anticipated school food guidance.

Oral health

Oxfordshire Oral Health Needs Assessment 2023⁷ highlighted the significance of oral health in individuals' overall well-being and the existing gaps in NHS dental care accessibility.

The assessment includes a recommendation to broaden preventive strategies by;

- focussing in the top 10 deprived areas on infants and children.
- targeting children in care including care leavers and children at higher risk of poor oral health.
- develop targeted campaigns for health professionals and schools.

Smile 360 oral health service supports healthy weight and healthy eating through prevention-focused education, training and accreditation, promoting reduced sugar intake, healthier food and drink choices, and positive routines that support oral health and overall wellbeing from early years onwards. They use a train-the-trainer approach, equipping staff and appointing Oral Health Champions across Oxfordshire, with accreditation standards that include healthy eating policies to embed and sustain positive change.

Public Health Start Well work collaboratively with Oxford Health, the ICB, and Early Years partners to deliver a flexible, prevention focused service aligned to national priorities such as supervised toothbrushing, improved dental access, and reducing oral health inequalities. For example toothbrushing packs provided for priority groups and supervised toothbrushing packs given to family centres.

Look Forward

Over the next 12 months there will be a focus on embedding pilots with positive outcomes and on early years excess weight. This will include exploration of what further work might be undertaken in early years settings, breastfeeding and introduction to solids. Schools will continue to focus particularly around the quality of school food and free school meals.

Meanwhile providing a positive environment is vital and work will continue to find a pragmatic way to adopt healthier advertisement policy across all the District and County Council owned advertising spaces. Ensure Councils take full advantage of the additional powers following amendments to NPPF ideally enhancing through their own local plans and apply the approaches (incorporating a set distance from facilities frequented by children) and taking into account areas of excess weight that would enable the second condition to be met.

⁷ [Oxfordshire Oral Health Needs Assessment 2023](#)

Budgetary implications

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

Some WSA to healthy weight actions do not have budget attached and require drive and supported across the system through partnership work.

Equalities implications

As outlined earlier in this report, there are differences in excess weight which are due to a combination of differences in socio-economic deprivation, ethnicity, as well as the age profile of people living across Oxfordshire. Some ethnic groups are more likely to experience excess weight. For example, national rates show 48.1% of black Caribbean and 49.6% of black African Year 6 children experiencing overweight or obesity, and 68% of black adults are overweight or obese.

There are areas that have significantly higher levels of excess weight than England and some work is focussed in these areas – while a whole geography approach is required in others.

People with Learning Disabilities (LD) experience greater barriers to reaching and maintaining a healthy weight. For most of them, the diet and exercise requirements of losing weight are similar to the actions required of others for some certain conditions or taking particular medications may add complexity⁸. There is specific work being piloted for adults in the ‘support’ pillar in line with national guidance.

Communications

The Low-Income Family Tracker (LIFT) has been piloted effectively to promote both Free School Meals and Health Start. Depending on the type of programme or support on offer bespoke targeted communications are developed and delivered by the Healthy Weight Provider. A successful GP text message campaign is showing good results.

Report By: Claire Gray, Public Health Practitioner and Derys Pragnell, Public Health Consultant
January 2026.

⁸ [Obesity and weight management for people with learning disabilities: guidance - GOV.UK](#)

Contact: Derys Pragnell derys.pragnell@oxfordshire.gov.uk

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Health Improvement Board

19th February 2026

Physical Activity update

Purpose / Recommendation

The Health Improvement Board is asked to:

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

Background

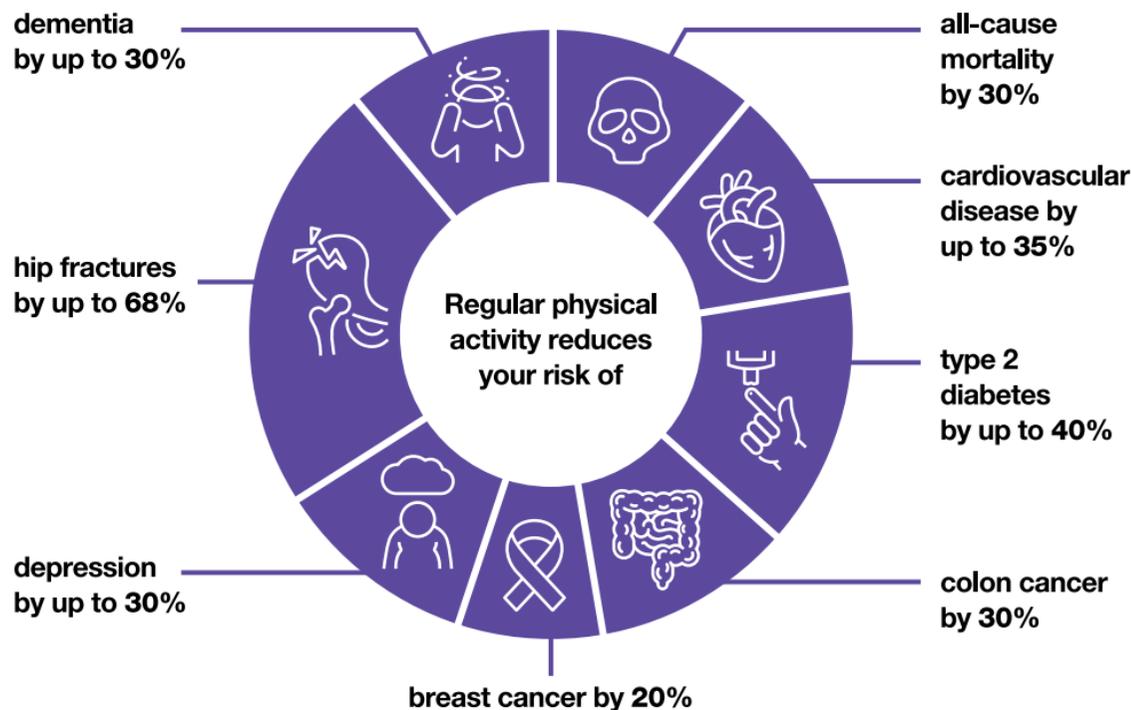
This is an update on physical activity for the Health Improvement Board (HIB). Along with most current data, it combines an update from Active Oxfordshire on their commissioned approach to the whole systems approach (WSA) to physical activity and detail of a Health Needs Assessment (HNA) undertaken by the public health team around physical activity with key recommendations highlighted. HIB are reminded that an Active Travel update was delivered by Hannah Battye in November 2025 and therefore limited reference to active travel has been made in this report.

Why is physical activity important?

Physical activity has significant benefits for health and can help to prevent and manage chronic conditions and diseases such as cardiovascular diseases by up to 35%, type 2 diabetes by up to 40%, dementia by up to 30% and hip fractures by up to 68%. Many people do not realise the significant health benefits of physical activity shown in Figure 1.

Figure 1: Health benefits of physical activity¹

What are the health benefits of physical activity?



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Physical inactivity is linked to poor physical health, including an increased risk of several cancers, cardiovascular disease, type 2 diabetes and a range of other illnesses.² A staggering 1 in 6 deaths is caused by physical inactivity³ and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone). Inactivity can also lead to poorer mental health, stress, poorer sleep, impact children’s learning and attainment and lower productivity in the workplace.

