West Sussex Joint Health and Wellbeing Strategy 2019 - 2024

Cost of Living Pressures Addendum

Health and Wellbeing Board

Start Well, Live Well, Age Well:

West Sussex Joint Health and Wellbeing Strategy
2019 - 2024

1. Background and Context

In July 2022, the Director of Public Health (DPH) provided an update to the West Sussex Health and Wellbeing Board (HWB) on the Board's Joint Health and Wellbeing Strategy 2019-2024 (JHWS), including the impact of COVID-19 and health inequalities, the role of the HWB, and the development and implementation of the Integrated Care System (ICS) for Sussex and how it will interface with HWBs to identify priorities for each place within the ICS. In discussion, Board members highlighted that the JHWS required an update with respect to emerging cost of living pressures.

In November 2022, a proposed strategic approach and principles to tackle the cost of living pressures countywide, were developed and recommended to the HWB for inclusion as an addendum in the JHWS. This was approved by the Board, and the final cost of living pressures addendum is presented here.

2. Purpose

The purpose of this addendum is to describe the high-level collaborative approach to tackling cost of living pressures across West Sussex and addressing some potential negative impacts on our local population's health and wellbeing. It includes a review of evidence (as at November 2022), containing citations numbered one to twenty, which are described at the end of this document.

This addendum:

- Describes cost of living pressures as they relate to our local population
- Considers the high level potential impacts to our population's health and wellbeing
- Describes the approach and principles to address the cost of living pressures locally

3. Cost of living pressures

What are cost of living pressures?

Cost of living pressures can be defined as the fall in 'real' disposable income (primarily earnings, pensions and benefit entitlements) that the UK has experienced since late 2021. Predominantly it is being caused by high inflation outstripping wage and benefit increases [1].

In September 2022, the Office for National Statistics (ONS) reported that 87% of adults in Great Britain reported that their cost of living had increased over the past month [2]. The key drivers for this were an increase in the price of groceries (95%), the price of gas and/or electricity bills (78%) and the cost of fuel (71%) [2].

What impact are these pressures having?

Cost of living pressures are likely pushing more people into poverty. The government's current Energy Price Guarantee protects customers from increases in energy costs by limiting the amount suppliers can charge per unit of energy used. It currently brings a typical household energy bill in England down to around £2,500 per year for dual-fuel gas and electricity. However, this is approximately double the cost that households were paying in winter 2021. Indeed, the latest ONS survey data monitoring the cost of living found that half (48%) of adults surveyed were currently finding it very or somewhat difficult to afford their energy bills [2].

Even with the guarantee in place, it is estimated that rising energy costs alone will push 1.3 million additional people into poverty nationally [3].

Who is affected?

National data shows that whilst cost of living pressures are impacting the majority of people, some population groups are disproportionately impacted. Further ONS survey data indicates that people who are disabled or living in the most deprived quintile of areas in England were more likely than other groups to report reducing spending on food and other essentials. Additionally, people aged between 55 and 74 years were more likely to have reduced their energy use compared to those in other age groups and older groups were more likely to report an increase in living expenses than younger groups [4], [5]. Analysis from the New Economics Foundation reported that ethnic minority groups and low income families with children were likely to be disproportionately impacted by the rising cost of living [6].

4. Poverty in West Sussex

There is a wealth of data (evidence) available to understand which communities are at greater risk from cost of living pressures which can be used to understand how this situation is impacting our communities going forwards. Much of this data is available at Upper Tier Local Authority (UTLA) level (County Council), Lower Tier Local Authority (LTLA) level (district and borough councils), with some also available at small area level (Lower Layer Super Output Area (LSOA)).

Overall West Sussex is a relatively affluent area; however county-wide data masks significant inequalities. Adur, Worthing, Crawley and Arun have neighbourhoods in the 30% most deprived in England, with Arun and parts of Crawley having some neighbourhoods in the 10% most deprived in England. West Sussex also has a much older population than average. As outlined in section three, these are some of the groups that are likely to be disproportionately impacted by the increasing cost of living.

