

**Health Improvement Board**

19<sup>th</sup> 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**

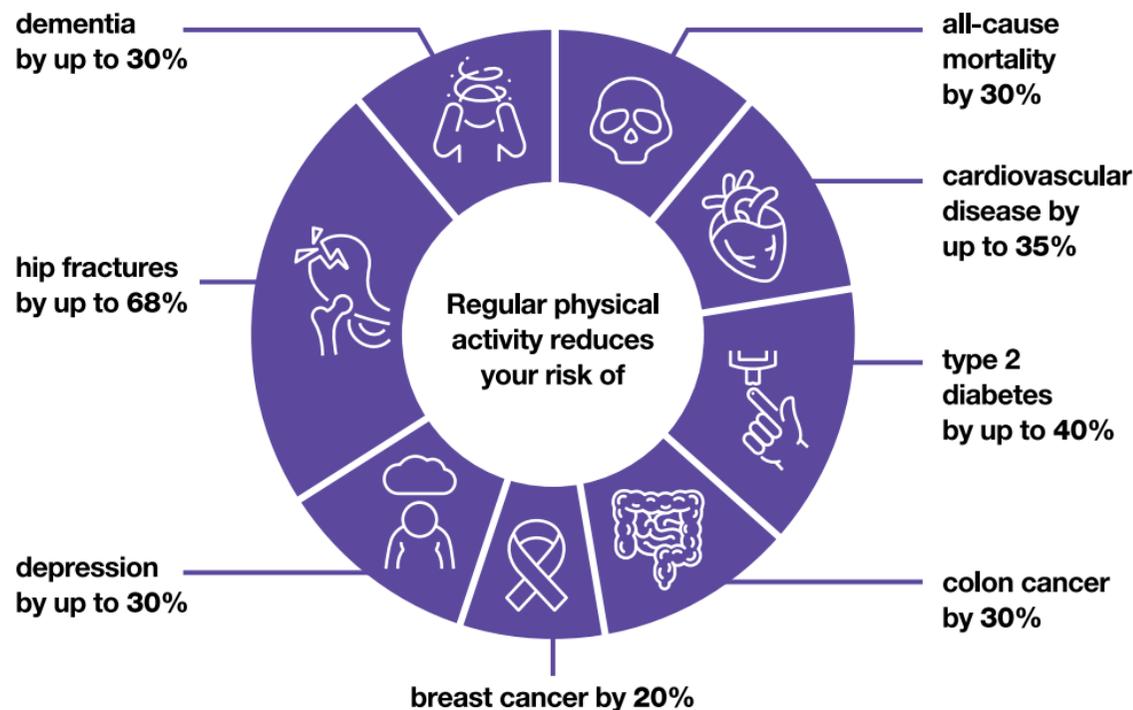
This is an update on physical activity for the Health Improvement Board (HIB). Along with most current data, it combines an update from Active Oxfordshire on their commissioned approach to the whole systems approach (WSA) to physical activity and detail of a Health Needs Assessment (HNA) undertaken by 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 activity<sup>1</sup>

### What are the health benefits of physical activity?



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.<sup>2</sup> A staggering 1 in 6 deaths is caused by physical inactivity<sup>3</sup> 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.

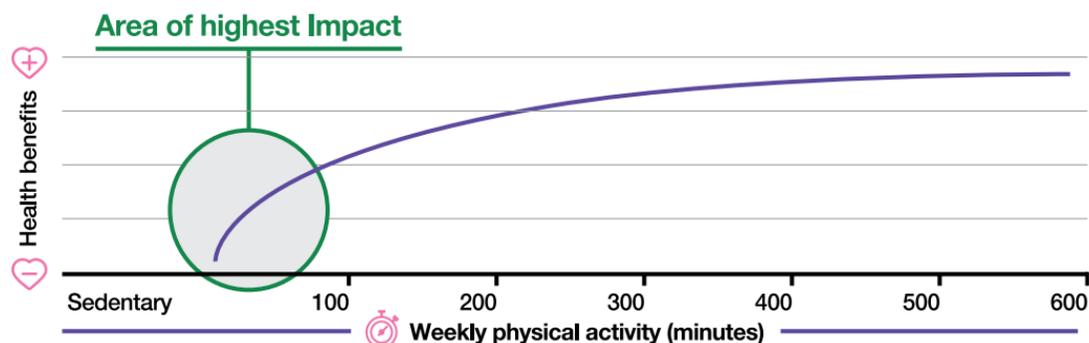
<sup>1</sup> Office for Health Improvement & Disparities, “Physical activity: applying All Our Health,” <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physicalactivity-applying-all-our-health>, 2022.