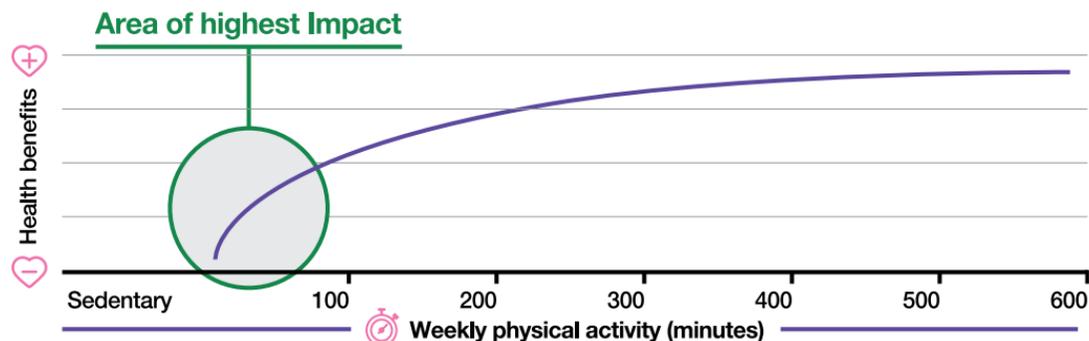
¹ Office for Health Improvement & Disparities, “Physical activity: applying All Our Health,” <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physicalactivity-applying-all-our-health>, 2022.

² Office for Health Improvement & Disparities, “Physical activity: applying All Our Health,” <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physicalactivity-applying-all-our-health>, 2022.

³ Sport England, “Active Lives Survey 2023/24,” <https://activelives.sportengland.org/Home/AdultData>, 2025.

Increasing the amount of time spent being physically active leads to greater health benefits with the most significant improvements seen in those who are currently inactive, (doing less than 30 minutes per week) as seen in Figure 2. Therefore, getting inactive people to do some activity has the greatest impact⁴ which is why in Oxfordshire, this is a priority area of focus.

Figure 2: Dose-response curve of physical activity and health benefits⁵



The UK Chief Medical Officers (CMO) for England, Wales, Scotland and Northern Ireland (stated in 2019 when the guidance was updated) that the evidence has become so compelling that the message is clear: *“If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat”*⁶.

What are the recommendations for adults?

The CMO recommends that adults complete at least 150 minutes (see figure 3) of moderate intensity physical activity each week (as a general rule, moderate intensity activity allows you to talk, but not sing, while completing physical activity). For all adults, strength building activities should be conducted on at least two days a week, with an addition of balance building activities two days a week for older adults (to help reduce the risk of falls).

⁴ CMO, UK Chief Medical Officers Physical Activity Guidelines, <https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medicalofficers-physical-activity-guidelines.pdf>, 2019.

⁵ <https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf> Page 14

⁶ <https://www.gov.uk/government/publications/health-matters-physical-activity/health-matters-physical-activity-prevention-and-management-of-long-term-conditions>

Figure 3: Chief Medical Officer physical activity guidelines for adults

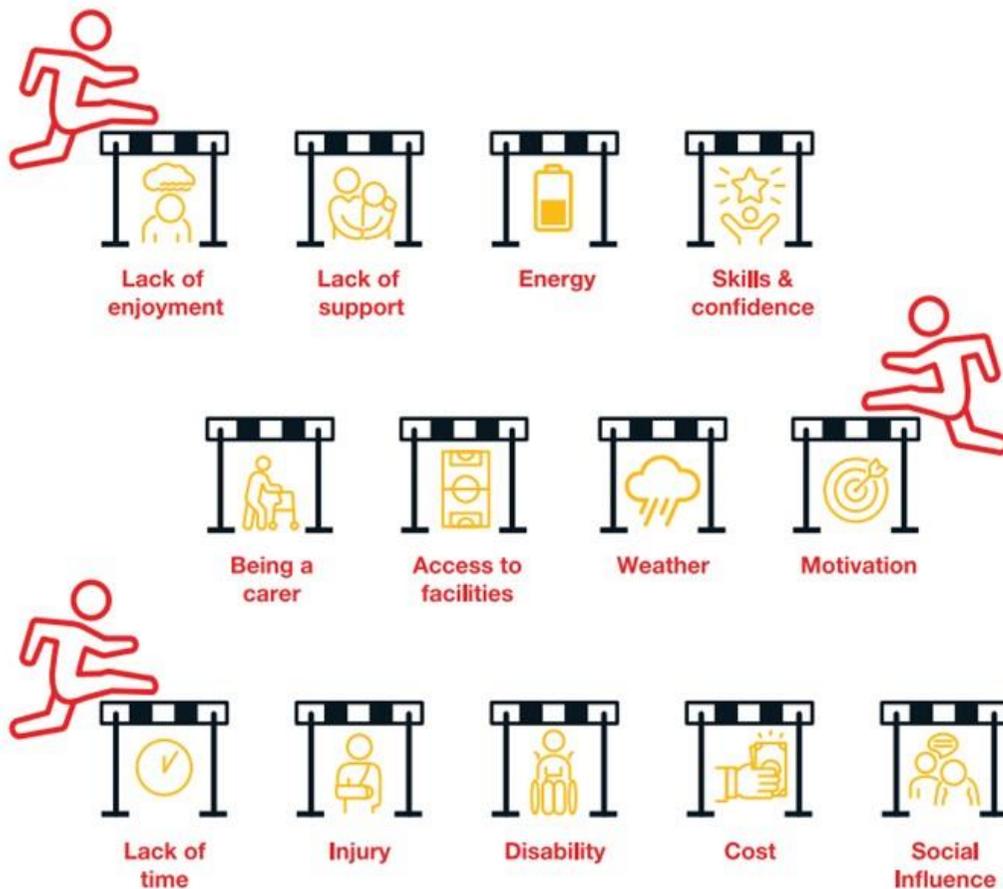
Physical activity for adults



Why are adults inactive?

The barriers stopping an individual from being active (see figure 4) may be very personal in origin or may be social, cultural, or due to the built or natural environment.

Figure 4: Barriers to being active⁷



⁷ [Infographic taken from "Merton on the Move" Annual Public Health Report 2026-2027](#)

Inequalities

Not everyone has the same opportunity to be active. National data from Sport England shows that people of Asian ethnicities (excluding Chinese) are the least likely to be physically active, as are women, people who identified as heterosexual and those with a disability⁸. People living in the most deprived neighbourhoods tend to be the least active⁹.

What are the benefits of physical activity for children?

Being physically active as a child is about so much more than being physically fit; it is also vital for children and young people's overall development, their general health and mental wellbeing¹⁰. Benefits described by the UK Chief Medical Officer¹¹ include:

- Improved sleep
- Building relationships and social skills
- Brain development and learning
- Improved health, fitness and maintaining healthy weight
- Developing muscles and bones
- Developing movement and coordination
- Building confidence
- Reducing risk of depression
- Improving concentration and learning

What are the recommendations for children?

The CMO recommends that children (aged 1-18) should aim for at least 60-180 minutes of physical activity per day depending on their age (see figure 5). For babies under one year of age, it is recommended that at least 30 minutes of tummy time is achieved throughout each day.¹²

⁸ Sport England, "Active Lives Survey Data 2023/24," 2025.

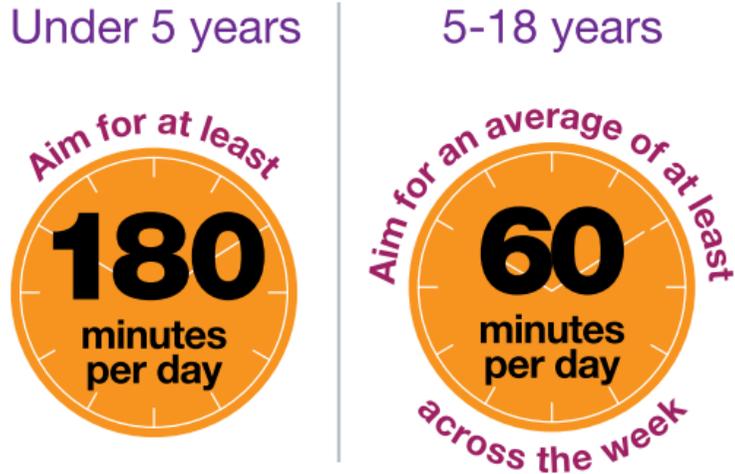
⁹ OHID, "Health Inequalities Dashboard: statistical commentary, September 2025," Office for Health Improvement & Disparities, <https://www.gov.uk/government/statistics/health-inequalitiesdashboard-september-2025-data-update/health-inequalitiesdashboard-statistical-commentary-september-2025>, 20

¹⁰ LGA, Resources to support children and young people to be active, <https://www.local.gov.uk/topics/culture-tourism-leisureand-sport/active-communities-hub/resources-support-childrenand>, 2025.

