



Cabinet Tuesday, 20 September 2022

ADDENDA 2

9. Responding to the Cost of Living Crisis (Pages 1 - 18)

Cabinet Member: Finance

Forward Plan Ref: 2022/137

Contact: Robin Rogers, Programme Director (Partnerships and Delivery), 07789923206

Report by Corporate Director Customers, Organisational Development & Resources
(CA9).

This report sets out work already underway by the Council and recommends additional actions that can be taken to mitigate the impact of cost of living rises for those in greatest need.

The Cabinet is RECOMMENDED to

- a) **Note the arrangements already in place to support residents in the cost of living crises, noted from paragraph 31;**
 - b) **Agree to the proposals for additional support for residents set out in Table 2;**
 - c) **Agree to the funding arrangements included in Table 2 to bring forward the use of £200,000 from the COVID reserve originally agreed to be used for emergency welfare spending in 2025/26 to 2022/23;**
 - d) **Agree to contribute £50,000 to match fund a Council Tax Hardship Fund in West Oxfordshire District Council in 2022/23 funded from the Budget Priorities Reserve and to invite the city and other district councils to draw up similar schemes with a match funding contribution of £50,000 from the County Council.**
 - e) **Note the additional support being put in place for staff in Annex 1.**
- 13. Terms of Reference for new Integrated Care Partnership for Buckinghamshire, Oxfordshire and Berkshire West (Pages 19 - 40)**

Cabinet Member: Public Health & Equality

Forward Plan Ref: 2022/157

Contact: David Munday, Consultant in Public Health, 07922 849652

Report by Corporate Director for Public Health & Wellbeing (**CA13**).

The Health and Care Act 2022 established Integrated Care Systems (ICSs) as legal entities and created new NHS bodies called Integrated Care Boards (ICBs). Within this legislation all ICSs are required to establish new partnership forums called Integrated Care Partnerships (ICPs). These bring together ICBs and Local Authorities (LAs) with responsibility for Social Care and Public Health in order to integrate the services they plan, purchase, and provide for local residents.

Cabinet is RECOMMENDED to

- a) **APPROVE the establishment of a new joint committee- the Integrated Care Partnership covering the Buckinghamshire Oxfordshire and Berkshire West area- and in principle, the working draft terms of reference for this partnership (See Annex 1)**
- b) **APPROVE the appointment of 2 cabinets members of Oxfordshire County Council to this partnership**
- c) **NOTE- the Leader of Oxfordshire County Council will agree the final version of the Terms of References once finalised in collaboration with all other founding partners.**

Divisions Affected - All

CABINET **20 September 2022**

Responding to the Cost of Living Crisis

Report by Corporate Director Customers and Organisational Development

RECOMMENDATION

1. **The Cabinet is RECOMMENDED to**
 - a) Note the arrangements already in place to support residents in the cost of living crises, noted from paragraph 31;
 - b) Agree to the proposals for additional support for residents set out in Table 2;
 - c) Agree to the funding arrangements included in Table 2 to bring forward the use of £200,000 from the COVID reserve originally agreed to be used for emergency welfare spending in 2025/26 to 2022/23;
 - d) Agree to contribute £50,000 to match fund a Council Tax Hardship Fund in West Oxfordshire District Council in 2022/23 funded from the Budget Priorities Reserve and to invite the city and other district councils to draw up similar schemes with a match funding contribution of £50,000 from the County Council.
 - e) Note the additional support being put in place for staff in Annex 1.

Executive Summary

2. Residents across Oxfordshire are feeling the impact of significant increases in the cost of living not met by increases in income. Inflation is currently concentrated in energy and food costs, leading to disproportionate impact on those on the lowest incomes. Government has announced a range of measures to support households. However, these will not meet all need and there is significant risk that some households will be put under severe pressure this winter.

3. This report sets out work already underway by the Council and recommends additional actions that can be taken to mitigate the impact of cost of living rises for those in greatest need.

Background Information

Inflation and the cost of living crises

4. Inflation in the UK is putting significant strain on household budgets well beyond that anticipated in government planning 12 months ago. National government is maintaining pressure to limit rises in wages and benefit levels and real-terms income is falling and for some, falling significantly.
5. In April 2022 the energy price cap increased by 54% equating to £700 a year for an average household. Food prices have also increased by an average of 5.9%, the largest increase since 2011. National data shows that many household staples such as dairy, pasta, eggs and cooking oils have increased at the fastest rate meaning that the largest proportional impact is on low-income households who are unable to switch away from essential spending. The British Retail Consortium reports that they expect this trend to continue across the year. With an increase in energy, processing costs could rise even further than expected, driving further retail increases.
6. During August, the Bank of England announced a rise in the base rate of interest to 1.75% with long term impact for both mortgage payers and renters. The Bank also predicted a recession lasting until the end of 2023, with a potential 50% increase in unemployment by early 2025. Overall, the Bank of England predicts a 5% drop in living standards.
7. Nationally, Citizens Advice report more contacts than at any point since the start of the pandemic.¹ Citizens Advice's debt service undertakes detailed budgeting exercises with tens of thousands of people every year, trying to help them come up with sustainable ways to get out of problem debt. However, due to increases in the cost of living, it is now the case that for almost half of the people Citizens Advice help, advisers are now unable to create a balanced household budget. A negative budget means that clients have more essential spending commitments than they have income, even after advice on minimising spending and maximising income.
8. According to the ONS Public Opinions and Lifestyle survey March 2022, around 4 in 10 (43%) of adults reported it was "very" or "somewhat difficult" to afford their gas or electricity bills, with 6% behind on payments. The latest ONS Survey for July 2022 shows that the overall proportion behind on energy is approximately 5%.²

¹ [In the Red Index: A new tool from Citizens Advice for understanding the cost of living crisis](#)

² [The rising cost of living and its impact on individuals in Great Britain - Office for National Statistics \(ons.gov.uk\)](#)

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9. As of 2020, the last time official statistics were available, Oxfordshire had an estimated 22,861 households in fuel poverty, a rate of 8.1 compared with 8.6 in the South East.^{3 4}

	Count	Rate
Cherwell	4,826	7.8
Oxford	6,651	11.0
South Oxfordshire	4,129	7.0
Vale of White Horse	3,809	7.1
West Oxfordshire	3,446	7.3
Oxfordshire	22,861	8.1

Tab 1. Number and proportion of households estimated to be fuel poor in Oxfordshire (2020)

10. The proportion of people who were behind on paying bills for gas or electricity varies by area, with 13% adults in more deprived areas of England behind on energy bills to 4% in the least deprived areas.
11. The charity National Energy Action has estimated that price rises in 2021 and April 2022 will lead to an increase in the number of households in fuel poverty of more than 50%.⁵

