

## Health Improvement Board

19<sup>th</sup> 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.

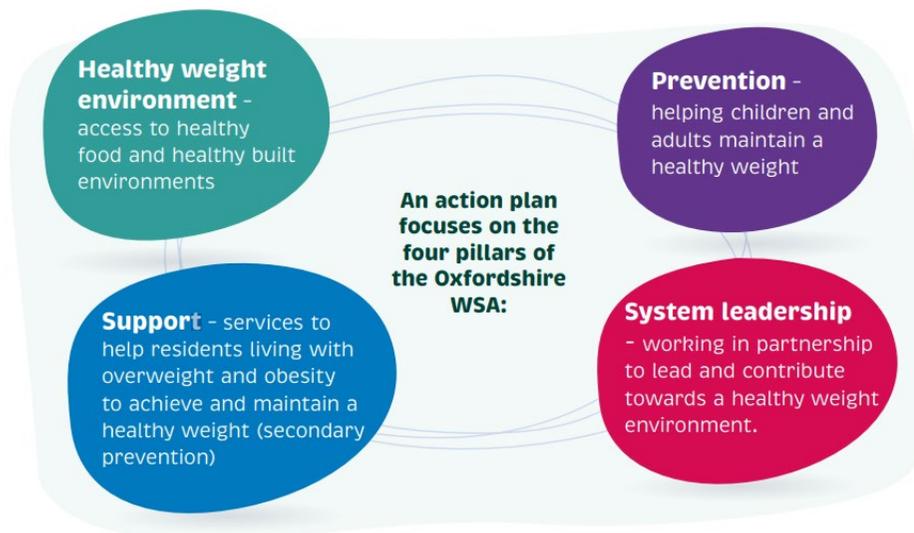


Figure 1: Four pillars of Oxfordshire WSA

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 obesity<sup>1</sup>, 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:-

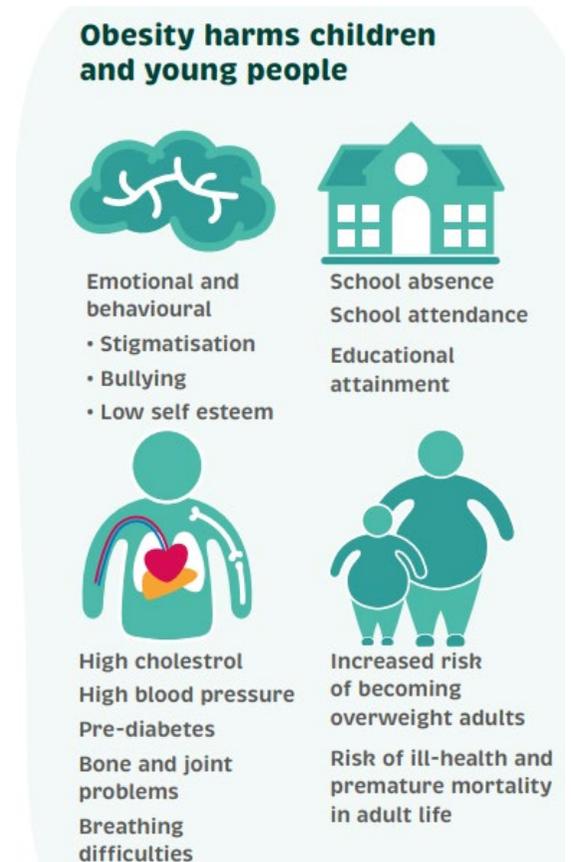


Figure 2 : Obesity harms children and young people

<sup>1</sup> [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.

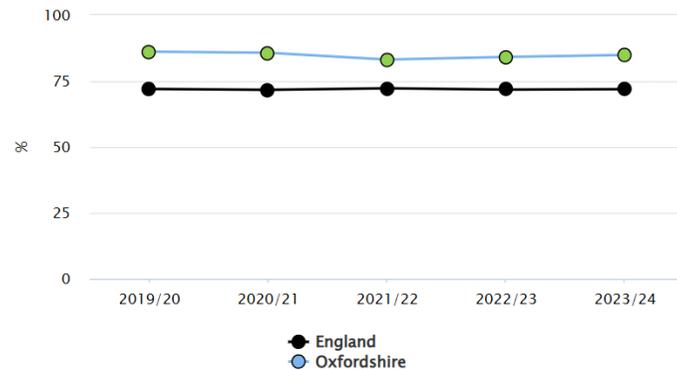
In Oxfordshire in 2023/2024, 84% of babies first feed was breastmilk compared to 71.9% in England<sup>2</sup>.