¹¹ CMO, Physical Activity Guidelines under 5s, <https://www.gov.uk/government/publications/physical-activity-guidelines-earlyyears-under-5s>, 2019.

¹² <https://www.nhs.uk/live-well/exercise/physical-activity-guidelines-children-under-five-years/>

Figure 5: UK Chief Medical Officers recommended physical activity levels for children and young people



A child or young person is 'inactive' if they do less than the recommended levels of activity for their age.

Children who are classed as inactive, are likely to have more sedentary behaviours, which can reduce the amount of time they spend being active. This can include spending too much time during the day doing things which use up very little energy, for example sitting, watching television, using computers or playing sedentary video games.

Changes in our society, the environment and technology have all contributed to the shift towards inactivity and are shown in figure 6.

Figure 6: Factors affecting how active children and young people are



Inequalities

Children who may need more tailored support or more help to reach the recommended activity levels¹³ include those whose opportunities may be affected by health conditions, family finances, family circumstances, cultural background and gender. Looked after children and young people, children with disabilities, young carers and children of asylum seekers, refugees and travellers, are groups that are also likely to need more support¹⁴.

¹³ NICE, PH17: Physical activity for children and young people, <https://www.nice.org.uk/guidance/ph17/chapter/Recommendations>, 2009.

¹⁴ PHE, Understanding and addressing inequalities in Physical Activity, https://assets.publishing.service.gov.uk/media/611cd4188fa8f53dcf15655e/PHE_Inequalities_in_physical_activity_August_update_Final.pdf, 2021.

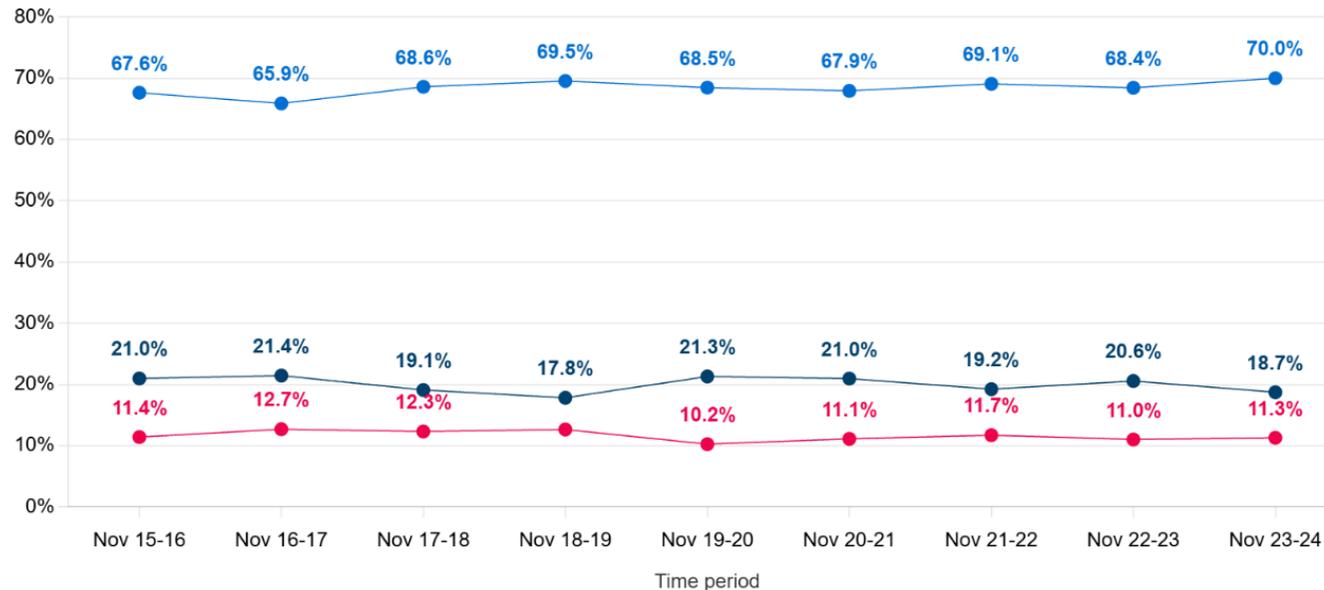
Oxfordshire data

Adults

In Oxfordshire, the latest **Active Lives Adult data** for the year 23/24 (see figure 7) found 70% of those sampled were meeting the CMO PA guidelines of 150+ minutes per week; 11.3% were fairly active (achieving 30-149 mins per day) and 18.7% were inactive active (achieving less than 30 mins per week). The latest Active Lives Survey data (23/24) for Oxfordshire adults is summarised in the graph below:

Figure 7: Active Lives Adult Survey data for Oxfordshire (23/24)

Levels of activity (Main - 3 categories) - Whole population - Oxfordshire AP
Whole population (16+)



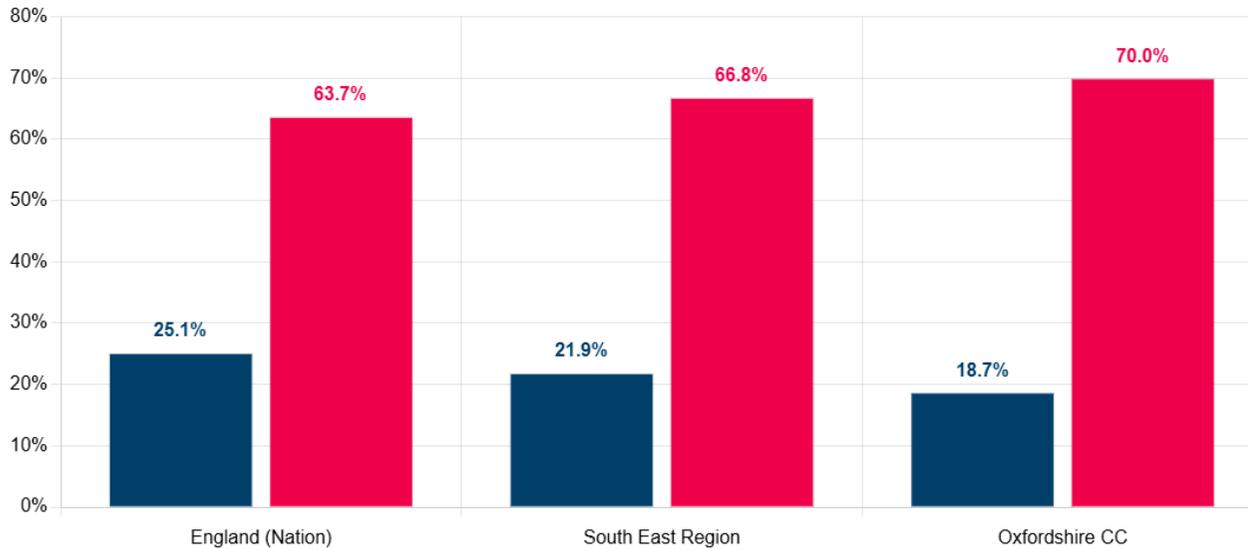
% Levels of activity (Main - 3 categories):

■ Inactive: less than 30 minutes a week ■ Fairly active: 30-149 minutes a week ■ Active: at least 150 minutes a week

Compared with the South East and England averages (see figure 8), Oxfordshire has more active adults (those reporting achieving the recommended 150+ minutes of physical activity each week) and less inactive adults (those reporting achieving less than 30 minutes of physical activity each week). These rates have remained broadly stable since 2016, with obvious fluctuations seen during the pandemic in 2020.