Deprivation: the national picture

12. Absolute poverty is a measure of changing living standards of low-income households over time and adjusts incomes for inflation. This means that high prices could mean an increase in absolute poverty. By this measure, the Resolution Foundation forecast that absolute poverty will rise to 18% nationally in 2022/23. This would mean that an additional 1.3 million people, including 500,000 children, will be living in absolutely poverty this year.⁶
13. Research shows that poverty disproportionately impacts on minority groups and those with protected characteristics, as examined in the Social Metrics Commission.⁷ Those living in a household that includes a disabled person are more than twice as likely as the general population to live in poverty. Lone-

³ [Fuel poverty sub-regional statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/fuel-poverty-sub-regional-statistics)

⁴ Low Income Low Energy Efficiency indicator. A household is considered to be fuel poor if: (a) they have a fuel poverty energy efficiency rating (FPEER) of band D or below; and (b) if they were to spend their modelled energy costs, they would be left with a residual income below the official poverty line. [Fuel Poverty Methodology Handbook 2022 - LILEE with projection \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/103114/fuel-poverty-methodology-handbook-2022-lilee-with-projection.pdf)

⁵ [Fuel poverty in the UK - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/research-and-briefings/poverty-in-the-uk)

⁶ [Poverty in the UK: statistics - House of Commons Library \(parliament.uk\) \(Calculated after the Spring Budget Statement 2022 and assumes £2,800 rise in energy prices rather than the 'typical household' cap at £2,500 announced in September 2022.\)](https://www.parliament.uk/library/research-and-briefings/poverty-in-the-uk)

⁷ [Measuring Poverty 2020 - Social Metrics Commission](https://www.socialmetricscommission.org.uk/)

parent households are also twice as likely as people in couple families with children to live in poverty. Poverty rates are higher for Black and Minority Ethnic families. Nearly half (46%, 900,000 people) of all people living in families where the household head is Black/African/Caribbean/Black British are in poverty, compared to just under one in five (19%, 10.7 million people) of those living in families where the head of household is White. Persistent poverty is a measure showing that people have been in poverty for at least two of the last three years. People in Black and Minority Ethnic families are between two and three times as likely to be in persistent poverty than people in White families. However, 80% of those in persistent poverty live in families with a head of household who is White.

14. In addition to immediate hardship, research by the Health Foundation shows that there is a strong relationship between access to financial resources and public health outcomes.⁸ People in the bottom 40% of the income distribution are almost twice as likely to report poor health than those in the top 20%. Poverty is associated with a range of worse health outcomes across an individual's life course.
15. The Health Foundation emphasises that in childhood, poverty is associated with worse outcomes in infant mortality, low birthweight prevalence, obesity, asthma, tooth decay and accidental death.⁹ It is also associated with worse health outcomes in adulthood, such as premature mortality, diabetes, and cardiovascular disease, and this is especially the case for persistent poverty.¹⁰
16. The deprivation of necessities that sustain a basic standard of living affects health in several ways, including being unable to afford sufficient heating or a nutritionally adequate diet. Other factors that can directly harm health include low-quality housing and the lack of opportunity for social participation.¹¹
17. Poverty can also have psychosocial consequences that can eventually affect health, due to the stresses of living on a low income. There is also the potential for poverty to affect health through relative deprivation, which is the stress associated with lacking the goods, services, and status of mainstream society.¹² This can affect health, even if a basic standard of living is being met, by acting as a chronic source of stress that eventually manifests physiologically.
18. Persistent poverty is associated with even worse outcomes, such as obesity, mental ill health and long-term illness.¹³ The Health Foundation indicate that the number of episodes of poverty accumulated over an individual's life is also associated with worse health outcomes.¹⁴

⁸ [Money and resources | The Health Foundation](#)

⁹ [Poverty and child health in the UK - British Medical Journal](#)

¹⁰ [Poverty in childhood and adverse health outcomes in adulthood - PubMed \(nih.gov\)](#)

¹¹ [How does money influence health? | JRF](#)

¹² [How does money influence health? | JRF](#)

¹³ [Income and Health](#)

¹⁴ [Money and resources | The Health Foundation](#)

Deprivation in Oxfordshire

19. According to the Indices of Multiple Deprivation (IMD 2019), Oxfordshire was ranked the 10th least deprived of 151 upper-tier local authorities in England (up from 11th in 2015). However, 16 areas were ranked in the 20% most deprived areas nationally, nine in Oxford City, six in Banbury and one in Abingdon.
20. The 2020 Director of Public Health's Annual Report demonstrated the significantly worse health outcomes those living in these most deprived areas experience.¹⁵ Showing the link to economic inequality, people in more deprived areas of Oxfordshire have significantly lower Life Expectancy compared with the less deprived. Data for the combined years 2017 to 2019 shows that for males there was a gap of almost 7 years between the most and least deprived areas. For females the gap was just under 5 years.¹⁶
21. In 2020-21, 18.5% of children in England were in households in relative low income before housing costs. In Oxfordshire, the rate of child poverty (aged 0-15) was 11.2% of children and was highest in Oxford City (14.3%) and Cherwell (13.1%). 81% of children (aged 0-19) in poverty in Oxfordshire were in working families.
22. In Oxfordshire, 14,866 children aged 0-15 were estimated to live in low-income families in 2020-21. This number was 18,212 for children and young people aged 0-19 (relative measure before housing costs).¹⁷
23. While overall, older people are less likely to be in poverty, according to the 2019 Income Deprivation Affecting Older People Index (IDAOPI) there was a total of 11,725 older people in poverty in Oxfordshire. The most deprived areas on the IDAOPI 2019, were in parts of Banbury Grimsbury & Hightown ward and in Carfax, Rose Hill & Iffley and St. Clement's wards.
24. In 2018/19 around 19% of people in the South East region had a disability, equating to an estimated 131,400 people in Oxfordshire. Of these individuals, in May 2020 there were a total of 49,159 disability-related benefits claimed in Oxfordshire.
25. Following partnership working on access to food during the COVID pandemic, secure and sustainable access to food was prioritised as a concern in Oxfordshire and was addressed in the Oxfordshire Recovery and Renewal

¹⁵ [Oxfordshire Public Health Annual Report May 2020 \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk/public-health/annual-reports/2020-21-annual-report)

¹⁶ [Oxfordshire JSNA 2021](https://www.oxfordshire.gov.uk/public-health/annual-reports/2021-22-annual-report)

¹⁷ Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics. Absolute low income is defined as a family in low income Before Housing Costs (BHC) in the reference year in comparison with incomes in financial year ending 2011. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics.

[Children in low income families: local area statistics 2014 to 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2021)

Framework.¹⁸ As a response, the County Council sponsored the development of the Oxfordshire Food Strategy and resultant action plan which was launched in May 2022.¹⁹ The strategy's objectives include tackling food poverty and supporting health improvement. Research that informed the strategy showed that between 9-14% of all households in Oxfordshire experience food insecurity. This equates to 62,000-96,000 people. As noted above, the nature of the current cost of living rises disproportionately impact lower income households. There are fewer good quality 'value' ranges available and prices increase of up to 350% for basic items. Research for the strategy also showed that people limited by health problems and disability are five times more likely to experience food insecurity. As of January 2022, a total of 13,879 pupils at schools in Oxfordshire were known to be eligible for Free School Meals. This was 14% of pupils and below the average for the South East region (17.6%) and England (22.5%).²⁰ In Oxfordshire's most deprived areas, just over a third (36%) of pupils were eligible for Free School Meals, over double the average of 14%. In the least deprived areas of Oxfordshire the rate was 7%.

