Template for Health Improvement Board reports

Health Improvement Board

17 September 2026

Cost of Living Programme 2026-29: Supporting the Living Well Priority of the Joint Health and Wellbeing Strategy

Purpose / Recommendation

1. **HIB members are asked to:**
    - note the contribution that the Cost of Living Programme 2026-29, funded through the government's Crisis and Resilience Fund (CRF), makes to the Living Well priority of the Joint Health and Wellbeing Strategy and to the Board's own areas of focus;
    - endorse the continuing alignment of Cost of Living programme delivery and Health Improvement Board priorities, particularly Healthy Weight, physical activity, mental wellbeing, health protection, housing and homelessness, and affordable warmth; and
    - agree to receive six-monthly updates on Cost of Living programme delivery and outcomes, including take-up among groups with poorer health outcomes, to inform the Board's prevention work.

Executive Summary

2. This report has been prepared for the Health Improvement Board (HIB) to set out how the programme, worth £5.56 million in 2026-27 and £5.12 million per annum in 2027-29, supports delivery of the Living Well priority within the Joint Health and Wellbeing Strategy, and how individual elements of the programme map onto the Board's own areas of focus.

3. Financial hardship is a well-evidenced driver of poor health: it is associated with higher rates of long-term conditions, poorer mental health, delayed help-seeking and reduced ability to self-manage illness. The Cost of Living programme is therefore directly relevant to the Board's prevention agenda. Several elements of the programme, including the Hospital Discharge fund, Better Housing Better Health, Healthy Snacks in Schools, the LIFT dashboard, food infrastructure and Community Co-ordination, map closely onto existing Health Improvement Board work.

Background

4. Nationally, the cost of living remains the most pressing issue for households: the ONS recorded CPI inflation of 3.0% in the twelve months to February 2026, still above the government's 2% target, and its January 2026 survey found 88% of adults cite the cost of living as the most important issue facing the country. The Joseph Rowntree Foundation's Winter 2025 tracker found 7.1 million low-income households (60%) had gone without essentials in the previous six months, including over 2.6 million unable to afford to keep their home warm.

5. Locally, the Oxfordshire Data Hub's analysis of the 2025 Indices of Multiple Deprivation shows that, despite the county's relative affluence, 11 of 428 Lower Super Output Areas remain among the two most deprived nationally, concentrated in the Leys, Banbury, Littlemore and Rose Hill, and parts of Abingdon Caldecott and West Witney. The council's 2025 Residents' Survey found 57% of respondents felt worse off financially than the year before (up from 46% in 2024), and that people with a disability or infirmity were more likely to feel worse off (63%) than those without (53%).

6. These pressures bear directly on the objectives the Board is working to deliver. Food insecurity, fuel poverty and debt are associated with poorer management of long-term conditions such as diabetes and cardiovascular disease, worse mental health, and reduced ability to attend appointments or engage with screening and prevention programmes, all central to the Living Well objectives set out below.

Key Issues

7. In December 2025 the government announced the Crisis and Resilience Fund (CRF), replacing the Household Support Fund (HSF) which had been the main funding source for the council's Cost of Living programme since 2021. Unlike the HSF, which was renewed annually (and in some years every six months), the CRF is a three-year fund running from 1 April 2026 to 31 March 2029, providing greater certainty and enabling longer-term support programmes.

8. The Department for Work and Pensions (DWP) remains responsible for the CRF. Oxfordshire's allocation is £4.82 million per annum, plus a separate £440,000 in 2026-27 to support low-income households who use oil for heating.

9. The report to Cabinet, 'Cost of Living Programme 2026-29', which was approved by Cabinet at its meeting of 21 April 2026, set out the programme structure, informed by new government guidance and a resident consultation held in autumn 2025.

10. This report to the Health Improvement Board draws on the 21 April 2026 Cabinet report, on the CRF guidance published by DWP, and on the Oxfordshire Joint Health and Wellbeing Strategy, to set out the relevance of the Cost of Living programme to the Board's work.

11. The Joint Health and Wellbeing Strategy sets out a shared vision 'to work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire.' Alongside A Good Start in Life, Ageing Well and Tackling Wider Issues That Determine Health, Living Well is one of four priorities the Board and its sub-groups are asked to deliver.