Figure 8: *Active Lives Adult Survey data for England, South East and Oxfordshire (23/24)*

Levels of activity (Main - 3 categories)
Nov 23-24



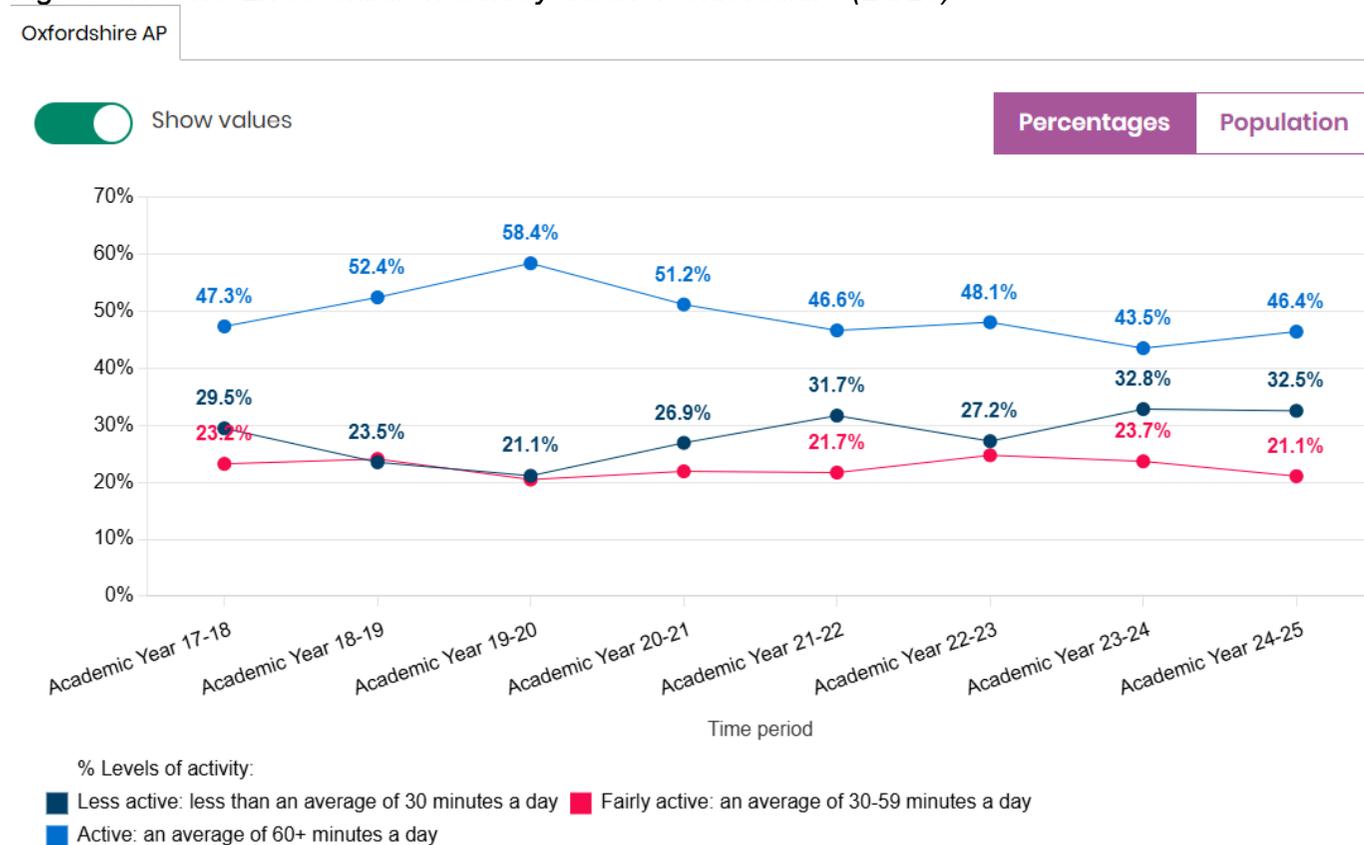
% Levels of activity (Main - 3 categories):

■ Inactive: less than 30 minutes a week ■ Active: at least 150 minutes a week

Children

In Oxfordshire, the latest **Active Lives CYP** data for academic year 24/25 (see figure 9) sampled 1694 CYP across Years 1-11. The results show 46.4% of those sampled were meeting the CMO PA guidelines of 60+ minutes per day; 21.1% were fairly active (achieving 30-59 mins per day) and 32.5% were inactive active (achieving less than 30 mins per day). Figure 9, below outlines the Oxfordshire trend data for these measures from 17/18 to 24/25; during the pandemic there was a dip in the percentage of active children and an increase in inactive children, with recovery from this being particularly slow.

Figure 9: Active Lives Children Survey data for Oxfordshire (24/25)



District level data (see figure 10) from the same survey is shown in the table below; it should be noted that last year in 23/24, West Oxfordshire had a very low rate of CYP classed as active in (25%) which brought the whole Oxfordshire average down but this was likely due to low sample numbers (n=150 compared to n=587 this year). In addition, the ALS measure is most reliable at a whole population level (ie England as a whole), therefore challenges remain in the reliability of these measures at a local and hyperlocal level.

Figure 10: Active Lives Children Survey data for Oxfordshire Districts (24/25)

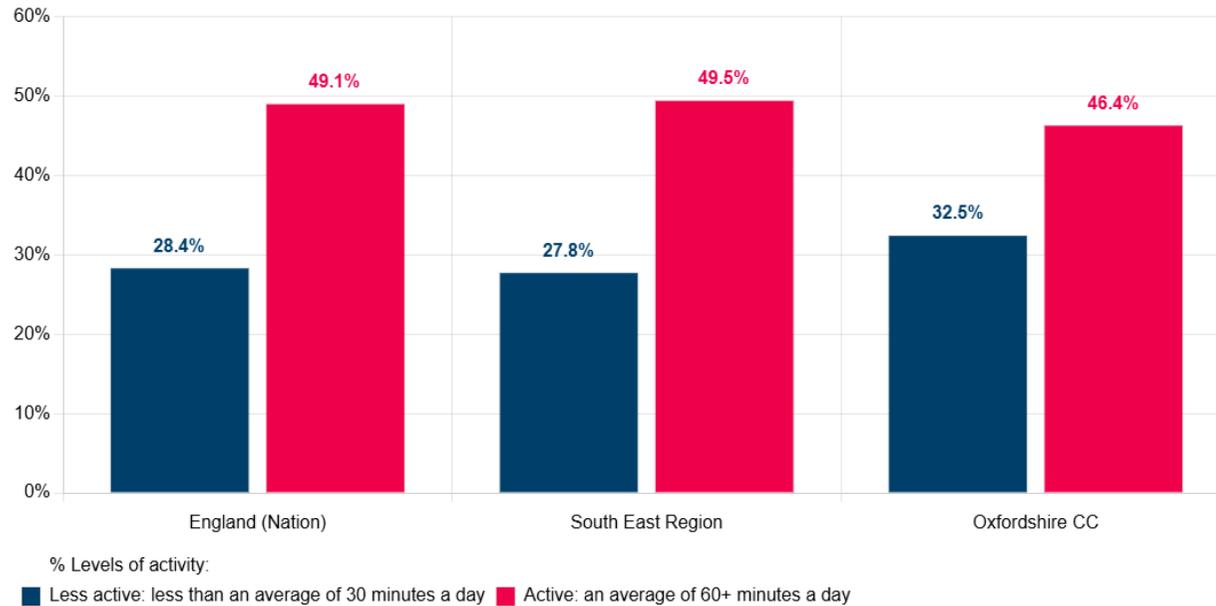
District	Respondents	% Active	% Fairly Active	% Less Active
Cherwell	190	44.8%	19.5%	35.7%
Oxford	258	41.7%	21.5%	36.8%
South Ox	0	N/A	N/A	N/A
Vale	498	49.5%	21.2%	29.3%
West	587	46.5%	21.2%	32.2%

Compared with the South East and England averages (figure 11), Oxfordshire has fewer active children (achieving the recommended 60+ minutes each day) and more inactive children (achieving less than 60 minutes each day). However, these statistics must be interpreted with caution as children's data is more variable due to small local samples.