Analysis has been undertaken on a range of key measures to identify which communities in West Sussex may be at greatest risk from the effects of cost of living pressures. The findings of this analysis include:

- The proportion of people living in most deprived quintile in England by income (IMD, 2019)- 3.3% of people in West Sussex, increasing to 9.3% in Adur.
- Unemployment benefit claimants (JSA/UC, August 2022)- 2.8% of people in West Sussex, increasing to 4.1% in Crawley.
- Proportion of households living in fuel poverty (2020)- 8.2% in West Sussex, increasing to 9.4% in Worthing.
- Personal debt per head (2021)- £604.80 per head in West Sussex, increasing to £748 in Crawley.
- Children in absolute low-income families (2020)- 12% in West Sussex, increasing to 17.3% in Crawley.

Where data are updated regularly (e.g. benefits data), these will be monitored to understand how cost of living pressures may be affecting some of these measures.

A risk index tool is also in development at small area level (Lower Layer Super Output Areas (LSOAs)) to enable us to target our response, based on indicators that the ONS have suggested

will contribute to people struggling more with the cost of living. This includes income, education, health and disability, fuel poverty, age and dependent children.

5. A review of the evidence: Poverty and health

What does the evidence tell us?

Locally, we undertook a review of systematic reviews and institutional reports that consider the potential health and wellbeing impacts of poverty through its effects on food, fuel, housing, finance, employment and service impacts. Key points of the review are highlighted below, followed by summaries for each topic area.

Key points:

- For some health impacts, it is generally accepted that a two way relationship exists between a factor and a health outcome (e.g. homelessness and poor mental health) [7]
- It is challenging to attribute causality between poverty and health. However, there is a substantial body of evidence consistently highlighting these associations.
- Therefore, the evidence is sufficient to suggest we should monitor these as markers of the health of our population related to poverty.

5.1 Food insecurity

- Insufficient income can lead to food insecurity which may result in an increase in behavioural problems, poorer academic function and poorer mental health in children and young people [8].
- Evidence suggests food insecurity also impacts the cognitive function and mental health of adults via stress, anxiety and depression [9].
- Additionally, food insecurity reduces access to sufficient and/or nutritious food, which may reduce the proportion of children, young people and adults who maintain a healthy weight [10], [11].

5.2 Fuel poverty

Cost of living pressures are likely to increase the proportion of households experiencing fuel poverty.

- Fuel poverty may result in a colder, damper home environment, which may increase the prevalence of asthma in children and young people [12]. Cold temperatures can affect the normal protective function of the respiratory tract, which may increase the risk of respiratory infections and exacerbation of existing respiratory issues, such as COPD [12].
- Living in cold homes can result in raised blood pressure and increased blood viscosity, which can increase the risk of stroke and heart attacks [13].
- Living in cold and damp conditions may also increase the risk of arthritic symptoms, impacting on strength and dexterity, which can lead to falls in older or more frail groups [12].
- The drivers behind excess winter deaths are complex, but it is estimated that 10% of excess winter deaths are directly attributable to fuel poverty and 21.5% are attributable to cold homes [14].
- There is also evidence that links living in a cold home to multiple mental health risks in children, young people and adults [14].

5.3 Finance and debt

- Insufficient income may lead to some people taking on unsecured personal debt.
- Evidence suggests a significant relationship between debt and a range of mental health impacts, including depression, suicidal behaviours and substance misuse [15]. There is a bi-directional relationship between debt and poor mental health [15].

5.4 Employment and income

- Increasing rates of unemployment may be a longer-term effect of cost of living pressures. Unemployment is associated with a range of adverse physical and mental health impacts [16].
- Impacts include lower healthy life expectancy, poorer self-rated health and poorer mental health [16].
- These impacts appear to be more pronounced in men, in people unemployed due to health issues and the impacts appear to increase as the duration of unemployment increases [16].
- Strong social networks may moderate the effect of unemployment on health [16]. However evidence also highlights that poor health can lead to unemployment, so the relationship may be bi-directional [16].

5.5 Housing and homelessness

Homelessness may be a longer-term impact of cost of living pressures. Homelessness is associated with significant health impacts including:

- People experiencing homelessness are more likely to report having a long-term condition and diagnosed mental health condition compared to the general population [17].
- There is a higher prevalence of substance misuse amongst people experiencing homelessness [17] - although it should be noted that these measures of health can be a cause as well as a consequence of homelessness [17].
- There is also an increased risk of infectious diseases, such as tuberculosis (TB), human immunodeficiency virus (HIV) and Hepatitis C in homeless groups compared to the general population [17].