<sup>2</sup> 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.

<sup>3</sup> 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 impact<sup>4</sup> which is why in Oxfordshire, this is a priority area of focus.

Figure 2: Dose-response curve of physical activity and health benefits<sup>5</sup>



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”*<sup>6</sup>.

### 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).

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

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

<sup>6</sup> <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

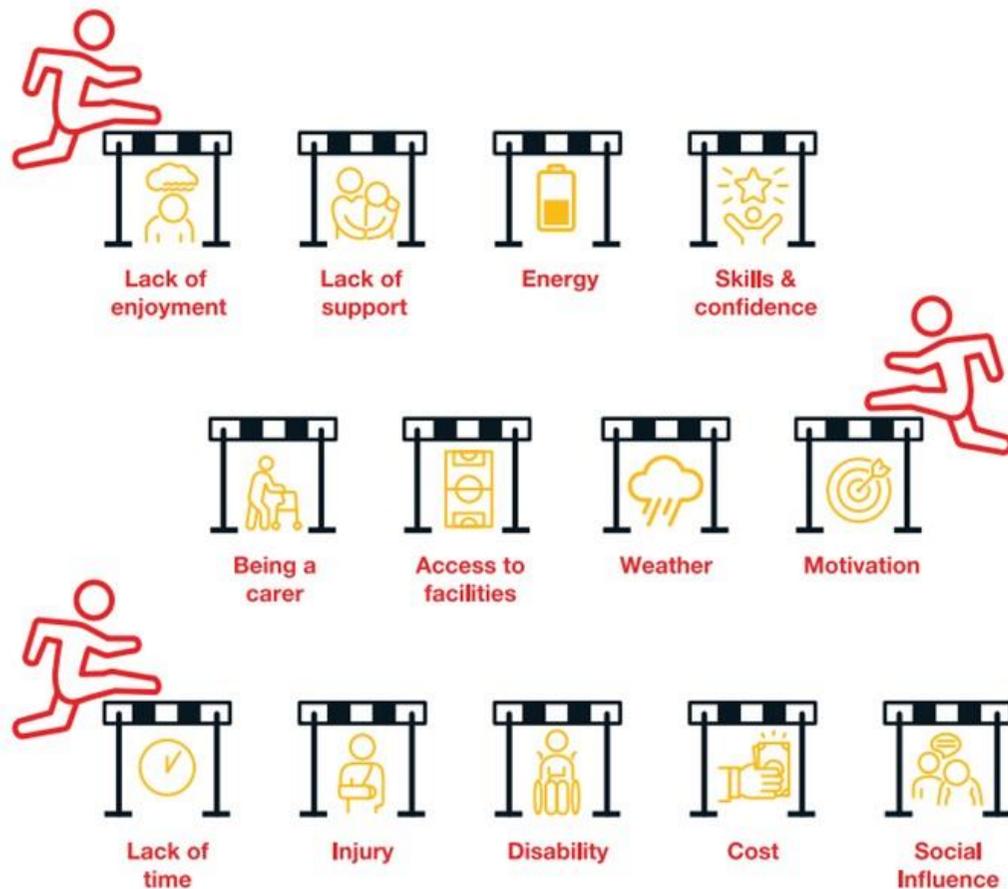
## Physical activity for adults



## 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 active<sup>7</sup>



<sup>7</sup> [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 disability<sup>8</sup>. People living in the most deprived neighbourhoods tend to be the least active<sup>9</sup>.

## **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 wellbeing<sup>10</sup>. Benefits described by the UK Chief Medical Officer<sup>11</sup> 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.<sup>12</sup>

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

<sup>9</sup> 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

<sup>10</sup> 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.

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

<sup>12</sup> <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 levels<sup>13</sup> 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 support<sup>14</sup>.

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

<sup>14</sup> 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](https://assets.publishing.service.gov.uk/media/611cd4188fa8f53dcf15655e/PHE_Inequalities_in_physical_activity_August_update_Final.pdf), 2021.

