

Divisions Affected – All

CABINET 21 January 2025

Oxfordshire Healthy Weight Report of the Oxfordshire Joint Health Overview and Scrutiny Committee

RECOMMENDATION

1. The Cabinet is **RECOMMENDED** to —
 - a) Agree to respond to the recommendations contained within this report.
 - b) Agree to coordinate with relevant officers from the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board to provide a response on behalf of Oxfordshire County as well as its key NHS partners.

REQUIREMENT TO RESPOND

2. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the Committee may require a response from the responsible person to whom it has made the report or recommendation and that person must **respond in writing within 28 days of the request.**

INTRODUCTION AND OVERVIEW

3. At its meeting on 21 November 2024, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report providing an update on Oxfordshire Healthy Weight. The report that was received included input from Oxfordshire County Council's Public Health Directorate, as well as from the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB). The Committee initially held this item in its public meeting in September 2023, and the purpose of the item held in November was to receive a progress update on the work undertaken by the Council and its partners to promote healthy weight, as well as on the recommendations issued by the Committee last year.
4. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects of health as a whole; and this includes initiatives by the Council and its key NHS partners to tackle excess weight amongst residents and to cultivate

a healthy living environment that promotes healthier living habits. Upon commissioning this item, some of the points the Committee sought to investigate involved the following:

- How the work to promote Healthy Weight continues to sit and operate in the broader context of a preventative public health agenda, including in relation to Oxfordshire's Health and Wellbeing Strategy.
 - Details of any new data relating to excess weight in Oxfordshire, and if there are any new identifiable patterns of excess weight and life expectancy that are Oxfordshire specific.
 - Details of any ongoing co-production that has been adopted as part of the work to tackle excess weight.
 - An update on the relationship between deprivation and excess weight, and how this relationship can be more thoroughly understood so as to create measures to address this.
 - Details of any ongoing potential challenges to tackling excess weight, including the degree to which residents are being receptive to the promotion of healthy living habits.
 - The degree to which there is sufficient resource (including funding and workforce) to continue the work on healthy weight.
 - Details of any support being provided to the parents, carers, or families of those living with excess weight, and how they are being helped with being given the tools to help manage children's weight.
 - An update on the licensing around the presence of fast-food outlets in certain areas around the County and advertising of HFSS (High in Fat, Salt and Sugar) products.
5. Below is a summary of the 21 November scrutiny session. This report also contains key observations and considerations that the Committee urges the Cabinet and senior officers (including from the Integrated Care Board) to give consideration to in respect of the work being undertaken to improve healthy weight and healthier living habits amongst Oxfordshire residents.

SUMMARY

6. The Committee would like to express thanks to Derys Pragnell (Consultant in Public Health), Ansaf Azhar (OCC Director of Public Health), Claire Gray (Public Health Practitioner), Angela Jessop (Personalised Care Lead BOB ICB), and Alicia Siraj (Head of Health Promotion, Health Prevention, and Personalised Care BOB ICB) for attending the meeting on 21 November and answering questions from the Committee.