[Baby's first feed breastmilk](#) 

Proportion - %

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

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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.

<sup>2</sup> [Fingertips | Department of Health and Social Care](#)

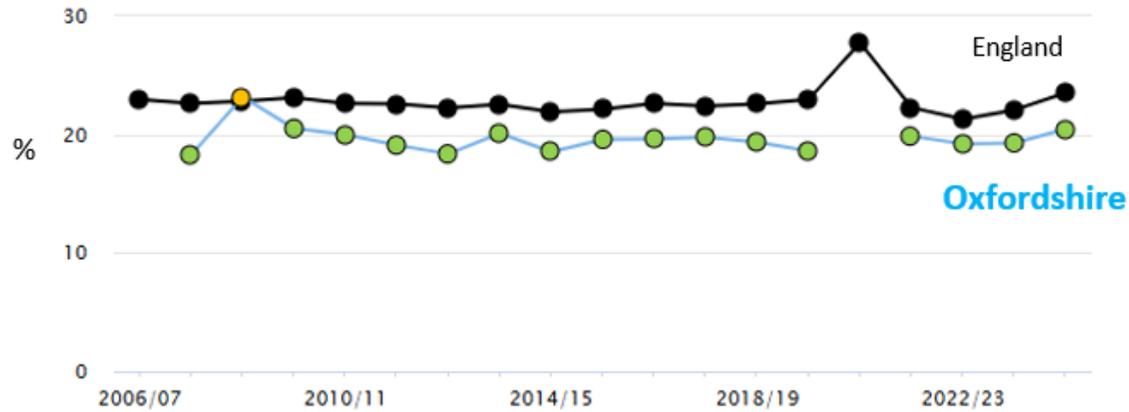
As table 1 shows, the latest data, 2024/2025, for Year 6 overweight including obesity shows a 1.5% decrease from 32.0% to 30.5% for the year before. For Reception, overweight including obesity shows a 1.2 % increase in prevalence from 19.3% to 20.5% (these changes are not statistically significant).

<b>Oxfordshire</b>	<b>21/22</b>	<b>22/23</b>	<b>23/24</b>	<b>24/25</b>
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

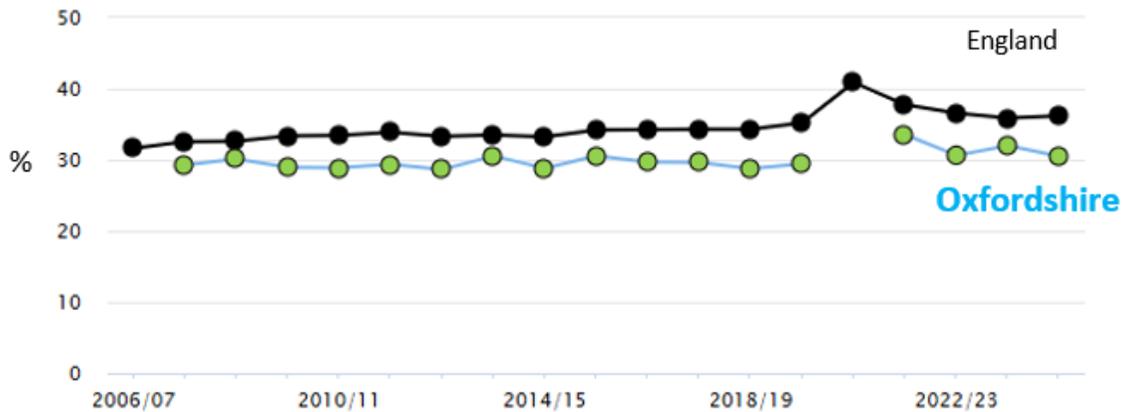


Figure 4: Year on year prevalence of overweight and obesity in children and summary of recent data

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)