26. Additional analysis of inequalities in Oxfordshire is included in the Joint Strategic Needs Assessment. These pages also include a series of 'JSNA Bitesize Reports' examining the impact of increases in the cost of living so far covering Pension Credit, Cost of Food and Cost of Renting.

Government Support

27. From spring 2022 onward, national government has announced measures to support households to mitigate the impact of fuel rises in particular. Support measures include:
- £150 energy rebate to all band A-D properties where the resident has a council tax liability
 - £400 to be credited to all household utility bills in October
 - £650 payment to be made to households in receipt of means tested benefits, to be paid in two equal instalments in July and in the Autumn
 - £300 additional payment to pensioners, to be paid alongside the annual Winter Fuel Payment
 - £150 payment for those in receipt of a range of disability benefits
28. On 8 September 2022 the government announced further measures to cap the price of energy to consumers and from 1 October 2022, a new Energy Price Guarantee will be put in place. The government has stated that those who do not directly pay for mains gas and electricity will be no worse off and will be supported through a new discretionary scheme. Further details have not yet been announced. This element of the overall support scheme will be important in Oxfordshire, for example to support those Gypsy and Traveller families who pay for electricity as part of their rent and the up to 9.4% of households (West Oxfordshire) who rely on heating oil.

¹⁸ [Annex A: Recovery and Renewal Framework](#)

¹⁹ [GFO Oxfordshire Food Strategy](#)

²⁰ [JSNA Bitesize CostofLivingFoodJul22.pdf \(oxfordshire.gov.uk\)](#)

29. The combined impact of these schemes is not yet clear. However, the price freeze set at £2,500 for 'typical' households combined with the additional support measures in place will broadly maintain net energy costs close to the current rate. No household is however 'typical' and individual circumstances will mean that the mitigating impact of the new measures will vary considerably between consumers.
30. Government has also committed to schemes that will reduce the impact on commercial premises, premises occupied by voluntary and community organisations and institutions including schools, with details to follow.

Local support already put in place

Household Support Fund

31. Phase 2 of the nationally funded Household Support Fund (HSF) runs until the end of September 2022. £3.4m of funding has enabled Free School Meal equivalent payments before the May and Summer holiday and further funding of District and City led emergency welfare schemes. This is in continuation of £7.4 million of COVID-19 and hardship related fund distributed locally from September 2020.
32. The Department of Work and Pensions (DWP) requires one third of Phase 2 HSF to be paid to pensioner households. To comply with this, a one-off payment to all household in receipt of state age related council-tax reduction will be made during September, via the Post Office Payout scheme. Data is currently being compiled but this is expected to be £75 per eligible household and is intended to support the costs of energy.
33. Draft guidance was issued in late August for a third phase of HSF to run from October 2022 to March 2023. Planning is now underway to make use of new flexibilities and officers will engage with partners including the voluntary and community sector (VCS) and schools on priorities and emerging issues. Work is also underway to plan how an element of the total HSF can be targeted at the most in-need families at crises points using intelligence available in schools. In addition to current utilisation for essential spending such as utility bills and warm clothing, if the funding is confirmed, the draft guidance states that Local Authorities will be expected to use the funding in part to target those who were ineligible for the national measures set out above. The Council will engage with statutory partners and the VCS to identify those most at risk of missing out on the national schemes.

Other support

34. A £210,000 grant to Citizens Advice was agreed in spring 2022 to maintain debt and benefits advice capacity to June 2023, following the withdrawal of national funding. This was funded from the 2022/23 Emergency Welfare revenue budget.
35. £245,000 additional funding was agreed to expand the Better Homes Better Health programme, allowing the scheme to reach 10% of fuel poor households

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with advice on reducing energy costs this year. Funding as above. This is in addition to the Council's existing support for retrofit programmes through Sustainable Warmth Funding initiatives. These programmes are channelling £2.9 million of funding to support 310 households by March 2023 with energy efficiency measures including wall and loft insulation, heating upgrades and solar PV. Eligibility criteria include being a low-income household.

36. £322,000 from COVID-19 funding has been assigned to the Care Workers Charity to provide crises grants for the most in need workers and to provide access to the 'Blue Light Card' staff-discount and benefit scheme for all those in the sector.
37. The Council continues to administer the Holiday Activity Fund (HAF), which has created 30,000 funded places for children and young people over the last year. HAF schemes provide food and positive activities during school holidays for low-income families.

Proposed additional community support options

Emergency welfare support

38. Provision of emergency welfare crises support has become a 'normal' activity since the introduction of the COVID Winter Support Grant in October 2020. Evidence shows that the provision of relatively modest crises support can prevent issues escalating with more substantial impact on the statutory sector at a later date, for example by avoiding eviction and high-cost debt.²¹ Given the likelihood of a medium to long term requirement for such support, there is an opportunity to establish a permanent scheme, administered through the County Council's customer service function, reducing dependence on the VCS. This would bring Oxfordshire into line with the majority of upper tier authorities. Establishing Emergency Welfare functionality in-house would also provide options for the future administration of novel and short-term new requirements (e.g. Homes for Ukraine). It would also allow for improved administration of current schemes, for example provision of food support to children in early years settings. It would allow for the targeting of existing grants onto known areas of need e.g. grants for in-need families and households not benefiting from national energy support schemes.
39. The third round of Household Support Fund (Oct 22-Mar 23) is expected to be confirmed during September 2022. If the provision of free school meal support at the current rate is continued from the same fund, this will leave up to £2m for the emergency welfare scheme for the current financial year. In the longer term, there is a revenue budget for £500,000 for emergency welfare support to 2025/26. This is a comparable budget to the emergency welfare schemes of peer councils.

²¹ [Local Lifelines 2021, Trussell Trust, Children's Society et al, 2021](#)

Warm Places

40. This winter we expect many residents to feel that they are not able to heat their homes with a likely significant impact on physical and mental health. Partners already report high levels of anxiety. There is an opportunity to show that there will always be warm places available, reducing anxiety and potentially reducing loneliness and its impact on wellbeing.
41. Building on the strengths of our internal estate we firstly propose to mount a campaign to welcome residents into our libraires across the winter and plan for wrap around support including events, advice and information. The intention would be to emphasise that libraries are open to all and that they are a warm and welcoming environment throughout the year and especially in cold weather.
42. Secondly, we propose to support the strength in our diverse community venue sector by opening a £100,000 grants scheme for community venues. This would offer a contribution towards increase energy costs with the proviso that venues have a minimum public opening offer during the winter. This scheme would aim to support existing activities to remain viable and open (eg. stay and play schemes, lunch-clubs etc) as well as encouraging new initiatives. Officers would develop a 'light-touch' application process in consultation the VCS support organisations. City and District Councils and the wider VCS umbrella organisations are developing related scheme using their own assets and resources and encouraging participation from by community venues and we consider that these proposals would be complimentary to those efforts.