7. It was highlighted by the Director of Public Health that post-COVID-19, addressing excess weight was crucial owing to its links with long-term conditions such as type 2 diabetes. A whole system approach involving all organisations across the County Council was needed. Rising obesity rates both nationally and locally necessitated changes in the food environment and sedentary lifestyles. A four-pillar approach to tackling excess weight was introduced, emphasising that no single intervention would suffice. Local data showed robust information on children but less information on adults, highlighting higher weights among children in some areas compared to the national average.
8. Angela Jessop, the Tier 3 weight management lead at the ICB, explained the weight management tier system. Tier 2 services were for individuals with lower BMIs and included programs such as Slimming World and online support. Tier 3 services were for those who had not successfully lost weight in Tier 2 and targeted people with higher BMIs and those considering surgery. This tier adopted a multidisciplinary approach including dietetics, psychological support, and physical activity, with programs typically lasting around 12 months. Oxfordshire residents could access face-to-face services at Luton and Dunstable Hospital and a remote service available across the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) geography, which supported non-English speakers and those with learning disabilities or low health literacy. Tier 4 services were for patients who may opt for surgery after Tier 3. At the time, Oxford University Hospitals NHS Foundation Trust (OUH) was not accepting new referrals, so patients were directed to Luton and Dunstable Hospital or the Royal Berkshire Hospital. In 2023-24, approximately 25 patients from Oxfordshire underwent Tier 4 surgery.
9. Members expressed concerns about the link between arthritis and obesity. They wanted to know what support was provided for individuals with both conditions. Officers explained that General Practitioners (GPs) were proactive in recognising the link between excess weight and arthritis. They often recommended lifestyle changes and referred patients to Tier 2 and Tier 3 weight management services to help manage weight and improve arthritis symptoms.
10. Concerns over the mental health and support for those suffering from and living with obesity were raised by Members who wanted to know about the pathways and services available to support individuals. It was responded that specific pathways were established to support individuals with mental health conditions who were also dealing with obesity. This included both serious mental health conditions and lower-level mental health issues.
11. Members noted the importance of self-worth and self-confidence, when dealing with obesity, and questioned the proportion of patients, for either physical obesity or mental health, who were socially prescribed physical activity. It was explained to the Committee that social prescribers in GP practices played a crucial role in discussing healthy lifestyle changes with patients, including those with obesity and mental health issues. They worked

alongside health coaches to support patients in adopting physical activity as part of their treatment plan.

12. Concerns were raised by the Committee about the support offered to women, following a pregnancy, in relation to obesity. Concerns were raised about potentially distressing health checks after pregnancy where BMI had been raised. Members questioned what support was being offered to promote health lifestyles and practices post pregnancy, especially in relation to breastfeeding. It was explained that breastfeeding was highlighted as a key component in promoting weight loss post-pregnancy. It was noted that the energy demands of breastfeeding were greater than those of gestation, making it an effective practice for weight management. There was a comprehensive breastfeeding support provision through the recently commissioned 0-19 service, which integrated with maternity services to support mothers, especially those struggling with breastfeeding.
13. There was an emphasis on co-production with women, partners, and the wider community to understand the reality of maintaining a healthy weight post-pregnancy. This included working with voluntary sector organisations like Homestart to provide support beyond clinical settings. Training for clinicians, such as the This Mums Moves training, also focused on delivering effective messages about physical activity and healthy weight management during and after pregnancy.
14. The issue of obesity within school settings was also discussed. The Committee highlighted the statistics of obesity in schools with one in three students leaving year 6 obese. Members questioned what was being done to support and encourage healthy eating and lifestyles in schools, as well as at home. It was responded that a new role had been created to focus on schools, particularly in areas of deprivation. This advisor works within school improvement to influence school policies and practices around healthy eating and physical activity. Efforts were being made to address the contents of children's lunch boxes, promoting healthier options. A school cooking project was also being developed to support children and young people in learning to cook from scratch.
15. The importance of involving parents and the wider community was highlighted. Initiatives like the Move Together program and partnerships with organisations like Homestart aimed to provide support beyond the school environment, ensuring that healthy practices were reinforced at home. Programs like the Daily Mile and walk-to-school projects were encouraged to increase physical activity among students. These initiatives had been designed to be fun and engaging, promoting a culture of regular physical activity. Specific projects and resources were being directed towards schools in areas of deprivation to address higher levels of excess weight. This included tailored interventions and support services to meet the unique needs of these communities.
16. Members raised concerns regarding the quality of support provided to community food banks and larders in their efforts to offer healthier food options. They also emphasised the importance of promoting healthy cooking

skills and habits among both younger and older residents. It was explained to the Committee that there was a focus on supporting families in using fresh fruits and vegetables, which were often available but not taken due to lack of knowledge or preference. Initiatives like the school cooking project aimed to extend into the community, helping both younger and older residents develop healthy cooking skills and habits. Good Food Oxfordshire was involved in projects like Oxfam to Fork, which looked at the food supply chain to ensure excess fruits and vegetables reached community food services. This initiative aimed to increase the availability of healthy food options in food banks and larders.

