

Health Improvement Partnership Board

Thursday 25 June 2026

Performance Report

Background

- 1 The Health Improvement Partnership Board has agreed to have oversight of delivery of two priorities (priorities 3 and 4) within Oxfordshire's Joint Health and Wellbeing Strategy 2024-2030, and ensure appropriate action is taken by partner organisations to deliver the priorities and shared outcomes. An important part of this function is to monitor the relevant key outcomes and supporting indicators within the strategy's outcomes framework. This HIB performance report has therefore been edited to reflect the relevant measures and metrics from the outcomes framework.
- 2 The indicators are grouped into the overarching priorities of:
 - 3 Healthy People, Healthy places
 - 3.1 Healthy Weight
 - 3.2 Smoke Free
 - 3.3 Alcohol related harm
 - 4 Physical activity and Active Travel
 - 4.1 Physical Activity
 - 4.2 Active Travel
 - 4.3 Mental Wellbeing

Current Performance

- 3 The table report below show the agreed measures under each priority, the latest performance available and trend in performance over time. A short commentary is included to give insight into what is influencing the performance reported for each indicator.
Where data is available at sub-Oxfordshire level, this is indicated with * for District and ‡ for MSOA level.
- 4 All indicators show which period the data is being reported on and whether it is new data (*refs numbers are highlighted*), or the same as that presented to the last meeting.

Of the 25 indicators reported in this paper:

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

These are: **3.23, 3.31, 3.32, 4.11, 4.12, 4.13, 4.14, 4.33**

1 indicator(s) without rag rating.

18 green indicator(s).

5 amber indicator(s).

1 red indicator(s).

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

Measure changes for 2026–27:

3.21 – Smoking prevalence in adults (18+) – current smokers (1-year period) should be replaced with Smoking prevalence in adults (18+) – current smokers (3-year period) to align with CAMMS reporting.

3.17 – Healthy Start voucher uptake(%) is no longer available and no direct replacement has been identified. Therefore we are exploring an alternative measure in-house to provide a crude rate trend data based on low-income population age group 0-4yrs.

4.21 – Percentage of adults walking/cycling for travel at least three days per week (age 16+) is no longer available on Fingertips. This will be replaced with the Sport England measure: percentage of adults walking/cycling for travel at least twice in the past 28 days (age 16+).

4.31 – Self-reported wellbeing: people with a low happiness score (16+). The ONS has paused development work on the Annual Population Survey (APS) due to capacity constraints. Therefore this measure will be removed.

Additional measures proposed for Mental Wellbeing

Two additional measures are currently being explored to strengthen monitoring of mental health and gambling-related harm. Subject to data availability and suitability, these measures will be incorporated into the 2026/27 reporting cycle.

New data is indicated by highlighted references number.

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

Targets set by local Public Health

Key

Supporting

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

New data is indicated by highlighted references number.