Support for VCS grass-roots initiatives

43. The Oxfordshire Community Foundation (OCF) is developing terms of reference for a new grants round to support VCS organisations to tackle the cost of living crises. It will aim to improve the lives of people on the lowest incomes in Oxfordshire by funding the charities and community groups that work to build resilience and alleviate hardship. It will launch in October with an initial £100,000 of OCF funding and we propose to augment this with £100,000 of County Council funding. The grants round will fund a range of organisations supporting residents, including community food services, money and debt advice, networks for older people and vulnerable adults and those working with families in need. Providing additional funding is an efficient way to support the VCS and effective way of maximising the impact of the Council's funding without creating the requirement for further application processes. If agreed, the Council will then work in partnership with OCF to generate further match funding from institutions and households, for example by encouraging the donation of winter fuel payments and other individual national support payments which individuals may wish to donate. Additional funding would allow OCF to expand the fund and potentially run a second round during the winter and allow the County Council to influence the grant criteria around identified need.

Support for Council Tax - Council Tax Reduction (CTR)

44. CTR is a means tested benefit to help support working-age people on a low income pay their Council Tax. This benefit is administered locally and, in two tier areas, the billing authority (District/City Councils) are responsible for drawing up their own CTR schemes. The scheme reduces the amount people

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have to pay for council tax which has the effect of reducing a billing authority's council tax base and therefore also reduces the tax base of the precepting authorities (county council and police and crime commissioner). As a result of local decision making, there are differences in the level of support available. In Oxfordshire, Oxford City Council and South Oxfordshire District Council provide full support with council tax costs for working age claimants (known as a 100% scheme). Cherwell District Council and West Oxfordshire District Council have banded schemes, where dependant on income and/or category (lone parent, working age households, etc) a maximum entitlement is in place from zero to 100%. Vale of White Horse District Council currently have a 92% scheme (although income disregards also apply making this effectively overall greater than a 92% scheme). However, the Vale of White Horse are currently consulting on amendments to their scheme to provide full support with council tax costs. This will have the effect of reducing the tax-base for the County Council by £144,000. The County Council is supportive of this proposal.

Support for Council Tax - Hardship Funds

45. Council Tax Hardship Funds - are allowable as 'discretionary relief' provided under Section 13A(1)(c) of the Local Government Finance Act 1992, as amended by Section 10 of the Local Government Finance Act 2012. This gives Councils additional discretionary powers to reduce the amount of Council Tax payable for individuals, or for classes of council taxpayer. This includes the power to reduce the amount payable to nil. The cost of awarding discretionary relief, unlike the CTR scheme, falls on the revenue account rather than impacting the tax base. West Oxfordshire District Council are currently considering setting up a Hardship Fund to help residents who require short term assistance due to exceptional circumstances, to assist them in meeting their Council Tax obligation during the cost of living crisis. West Oxfordshire District Council is seeking matched funding from the County Council of £50,000. The County Council is supportive of this proposal and would be willing to support other Districts/City Councils in Oxfordshire to implement similar schemes.

Summary

46. The proposed additional community support arrangements proposed are summarised in the Table 1 below.

Proposal	Summary	Cost	Funding
Emergency welfare scheme	Mobilise a local emergency welfare scheme for residents experiencing financial crises	2022/23 – Up to £2 million, dependent on government funding 2023/24 & 2024/25 £500,000 2025/26 - £300,000	Funding from Household Support Fund Round 3 for 2022/23, if confirmed. £500,000 per year funding for emergency welfare demand (identified as COVID18 in the budget agreed by Council in February 2022) is included in the planned revenue budget for next three years, funded from the COVID reserve. Further funding from national schemes as confirmed.
Warm places	Provide support to VCS venues with energy bills this winter	£100,000	Funding brought forward from the fourth year of the annual funding of £500,000 for emergency welfare provision (COVID18 agreed by Council in February 2022). This will create a pressure or reduction in funding for 2025/26 which can be addressed through future considerations alongside other priorities.
Support to the Voluntary and Community Sector	Match fund the Oxfordshire Community Foundation Cost of Living VCS grants round	£100,000	£100,000. Funding as above.
Council Tax Support	Provide additional funding for Council Tax Support for 2023/24 for exceptional circumstances	Up to £50,000 per district / city authority.	Identified funding for West Oxfordshire District Council in 2022/23 from the Budget Priorities Reserve with proposals invited from the city and other districts, funded from the same source.

Table 2 – summary of additional community support proposals

Future work on deprivation and inequality

47. The County Council's Strategic Plan 2022-2025 lists as a strategic priority, tackling inequalities and lists as areas of focus developing practical plans to address the drivers and impact of disadvantage, including food poverty, housing and deprivation.
48. In furtherance of this priority, the Oxfordshire Food Strategy (as described above) has been agreed and a new Digital Inclusion Strategy was approved by Cabinet in July 2022.²² Following the lessons learnt from COVID-19 as set out in the Recovery and Renewal Framework also referenced above, future work on inequality and disadvantage should review and re-establish the County Council's role as a core agency in tackling deprivation, building on the focus already in place with a focus on Children's Services and support to vulnerable adults and the analysis and interventions in place within Public Health.
49. As a priority start-point, the County Council and its partners have recognised that there are significant opportunities in maximising household income relating to entitled welfare benefits. Currently advice services, including the Specialist Advice Service commissioned by Adult Social Care, work with residents to maximise their income by ensuring that all eligible benefits are claimed. However, analysis of data shows that there is still significant opportunity to increase take up. For example, the County Council's Insight Team have estimated that over 4,000 people in Oxfordshire are eligible for, but not claiming, Pension Credit.²³ This equates to over £8.2 million per year in unclaimed entitlement.
50. As well as identifying groups of residents less likely to be claiming benefits, many councils (including Kent County Council and its Districts and the Royal Borough of Greenwich) are using new data tools to take targeted approaches, including identifying specific households.
51. We now propose to work in partnership with City and District Councils and VCS organisations to mount joint engagement campaigns on benefit take-up, using positive cases studies and local champions to encourage benefit-take up, targeting known low take-up benefits and residents less likely to claim. In addition, we will develop data-led partnership opportunities to targeting low income households directly.

