

Tackling the cost of living crisis and impacts on health and wellbeing: Key actions health and care policy makers, commissioners and provider organisations can take

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The ongoing cost of living crisis is having a significant impact on health and wellbeing with particularly acute challenges being faced by groups who already experience health inequalities. It is also impacting on people's experiences of health and care services and on voluntary, community and faith organisations who provide support for people's health and wellbeing.

Insights into the impact of the cost-of-living crisis

Poverty and health are closely linked. People living in poverty are more likely to be living in poor health¹². The opposite is also true - lack of support for people living with ill health and disability can make people poor. The cost of living crisis is already making it harder for people to access the things they need to help them stay healthy and live well, for example:

- Many people on low incomes will struggle to **eat a healthy and balanced diet**, especially those with specific dietary needs. Research shows that to afford the Government's EatWell plate, people in the poorest households would have to spend 75% of their disposable income on food³.
- We are hearing that the cost of living crisis is making it **harder for people to leave their home** because they can't afford leisure and social activities, with HW Alliance members hearing some people describing this as "*another lockdown*".
- **Many people living with a disability or long-term condition already face additional costs**, including for energy for medical devices, for health sundries such as continence products, for the cost of transport and more. A recent study by MS Society showed that 23% of people with MS were worried about affording medication, therapies or treatments⁴. Recent research by Bliss showed additional household costs for people with a baby in neonatal care was £405 per week⁵. These additional costs are exacerbated by the cost of living crisis.
- The health impacts of **living in a cold home**, particularly for older people and people with long term conditions. A recent study by Sense and NatCen

¹ <https://www.mentalhealth.org.uk/explore-mental-health/mental-health-statistics/poverty-statistics>

² https://www.health.org.uk/evidence-hub/money-and-resources/poverty?gclid=CjwKCAiAoL6eBhA3EiwAXDom5vLd9lJu3EEk2U59e8tGW8vTtaMX2mKBvA0iUZcsPOY7WJOLFz7ccxoC63cQAvD_BwE

³ <https://foodfoundation.org.uk/publication/affordability-uks-eatwell-guide>

⁴ https://www.mssociety.org.uk/sites/default/files/2022-09/MS_REPORT2022_84pp_DIGITAL.pdf

⁵ <https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/images/Bliss-cost-of-living-impact.pdf>

showed that 24% of people with complex disabilities were unable to keep their home adequately warm⁶.

Impact on the health and care system, and people who use it

The cost of living crisis means more people are likely to experience poverty. A Resolution Foundation analysis of the Spring Statement 2022 estimated that 1.3 million people would fall into absolute poverty by 2023, including 500,000 children⁷. The health and care system will need to change how it operates to meet the health and wellbeing needs of this shifting demographic. For example:

- **Mental health services have already seen a huge increase in demand.** Insight from the voluntary sector shows a spike in demand. For example, Samaritans report that in August and September 2022, over 1 in 14 calls for help were about concerns related to finance and employment, compared to roughly 1 in 16 in 2021.
- Many people who have a **terminal illness or are on a waiting list for elective care who are unable to work** may be forced to make difficult decisions to make ends meet. Research by Versus Arthritis found that nearly two thirds of people with arthritis or a musculoskeletal condition, whose surgery had been delayed or cancelled due to COVID-19, said they were living in pain because they can't afford the treatments they need⁸.
- Members of the HW Alliance have heard that some **carers have already had to cut down on respite care** meaning that they have less breaks, which is likely to be bad for their health.
- We heard that some people **may not use medical devices because of affordability**. For example, in a short survey by Bliss, 2 of 24 respondents whose babies required at home medical devices had stopped using the equipment due to energy price increases, while half of respondents reported concerns that this may impact them in the future⁹.
- Members of the HW Alliance have heard about some people having to **cut back on medical resources**, such as incontinence pads, due to higher costs.
- HW Alliance member – the National LGBT Partnership – highlighted that many **transgender people already fund their own care** because of the long waiting lists for NHS care, but private care is likely to become unaffordable for many people. They fear that if the situation worsens, this is likely to put those affected at greater risk of poor mental health and suicide. They report that

⁶ <https://www.sense.org.uk/get-involved/campaign/cost-of-living/complex-disabilities-and-the-cost-of-living-research/complex-disabilities-cost-of-living-sense-natcen-research-briefing/>

⁷ <https://www.resolutionfoundation.org/app/uploads/2022/03/Inflation-nation.pdf>

⁸ <https://www.versusarthritis.org/news/2021/september/hidden-cost-of-covid-19-bbc-panorama-nhs-wait-or-pay/>

⁹ <https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/images/Bliss-cost-of-living-impact.pdf>

many transgender people already go without food or other living expenses to afford transition care, which will likely increase due to the cost of living crisis.