17. Members asked about the County, City, and District Councils' advertising policies for healthier food options and if they had strategies to promote such choices. It was explained that there were aims to implement high fat, salt, and sugar (HFSS) policies in council-owned advertising spaces by replacing ads for unhealthy foods with those for healthier options like fresh produce. Evidence showed this could positively influence buying behaviour without affecting council revenue.
18. Members questioned what restrictions on hot food takeaways had been considered, and whether it was necessary or possible for the Council to seek new powers to deal with the rise and influence of hot food takeaways. Officers referenced that the levers to restrict new hot food takeaways already existed. Many areas had successfully implemented policies to restrict the opening of new hot food takeaways, particularly around schools or in areas with high levels of excess weight. Examples included Newcastle, which had implemented such restrictions across the geography. The process involved incorporating restrictions into local plans or adding supplementary policies to existing plans.
19. There was a discussion about the possibility of seeking new powers from the government to make it easier for local authorities to implement these restrictions. This could involve additional support or changes to national planning frameworks to facilitate the process. The idea of requesting new powers was seen as a way to strengthen the ability of local authorities to manage the proliferation of hot food takeaways and create a healthier food environment. The public health team was actively working to support local authorities in implementing these restrictions and was advocating for stronger national policies. This included providing bespoke information for each district and city to help them understand and apply the available levers effectively.
20. Members questioned what progress had been made in relation to any Key Performance Indicators (KPIs) and what data was available to demonstrate how successful or unsuccessful initiatives had been. Additionally, Members were curious as to whether there were sufficient and sustainable funding avenues for the work to promote healthy weight across the tier system. Officers stated that many of the projects were new, and their outcomes were being evaluated rather than measured against specific KPIs. This was because the nature of the projects made it difficult to set traditional KPIs. For example, the food price marketing project aimed to change purchasing behaviour, which

would take time to measure. Some initiatives did have KPIs, such as breastfeeding rates, but overall, the focus was on evaluating the impact of the projects rather than setting rigid KPIs. The overarching KPI remained the reduction in overweight and obesity rates. It was explained to the Committee that the Health and Wellbeing Board provided overall governance for these initiatives, with specific updates and reports being presented to the Health Improvement Board.

21. There was an acknowledgement that there was a need for more funding and resources to expand the initiatives and support the work across the system. The current funding was not sufficient to cover all the needs, and there was a continuous effort to secure additional resources. The funding issue was particularly critical for new initiatives and expanding existing programs to reach more people and have a broader impact.
22. The discussion also highlighted the importance of sustainable funding avenues to ensure the long-term success of the initiatives. This included exploring various funding sources and advocating for more support at both the local and national levels.
23. Members concluded by debating the benefits and risks of obesity medication. The Committee questioned whether there had been clear communication with residents regarding the benefits and risks of such medication. Furthermore, Members thought it was important to ascertain whether the ICBs were each developing their own pathways for supporting healthy weight or if there was a standardised national pathway in place.
24. It was responded that clear communication regarding the benefits and risks of obesity medications was paramount. It was mentioned that the new digital provider would be able to provide medication as part of the Tier 3 service, but it was crucial to ensure that this was not seen as a direct pathway for medication. Instead, it should be considered a treatment option within a broader weight management strategy. The focus was on making sure that the right people received medication and that it was used as a tool rather than a standalone solution. This approach aimed to avoid widening inequalities and ensure that those who could not access medication in other ways were supported.
25. Officers clarified that each ICB was developing its own pathways for healthy weight support. There was no national pathway in place, which meant that each ICB was responsible for creating and implementing its own strategy based on local needs and resources. This allowed for tailored solutions that addressed the specific challenges and opportunities within each ICB's area. However, it also meant that there was a need for coordination and sharing of best practice to ensure consistency and effectiveness across different regions.