Engagement and community leadership

52. Statutory partners and VCS organisations agree on the benefits and opportunities of coordinating ideas and interventions to alleviate the impact of the cost of living crises. To further this partnership approach, the County Council with partner councils is now planning to run an information and ideas sharing session in the early autumn. The objective will be for senior public sector and VCS leaders to hear from front-line experience, to better understand

²² [CA JUL1922R12 Annex 1 Digital inclusion strategy.pdf \(oxfordshire.gov.uk\)](#)

²³ [JSNA Bitesize PensionCredit Aug22.pdf \(oxfordshire.gov.uk\)](#)

the impact on residents and discuss opportunities for cooperation (including those set out above). Demonstrating visible leadership will also give an opportunity to promote the support available and reassure anxious residents that action is being taken locally.

Support for Staff

53. Alongside residents, many of the Council's own staff will be affected by rises to the cost of living. Annex 1 sets out background context and progress in agreeing the 2022/23 pay award. It also sets out additional specific actions being taken to support staff.

Corporate Policies and Priorities

54. The County Council's Strategic Plan 2022-2025 lists as its second priority *tackling inequalities*. In addition, as set out above, priority three, *prioritising the health and wellbeing of residents* and priority seven, *creating opportunities for children and young people to reach their full potential* are directly impacted by levels of deprivation. The current cost of living crises has the potential to increase inequality and absolute deprivation. Efforts to alleviate the impact of increases to the cost of living and broader work on enhancing the Council's impact on economic inequality, as set out above, will therefore support the longer-term delivery of these strategic priorities.

Financial Implications

55. Funding arrangements for the recommendations in this report in 2022/23 are set out in Table 2 above. Future impacts on planned expenditure and council tax funding available to the council will be assessed as part of the Budget & Business Planning Process for 2023/24

Comments checked by:

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Legal Implications

56. Where any grant constitutes a subsidy, the Council must comply with the Subsidy Control Act 2022 and, where necessary, carry out a subsidy control assessment to ensure that the grant is compliant with the subsidy control principles.
57. Where there are specific powers to provide support, these are detailed in the report. Otherwise, the council will rely on the general power of competence under the Localism Act 2011

Comments checked by: Jayne Pringle, Interim Principal Solicitor – Contracts & Conveyancing, Jayne.pringle@oxfordshire.gov.uk, 07393001206

Staff Implications

58. Additional support being put in place for staff is set out in paragraph 53 above and Annex 1.

Equality & Inclusion Implications

59. As set out in report, single parents, people with disabilities, younger working aged people and people from some minority ethnic communities are more likely to have low incomes and so be disproportionately impacted by increases to the cost of living. Rural communities are also more likely to be impacted by costs that are unprotected by some elements of government support, for example those reliant on heating oil. This report sets out our proposals to support the most vulnerable and the Council's engagement with the VCS and residents directly will inform how available resource are allocated, for example in any potential Phase 3 of the national Household Support Fund.

Sustainability Implications

60. Reducing energy usage can have the dual benefit of both reducing costs to the consumer and impact on the environment. This report sets out how the Councils is already supporting retrofit schemes and energy advice to low income households. Some energy reduction schemes can be inaccessible to lower income households or households in specific circumstances making them more likely to be more vulnerable to the impact of the cost of living crises, for example those living in private rented accommodation. To maximise impact, existing and future Council schemes should therefore prioritise supporting both reduction of energy costs for those on the lowest incomes, as well as maximising absolute reductions in energy usage and associated carbon emissions.

Consultation

61. In developing proposals for support, officers have engaged with the City and District Councils and relevant elements of the voluntary and community sector. Through implementation, further engagement will seek to ensure that the County Council's support schemes are aligned to those of others and that we continue to work with partners to identify those elements of the community most impacted. Throughout this report, engagement with the voluntary and community sector and statutory partners has been referenced, including a formal 'round-table' event now planned for the early autumn.

CA9

Claire Taylor
Corporate Director Customers and Organisational Development

Annex 1: Staff - Cost of Living Update

Background papers: Nil

Contact Officer: Robin Rogers, Programme Director (Partnerships and Delivery), robin.rogers@oxfordshire.gov.uk, 07789923206

September 2022

Annex 1 Staff - Cost of Living Update

Background Context and Pay Award for 2022/2023

The pay claim for 2022/2023 from the Trade Unions was a flat rate increase of £2,000 across all pay scales with some other additional items such as an increase to annual leave.

The pay offer made by national employers is £1,925 across all pay scales with effect from **1 April 2022** and an additional 1 day's annual leave for all staff with effect from 1 April 2023. The national pay offer is designed to ensure that those staff paid at the lowest levels receive the biggest increase.

The implementation of the pay offer will be a significant cost across the Council's wage bill of approximately £6-7 million.

If the pay offer is accepted, this provides for a tapering increase from 10.5% to 2.86% from Scale Points 1 (£18,333) to Grade 18 (£67,425).

Scale Point 1 is currently a single pay point of £18,333 and converts to an hourly rate of exactly £9.50 which is the current National Living Wage. The pay award when implemented will back date to **1 April 2022** which will take the Council well above the National Living Wage for 2022-2023 and provide for a more stable position going into the 2023-2024 pay rounds.

The current position with the pay offer and the trade unions is as follows:

UNISON - consultation with its members will run from 15 August to 19 September with the union remaining neutral on whether the offer should be accepted or rejected.

GMB – consultation with its members will run from 22 August to 21 October with the union remaining neutral on whether the offer should be accepted or rejected.

Unite - consultation with its members will run from the end of August to 14 October with the union recommending that the offer should be rejected.

For the pay offer to be accepted, two of the three trade unions will need to agree. If the pay award is accepted by the end of October, the earliest date to pay the award and back pay is in December salaries, due to be paid on 30 December 2022.

The Council is required to report on the pay multiples between its lowest and highest paid members of staff within the Pay Policy statement each year which each Council is required to publish. The Hutton Review (2010) states that no public sector executive should earn more than 20 times the salary of the lowest paid employee in their organisation. The current pay ratio between the highest paid role and the lowest paid role at the Council is a little over 1:10 and is therefore well within the limits recommended by the Hutton Review of Fair Pay in the Public Sector.

Additional Support for the Council's Workforce

In response to rises in the cost of living, the Council will also introduce additional financial and wellbeing support for our workforce, as set out below.

- **High work-based mileage and our lowest paid staff**

The Council will implement a 'one-off' payment to the lowest paid staff who incur the highest levels of mileage as a direct result of the work they carry out. Final modelling is being undertaken to ensure that our lowest paid staff who incur the highest level of mileage benefit most from this payment. Payment is expected to be made in October/November 2022 salaries. The maximum cost incurred by the County Council will be £50,000 to be met from within in-year budgets. The reference period for the payment will be from 1 April 2021-31 March 2022.

- **Financial Wellbeing Services**

The Council will implement a Financial Wellbeing service provided by an external partner to provide additional support and services to all staff. The service is regulated by the Financial Conduct Authority and will be available in the next eight weeks. Resources will include:

- A wide range of educational resources to support financial wellbeing which are provided in a range of different formats to suit different learning styles and different financial situations.
- A range of 'help to save' schemes deducted directly from salary.
- Responsible lending schemes.
- Advance – this give employees access to their pay as it is earned to help support emergencies and better budgeting.