Key actions health and care policy makers, commissioners and provider organisations can take

While the cost of living crisis is clearly a wider social and economic issue, there are some actions decision makers in health and care can take to mitigate the impact on people's health and wellbeing. These include:

1. Understand the scale and nature of the cost of living crisis on people using health and care

Take proactive steps to engage with people who are impacted in your area of work. The impacts will be different for every individual, across every community and condition. Some voluntary sector organisations may be able to provide you with data and insight on the type and nature of requests for support they are receiving.

2. Adapt and reconfigure services to better suit the needs of people impacted by the cost of living crisis

This might include offering flexible appointments around people's working commitments or caring responsibilities. It could also include prioritising people with low incomes for appointments which fall during off-peak travel times or offering a choice between phone or in-person appointments where transport is an issue.

3. Ensure advice, support and treatment given to people takes into account their financial situation

This includes ensuring staff routinely check about energy costs for running medical equipment, the affordability of food for people receiving dietary advice, the ability to afford physiotherapy to manage pain and much more. It's important to note the disability employment gap which means that 53% of disabled adults are employed, compared to 81% of non-disabled people, and the wider impacts of this on disabled people's income and wellbeing¹⁰. It is also important to consider and respond to the mental health needs of people who are experiencing financial hardship.

4. Ensure staff using health and care services know what support is available to people impacted by the cost of living crisis

This might include information on benefits, council tax energy rebates, fuel payments, free prescriptions, support through the [NHS Low Income Scheme](#), non-emergency patient transport services or information about voluntary sector organisations who provide support around for poverty and debt such as food banks, Citizens Advice, debt charities and others.

¹⁰<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2021#employment>

5. Work with the voluntary sector to stand-up support systems and networks established during the pandemic

The cost of living crisis requires a whole system response, which is reliant on good communication and partnership working. Working with the voluntary sector, invest in a healthy eco-system of community-based support – social prescribing, peer support, multi-disciplinary hubs and advocacy. By working with the voluntary sector, you can provide wraparound support that responds to the social and emotional needs of people accessing your service, making a real difference to their long-term health and outcomes.

6. Track and urgently take action to mitigate the long term impacts of the cost of living crisis

Recognise that the impacts of the cost of living crisis are likely to be long term and significant, for example, the malnutrition children could experience are likely to affect them for their whole lives and the long term mental health impacts of financial hardship and loneliness¹¹. Take steps to identify this and make early interventions.

What voluntary and community sector organisations are doing

The voluntary and community sector already provides vital services and stands ready to provide further support. Some examples of this include:

- **Delivering services to address immediate health and wellbeing impacts** such as:
 - “Warm banks” where people who cannot afford to heat their homes can warm up for free.
 - Faith groups providing warmth and food such as Gurdwaras who have a practice of ‘Langar’ where food is given for free to all members of the community.
 - Food banks to tackle hunger and sometimes also loneliness and isolation.
- Providing **direct financial support and emergency grants** such as:
 - [Motor Neurone Disease Association’s financial support grants](#) to people affected by the condition.
 - The [Sense Cost of Living Fund](#) for disabled children and adults with complex disabilities.
- Supporting people who are discharged from hospital to **reduce cost of living related readmissions**. More hospital discharge services are being commissioned and there is an expectation that the readmission rate will be higher due to cost of living impacts. For example, the British Red Cross are

¹¹ <https://www.gov.uk/government/publications/mental-health-and-loneliness-the-relationship-across-life-stages/mental-health-and-loneliness-the-relationship-across-life-stages#chap3>

giving extra blankets, hot water bottles, and socks to help people keep warm when they return home.

The cost of living crisis and the voluntary sector

While voluntary and community sector organisations are ready and willing to support, we are also not immune to the effects of the cost of living crisis. We hear that:

- Many charities are already seeing an **increased demand** for their services. As just one example, Age UK has seen a nearly 40% increase in calls about older people's benefits.
- At the same time, **running costs for charities are rising**. One local carer organisation highlighted to us that their energy bills were more than quadrupling from £7,000 to £30,000 a year.
- **People working within the voluntary sector are understandably anxious for themselves and their loved ones** – times are tough and the sector is on the front line in supporting people with their wellbeing.
- Many charities will **struggle to compete in the job market**, as potential employees may opt for better paid and more secure roles than are the norm in the charity sector, due to funding constraints.

This is further compounded by the reduced reserves many charities have as a result of the financial shocks of the Covid pandemic. Ultimately many VCSE organisations will struggle, and some will be unable to survive this latest crisis.