KEY POINTS OF OBSERVATION:

26. Below are some key points/themes of observation that the Committee has in relation to Healthy Weight and associated services. These points of observation relate to some of the themes of discussion during the meeting on 21 November, and have also been used to shape the recommendations being made by the Committee to Cabinet.

Supporting local business to provide healthier options: The modern takeaway market is an integral part of urban life, offering convenience and a variety of food choices to consumers and residents. However, the proliferation of unhealthy food options has raised significant concerns regarding public health. There is a pressing need for local takeaway businesses to provide healthier food options that not only meet consumer health needs but also ensure the sustainability and profitability of the businesses.

The Committee understands the increasing prevalence of diet-related health issues such as obesity, diabetes, and cardiovascular diseases, and how this has put a spotlight on the role of diet in public health. Takeaway foods, often high in fats, sugars, and salts, contribute significantly to these health problems. By providing healthier food options, local takeaway businesses can play a pivotal role in improving public health outcomes.

Nonetheless, there are a number of challenges that local takeaway business could face in switching to healthier food options including:

- **Cost Implications:** Healthier ingredients can be more expensive, impacting the cost structure and pricing strategies of takeaway businesses.
- **Consumer Preferences:** There is a perception that healthier food options may not be as appealing to consumers who are accustomed to traditional takeaway offerings.
- **Operational Adjustments:** Preparing healthier meals may require changes in kitchen operations, staff training, and supply chain management.
- **Marketing and Communication:** Effectively communicating the benefits of healthier options to consumers and convincing them to make the switch can be challenging.

The Committee is therefore strongly supportive of the approach to promote healthier food options being sold amongst local takeaway businesses. However, it is recommending that consideration is given to adopting measures to address the potential concerns of local takeaway businesses about losing business in the event of switching to healthier food products. The Committee recognises that local authorities may be limited in the powers that they have to influence local businesses and the general takeaway market. However, the system should ideally work together to develop potential solutions to achieve the balance of healthy

food products and local business needs/concerns; including through potential liaison with national players. The Committee is also willing to provide support around such initiatives.

Recommendation 1: *To explore support to local businesses supplying food in the takeaway market to provide healthier offers that meets both business and health needs. It is recommended that effective measures are adopted to address the concerns of local takeaway businesses about losing business in the event of switching to healthier food products.*

Supporting foodbanks in providing healthier food options: The provision of healthier food options in food banks is a crucial initiative that can significantly impact the well-being of the community. Food banks play a vital role in supporting individuals and families facing food insecurity. However, the nutritional quality of the food provided can have a long-term impact on the health outcomes of the beneficiaries. Access to healthier food options can help prevent chronic diseases such as obesity, diabetes, and heart disease, thereby improving overall public health.

In a 2020 study published in the *European Journal of Nutrition*, it was found that food banks in European societies tend to provide food products that not only have little benefit for recipient's health, but that may also be bad for recipient's health¹. Indeed, healthier food options, such as fresh fruits and vegetables, whole grains, and lean proteins, provide essential nutrients that are necessary for maintaining good health. These foods can help improve immune function, support growth and development, and reduce the risk of various chronic illnesses. Ensuring that food banks offer a balanced variety of nutritious foods can prevent malnutrition, which can have severe consequences, particularly for children and the elderly. A diverse diet that includes all food groups is necessary for physical and cognitive development.

Given that the County Councils' Public Health Team has a pivotal role in promoting public health and preventing disease within the community, Public Health expertise and resources can potentially be invaluable in supporting food banks to provide healthier food options. For instance, the Council could consider meeting with food banks to fully appreciate their challenges as well as offering education and training to food bank staff and volunteers on the importance of nutrition and how to incorporate healthier food options into their offerings. This could include workshops on meal planning, food preparation, and understanding nutritional labels that could support the work of food banks that are in a position to work collaboratively on this. Food Banks and ladders would likely need support with funding and health regulations or finding partners that can help overcome these and other barriers.