This service is at no cost to the Council.

Karen Edwards
Director of Human Resources and Organisational Development
Oxfordshire County Council
12 September 2022

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Divisions Affected - All

CABINET REPORT 20 September 2022

TERMS OF REFERENCE FOR NEW INTEGRATED CARE PARTNERSHIP COVERING THE BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST AREA

Report by Corporate Director of Public Health & Community Safety

RECOMMENDATION

1. **Cabinet is RECOMMENDED to**
 - a) APPROVE the establishment of a new joint committee- the Integrated Care Partnership covering the Buckinghamshire Oxfordshire and Berkshire West area- and in principle, the working draft terms of reference for this partnership (See Annex 1)
 - b) APPROVE the appointment of 2 cabinets members of Oxfordshire County Council to this partnership
 - c) NOTE- the Leader of Oxfordshire County Council will agree the final version of the Terms of References once finalised in collaboration with all other founding partners

Executive Summary

2. The Health and care Act 2022 established Integrated Care Systems (ICSs) as legal entities and created new NHS bodies called Integrated Care Boards (ICBs). Within this legislation all ICSs are required to establish new partnership forums called Integrated Care Partnerships (ICPs). These bring together ICBs and Local Authorities (LAs) with responsibility for Social Care and Public Health in order to integrate the services they plan, purchase, and provide for local residents.
3. These “founding members” of the ICP are working together to agree the terms of reference for this new partnership board before its first meeting on the 5th October 2022. The ICP will cover the Buckinghamshire Oxfordshire and Berkshire West (BOB) area and the founding members are
 - (a) Oxfordshire County Council
 - (b) Buckinghamshire Council

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- (c) West Berkshire Council
- (d) Reading Borough Council
- (e) Wokingham Borough Council
- (f) The BOB NHS Integrated Care Board

Exempt Information

4. No information in this report is exempt

Integrated Care Systems

5. Integrated care systems (ICSs) are geographically based arrangements that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services. They gained formal legal status on 1st July 2022
6. The aim of ICSs is 4-fold.
 - (a) To improve population health and healthcare
 - (b) Tackle inequalities in outcome, experience and access
 - (c) Enhance productivity and value for money
 - (d) Help the NHS to support broader social and economic development
7. Oxfordshire is within the “BOB” ICS- that is the area of Buckinghamshire Oxfordshire and Berkshire West
8. Commissioning arrangements within the NHS have also changed to enable the creation of ICSs. This means Oxfordshire Clinical Commissioning Group no-longer exists and has been replaced by a BOB area Integrated Care Board (ICB).

Integrated Care Partnerships

9. The Integrated Care Partnership (ICP) is formed in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 as introduced by Section 26 of the Health and Care Act 2022. The ICP is a statutory joint committee of the BOB Integrated Care Board (ICB) and the local authorities in the ICS who are responsible for adult social care: Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, Wokingham Borough Council.
10. In addition to the Founding Members listed above, it is proposed with the BOB ICP Terms of Reference that wider health and social care partners are also included with the membership of the ICP. This includes; Oxfordshire City or District Council representation, NHS provider trusts for acute, mental health and ambulance services, Primary Care, Healthwatch, VCSE representation, Oxford Academic Health Sciences Network, a Social Care Provider. Full details are within the proposed ToR in annex 1.

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11. The proposed membership of the ICP from Oxfordshire County Council is as follows
 - (a) Leader of the Council
 - (b) Cabinet Member for Adult Social Care
 - (c) Director of Public Health
12. Integrated care partnerships are required to publish an integrated care strategy to set out how the assessed needs (from the joint strategic needs assessments of the areas the partnership covers) can be met through the exercise of the functions of the integrated care board, partner local authorities or NHS England.
13. Partnership working, integration of services and development of joint strategies are approaches to improving outcomes for local residents that are already well established within work programmes of health and social care organisations. Much of this current work is overseen by the Oxfordshire Health and Wellbeing Board. The creation of ICPs is not intended to duplicate existing arrangements like this but provide opportunity to establish greater integration at a larger system footprint. The principle of subsidiarity is critical to the establishment of ICPs, meaning that where decisions and planning can happen at an Oxfordshire level it will.

Corporate Policies and Priorities

14. The establishment of Integrated Care Boards within the new ICS structures provides even greater opportunity to integrate health and care services for residents in Oxfordshire than has happened to date. It is anticipated this will have a positive impact on health and wellbeing across the life-course. It will also provide further opportunity to support the improvement of the health of those with the greatest need the fastest. It will therefore contribute the following strategic priorities of Oxfordshire County Council;
 - (a) Tackle inequalities in Oxfordshire
 - (b) Prioritise the health and wellbeing of residents
 - (c) Support carers and the social care system
 - (d) Create opportunities for children and young people to reach their full potential

Financial Implications

15. There are no direct financial implications arising from this report. More broadly, the establishment of the ICS and its associated structures aims to allow greater integration of services. This may include changes to the current arrangements where Oxfordshire County Council and the local NHS commissioning body (now the ICB) pool some of their budgets through Section 75 arrangements. Any such changes will be subject to separate approval processes.

Comments checked by:

Thomas James, Finance Business Partners (Adult Social Care & Public Health), thomas.james@oxfordshire.gov.uk

Legal Implications

16. As described in paragraph 9, Oxfordshire County Council has a statutory responsibility to form an Integrated Care Partnership with other founding partners. This report seeks the approval of the Terms of Reference for this new forum to support this statutory duty.

Comments checked by:

Anita Bradley, Director of Law & Governance,
anita.bradley@oxfordshire.gov.uk

Staff Implications

17. There are no direct staffing implications associated with this report. It is anticipated the Member and Officer time taken to participate in this new partnership forum will drive efficiencies of working for a range of teams in the council and therefore have a positive impact on staff capacity.

Equality & Inclusion Implications

18. One of the 4 aims of Integrated Care Systems is to tackle inequalities in outcomes, experience and access. These inequalities in health can be experienced by a range of population groups, including those with protected characteristics. It is therefore anticipated that supporting the establishment of the new ICP will have a positive impact on equality and inclusion.

Sustainability Implications

19. This paper does not have any direct sustainability implications. Where any new or amended services are established because of greater integration, they will be individually assessed for their sustainability implications. Any potential travel and printing implications for Oxfordshire County Council staff joining a new partnership forum will be managed via existing policies to mitigate such impacts

Risk Management

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20. A detailed risk assessment is not required for this report. There are opportunities and risks to Oxfordshire County Council from the formation of ICSs and this is managed via the council's usual risk management processes.

Consultations

21. Public consultation is not required for the agreement of these Terms of Reference

ANSAF AZHAR, CORPORATE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SAFETY

Annex: Annex 1- Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Partnership (ICP) Terms of Reference.