12. The Living Well aim is that 'adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services.' Its strategic objectives are to:
    - prevent the development of long-term conditions by helping people to live healthy lives, live in healthy places and avoid the need to go to hospital;
    - identify ill health early, through comprehensive screening programmes, good access to services and targeting those least likely to attend;

- value mental health equally with physical health;
- deliver sustained and improved experience for people who access services;
- ensure services are effective, efficient and joined up; and
- nurture healthy communities that enable people to participate, be active, give and receive support.

How the Crisis and Resilience Fund Connects to Health Outcomes

13. DWP's guidance describes the CRF's purpose as being ‘to both provide a safety net for those on low incomes who encounter a financial shock and to invest in building local financial resilience... reducing crisis need,’ structured around three outcomes: effective crisis support; improving individuals' financial resilience; and bolstering the local support landscape.

14. The guidance explicitly recognises health as a determinant of financial resilience, listing ‘physical disability, learning disability, mental health condition or wellbeing’ and caring responsibilities among the factors authorities should consider, and noting that ‘insufficient food is a crisis need negatively affecting health and wellbeing’ and that priority debt increases ‘health and homelessness risks.’

15. The guidance also supports closer working between welfare and health services. It identifies GP surgeries and Family Hubs as appropriate locations for Community Co-ordination activity and co-location, names health visitors among the professionals whose referrals should inform targeting of support, and confirms that authorities may use their public health duties under section 2B of the National Health Service Act 2006 to support people with no recourse to public funds where this is appropriate for improving public health. These provisions give the council a clear basis for aligning Cost of Living delivery with the Board's own public health and prevention work.

Cost of Living programme: Contribution to Live Well

16. Table 1 sets out how the main areas of Cost of Living programme spend for 2026-29 map onto the Living Well strategic objectives. The subsequent paragraphs in this section (17-25) provide a brief explanation of the funded activity referenced in the table. At Appendix One, a full breakdown of the Cost of Living programme is provided.

Table 1: Living Well strategic objectives and Cost of Living programme activity

Living Well strategic objective	Contributing Cost of Living activity	2026/27 budget
Value mental health equally with physical health	Advice Services; Period Poverty; Residents Support Scheme	£2,165,000
Prevent long-term conditions; avoid the need for hospital	Hospital Discharge; Better Housing Better Health; Healthy Snacks in Schools	£140,000
Identify ill health early; target those least likely to attend	LIFT Dashboard; Local Co-ordination	£320,000
Deliver sustained, improved experience for service users; joined-up services	Local Co-ordination; District Delegations	£680,000
Nurture healthy communities	Food Co-operatives; Community Larders; Food Infrastructure; Hygiene Essentials	£348,000
Holistic care for people with additional needs	Migrant Food; Better Housing Better Health	£50,000
	TOTAL:	£3,703,000

17. Hospital Discharge (£15,000 p.a.) funds the multi-disciplinary Out of Hospital team, supporting people whose discharge is delayed by a housing barrier, and helping residents with energy costs for essential equipment or medicine, directly supporting the objective to ‘avoid the need to go to hospital’ and enabling people with disabilities to remain independent.
18. Better Housing Better Health (£25,000 p.a.), commissioned by Public Health, provides advice and practical support with energy efficiency and energy costs, addressing a well-established driver of respiratory and cardiovascular ill health and directly supporting the Board's Affordable Warmth and Housing and Homelessness areas of focus.
19. The LIFT Dashboard (£140,000 p.a.) uses locally held benefits data to run targeted campaigns, including pension credit and Free School Meals take-up, supporting the objective to ‘identify ill health early... and target those least likely to attend’ by reaching households before they reach crisis point. LIFT has already generated £1.5 million in additional income for residents.