¹ [Improving the dietary quality of food parcels leads to improved dietary intake in Dutch food bank recipients—effects of a randomized controlled trial | European Journal of Nutrition](#)

Effective cooperation and liaison between the County Council's Public Health Team and food larders and banks could be essential for the successful implementation of healthier food initiatives. This could be through establishing regular meetings and open lines of communication, which can facilitate the exchange of ideas, address any challenges, and ensure that all partners/local actors are aligned in their goals. This collaboration can lead to more coordinated efforts and better outcomes for disadvantaged communities who rely on foodbanks/larders. In addition, developing joint programs and initiatives that focus on improving the nutritional quality of food provided by food banks can create a more systematic approach to addressing food insecurity. These programs could include community gardens, cooking classes, and nutrition education campaigns.

The Committee would also like to emphasise the role and importance of volunteers as well as wider voluntary sector organisations on the tremendous roles they play in contributing to food banks and food larders. Volunteer work forms the backbone of many of the charitable initiatives to provide food for vulnerable or disadvantaged groups. Volunteering is not merely about giving time and effort; it is a profound expression of a strong community spirit and compassion. Volunteers work tirelessly behind the scenes, including with food banks and larders, to ensure that people in their communities do not remain without essential food. Volunteers and voluntary sector organisations fulfil this vital role through sorting donations, distributing food, or even offering a listening ear. It is for this reason that the Committee is recommending that there is further celebration of the role of volunteers and voluntary sector organisations in this regard.

Recommendation 2: *To support food banks and larders in providing healthier food options; and for there to be further liaison and cooperation between the County Councils' Public Health Team and food larders and banks. It is recommended that there is further celebration of the role of volunteers and voluntary sector organisations in this regard.*

Development of Key Performance Indicators: Promoting healthy weight should indeed constitute a critical public health objective, particularly given the rising prevalence of obesity and related health issues globally. The Committee is therefore very supportive of the initiatives and activities of the Public Health Team in working toward this. However, to ensure that initiatives aimed at promoting healthy weight are effective, it is essential for system partners to develop clear and measurable Key Performance Indicators (KPIs). These KPIs will help in evaluating the impacts and progress of the initiatives, ensuring that they are meeting their goals and making necessary adjustments for continuous improvement. The KPIs that are developed should clearly define what is to be measured specifically. The Committee therefore urges that KPIs are developed which also adhere to the SMART (Specific, Measurable, Achievable, Relevant, Timebound) criteria.

One particular KPI that could be adopted could potentially assess the proportion of takeaway businesses actually switching to healthier food options, and the number of local food stores also doing this. This would essentially allow the Council (as well as its partners) to track the progress of initiatives aimed at creating a healthier environment which can contribute to tackling excess weight. Another KPI could be on the number of Oxfordshire organisations engaging with and adopting any actions to support the strategy. The use of qualitative measures would therefore be helpful in understanding key themes that drive or hinder organisational engagement and action to support the strategy.

Furthermore, the establishment of KPIs as well as having transparency around these can help to reassure the wider public and increase their confidence in the measures adopted by their Council and partners to tackle excess weight.

Recommendation 3: *For the development of clear and measurable KPIs so as to evaluate the impacts and progress of the work to promote healthy weight.*

Communicating benefits & risks of obesity medications: The Committee understands that one of the strategies employed to combat obesity is the use of obesity medications. While these medications can offer significant benefits, they also come with potential risks. It is essential to have clear and transparent communications with residents regarding these medications to ensure they are well-informed and can make educated decisions about their health. According to a 2014 study published in the *Journal of Obesity*, communication with patients as to the potential risks of obesity medications is crucial as patients may use these medications in pursuit of what may appear to be a healthy objective of losing weight, and may at times not be sufficiently aware of their risks². There have also been disturbing inquests into the deaths of young women who have accessed online medications for weight loss privately with no appreciation of the dangers of these drugs³.