Background papers: Health and Care Act 2022

<https://www.legislation.gov.uk/en/ukpga/2022/31/section/25/enacted#section-25-4>

Contact Officer: David Munday, Consultant in Public Health,
david.munday@oxfordshire.gov.uk 07922 849652

September 2022

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Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Partnership (ICP) Terms of Reference

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1. Establishment

1.1 Statutory joint committee: The Buckinghamshire, Oxfordshire and Berkshire West (each a “Place”) (“BOB”) Integrated Care Partnership (“ICP”), is formed in accordance with s.116ZA, Local Government and Public Involvement in Health Act 2007 (“LGPIHA”) (introduced by s.26, Health and Care Act 2022).

The ‘responsible local authorities’ (s.103, LGPIHA) within the BOB Integrated Care System (“ICS”) area are Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, Wokingham Borough Council (each an “LA”, and together “the LAs”).

The ICP is a statutory joint committee of the BOB Integrated Care Board (“ICB”) and the LAs.

1.1. Terms of Reference:

1.1.1. Definition: The Terms of Reference (ToRs) for the ICP are defined by the ICB and the constituent councils and may be amended by them at any time.

1.1.2. Review: The Terms of Reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board and councils for approval.

2. Aims, authority, accountability, reporting and authority to act

2.1 The overall aim of the ICP is to deliver the expectation set out in the joint declaration between NHS England and the Local Government Association (March 2022) that it shall ‘drive the direction and policies of the Integrated Care System (ICS)’ for BOB.

2.1. Specifically, the ICP will also help deliver the four ICS aims:

ICS aims	Description
Improve outcomes	Improve outcomes in population health and healthcare
Reduce inequalities	Tackle inequalities in outcomes, experience and access
Provide value	Enhance productivity and value for money
Support the local area	Help the NHS support broader social and economic development.

2.2. Accountability and reporting: The Committee is accountable to:

2.2.1. ICB

[Type here]

2.2.2. Local authorities, who are responsible for social care and shall report to them on a regular basis on how it discharges its responsibilities.

2.3. Authority to act: The Integrated Care Partnership has authority under the Health and Care Act to exercise its function as a statutory joint committee of the ICB and local authorities.

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The Committee is authorised to:

Authorised activity	Description
Create ICP committees and groups	Create committees and task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and Terms of Reference of any such committees and groups task
Seek information	The ICB and each local authority shall consider any requests by the Committee for disclosure of information that reasonably relates to any item of business considered by the Committee. Such disclosure shall have regard to the normal FOI exceptions and commercial or political sensitivity.
Commission reports	Commission reports it deems necessary to help fulfil its obligations.
Obtain advice	The ICP may use independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.
Investigate activity	Investigate activity within its Terms of Reference.

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3. Principles

In everything it does, the ICP will uphold the ICS principles:

Theme	ICS partnership principles from the ICS design framework
Improved outcomes focus	<ul style="list-style-type: none">• Improved outcomes: Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities.
Subsidiarity	<ul style="list-style-type: none">• Triple aim, cooperation and subsidiarity: Support the triple aim (better health for everyone, better care for all and efficient use of NHS resources), the legal duties on statutory bodies to co-operate and the principle of subsidiarity (that decision-making should happen at the most local appropriate level).• Support for place: Ensure place-based partnership arrangements are respected and supported, and have appropriate resource, capacity and autonomy to address community priorities, in line with the principle of subsidiarity.
Distributed leadership	<ul style="list-style-type: none">• Distributed leadership: Come together under a distributed leadership model and commit to working together equally.• Professional, clinical, political and community leadership: Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.
Collective accountability	<ul style="list-style-type: none">• Collective challenge: In discussion, operate collective challenge, for shared and individual/organisational contributions to joint objectives.• Risk/ benefit sharing: Enable sharing of risks, benefits and support.• Transparency: Agree arrangements for transparency and local accountability, including meeting in public with minutes and papers available online.• Consensus: Partners will use their reasonable endeavours to seek a consensus between partners, including working through difficult issues where appropriate.
Innovation and continuous learning	<ul style="list-style-type: none">• Transformation: Contribute to the transformation of health and care services.• Innovation: Enable opportunities to innovate, share best practice and maximise sharing of resources across organisations (additional)• Continuous learning: Create a learning system, sharing evidence and insight across and beyond the ICS, crossing organisational and professional boundaries.

4. Duties

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The ICP's duties are to:

Duties	Description
Develop the ICP strategy:	<p>Develop an integrated care strategy for BOB ICS, with the agreement of all partners Submit the integrated care strategy it develops to the ICB, local authorities and NHS England.</p> <p>The Strategy will take account of the three Place Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).</p>
Use data	<p>Base the strategy on the best available evidence and data, covering health and social care (both children's and adult social care) and addressing the wider determinants of health and wellbeing including for example, employment, environment and housing issues.</p>
Engage stakeholders	<p>Agree a plan for consulting and engaging the public and communicate to stakeholders in the development of the strategy.</p>
Enhance relationships	<p>Work with the structures in Place (eg Health and Wellbeing Boards, Place Based Partnerships) to enhance relationships between leaders across the health and care system in order to consider best arrangement for its local area.</p> <p>The ICP will seek to complement, but not duplicate, the work of the HWBs and to provide an opportunity to strengthen the alignment of the ICS and HWBs.</p>
Review progress	<p>Monitor the ICBs performance against the strategy. Challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.</p>
Seek assurance	<p>Seek assurance that the integrated care strategy has been developed in an inclusive and transparent way and elements of the strategy have been co-produced with people with lived experience and expertise from professional, clinical, social, political and community leadership.</p>

[Type here]

5. Chair, membership, attendees, sub-groups

The ICP has the following arrangements:

Arrangement	Description
Chair	<p>The Chair will be elected by the six founding ICP members. This would be for a 1-year term which could be renewed once (maximum of 2 years).</p> <p>References to Chair in these ToRs are to the Chair of the ICP or to the Chair of a Meeting (if different) as the context requires.</p>
Deputy Chair	<p>A Deputy Chair will be elected by the six founding ICP members. The Deputy Chair shall be from a different founding member body or Place to the elected Chair. This would be for a 1-year term which could be renewed once (maximum of 2 years).</p>
Membership	<p>Statutory founding members:</p> <ul style="list-style-type: none">• An identified representative of the Chair• Elected member from Buckinghamshire Council• Elected member from Oxfordshire County Council• Elected member from Reading Borough Council• Elected member from West Berkshire Council• Elected member from Wokingham Borough Council <p>Other members:</p> <ul style="list-style-type: none">• Two elected members from Buckinghamshire Council• Two elected members from Oxfordshire councils (to include at least one elected member from City/District councils)• One member from an Acute NHS Provider*• One member from a Mental Health NHS Foundation Trusts*• One member from South Central Ambulance Service NHS Foundation Trust• Two members from primary care; one to be a GP *• Three Directors of Public Health• One member from Healthwatch• One member from the BOB VCSE Alliance• One member from the Oxford Academic Health Sciences Network (AHSN)• One member representing care sector providers (with no direct financial interest)

[Type here]