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

Targets set by local Public Health

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart												
3.15	Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations *	Annual	45.0%	23/24	38.6%	A	A range of initiatives to support access to good food as part of the healthy weight agenda continues. From working with food retailers directly, to action plans lead by the districts and most recently a food Summit, Lead by Good Food Oxfordshire in June 2025 in which our director of Public Health is chair, to ensure continued and new commitment across the system. Programmes of support for children and young people also continue, with the view that healthy habits – such as eating 5-a-day can start early and continue into adulthood.	<table border="1"> <caption>Trend Chart Data for 3.15</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>20/21</td> <td>~40</td> </tr> <tr> <td>21/22</td> <td>~40</td> </tr> <tr> <td>22/23</td> <td>~38</td> </tr> <tr> <td>23/24</td> <td>38.6</td> </tr> </tbody> </table>	Year	Value (%)	20/21	~40	21/22	~40	22/23	~38	23/24	38.6		
Year	Value (%)																			
20/21	~40																			
21/22	~40																			
22/23	~38																			
23/24	38.6																			
3.16	Of those residents invited for a NHS Health check, the percentage who accept and complete the offer.	Annual	45.0%	24/25	44.2%	G	Activity by Primary Care to deliver NHS Health Checks has been consistent throughout the year and an improvement on 2023/24. Alongside this, the Supplementary NHS Health Check Service provider has been offering community health checks showing a high take up from the priority groups identified by the Council	<table border="1"> <caption>Trend Chart Data for 3.16</caption> <thead> <tr> <th>Year</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>Mar-22</td> <td>~35</td> </tr> <tr> <td>Mar-23</td> <td>~45</td> </tr> <tr> <td>Mar-24</td> <td>~48</td> </tr> <tr> <td>Mar-25</td> <td>44.2</td> </tr> </tbody> </table>	Year	Value (%)	Mar-22	~35	Mar-23	~45	Mar-24	~48	Mar-25	44.2		
Year	Value (%)																			
Mar-22	~35																			
Mar-23	~45																			
Mar-24	~48																			
Mar-25	44.2																			
3.17	Healthy Start Voucher uptake	Monthly	63.0%	Mar-24	61.0%	G	NB: NHS have reported an issue with source data -Therefore no new update for this report since Nov 2024. Launch of new messaging, marketing resources and campaign in May 2024 working with City/District Councils, Good Food Oxfordshire, Home Start and NHS. Based on insight from families and co-produced with local organisations working with ethnic minority groups (African Families in the UK, Sunrise Multicultural Centre). Raising uptake is more than just awareness; families need help applying, missed opportunities to get families signed up and a need for strong leadership and accountability.	No data available												
3.18	Under 75 mortality rate from cardiovascular disease (Rate / 100k) (New name) *	Annual	57.6	2022-24	52.5	G	This outcome has remained similar in the current reporting period (22-24) compared to the previous period (21-23) which is a trend seen across the South East and the UK. However, the Oxfordshire data remains better than regional, national and similar authority comparators. Local activity to address this outcome sits within theme specific work on tobacco control, or whole systems approach to obesity, or physical inactivity or alcohol harm. Specific updates will be provided as per Health Improvement Board annual work plan.	<table border="1"> <caption>Trend Chart Data for 3.18</caption> <thead> <tr> <th>Year</th> <th>Value (Rate / 100k)</th> </tr> </thead> <tbody> <tr> <td>18/20</td> <td>~50</td> </tr> <tr> <td>19/21</td> <td>~50</td> </tr> <tr> <td>20/22</td> <td>~50</td> </tr> <tr> <td>21/23</td> <td>~50</td> </tr> <tr> <td>22/24</td> <td>52.5</td> </tr> </tbody> </table>	Year	Value (Rate / 100k)	18/20	~50	19/21	~50	20/22	~50	21/23	~50	22/24	52.5
Year	Value (Rate / 100k)																			
18/20	~50																			
19/21	~50																			
20/22	~50																			
21/23	~50																			
22/24	52.5																			

New data is indicated by highlighted references number.