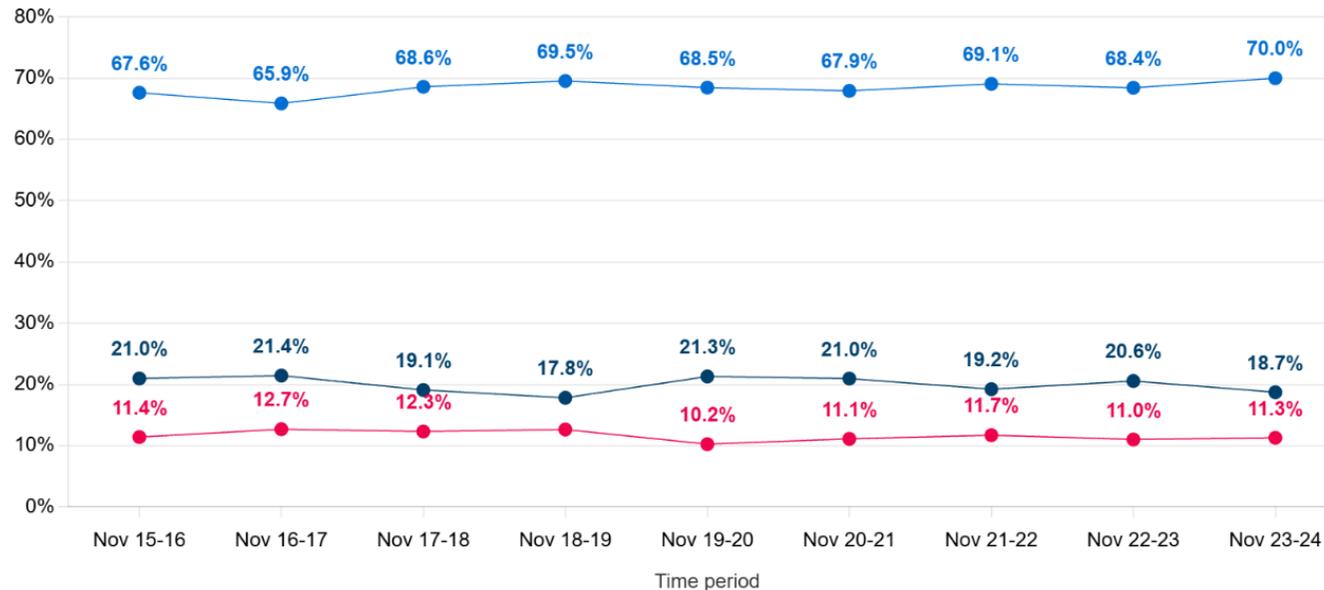
## Oxfordshire data

### 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):

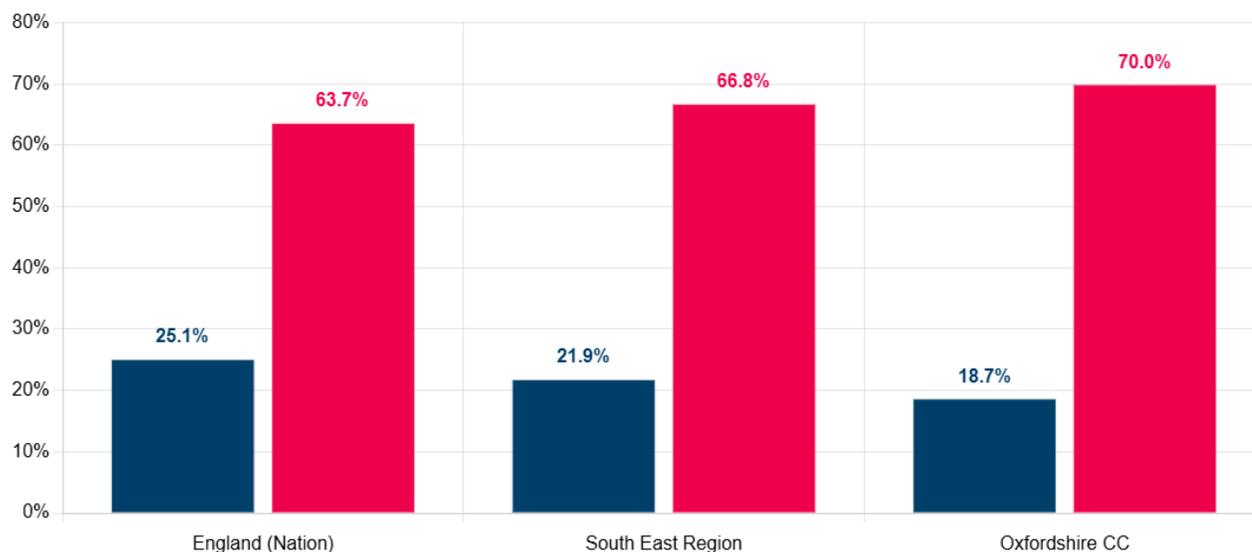
■ Inactive: less than 30 minutes a week ■ Fairly active: 30-149 minutes a week ■ Active: at least 150 minutes a week