- One member representing child and adolescent mental health

(These four members from NHS providers must between them cover the three Places)

In attendance/non-voting

- ICB Chief Executive Officer
- One Director of Adult Social Care (DASS) **
- One Director of Children's Services (DCS) **–

**Each to be from different Place

[Type here]

Attendees	Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff and individuals to attend the meeting (for all or part of a meeting) as necessary in accordance with the business of the Committee. Such attendees will not be eligible to vote. Opportunities will be created for members of the public to attend and be given opportunity to speak at selected meetings.
ICP sub-groups	It is expected that sub-groups operating on a task and finish basis alongside dedicated workshops, dedicated public meetings and other methods to be used for broader stakeholder participation and to include views and needs of patients, carers, the social care sector.
ICP Assembly	The ICP proposes to develop an inclusive Assembly that meets twice a year; approach TBD
Stakeholder Participation	It is anticipated that Task and Finish Groups - alongside dedicated workshops, dedicated public meetings and other methods – will be used for broader stakeholder participation and to include views and needs of patients, carers, and the social care sector.

Each ICP member (“Member”) shall identify a named Substitute to attend a Meeting if they are unable to. Where relevant, references in these ToR to “Member” include a Substitute attending in place of that Member.

6. ICP meetings

This section on ICP meetings describes the requirements for:

[Type here]

- Frequency of meetings, chair role and procedure in chair absence
- Attendance, conflicts of interest and quoracy
- Voting, EDI and transparency

6.1 Frequency, chair role, procedure in chair absence

Description	
Meeting frequency	The ICP will meet at least three times a year and at each Meeting will agree/review the ICP Strategy and review performance and progress.
Virtual meetings, extra-ordinary meetings and notice of meetings	(i) <ul style="list-style-type: none">• Virtual meetings: The Committee may meet virtually (to include any method agreed by the Chair) and members attending using electronic means will be counted towards the quorum.• Extraordinary meetings may be held at the discretion of the Chair.• Notice A minimum of five working days' notice should be given when calling any meeting, unless the Chair authorises otherwise in exceptional circumstances.
Chair role	The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.
Procedure in chair absence	In the absence of the Chair and Deputy Chair,, or if the Chair and Deputy Chair has a precluding interest, the remaining members present shall elect one of their number to Chair the meeting.

6.1. Attendance, conflicts of interest, and quoracy

	Description
Attendance record and procedure for absence	<p>6.1.1. Attendance record: Committee members are expected to make every effort to attend meetings and come prepared.</p> <p>6.1.2. Procedure for absence: If unable to attend, members must send their apologies to the Chair and Secretary prior to the meeting and may be represented by their named substitute. In the case of members the deputy may speak and vote on their behalf and will count towards the quorum where necessary.</p>

Conflicts of interest: All Members shall behave in a manner complying with the Principles of Public Life (the “Nolan Principles”).

Declarations: All members and those in attendance must at the start of the meeting, declare any conflicts of actual or potential conflicts of interest (even if such a declaration has previously been made) pertaining to the agenda. This will be recorded in the minutes and on the register of interests. See ICB conflicts of interest policy.

Exclusions: The involvement of anyone with a conflict will be managed in line with the conflicts of interest policy by the Chair including exclusion from the discussion if necessary.

Disqualifications: If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

Quoracy and procedure for non-quoracy	<p>6.1.3. Quoracy: The quorum of the Committee is a minimum of twelve (50%) members, including at least one representative from the statutory partners, i.e. at least one from the ICB and one from each of the five founding councils.</p> <p>6.1.4. Procedure for non-quoracy: If the Committee is not quorate then the meeting may proceed if those attending agree, but no decisions may be taken, or the meeting may be postponed at the discretion of the Chair.</p>
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6.2. Voting, Equality, Diversity and Inclusion (EDI) and transparency

Meetings will be transparent, with clear decision-making, which demonstrates equality, diversity and inclusion.

Description	
6.2.1. Voting Eligibility: Only members of the Committee may vote. Each member is allowed one vote.	
6.2.2. Decisions: Decisions will be guided by national policy and best practice. Decisions will be taken by consensus. When this is not possible the Chair may call a vote. A decision would require a majority of ICP members and a majority of the six founder members. Where the founder member majority is not achieved, the proposal to be resubmitted at a further meeting, having worked to address the key concerns of founder members wherever possible. The chair may have a casting vote, if members are equally divided on an issue.	
6.2.3. Recording of votes: The result of the vote will be recorded in the minutes.	
6.2.4. Virtual voting: If a decision is needed which cannot wait for the next scheduled meeting and it is not appropriate to call an extraordinary meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication. LEGAL NOTE: TBC if suitable arrangement	
Equality, Diversity and Inclusion	Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

Meeting transparency: All Meetings will be held in public, and papers made available online unless an exemption provision applies to any item of business (in which case the determination of 'exempt information' will be guided by the definitions contained in the Local Government Act 1972 Schedule 12A, for example personal data and the financial or business affairs of any person).

Where minutes and reports identify individuals, they will not be made public.

[Type here]

7. Working arrangements

The ICP working arrangements will:

	Description
Complement Health and Wellbeing Boards	The ICP will complement, not duplicate, the work of the Health and Wellbeing Boards and provide an opportunity to strengthen the alignment of the ICS and Health and Wellbeing Boards. The ICP strategy will take account of the Health and Wellbeing Boards' Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS).
Evolve	Working arrangements are likely to evolve in line with the scope and nature of the ICP activities.
Be jointly resourced	All ICP members and partners are expected to contribute to the needs of the ICP. Where the Committee's requirements involve the partners in incurring unreasonable and/or unfunded expenditure (such as research or the resourcing of the Secretariate) then such costs will be met by the ICB in line with the 'new burdens' policy.
Be agreed and documented	Working arrangements will be agreed, documented and continually updated - the full detail of the ICP's working arrangements can be seen in Appendix I.

[Type here]

8. Secretariat and administration

The ICP will be normally provided with a Secretariat by the body that holds the Chair for the duration of such Chairing. The Chair may however request other founding members to contribute personnel to the Secretariat at his/her discretion. All reasonable costs for the Secretariate will be met by the ICB.

The role of the Secretariate will include the following functions:

Functions	Description
Distribute papers	Prepare the agenda and papers and distribute them in good time before meetings (and not less than five working days) after agreement by the Chair and the relevant lead officer.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that do not meet the minimum requirements.
Maintain records	For example, conflicts of interest and members' appointments and renewal dates.
Take minutes	Take good quality minutes and agree them with the chair. Keep a record of matters arising, action points and issues to be carried forward.
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.

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Appendices

- I. Document management
- II. Working arrangements

Appendix I: Document management

Revision History

Version	Date	Summary of Changes
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Approved by

This document must be approved by the following:

Name	Title	Signature	Version	Date
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Document control

The controlled copy of this document is maintained by BOB ICP. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Appendix II: Detailed ICP working arrangements

TBD

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