20. Advice Services (£300,000 p.a.) fund Citizens Advice and four independent providers, supporting an estimated 6,000 additional people a year with debt and benefits advice, directly relevant to the objective to ‘value mental health equally with physical health,’ given the well-evidenced links between debt and mental ill health.
21. Food Co-operatives, Community Larders and Food Infrastructure (rising to c.£369,000 p.a. combined by 2028-29) deliver the Oxfordshire Food Strategy, including utilising school kitchens as community assets, training and workshops on community cooking, and embedding the Making Every Contact Count approach, supporting the Board's Healthy Weight Whole Systems approach.
22. Healthy Snacks in Schools (£100,000 p.a.), following a successful pilot at The Oxford Academy, has been extended to a further three schools in the county's most deprived areas; an evaluation found improved behaviour for learning and a sharp fall in exclusions, supporting both healthy weight and mental wellbeing outcomes for children and young people.
23. Period Poverty (£15,000 p.a.): products are discreetly displayed in libraries within the ‘Health and Wellbeing’ section alongside signposting to debt advice, drug and alcohol treatment and domestic abuse support; 90% of participants in the original pilot reported a positive impact on their wellbeing and dignity.
24. Community Co-ordination (£180,000 p.a.) is a new area of CRF-eligible spend focused on the 20% most deprived wards (in Oxford, Banbury, Witney and Abingdon), building referral pathways between welfare and other local services, directly supporting the Board's Social Prescribing area of focus and the CRF guidance's emphasis on co-location with health settings. This funding is channelled through the city and district councils.
25. Migrant Food (£25,000 p.a.) supports migrants in hotel and dispersed accommodation with specific dietary requirements linked to medical conditions such as diabetes or pregnancy, addressing a targeted health inequality.
26. The Residents Support Scheme (£1.85 million p.a.), the council's application-based crisis scheme covering food, energy and household items, is the only element of the programme DWP requires local authorities to deliver and forms the safety net beneath the more preventative activity above; 1,173 successful applications have been made in the first quarter of 2026/27.

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Alignment with Health Improvement Board Areas of Focus

27. Table 2 maps Cost of Living programme activity directly against the Board's own stated areas of focus, drawn from the Joint Health and Wellbeing Strategy.

Table 2: Health Improvement Board areas of focus and Cost of Living programme links

HIB area of focus	Cost of Living programme link
Healthy Weight (Whole Systems approach)	Food Co-operatives; Community Larders; Food Infrastructure; Healthy Snacks in Schools; HAF Programme
Reduce physical inactivity	HAF Programme (physical activity and enriching activities); Family Hub Programme
Mental Wellbeing and Prevention Concordat	Advice Services; Period Poverty; Residents Support Scheme
Public Health, Health Protection (immunisation, screening, air quality)	LIFT Dashboard targeted campaigns; Hospital Discharge
Housing and Homelessness	Better Housing Better Health; Hospital Discharge; District Delegations
Social Prescribing (Tackling Wider Issues)	Community Co-ordination (Local Co-ordination)
Affordable Warmth (Tackling Wider Issues)	Better Housing Better Health; Winter Warmth (Libraries); Oil heating costs support
Domestic Abuse services (Tackling Wider Issues)	Residents Support Scheme; Period Poverty signposting in libraries

Governance and Reporting

28. Cabinet delegated authority to agree new areas of CRF expenditure to the Director of Public Affairs, Policy & Partnerships, in consultation with the Cabinet Member for Public Health and Inequalities. DWP requires an annual delivery plan and six-monthly management information returns.

29. To strengthen join-up with the Board's prevention agenda, it is proposed that the Cost of Living programme reports to the Health Improvement Board six-monthly, alongside its DWP reporting cycle, covering take-up, outcomes and emerging need – particularly among groups with the poorest health outcomes. An appropriate dataset can be agreed with Public Health colleagues to show how the Cost of Living programme addresses health inequalities.

Budgetary implications

30. There are no new budgetary implications for the Health Improvement Board arising from this report. The Cost of Living programme is funded through the government's Crisis and Resilience Fund (£4.82 million p.a., plus £440,000 in 2026-27) and the council's existing £300,000 recurrent budget provision for advice services. Appendix One shows a full break down of the Cost of Living programme budget form 2026-29.

Legal implications

31. The Crisis and Resilience Fund has been provided to local authorities to support low-income households dealing with a financial shock, and the development of individual and community financial resilience. Whilst the funding is subject to its own grant conditions, local authorities have a wide discretion on how the funding is used, provided it is within the scope of the Guidance (which sets out the Fund's objectives and Key Principles) and the Grant Determination.