Figure 11: *Active Lives Children Survey data for England, South East and Oxfordshire (24/25)*

Levels of activity

Academic Year 24-25



Inequalities in physical activity

Whilst Oxfordshire seemingly has a high proportion of the adult population that achieves 150 minutes of activity per week, there are large inequalities across specific demographics.

Adults Inequalities and influencing factors

Adult groups with significantly higher risk of inactivity include:

- **Older adults** – inactivity almost doubles among 55–74s and increases again in 75+
- **People living in deprived areas** – highest levels of inactivity nationally and locally (with some local variability due to small sample sizes)

- **Adults with a disability** – nearly twice as likely to be inactive.
- **People who are overweight/obese** – consistently higher inactivity.
- **Pregnant people and new parents** – studies suggest 3 in 4 are inactive
- **People with caring responsibilities** – 3 in 10 inactive compared with 1 in 10 of those working/commuting.

Smaller differences were found by:

- **Gender** – men slightly less inactive than women (but not statistically significant).
- **Ethnicity and faith (national data only)** – higher inactivity among Asian and Black groups, and Muslims.
- **Urban/rural (national only)** – slightly higher activity in rural areas.

Children’s Inequalities and influencing factors

As is noted further work is required to increase physical activity levels (and decrease physical inactivity levels) amongst children in Oxfordshire.

Based on the data within the Active Lives survey for children in Oxfordshire and national data, the following inferences can be made in terms of factors that might influence the activity levels of local children. However, again due to the limitations of the sample sizes, interpretations are made with caution.

- **Gender** – boys are consistently more active than girls, both during and outside school hours.
- **Location** – district differences –Vale of White Horse and West Oxfordshire show higher activity; Cherwell and City lower; no data is available for South Oxfordshire in 24/25, the last data available was 21/22 when 47% of CYP reported meeting the CMO recommendations. However due to sample size variation year on year it is difficult to report conclusively. What we do know is that activity levels nationally are heavily impacted by deprivation status and therefore location wise, areas of higher deprivation should remain a priority focus
- **Free school meals** – children on FSM report activity levels similar or slightly higher than non-FSM (whilst this is encouraging, the small sample sizes indicate low reliability).
- **School type** – maintained schools generally have higher activity than academy schools.
- **Swimming ability** – declining proportion able to swim and swim 25m unaided. This is an area that needs attention.
- **Time of day** – most children’s activity occurs outside school hours, highlighting the importance of local spaces, affordability, and transport though it is also important to ensure that physical activity opportunities are built into and around the school day

Physical Activity Health Needs Assessment

A Physical Activity Health Needs Assessment (HNA) for Oxfordshire was undertaken in 2025 (due for publication Spring 2026). The HNA identified the following priorities and recommendations:

Priorities:

- **Children and young people** are becoming less active. This is worse for children living in priority neighbourhoods.
- **Children's swimming** is in decline, with increasing numbers of children leaving school unable to swim, especially in the priority neighbourhoods.
- **Older adults**, and adults living with **disabilities** are much less active than their peers.
- Inactivity is often built into **social care**, with long periods of sitting and limited staff time or other resources put in to supporting service users to be active.
- Activity is safe and beneficial for almost everyone, and inactivity is known to worsen health outcomes. However there is limited **awareness of the dangers of inactivity** and frequent assumptions that activity is unsuitable for people with long term health conditions, or who have a disability.
- **Gaps in awareness and promotion of available services**, groups and activities limits access. Linkage of services including voluntary and community sector organisations is currently limited.
- Large **gaps in the active travel network** limit active travel, particularly for less confident travellers including children and families. This is particularly the case in rural areas but also includes parts of Oxford City.
- Though **targeted services** exist to support physical activity in Oxfordshire, they do not currently **reach** the majority of target populations.
- **Gaps in leisure provision** for large villages and some market towns mean that access to a public pool or leisure centre is dependent on private car use.
- **Provision of year round swimming** facilities is below recommended levels across all districts.
- Although work on physical activity is taking place across sectors, and local advocacy and leadership is supported by a positive Active Partnership (Active Oxfordshire), **a whole system strategic approach** has not been defined.

Recommendations:

- **Further development of Whole Systems Approach and Strategic Activity** for Oxfordshire taking into account these recommendations
- **A cultural shift is needed to recognise that physical activity is a normal part of life, for everyone.** This should actively include people who have health or care needs, or face barriers to activity. Assumptions that activity is not for everyone have been disproven, but inactivity is often built into health and social care, and societal expectations around older people or those with disabilities, including learning disabilities. Challenging this involves building a culture of inclusion. Changing the focus from what people cannot do to what they can requires a systems approach, and leadership on this should be a priority across the health, social care and community sectors.
- **Sedentary time** is often built into schools and workplaces. Wellbeing focussed frameworks including physical activity such as Well Schools and Thrive are welcomed and **evaluation** of these should guide future work.
- **A platform** for activities, organisations, services and facilities, including virtual support and online resources, **to support Oxfordshire residents and enable improved signposting** from healthcare professionals, social prescribers, and others. This can then be a resource featured in ongoing promotion.
- **Supporting young people to use public transport** gets them more active than private car use. Following the example of London and Scotland and offering free bus travel for young people should be considered. This would build healthy travel habits in young people, promote independence and reduce transport barriers for both young people and families. Supporting young people to independently access opportunities including physical activity improves health and wellbeing. It also enables schools to use public transport for trips and activities during the school day.
- **Exploration of play** and how this can be promoted in Oxfordshire throughout the life course is recommended.
- Funding: Changing grant structures present barriers to smaller organisations and those further outside of traditional networks. **A strategic and continued approach to community funding for physical activity** should promote engagement and relationship building, and utilise existing networks such as OCVA and the Oxfordshire Local Economic Partnership.
- **Protection and enhancement of sports and leisure facilities**, including community venues, green and blue spaces is recommended through the planning system. How to identify and realise potential opportunities to integrate physical activity into new development and place shaping should be considered.

- **Consideration of current gaps, including swimming and green space provision, in the planning system** is recommended, with new housing development seeking to fill these gaps.
- **Input is required to reverse the decline in children’s swimming.** Ongoing work from Active Oxfordshire to understand this should inform development of a working group including leisure providers and schools, and an action plan to improve access to family swimming, and swimming lessons.
- **Place based approaches should consider access to leisure facilities across Oxfordshire.** This should include consideration of locations, capacity, transport links and particularly school use.

Whole Systems Approach to Physical Activity

Active Oxfordshire update: Move Together and YouMove

Move Together was originally commissioned on a very small scale in 2021, utilising COVID Contain Outbreak Management Funding, Support was targeted at social isolation and inactivity focussing on older people and people with existing ill health. By 2023, it was expanded and now provides a Countywide supportive, personalised pathway for people with long term health conditions to become more active The Physical Activity Clinical Champion Programme (PACC) – training programme for healthcare professionals (previously known as Moving Medicine) was added. In 2024, it expanded again to include pregnancy and postnatal women.

YouMove launched Countywide in 2022, following the success of a bespoke programme developed by Cherwell District Council to provide subsidised physical activity to people in specific postcodes. You Move built on this to create a programme specifically for children and their families meeting eligibility criteria (e.g. free school meals, universal credit, early help) to help them to become more active. YouMove was expanded in 2024 to incorporate early years, partnering with HomeStart to provide bespoke help and support.

A systemwide partnership has been established to continue and broaden this provision through joint commissioning by Oxfordshire County Council, Public Health, the Integrated Care Board, and the City and District Councils. New support is available as part of the programmes already delivered including:

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

The Report **Prevention First: transforming health and wellbeing through activity in Oxfordshire**,¹⁵ showcases the positive outcomes to date. Some highlights include:

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

Move Together continues to reach and support adults with long-term conditions, with 1932 referrals received in 24/25, mainly via healthcare referral routes (67%). 91% of participants had at least one long-term health condition, and 47% reported having a disability at their initial assessment.