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

Targets set by local Public Health

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3.2 Smoke Free								
3.21	Smoking Prevalence in adults (18+) - current smokers *	Annual	9.9%	2024	7.5%	G	<p>Data note: The 2024 Annual Population Survey (APS) returned to using face-to-face interviews as its main method. Based on this new data, the ONS recalculated its adjustment factor and revised all smoking estimates from 2020 to 2023. As a result, single-year smoking indicators for those years were updated in the APS 2024 release.</p> <p>The Oxfordshire Tobacco Control Alliance oversees works to reduce smoking in Oxfordshire. The Alliance has developed a new strategy and action plan for the next 5 years, working in partnership to build on the effective work of the last 5 years, with the aid of a comprehensive new Health Needs Assessment for smoking. This action plan includes work by: NHS trusts, Trading Standards The Fire Service Schools New Local Stop Smoking Service, Smokefree Oxon provided by Solutions4Health.</p> <p>The additional grant funding from government is helping to target work to priority groups whose prevalence rates are highest. This includes outreach work and alternative support option of Allen Carr Easyway, continued work with Swap to Stop in mental health settings and funding Trading Standards work to tackle illegal tobacco supply.</p>	
3.22	Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers *	Annual	23.3%	2023	15.3%	G	<p>Data Note - Due to sample size issues in APS, Data for 2024 is report across 3 years replacing the previous one-year metric until further notice. Oxfordshire's prevalence (18.3%) is statistically no different to both South East (18.8%) and England (19.2%).</p> <p>The new Local Stop Smoking Service, Smokefree Oxon, targets work with routine and manual workers as one its priority groups. The Public Health team track this work at quarterly monitoring meetings with the Smokefree Oxon provider, Solutions4Health. Outreach to places of work and in the community is planned with a new workplace wellbeing service which will deliver Very Brief Advice and make referrals/signpost to Smokefree Oxon. Campaigns in March 2025 for No Smoking Day and Stoptober focused on priority cohorts including routine and manual workers.</p>	
3.23	Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) (New method) *	Annual	20.0%	23/24	22.6%	A	<p>A Tobacco Dependency Service (TDS) funded by NHSE/ICB specifically supports adult inpatients with mental health conditions to quit smoking. The newly commissioned Local Stop Smoking Service Smokefree Oxon has key quit targets for people with mental health needs in the community. They are working with mental health partners, pharmacies and GP surgeries to ensure they can engage and support this group.</p> <p>Data note: The 2024 results are not comparable with previous years because of changes to both the questionnaire and the mailing strategy.</p>	No data available for trend chart
3.24	Smoking prevalence in pregnancy	Annual	5.1%	24/25	5.5%	G	<p>Most pregnant women who smoke, and their household members continue to be supported via the new maternity in-house tobacco dependency advisor service. The new national incentive quit scheme has been rolled out across the county and is showing small but increasing numbers of take up.</p>	

New data is indicated by highlighted references number.

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

Targets set by local Public Health

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
3.3 Alcohol related harm								
3.31	Alcohol only successful treatment completion and not requiring treatment again within 6 months	Annual	40.0%	24/25	59.4%	G	The latest performance remains significantly above both the set target and the national average of 34.1%, and continues to increase from previous years. This is achieved through strong partnership and multi-agency working, extensive community-based engagement and outreach, providing holistic person-centred care, individualised goals, and supported by access to residential treatment where necessary.	
3.32	Alcohol treatment progress	Annual	55.0%	24/25	75.0%	G	Latest performance is above both the set target and the national average (52%), demonstrating delivery against national and local strategic aims to ensure people receive effective support, engagement and treatment.	
3.33	Admission episodes for alcohol-related conditions (Narrow) Rate / 100K *	Annual	490	23/24	414	G	Oxfordshire rates are below the south east average (429). There is significant ongoing partnership and multi-agency work to prevent the number of people drinking to hazardous levels, and significant investment and activity in community services to ensure people receive the support they require to prevent escalation of need.	
3.34	Alcohol only numbers in structured treatment	Annual	810	24/25	1002	G	In line with national strategic aims, extensive partnership working and targeted outreach to communities experiencing health inequalities have supported continued growth in the number of people in treatment over the past year.	

New data is indicated by highlighted references number.