32. The Guidance explains local authorities can use the funds to deliver support using specific statutory powers, such as s17 Children Act 1989, s18 / 20 Care Act 2014, or s2B National Health Service Act 2006, in accordance with those provisions. However, if the funds are used when the Authority is exercising its discretion under s1 Localism Act 2011, payments fall within the definition of Public Funds and those subject to No Recourse to Public Funds (NRPF) are ineligible for support.

Equalities implications

33. The Cost of Living programme supports positive interventions in respect of residents and households likely to experience worse outcomes than the average. To this extent, it has a positive impact in respect of equalities. However in the Cabinet report referenced above, the programme has committed to undertaking a full Equalities Impact Assessment which will identify whether there are groups who are missing out from the benefits of this work.

Sustainability implications

34. There are no significant impacts in respect of environmental sustainability in this programme. The programme supports the Better Housing Better Health work, which provides advice and financial support to residents on energy use and energy efficiency measures. Funding for the Food Infrastructure work includes the development of sustainable approaches to food support.

Risk Management

35. The main risk from a health perspective is uneven take-up, particularly given that Free School Meals holiday support to all eligible households, previously the largest single area of spend, has come to an end under CRF rules, with the Family Hub programme and an expanded Holiday Activities and Food (HAF) programme intended to provide alternative, more targeted support. The Board may wish to monitor whether this transition affects families it is already working with through its Healthy Weight and Good Start in Life work.

36. The council's 2025 Residents' Survey found people with a disability or infirmity are more likely to report worsening finances than those without; monitoring of Residents Support Scheme take-up by these groups will be a priority for the programme, and the Board is well placed to advise on appropriate channels for reaching them.

Communications

37. Consultation undertaken in Autumn 2025 found residents prioritised support for families with young children, older people, carers, people with disabilities, and those with mental and physical health needs. Stakeholders called for 'wrap-around support,' integrating food aid with budgeting, mental health and employment advice, seen as key to reducing stigma and improving uptake, and for cooking skills and community kitchen provision.

38. These themes are reflected directly in the 2026-29 programme design: cooking skills will be delivered through the food infrastructure project, and wrap-around support is built into the Community Larders and Food Co-operatives offer.

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Appendix One – Cost of Living programme budget 2026-29

1. The cost of living programme for 2026-27 comprises CRF funding from government of £4.82 million, an additional CRF award of £440,000 to support people using oil for heating, and council budget provision for advice services of £300,000, totalling £5.56 million per annum. For 2027-28 and 2028-29, after the support for oil heating drops out, it will be £5.12 million. Table 3 below sets out the proposed expenditure agreed by Cabinet for the 2026-29 programme.

Table 2 . Cost of Living expenditure

Area of Expenditure	2026/27	2027/28	2028/29
CRISIS SUPPORT			
Residents Support Scheme	£1,850,000	£1,850,000	£1,850,000
Healthy Snacks in School	£100,000	£100,000	£100,000
Hospital Discharge	£15,000	£15,000	£15,000
Period Poverty	£15,000	£15,000	£15,000
Better Housing Better Health	£25,000	£25,000	£25,000
Migrant Food	£25,000	£25,000	£25,000
Oil heating costs	£440,000		
RESILIENCE SERVICES			
Advice Services	£300,000	£300,000	£300,000
LIFT	£140,000	£140,000	£140,000
HAF Programme	£500,000	£500,000	£500,000
Food Co-operatives	£88,000	£97,000	£102,000
Living Essentials Grants	£115,000	£116,000	£117,000
COMMUNITY CO-ORDINATION			
Local Co-ordination	£180,000	£180,000	£180,000
Hygiene Essentials	£60,000	£50,000	£40,000
Food infrastructure	£50,000	£50,000	£50,000
Winter Warmth (Libraries)	£1,500	£1,500	£1,500
MIX OF ACTIVITY			
Support for Early Years	£250,000	£250,000	£250,000
District Delegations	£500,000	£500,000	£500,000
Family Hub Programme	£500,000	£500,000	£500,000
Community larders	£150,000	£150,000	£150,000
OTHER			
In-year expenditure	£75,500	£75,500	£79,500
Admin	£180,000	£180,000	£180,000
TOTALS	£5,560,000	£5,120,000	£5,120,000