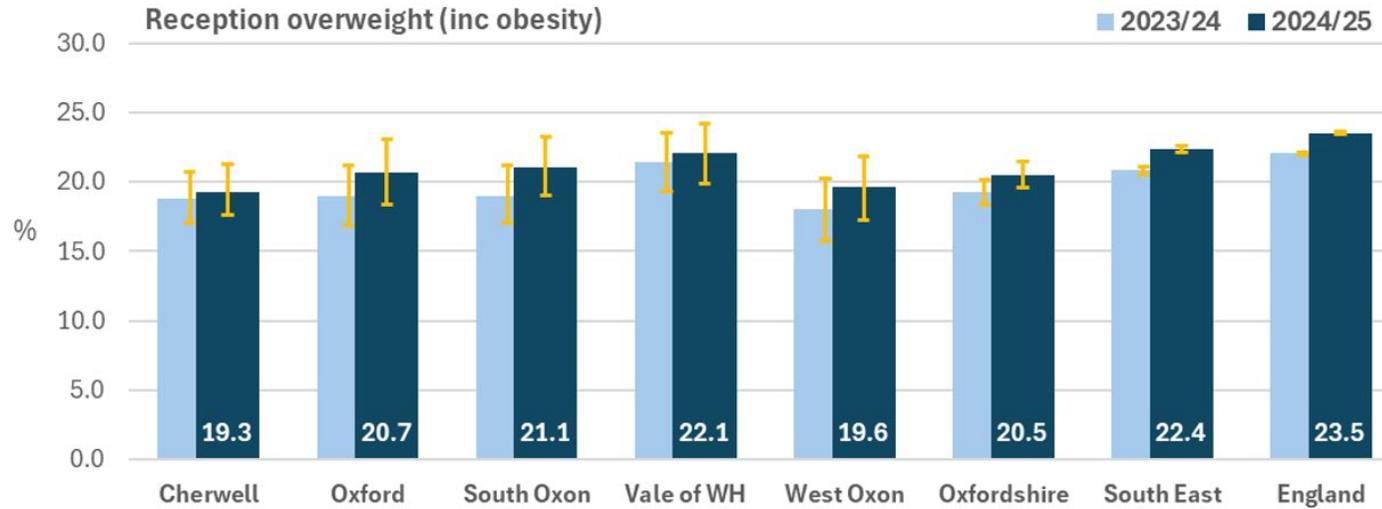


Figure 5: City and Districts Reception prevalence overweight (including obesity)