Of all 24/25 participants:

- **79% were classed as inactive** (less than 30 mins PA per day), and **93% were not meeting weekly recommendations** of 150 mins.
- **64% increased their physical activity levels** between assessment and three-month review, with the average increase in steps being 3,900 per day

¹⁵ [prevention-first-report.pdf](#)

- **80% of completely sedentary participants increased their activity levels**, with the average increased in steps for this cohort being 3000 steps per day.
- 90% of those completing a three-month review report **positive lifestyle changes** including healthier food choices, building activity into their daily routine, improved management of long-term conditions, and increased connectivity with friends and nature.
- Long-term follow up (9 months post initial assessment) in a cohort from Cherwell indicated sustained behaviour change in relation to a positive increase in physical activity levels.

During 24/25 655 healthcare professionals across primary, secondary and community care and the education system have been trained in **Physical Activity Clinical Champion (PACC)**. 77% of attendees felt motivated to promote physical activity to their patients after the session, and support embedding physical activity as part of all care and as a prevention tool.

YouMove continues to reach the most vulnerable families in Oxfordshire. Up to and including 24/25 the programme has reached 13,911 individuals from 3911 families. Almost 30% of all children enrolled on the programme were in receipt of benefit related free school meals, whilst 33% registered on the programme within 24/25 reported having a disability; this is above the Oxfordshire school average of 15% on the SEND register.

Of all registered children, **48% have increased their activity minutes by an average of 153 minutes per week**; overall there has been a 53% decrease in the number of children classed as inactive, and a 9% increase in the number of children reached recommended activity levels. Of registered adults, **52% have increased their activity levels by an average of 70 minutes per week**, with an increase of 50% reaching the recommended activity levels, and a decrease of 30% being classed as inactive.

Swimming skills and ability of children aged 10 and 11 remains a concern, and is exacerbated by those experiencing inequality. Of 100 schools surveyed in academic year 23/24 related to **swimming ability** of their children:

- 1 in 4 children did not meet the curriculum requirements of being able to swim 25 meters by the end of Year 6. For schools in priority areas, this number jumped to almost 1 in 2 children
- In some schools this rate was as high as 85%
- 2 in 5 children with SEND did not meet the requirements
- 1 in 5 children couldn't perform safe self-rescue

School Games in Oxfordshire exists to support participation in under-represented groups, with a key focus on teenage girls and supporting positive mental wellbeing. 350 pupils from 21 schools have been reached with programmes targeting girls in years 7 to 9

who are otherwise disengaged from physical activity. In addition, a programme focused on Year 11's experiencing exam stress has also run, providing participants with techniques to support a reduction in anxiety related symptoms through physical activity approaches.

Key Issues

Key Issue – Children and Young People, particularly Early Years & Maternity/Postnatal

Early years is an area of focus. Early Years, defined as children under 5 years of age is a critical period of physical, mental and cognitive development. This is certainly the case where physical activity is concerned. Habits formed in these early years of life are likely to remain long into later childhood and beyond into adulthood. Nationally, there is limited data with one study suggesting that just under 20% of 1 to 5 year olds are achieving the recommended 180 minutes of physical activity per day¹⁶ with another study showing that nursery and reception children were spending two-thirds of their time stationary¹⁷.

Although we don't have any local early years data ([only for children aged 5 and upwards](#)), we can assume that the national figures apply at least somewhat to Oxfordshire children. Sport England are primarily focused on children aged 5 and upwards, meaning that the core Sport England funding for our Active Partnership Active Oxfordshire does not cover any work for Early Years. We are fortunate in Oxfordshire that Active Oxfordshire have recognised this as a key area and have worked with the Districts to secure funding in order to develop this workstream. .

Maternal physical activity (PA) during pregnancy is a significant, positive predictor of higher activity levels in children, with studies indicating children of active mothers are 90% more likely to have high PA levels. Regular, moderate-intensity exercise (150 minutes/week) during pregnancy supports long-term child health, including better motor development, reduced obesity risk, and improved cardiovascular health¹⁸. National data, indicates that physical activity rates among pregnant women in the UK are low,

¹⁶ Early Intervention Foundation, <https://www.eif.org.uk/blog/operation-long-run-covid-recovery-and-the-importance-ofkeeping-children-active>, 2022.

¹⁷ Woodfield L, "Predictors of children's physical activity in the early years foundation stage," [https://www.researchgate.net/publication/355605970_Predictors_of_children%27s_physical_activity_in_the_early_years_foundation_stage#:~:text=Children%20spent%20two%20thirds%20of,%27%20and%20being%20%27outside%27.](https://www.researchgate.net/publication/355605970_Predictors_of_children%27s_physical_activity_in_the_early_years_foundation_stage#:~:text=Children%20spent%20two%20thirds%20of,%27%20and%20being%20%27outside%27.,), 2021

¹⁸ <https://onlinelibrary.wiley.com/doi/10.1111/jmwh.13424>

with only 25% of pregnant women and new mothers meeting the recommended 150 minutes of moderate-intensity activity per week.¹⁹

Therefore in light of the above, we recognise the importance of engaging with women during pregnancy and beyond to help them to increase their physical activity levels and maternity/postnatal physical activity support remains a key priority for us.

The Oxfordshire approach to addressing this issue

Public Health commission Active Oxfordshire via YouMove as well as additional commissioned programmes which are working to address this issue. Figure 12 below details the programmes currently underway in Oxfordshire.

Figure 12: Table detailing commissioned programmes within Oxfordshire targeting Early Years and Maternity/Postnatal

Programme Name	Age Range/ Target audience	Programme Description
Lemondade Life	Pregnant & postnatal women	In terms of pregnancy and postnatal support, Active Oxfordshire commission Lemonade Life ²⁰ , an online wellness programme for pregnant and postnatal women with access to live and recorded online yoga sessions, a catalogue of on-demand wellness content, nutrition tips and recipes and an online community of local mums to connect with for support. Pregnancy/ postnatal has now been added as eligibility for Move Together ²¹ support with local coordinators working with women to help them access local services relevant to them such as buggy fitness classes and mum and baby physical activity groups.
You Move expansion	0-5 year olds and their families	From mid 2024 Active Oxfordshire have been commissioned to expand the children's You Move programme into Early Years (partnering with HomeStart) as well as maternity/postnatal, providing opportunities to create healthy habits in children and families from conception to birth and beyond.

¹⁹ <https://www.sciencedirect.com/science/article/abs/pii/S2210778914000270#:~:text=1001%20women%20participated..Recommended%20articles>

²⁰ <https://www.lemonadelifeplatform.com/>

²¹ <https://www.getoxfordshireactive.org/move-together-maternity>

Healthy Movers	0-5 year olds and their families	Healthy Movers, commissioned by Public Health in January 2025, delivered across several schools and community settings to support early years children and their families to move more. Insights are promising with almost 1000 children and 90 families engaged so far but further evaluation is required. Improvements have been reported in physical skills, e.g. balance, locomotion, object control, confidence to take part in sport and physical activity, enjoyment of taking part in sport and physical activity, and increases in the amount of physical activity undertaken.
Jabadao Training	Professionals working in the Early Years sector	Active Oxfordshire have upskilled 55 professionals working in the Early Years sector with Jabadao training (a unique approach to physical development known as Developmental Movement Play emphasising child-led, spontaneous movement to support holistic development—physically, emotionally, and neurologically) to further their knowledge and understanding as to the importance of physical activity right from birth.
Well Schools	Professionals working in the Early Years sector (and beyond – Whole School approach)	Well Schools launched in November 2025, a collaboration which intends to support schools in integrating physical activity through policy development, sharing of best practice and other initiatives; as of January 2026, 34 schools are signed up.
Ludicology	Professionals working in the Early Years sector (and beyond –wider stakeholders, schools, children and families)	A play sufficiency assessment in Oxfordshire is currently underway in collaboration with Ludicology ²² (due for completion spring 2027) to understand play with the goal of increasing opportunities for play..