5.6 Service impacts

- Many of the health impacts noted are likely to increase demand for health and care services, for example hospital admission rates due to respiratory illness exacerbations and falls, alongside increases in demand for mental health services.
- The cost of delivering public service provision will increase, putting pressure on budgets [18].
- There may also be indirect impacts of cost of living pressures on service delivery due to health and social care workforce impacts, such as staff wellbeing and morale, retention and recruitment issues, as well as the increased cost of health and social care provision [18].
- An important longer-term impact could be an increased number of children taken into care, as poverty has been associated with an increased risk of children being taken into care. A recent study found that every 1% increase in child poverty was associated with an additional five children entering care per 100,000 children, after controlling for employment rates [19]. This is an important consequence not least as there are significant adverse, and long-term health and wellbeing outcomes associated in care experienced groups [19].

5.7 Causality and Monitoring

The evidence of impact available is largely observational; we cannot with confidence prove that the effects of having insufficient income to meet basic needs is a direct cause of health and wellbeing impacts. However, the evidence is sufficient to suggest we should consider monitoring these as markers of the health of our population related to poverty.

6. Approach and principles

While the UK Government is addressing the rising cost of living through fiscal and other measures, there are actions which Health and Wellbeing Board members and their organisations, and other local organisations, can take by working collaboratively to address some of the potential negative impacts on our local population's health.

As we continue to develop our response to the cost of living pressures, we will work to the following four key principles:

I. Optimise our use of data and intelligence

We will make best use of the quantitative data available to understand how the pressures are impacting our local population, which groups may be disproportionately impacted and to guide and target the response. We will do this by monitoring key metrics, for example fuel poverty and benefits uptake. We will share intelligence, where possible, across partner organisations to support a coordinated response and collaborative local plans.

II. Utilise community insight

Whilst quantitative data and intelligence is essential to understand the impacts of the cost of living pressures and to support in targeting resource, community insight will provide valuable insight to develop our response. Insight from partners delivering services and engagement with residents will enable us to understand our communities' experiences of cost of living pressures as well as their experience of any support they are accessing. This will help us to understand key issues and to adapt our response accordingly over time.

III. Work in partnership as anchor institutions

We will work in partnership across the health and care system to avoid duplication, reduce gaps in provision and widely promote cross-organisational support available to residents and staff to address some of the potential negative impacts of cost of living pressures on our local population. Staff across the health and care system come into contact with a vast number of local residents on a daily basis and can support by identifying those at risk of poverty and signpost to services that may offer support. A key action here will be to ensure consistent communications across health and wellbeing partners, including the Community and Voluntary Sector (CVS).

Additionally, board member organisations are anchor institutions, which have significant assets that can be used to support the health and wellbeing of the local population and reduce inequalities [20]. This may be through maximising social value through procurement, high quality employment, professional development, buildings and land use [20]. We will support the wellbeing of staff working across the system who, like many of our population, will be feeling the impacts of cost of living pressures.

IV. Maximise the benefit of existing services and schemes

We will ensure that existing services are widely promoted, accessible and optimised to maximise the benefit, ensuring that they reach those that need support the most.

Within West Sussex, there are already a wide range of services and schemes available to support local residents who require help with basic needs, such as food, fuel, housing, as well support for people who are unemployed. These services and schemes have been mapped and consideration is being given to maximise their impact.

There are three key approaches to this:

- Ensuring existing services are widely promoted in the context of cost of living pressures to ensure residents know where and how to access the various forms of support, for example through West Sussex County Council's Cost of living web pages.
- Low-cost and feasible adaptations are being made to existing services to improve the offer, for example providing hygiene packs in Libraries. Existing public-facing teams are providing cost of living literature and signposting clients to sources of support.
- Consideration is being given to what more intensive changes could be made to improve existing services.

We will endeavour to maximise the impact of collaborative action by using existing and emerging evidence of effectiveness and what works to guide action as well as targeting any additional resource. Any additional resource will be targeted to areas or groups in greatest need of support. The data and intelligence available will guide appropriate allocation.

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