**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.

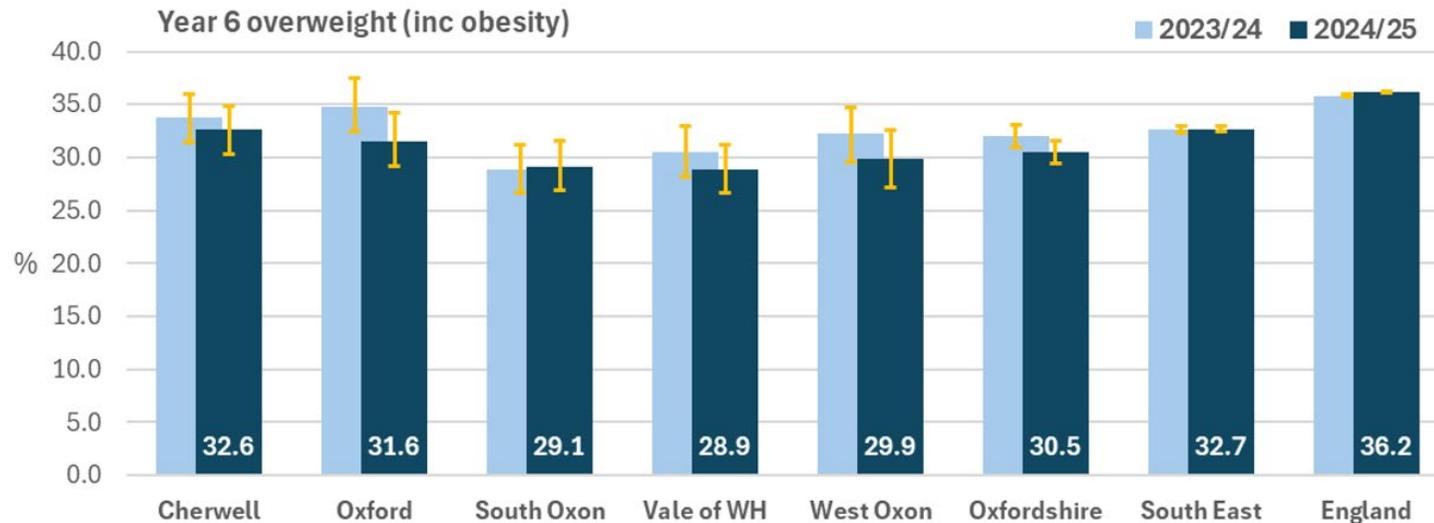


Figure 6: City and Districts year 6 prevalence overweight (including obesity)

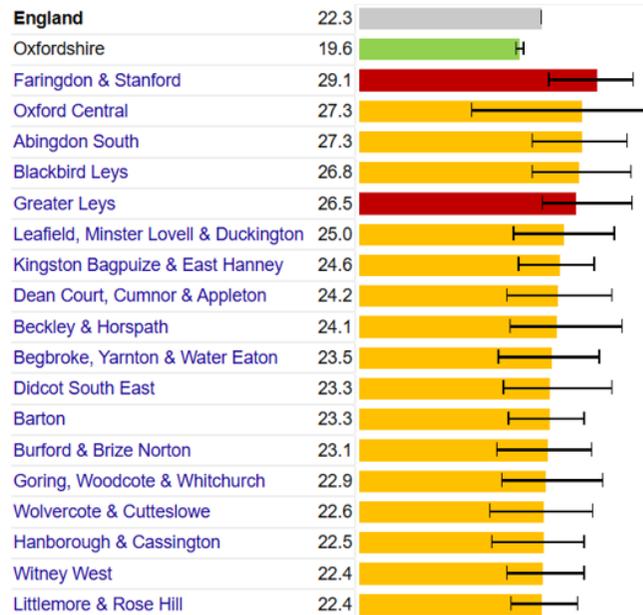
While Oxfordshire’s overall rates of overweight and obesity in childhood remain lower than the England average, some areas have similar (amber) rates to England and some have statistically significantly higher (red) rates than England (figure 7).

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 (%)

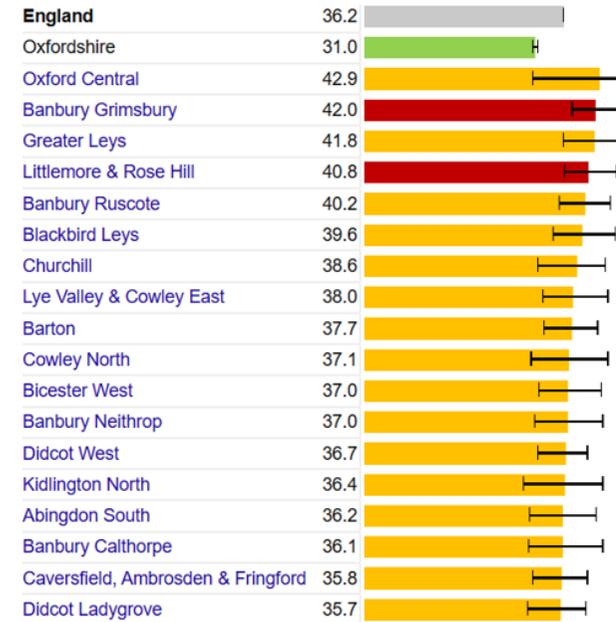


Figure 7- areas of Oxfordshire with the highest prevalence overweight (including obesity)