²² <https://ludicology.com/>

Look Forward

A play sufficiency assessment in Oxfordshire is currently underway (completion spring 2027) to understand play with the goal of increasing opportunities for play. At the heart of this concept is the principle that if conditions are right children will play, and our responsibility as adults is to cocreate those conditions.

We are currently exploring cycling opportunities within the early years such as balance bike training along with working with the Youth Sport Trust to understand their new Physical Literacy programme and how this could be applied within Oxfordshire. Public Health have completed a Physical Activity Health Needs Assessment (to be published Spring 2026) which contains a deep dive into the local data along with local recommendations on how to increase the number of active early years children moving forwards including:

- **Training** – support/coaching for all early years settings; develop tailored guidance and training for childminders to create active environments whilst remembering that all Early Years Practitioners (as well as parents) will benefit
- **Outdoor play** – explore access and opportunities and address socioeconomic barriers through community resources and policy interventions
- **Engagement with parents** - equip parents with strategies to reduce sedentary behaviour and encourage active play.

We will continue to work with Lemonade Life and will also work with Beezee, Oxfordshire's weight management service²³ to explore opportunities to develop, join up and promote the wider Oxfordshire offer to new and expectant mothers across the county.

Over the next 12 months there will be continued focus on early years and pregnancy/ postnatal, with an emphasis of evaluating the offer we currently have whilst exploring how this can be expanded and promoted across the system.

²³ <https://oxf.maximusuk.co.uk/antenatal-support/>

Budgetary implications

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

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

There is significant risk at the moment due to uncertainties across the ICB system and the availability of their funding to support the WSA to Physical Activity moving forward. Move Together and PACC in particular are at risk

Equalities implications

As outlined earlier in this report there are differences in physical activity participation which are due to gender, deprivation status, ethnicity, disability status, age and caring responsibilities to name a few. As also described, work in Oxfordshire takes these into consideration in the planning and delivery of programmes of work. The upcoming health needs assessment has identified gaps in support for people within the social care system.

Communications

Health Needs Assessment Survey

A public survey was completed in September 2025 to help inform the Health Needs Assessment.

Play Sufficiency Survey

A survey for schools and other children's settings is currently open (opened January 2026) to gather information about the play provision across Oxfordshire. This will help to inform the Play Sufficiency Assessment currently underway. [Click here to access the survey](#)

Key Dates

Report by Suzi Andrews, Public Health Practitioner, Frances Burnett, Public Health Registrar, Sal Culmer-Shields, Head of Healthy Active Children, Active Oxfordshire.

January 2026

Contact: Derys Pragnell, Public Health Consultant derys.pragnell@oxfordshire.gov.uk

Appendix

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A whole system approach to physical activity in Oxfordshire

Sal Culmer-Shields
Head of Healthy Active Children
Active Oxfordshire

Whole system approach to physical activity in Oxfordshire

Components:

- **Expanded YouMove and Move Together programmes** to including maternity & Early Years
- **Physical Activity training** for health and social care professionals
- **Community Outreach Active Travel** in priority neighbourhoods
- **Expanded social movement** to increase activity levels through multiple partners taking action

Approach:

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

Key Priorities

Systemic rather than interventions

Collaborative not competitive

Evidencing impact to system and people

Culture shift in perception of physical activity

Ambitious for our residents



"I feel like I'm living my life again,
not just living in pain...
It gets me out of bed and gives
me somewhere to go and a
reason to leave the house."

MOVE Together

"The programme has
enhanced my life. I'm very
lucky to have found you, you
do such a great job."

In 2024/25, 1,932 people were referred to Move Together.

Activity Levels

**79% of participants
were inactive**

(less than 30 minutes of
moderate exercise per week)

**64% increased their
activity levels**

between their initial assessment
and 3-month review

**80% of completely
sedentary participants
increased their activity
levels**

**93% were not achieving
the recommended
activity levels**

(150 minutes of moderate
exercise per week)

The average weekly increase
was the equivalent of
3,900 steps per day
at a moderate pace

The average increase of
sedentary participants was
3,000 steps per day

67%

referrals are made
by healthcare
professionals

91%

participants have at
least one long term
health condition

32%

classified as obese
when they registered
with Move Together

47%

reported having a
disability at their
initial assessment

MOVE Together

Move Together created a **social value gain of £1,446,600**

This is a **return on investment of £3.70 for every £1 invested** into Move Together

Nearly 70% of participants who were completely inactive at initial assessment, and achieved behaviour change and physical activity level increases, had **sustained this activity for at least 9 months.***

22% reduction in 111/Out of Hours demand

43% fewer GP appointments

This saves 4 GP appointments per participant per year

15.11 Quality Adjusted Life Years (QALY) gain across all participants

“The beauty of Move Together is getting me to understand what I need and gives me a better life.”

2024/2025

*Result from a long-term follow-up of 85 participants in Cherwell District

Physical Activity Clinical Champions (PACC)

- 655 healthcare professionals trained in PACC in 24/25
- 77% felt motivated to promote physical activity to their patients

"Excellent training, inspired to engage with own personal fitness after the facts in the presentation were presented so well, as well as encouraging the people I support to engage in increasing movement".

YOU MOVE

YouMove is now supporting **13,911 individuals** from **3,911 families**.

Who are YouMove children?

6,339

school-aged children

4,499

children eligible for free school meals are registered with YouMove.

This is almost

30%

of all children in receipt of Free School Meals across Oxfordshire.

1,472

preschool-aged children

33%

of children who registered in the last year report having a disability.

This is above the school average, where 15% of children are on the SEND register.

57% of families are using their YouMove card at least monthly.

52%

adults have increased their activity levels by an average of

70 mins

a week

48%

children have increased their activity levels by an average of

153 mins

a week

50%

increase in adults reaching recommended activity levels

9%

increase in children reaching recommended activity levels

30%

decrease in adults classed as inactive

53%

decrease in children classed as inactive

YOU MOVE

Social value gain of £1,272,054

across those participants who joined YouMove in 2024/25.

Economic value of WELLBY's* gained by joining YouMove in 24/25:

£2.9 million

£2.76 return for every £1 invested

*Changes in life satisfaction can be converted to a standardised measure of wellbeing improvement called a WELLBY.

Impact on health and wellbeing

57%

adults reported improvement in how satisfied they are with life

50%

children reported improvements in their happiness

96% participants and **94%** families

think YouMove is making a difference to their family's health and wellbeing



Community Outreach Active Travel – Year 2

Reach

- 2,277 people (92% increase on Year 1)
- 69% increased active travel, rising from 56% in Year 1
- 81% now actively travel on four or more days per week,

Reducing Inequalities

- 71% of funding = priority neighbourhoods
- 48% of participants were from ethnically diverse communities.
- 600 adults with disabilities/long-term health conditions supported, including 335 accessing inclusive cycling opportunities.
- 588 bikes donated or loaned

Health and wellbeing

- 78% of participants increased their physical activity levels
- 88% reported positive physical and/or mental wellbeing benefits.

HNA & AO Focus

Culture & System

- System leadership to embed physical activity in everyday life
- Strong partnerships across health, local government and communities

Health - Prevent & Treat

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- Physical activity as prevention and treatment
- Embedded in care pathways, not an optional extra

Design & Planning

- Community outreach through active travel and swimming
- Place-based work in priority communities

CYP - Start Early, Reduce Inequality

- Early years, SEND and inclusion at the core
- Tackling inequalities through schools and CYP partnerships

"I would like to express my heartfelt thanks for the You Move cards you kindly sent for me and my daughters.

In these difficult days of displacement, loneliness, and the uncertainty of seeking asylum, your kind gesture has been one of the most beautiful gifts we could have received. It brought light and joy to our hearts in ways words can hardly express.