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

Targets set by local Public Health

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
4 Physical activity and Active Travel								
4.1 Physical Activity								
4.11	Percentage of physically inactive adults (Less than 30 minutes a week)	Annual	18.0%	Nov 23/24	18.7%	G	<p>Adults in Oxfordshire are less likely to be physically inactive than the England average, with 18.7% of adults classed as inactive compared with 22% nationally.</p> <p>Inactivity is more common among older adults, people living in more deprived areas, those reporting a disability, pregnant women or those with a child under one, carers, and people who are overweight. Oxfordshire's Whole Systems approach seeks to address this through targeted initiatives such as You Move, Move Together and upskilling professionals, alongside a Physical Activity Health Needs Assessment to identify further opportunities for action.</p> <p>It should be noted that data about physical activity is based on the Active Lives Survey which is not considered statistically robust at local authority level.</p>	
4.12	Percentage of physically inactive children (less than average 30 minutes a day)	Annual	26.0%	Academic Yr 24-25	32.5%	R	<p>Around 1 in 3 (33%) of children in Oxfordshire are 'inactive' (active for less than 30 mins daily) and higher than the England and South East averages of 28%</p> <p>In September 2024 You Move was expanded to include 'early years', by providing Jabadao training to Early Years professionals and partnering with Home Start. A Healthy Movers programme (supporting children and families via settings to move more), launched in January 2025, engaging nearly 1,000 children and 90 families, to date, showing early improvements in physical activity. A play sufficiency assessment is underway aiming to enhance play opportunities across Oxfordshire. The Physical Activity Health Needs Assessment, will offer further recommendations.</p> <p>It should be noted that data about physical activity is based on the Active Lives Survey which is not considered statistically robust at a local level nevertheless it is the best data we have.</p>	
4.13	Uptake of Move together	6 monthly	1000	Apr-Sep-25	3370	G	<p>Move Together is part of the Whole Systems Approach to Physical Activity, jointly funded by public health and Thames Valley ICB to support people with long term conditions (LTC). The target of an increase in 1000 steps per day was surpassed with participants on average achieving more than 3,000 additional steps. Referral criteria have been refined to ensure only those people who are inactive are referred into the programme.</p>	
4.14	You move programmes	6 monthly	45.1%	Apr-Sep-25	51.0%	G	<p>You Move is part of the Whole Systems Approach to Physical Activity commissioned by Public Health, ICB and District Councils, supporting children and their Families meeting eligibility criteria i.e. the predominant group is families of children in receipt of free school meals.</p> <p>The programme delivers heavily subsidised or free physical activity. Over half (51%) of YM participants (returning a survey) reported an increase in activity levels between registration and 6-month follow up. This was based on a low 9.1% questionnaire return rate. Work to increase questionnaire return is being tackled by incentivisation and direct follow up with families.</p>	

New data is indicated by highlighted references number.

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

Targets set by local Public Health

Key

Supporting

		Frequency	Target	Reporting Period	Value	RAG	Commentary	Trend Chart
4.2 Active Travel								
4.21	Active travel - percentage of adults walking/cycling for travel at least three days per week (age 16+)	Annual	59.0%	22/23 Nov	55.2%	A	Oxfordshire County Council's cycling and walking activation programme comprises a range of measures to enable people to cycle and walk more such as school streets, travel planning, led walks and bike libraries. These activities in conjunction to improvements to cycling and walking infrastructure seek to deliver an increase in active travel.	
4.3 Mental Wellbeing								
4.31	Self reported wellbeing: people with a low happiness score (16+) *	Annual	9.0%	22/23	5.8%	G	The Prevention Concordat for Better Mental Health Group have a shared action plan to support good mental wellbeing. Activities during this period include sharing key data and good practice to inform local initiatives, mental health awareness training for staff and volunteers and joint mental health campaigns. The group have recently developed a new shared action plan for 2024-27 with a focus on supporting resilience in communities	
4.32	Self reported wellbeing: people with a high anxiety score (16+) *	Annual	23.3%	22/23	18.1%	G	The Prevention Concordat for Better Mental Health Group have a shared action plan to support good mental wellbeing. Activities during this period include sharing key data and good practice to inform local initiatives, mental health awareness training for staff and volunteers and joint mental health campaigns. The group have recently developed a new shared action plan for 2024-27 with a focus on supporting resilience in communities	
4.33	The percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in the financial year.	Annual	-	24/25	1.5%		In 2024/25, the rate of newly diagnosed depression in Oxfordshire was 1.5%, representing 10,098 recorded diagnoses. This rate is not statistically different from the England average (1.4%). The most recent data indicate no significant change in trend, suggesting that diagnosis levels in primary care have remained broadly stable. Oxfordshire's rate lies within the central range of national variation.	
4.34	Emergency hospital admissions for intentional self-harm in all ages (Rate / 100k) *	Annual	126.3	23/24	97.3	G	For further insight, see the paper on Adult and Older Adult Mental Health in Oxfordshire which was presented at the Oxfordshire Joint Health Overview & Scrutiny Committee on the 12th September 2024	