Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider [this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Oxfordshire Healthy Weight

Lead Cabinet Member(s) or Responsible Person:

- > Derys Pragnell (Consultant in Public Health)
- Ansaf Azhar (OCC Director of Public Health)
- Claire Gray (Public Health Practitioner)
- Angela Jessop (Personalised Care Lead BOB ICB)
- > Alicia Siraj (Head of Health Promotion, Health Prevention, and Personalised Care BOB ICB)

It is requested that a response is provided to each of the recommendations outlined below:

Deadline for response: Tuesday 18th February 2025.

Response to report:

Enter text here.

Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. To explore support to local businesses supplying food in the takeaway market to provide healthier offers that meets both business and health needs. It is recommended that effective measures are adopted to address the concerns of local takeaway businesses about losing business in the event of switching to healthier food products.	Partially Accepted.	Could this just read to explore support to local businesses supplying food in the takeaway market to provide healthier offers that meets both business and health needs (this would naturally encompass the second part of the recommendation)
2. To support food banks and in providing healthier food options; and for there to be further liaison and cooperation between the County Councils' Public Health Team and food larders and banks. It is recommended that there is further celebration of the role of volunteers and voluntary sector organisations in this regard.	Partially accepted – Rationalle: District Councils have their own food strategies and this should be included within their work as they are closer to. There needs to be exploration of how best to increase the healthiness of the food offer which is quite a complex issue and public health can develop this.	To support food banks in providing healthier food options; and for there to be further liaison and cooperation between the District/City Councils and food larders and banks. Work to understand best practice behind improving the quality and quantity of food reaching food banks to be undertaken. It is recommended that there is further celebration of the role of volunteers and voluntary sector organisations in this regard

 For the development of clear and measurable KPIs so as to evaluate the impacts and progress of the work to promote healthy weight. 	Accepted	There is already a clear action plan associated with healthy weight with KPIs which is reported to the Health Improvement Board
4. For there to be clear communications as soon as possible with residents as to the benefits and risks associated with obesity medications, especially for anyone who has not been encouraged to lose weight by their GP and is considering buying weight loss drugs privately or online without medical supervision.	Rejected	Currently the ICB does not have a commissioned pathway for NICE approved medications (tirzepatide, liraglutide or semaglutide) for treatment of overweight or obesity on the ICB primary care formulary. Therefore, our local general practice cannot prescribe these medications. Patients who are prescribed these drugs in specialist weight management services should seek advice from the service provider and will be provided with the relevant patient information leaflets/resources as appropriate. People who access these medications from a private provider should be advised by the providing service, they should also have their own resources they provide for the patient. There is advice for patients seeking support (including medications) for the management of overweight and obesity on the NHSE national website. The ICB are currently working to develop local pathways access to Mounjaro (tirzepatide) which is the most recent NICE approved medication for treatment of obesity. This drug will be accessible within primary care settings and the ICB will consider publishing public facings communications and developing resources at this point.
5. For there to be clear mapping and identification of individuals with comorbidities. It is crucial that there is ongoing coproduction of healthy weight services that would include input from those with comorbidities or from	Partially Accepted Suggested re-word It would not be appropriate for us to be working with or seeking out individuals systematically but we can work with organisations	For there to be clear mapping and identification of organisations working with individuals with comorbidities. To ensure ongoing co-production and signposting for these groups.

vulnerable pgroups.	opulation	supporting such organisations to do this	
collaborative greater physical amongst responsible to launching to celebrate schools around the could have a wareness importance	sidents of all ecommended eration is given a public event good practice in und promoting and moving well. elp to raise	Accepted.	We gave already worked with schools on such an event.