We have come to the UK fleeing the oppression of a terrorist group like the Taliban in Afghanistan — a regime that has denied girls the basic right to education and dignity. For my daughters, who were once silenced and excluded from school simply because of their gender, this opportunity is more than just access to sports or activities — it is the feeling of being alive again, of being seen and valued as human beings.

Thanks to you and this initiative, they can now breathe freely, dream again, and experience a part of childhood that was stolen from them. We are truly happy, deeply grateful, and hopeful that we can make the most of this opportunity."

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Good Food Oxfordshire

Delivery of the Food Strategy



Introduction

Good Food Oxfordshire (GFO): The backbone organisation for Oxfordshire's food system.

- **The Goal:** Ensure everyone in Oxfordshire has the food they need to thrive .
- **GFO's Value:** We coordinate action, resources, and partners across the county .
 - **We Guide:** Vision and strategy (Oxfordshire Food Strategy).
 - **We Connect:** Partners and collaborations.
 - **We Mobilise :** Resources, public knowledge, and engagement.

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Developing the Food Strategy and Food Action Plans

Co-design (2021 – 2022)

500 stakeholders shaped priorities via 35 workshops and forums

County -wide commitment (May 2022)

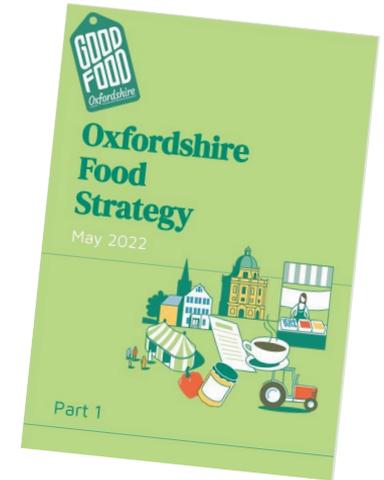
Formally adopted by OCC, Oxford City Council and all District Councils

Localisation via FAWGs (2023 – 2024)

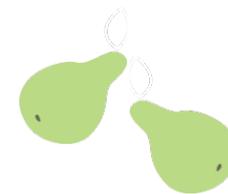
Food Action Working Groups form in each district to translate strategy >> local reality. 8 thematic workshops and local Food Summits held.

Delivery (March 2024)

Localised plans in City and all Districts

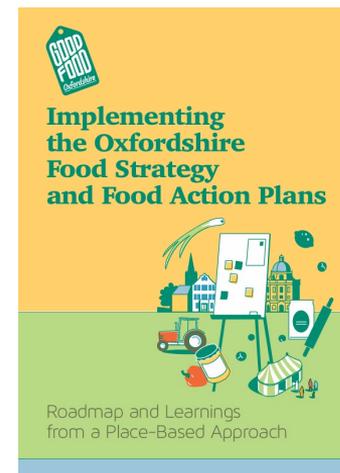


Food Action Plans



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- Tackle food poverty and diet -related ill health
- Build vibrant food communities with the capacity and skills to enjoy food together
- Grow the local food economy through local enterprises, local jobs, local wealth generation
- Strengthen short, transparent, local food supply chains
- Improve the health and sustainability of institutional catering





Tackle food poverty and diet related ill health

Oxfordshire priorities:

Expand and strengthen existing services and programmes aimed at those at risk of food poverty, including Community Food Networks (foodbanks, larders and fridges), Healthy Start Vouchers, Holiday Activities and Food. Adopt Healthy Place Shaping principles and a Whole Systems Approach to Healthy Weight.

Key achievements :

- **MECC Food Poverty Training** : Delivered to over 40 professionals from 27 organisations .
- **Healthy Start Programme** : Engaged 52 teams who made pledges.
- **Community Food Map Views**: The map reaches over 4,000 views annually.
- **Cooking Venues**: 89 cooking spaces/venues have been mapped across the county to help residents find local facilities .





Build vibrant food communities with the capacity and skills to enjoy food together

Oxfordshire priorities:

Support communities to grow, cook, learn and enjoy food together. Promote campaigns and events that enable everyone to access healthy food, reduce food waste, and encourage dietary choices that are good for health and for the planet.

Key achievements :

- **Cooking and Healthy Eating report** : capturing the voices of 32 community groups, documenting best practice case studies, making recommendations for future support
- **Household Support Funding for cooking activities** : 22 cooking-based projects, reaching an estimated 4175 beneficiaries to improve confidence in budget cooking and healthier meal choices.
- **Cooking Tutors** : Training of cooking tutors, enabling 2 to support the Blenheim Autumn Festival, and supporting 1 paid role at Barton Neighbourhood Association.
- **Cooking Toolkits** : Shared over 750 cooking toolkits in 2025
- **Connection via Partners** : WISH programme delivers workshops to 493 people, promoting food waste reduction, vegetable cooking and home growing.





Grow the local food economy through local enterprises, local jobs, wealth generation

Oxfordshire priorities:

Focus on local enterprises that are driven by local needs, provide employment, and multiply the impacts of money earned and spent locally.

Use the power of anchor institutions (schools, hospitals, universities, businesses etc) to procure locally and provide access to finance, infrastructure, and skills. This is called a Community Wealth Building approach.

Key achievements :

- **Community Wealth Building evaluation :** Worked with OX4 Food Crew to understand what helped and what hindered their journeys to become Social Enterprises, producing a promotional video to highlight their services and a report for policy makers detailing recommendations, and impact.
- **1:1 and Peer Support :** Through funding from OSEP, provided 1:1 support to 9 groups or individuals setting up or developing food related social enterprises, hosted a showcase event for OxFarmtoFork producers attended by 40+ potential buyers, and facilitated 3 peer to peer sessions for local producers.



Strengthen short, transparent local food supply chains



Oxfordshire priorities:

Detailed scoping project to define the needs, options, and future plans for local supply chain solutions for Oxfordshire.

Consider public and institutional procurement as a way to provide scale and certainty of local sustainable producers.

Identify appropriate infrastructure to support the supply chain including local food processing hubs and dynamic procurement systems.

Work with landowners, existing producers, and new agricultural practitioners to explore access to land, infrastructure, and skills to meet local food demands.

Key achievements :

OxPlenty : In partnership with Oxford Food Hub and Cherwell Collective

- Rescued 1.5 tonnes of pumpkins and 1,540 apples from farm-level waste.
- Processed surplus into 600 + units of juice and frozen purée for local larders.

OxFarmToFork :

Scaling the Local Economy

- Doubled local produce sales to £200,000 in 2025.
- Supports 21 local producers and 21 institutional buyers through the Charter.
- Secured £32,000 for farm infrastructure (polytunnels, seed drills).

Environmental Impact & Logistics

- Saved 2 million food miles, preventing 670 tonnes of CO₂.
- 424 zero-emission deliveries completed via Velocities e-bikes.



Improve the health and sustainability of institutional catering

Oxfordshire priorities:

Embed healthy, sustainable and local food principles and targets within institutional catering.

Link food to net zero targets and promote accreditation schemes, such as Food for Life, Fairtrade, and Sustainable Restaurant Association.

Key achievements :

- **Great Big Green Lunch:** 2,000+ plant-based meals service on one day during the 2025 campaign. 10,000+ engagements with social media campaign and 5,500 reach by in-person events.
- **Cooking workshops for local secondary schools** – supported 16 Oxford Brookes Nutrition Students to deliver ‘Banking on Health’ project, delivering cooking and nutrition workshops to local secondary schools.





Integration with existing policy, programmes and campaigns



OXFORDSHIRE COUNTY COUNCIL



OXFORD CITY COUNCIL



WEST OXFORDSHIRE DISTRICT COUNCIL

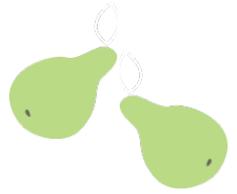


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Challenges and Inequalities



- Reliance on a volunteer workforce
- Rural inequalities
- Social media is a great opportunity, but...
- Funding structures



Thank you