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



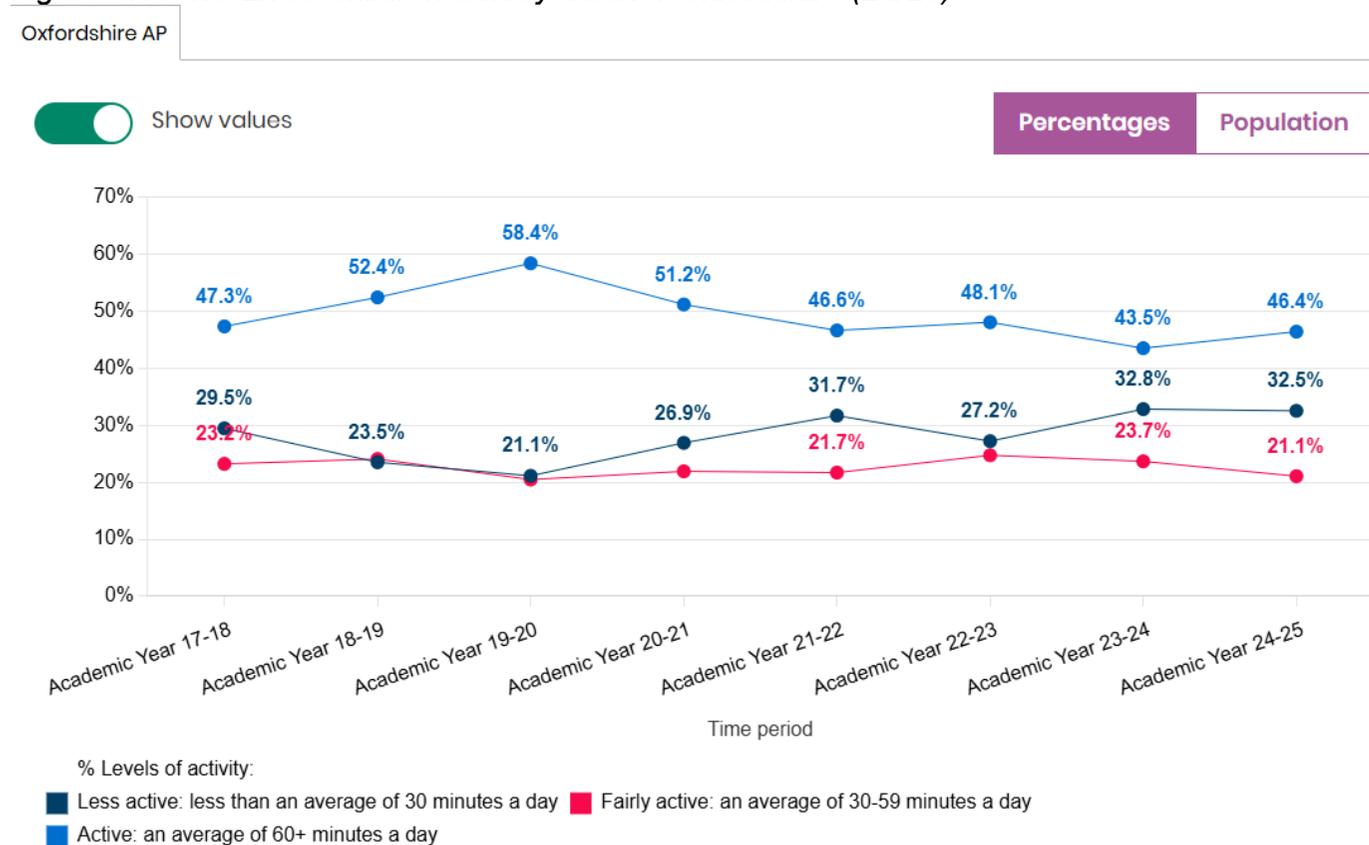
% Levels of activity (Main - 3 categories):