The Committee recognises that when utilised as part of a comprehensive weight management plan, obesity medications can provide several benefits including:

- For individuals who have struggled to lose weight through diet and exercise alone, these medications can provide the necessary support to achieve their weight loss goals.
- These medications can lead to improved health outcomes, including reduced risk of chronic diseases such as type 2 diabetes,

² [Time series analyses of the effect of FDA communications on use of prescription weight loss medications - Block - 2014 - Obesity - Wiley Online Library](#)

³ <https://www.forbes.com/sites/katherinehignett/2024/11/09/woman-dies-after-using-weight-loss-drug-in-uks-first-case/>; <https://www.itv.com/news/2024-12-10/grieving-family-fears-illegal-weight-loss-drops-led-to-young-mums-death>

hypertension, cardiovascular disease, and certain cancers. Additionally, weight loss can alleviate the symptoms of conditions like osteoarthritis.

- These medications can have an indirect positive impact on an individual's quality of life; as through creating weight loss they can improve mobility, increase energy levels, and boost self-esteem and mental well-being. These positive changes can contribute to a more active and fulfilling lifestyle also.

However, it is important that patients are clearly communicated with, and that there is adequate transparency around, not only the benefits of but also the risks associated with these medications. This can help to avert the prospect of patients feeling strongly inclined to take these medications due to their knowledge of the aforementioned benefits without having a balanced understanding of the potential side effects and risks. It would also help avert people who are not patients but who are accessing weight loss medications online who are of a healthy weight and who are unknowingly seeking medication that is unsafe for them.

Recommendation 4: *For there to be clear communications as soon as possible with residents as to the benefits and risks associated with obesity medications, especially for anyone who has not been encouraged to lose weight by their GP and is considering buying weight loss drugs privately or online without medical supervision.*

Identifying and engaging residents with comorbidities: The prevalence of comorbidities amongst Oxfordshire's residents poses significant challenges. Comorbidities, where individuals suffer from multiple health conditions simultaneously, complicate treatment plans and necessitate a comprehensive approach to healthcare. In a 2015 study in the *Journal of Diabetics, Obesity and Metabolism*, it was found that identifying individuals with comorbidities was crucial so as to determine treatments and overall policies to improve healthier weight⁴. The Committee believes that one of the fundamental steps in addressing the needs of these individuals is clear mapping and identification. This process is crucial not only for effective treatment but also for the coproduction of healthy weight services, ensuring that input from those with comorbidities and vulnerable population groups is incorporated into how healthy weight services are designed as well as delivered.

In one 2021 review published in the *Future Healthcare Journal*, Comorbidities are defined as often interrelated conditions that affect an individual's overall health and quality of life⁵. Examples include diabetes and cardiovascular disease, obesity and hypertension, or mental health disorders and substance abuse. These conditions can exacerbate one another, making management more complex and necessitating a multifaceted approach to one's overall care and health.

⁴ [Current and emerging medications for overweight or obesity in people with comorbidities - Fujioka - 2015 - Diabetes, Obesity and Metabolism - Wiley Online Library](#)

⁵ [Clustering of comorbidities - ScienceDirect](#)

The presence of comorbidities often complicates diagnosis and treatment for patients. System partners must consider the interplay between different conditions and how treatments for one condition might affect another. For instance, medication for one illness might worsen another condition or interact adversely with medication prescribed for a different health issue. This complexity underscores the need for precise mapping and identification of individuals with comorbidities to tailor treatment plans effectively, including plans for patients/residents with excess weight.

The Committee urges that coproduction of healthy weight services should involve collaborative efforts between healthcare providers, patients, and communities to design and implement programs that promote healthy weight management. Incorporating input from individuals with comorbidities and vulnerable population groups is essential for the efficacy of these services and is important for three key reasons:

- **Inclusivity:** Involving individuals with comorbidities in designing healthy weight services ensures that these programs address the unique challenges faced by such residents. For instance, weight management programs must consider the limitations and needs of individuals with mobility issues or chronic pain.
- **Engaging and empowering:** Engaging individuals with comorbidities in the coproduction process empowers them to take an active role in their health management. This collaborative approach fosters a sense of ownership and commitment to the program, leading to higher participation rates and better outcomes.
- **Cultural Relevance:** Vulnerable population groups often have distinct cultural and social factors that influence their health behaviours. Including these groups in the coproduction of healthy weight services ensures that programs are culturally relevant and accessible. This can further promote inclusivity in initiatives and policies that promote healthier weight.