## 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).

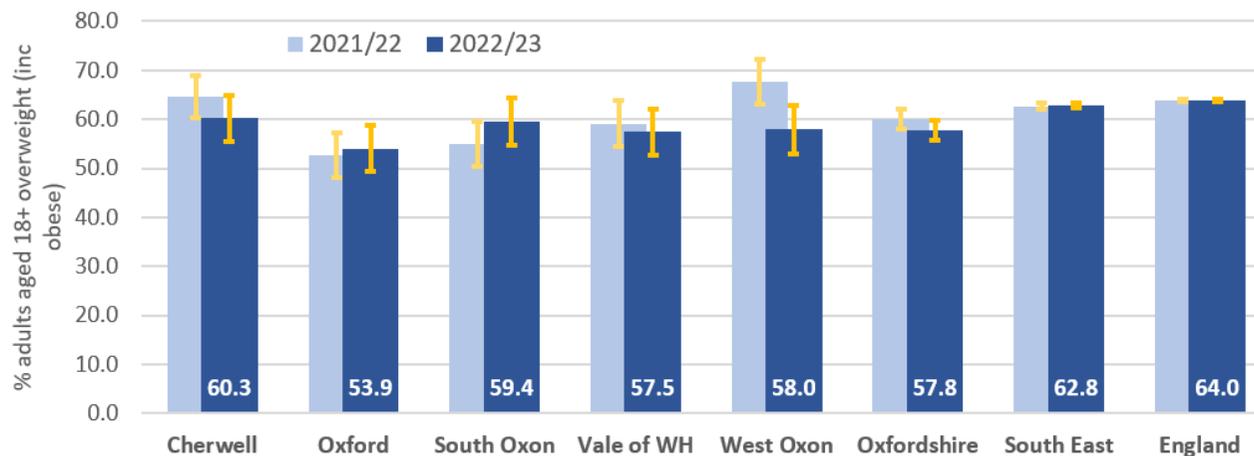


Figure 8: adults classified as overweight (including obesity) across City and Districts

## 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 health<sup>3</sup> 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<sup>e</sup>.

<sup>3</sup> 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.<sup>4</sup>

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 practices<sup>5</sup> 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 nutrition<sup>1</sup>

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

<sup>5</sup> [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
<b>Antenatal</b>	
<p><b>Ensure support is provided pre, during and post pregnancy</b></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 <b>Beezee Oxfordshire life course weight management service</b> 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>
<b>Breastfeeding and infant feeding</b>	

**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>
<b>Early Years</b>	
<p><b>Review the evidence related to programmes to reduce excess weight in the early years (age 0-3 years)</b></p> <p>The review highlighted Health Exercise and Nutrition for the Really Young <a href="#">HENRY</a> 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><b>HENRY</b> 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. <a href="#">More information here HENRY Oxfordshire - Healthy Start Programme for 0-3 Year-Olds</a></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 <b>integrated 0-19 service</b> (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><b>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.</b></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 <b>Early Years providers to better understand awareness and support them to implement the latest national EYFS Food guidance<sup>6</sup></b> 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>

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<sup>6</sup> [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><b>Develop a clear healthy weight care pathway for children and adults across all ages and commissioning bodies</b></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 <a href="#">Beezee Families Oxfordshire - Parent &amp; Child Health Programme</a> provides locally.</p>	<p><b>Pathways between services that support children and families are in place.</b></p> <p>Based on evidence based practice, <b>new data sharing agreements have enabled direct referral from the National Childhood Measurement Programme</b> 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 <b>0-19 integrated service Specialist Lead Practitioner (SLP) for Healthy Weight healthy Nutrition</b> 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><b>Schools</b></p>	
<p><b>Implement a ‘whole school approach’ to healthier eating and physical activity in schools, prioritising areas with high excess weight prevalence amongst children.</b></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><b>School age children and families have been a core focus for the last year.</b> 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><b>Chefs in Schools</b> 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><b>Raising Nutrition - training governors school leaders</b></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<sup>[1]</sup>, Promoting Healthy Weight in Children, Young People and Families<sup>[2]</sup>, and related NICE Guidance<sup>[3]</sup> 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.

<b>Oral health</b>	
<p>Oxfordshire Oral Health Needs Assessment 2023<sup>7</sup> highlighted the significance of oral health in individuals' overall well-being and the existing gaps in NHS dental care accessibility.</p> <p>The assessment includes a recommendation to broaden preventive strategies by;</p> <ul style="list-style-type: none"> <li>• focussing in the top 10 deprived areas on infants and children.</li> <li>• targeting children in care including care leavers and children at higher risk of poor oral health.</li> <li>• develop targeted campaigns for health professionals and schools.</li> </ul>	<p><b>Smile 360 oral health service</b> 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.</p> <p>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.</p>

## 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.

<sup>7</sup> [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 complexity<sup>8</sup>. 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.

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

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