■ 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)*

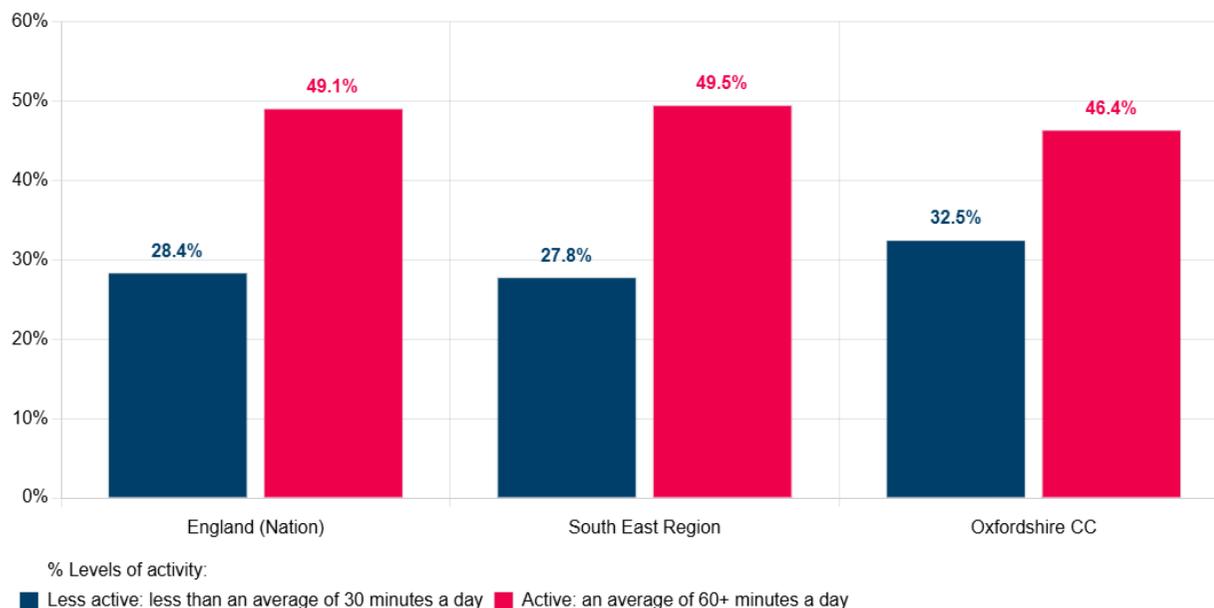
<b>District</b>	<b>Respondents</b>	<b>% Active</b>	<b>% Fairly Active</b>	<b>% Less Active</b>
Cherwell	190	44.8%	19.5%	35.7%
Oxford	258	41.7%	21.5%	36.8%
South Ox	0	N/A	N/A	N/A
Vale	498	49.5%	21.2%	29.3%
West	587	46.5%	21.2%	32.2%

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**,<sup>15</sup> 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

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<sup>15</sup> [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 day<sup>16</sup> with another study showing that nursery and reception children were spending two-thirds of their time stationary<sup>17</sup>.

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 health<sup>18</sup>. National data, indicates that physical activity rates among pregnant women in the UK are low,

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

<sup>17</sup> 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.,2021](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)

<sup>18</sup> <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.<sup>19</sup>

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*

<b>Programme Name</b>	<b>Age Range/ Target audience</b>	<b>Programme Description</b>
<a href="#">Lemondade Life</a>	Pregnant & postnatal women	In terms of pregnancy and postnatal support, Active Oxfordshire commission Lemonade Life <sup>20</sup> , 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 <sup>21</sup> 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.
<a href="#">You Move expansion</a>	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.

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

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

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

<a href="#">Healthy Movers</a>	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.
<a href="#">Jabadao Training</a>	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.
<a href="#">Well Schools</a>	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.
<a href="#">Ludicology</a>	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 <sup>22</sup> (due for completion spring 2027) to understand play with the goal of increasing opportunities for play..

<sup>22</sup> <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 service<sup>23</sup> 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.

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<sup>23</sup> <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

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## Appendix

No appendix