Recommendation 5: *For there to be clear mapping and identification of individuals with comorbidities. It is crucial that there is ongoing coproduction of healthy weight services that would include input from those with comorbidities or from vulnerable population groups.*

Promoting and celebrating physical activity: The Committee is pleased to hear that efforts are being made to promote greater physical activity amongst Oxfordshire's residents through various avenues. Indeed, in the pursuit of a healthier future for Oxfordshire's residents, it is imperative that system partners work collaboratively to promote greater physical activity amongst residents of all ages. This collective

effort can significantly contribute to the well-being of individuals and communities, fostering a culture that values health and wellbeing overall.

Physical activity is a cornerstone of a healthy lifestyle. In a 2010 study published in the *International Journal of Behavioural Nutrition and Physical Activity*, it was found that physical activity plays a crucial role in maintaining a healthy weight, enhancing mental well-being, and preventing chronic diseases such as diabetes, heart disease, and certain cancers⁶. For children and adolescents, regular physical activity can contribute to the development of strong bones and muscles, improves cardiovascular fitness, and supports cognitive functions. Among adults and the elderly, it helps maintain mobility, balance, and functional independence.

Achieving widespread physical activity within Oxfordshire would require a concerted and collective effort from various organisations and stakeholders, including schools, healthcare providers, local governments, community organisations, and businesses. Each of these entities can play a pivotal role in creating environments that encourage and facilitate active lifestyles as indicated below:

- **Schools:** Schools can inculcate the values of physical activity and healthy eating from a young age. By integrating physical education into the curriculum and promoting active play, schools can lay the foundation for lifelong healthy habits. Additionally, initiatives such as after-school sports activities and nutrition education can reinforce these values.
- **Healthcare Providers:** Healthcare providers can advocate for physical activity by educating patients about its benefits and providing personalised advice. Routine check-ups can include assessments of physical activity levels and discussions about incorporating more movement into daily routines.
- **Local Authorities and Community Organizations:** Local Authorities (including Oxfordshire County Council as well as the City/District Councils) and community organisations can support physical activity by developing and maintaining parks, recreational facilities, and walking and biking paths. Community-wide events such as fun runs, fitness classes, and sports tournaments can also encourage residents to engage in physical activity.

Furthermore, the Committee recognises and is pleased that physical activity is being encouraged within schools in Oxfordshire, and recommends that consideration is given to launching a public event to celebrate good practice in schools around promoting eating well and moving well. This could indeed also contribute toward raising awareness

⁶ [Systematic review of the health benefits of physical activity and fitness in school-aged children and youth | International Journal of Behavioral Nutrition and Physical Activity](#)

of the importance of healthy eating and physical activity throughout the County.

Recommendation 6: *For system partners to work collaboratively to promote greater physical activity amongst residents of all ages. It is recommended that consideration is given to launching a public event to celebrate good practice in schools around promoting eating well and moving well. This could help to raise awareness of the importance of healthy eating and physical activity for all children.*

LEGAL IMPLICATIONS

27. Under Part 6.2 (13) (a) of the Constitution Scrutiny has the following power: 'Once a Scrutiny Committee has completed its deliberations on any matter a formal report may be prepared on behalf of the Committee and when agreed by them the Proper Officer will normally refer it to the Cabinet for consideration.
28. Under Part 4.2 of the Constitution, the Cabinet Procedure Rules, s 2 (3) iv) the Cabinet will consider any reports from Scrutiny Committees.
29. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the Committee may require a response from the responsible person to whom it has made the report or recommendation and that person must **respond in writing within 28 days of the request.**

Anita Bradley
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Annex: 1 Scrutiny Response Pro Forma

Background papers: None

Other Documents: None

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