

SUNDERLAND HEALTH AND WELLBEING BOARD

9 December 2022

COST OF LIVING CRISIS – IMPACT ON HEALTH

Report of the Executive Director of Health, Housing and Communities

1. Purpose of the Report

- 1.1 To provide an update on the impact of the cost of living crisis on health and provide an opportunity for the Board to make recommendations on action to mitigate the impacts on Sunderland's residents.

2. Background

- 2.1 The cost of living crisis is expected to negatively impact on the populations health and wellbeing and widen health inequalities.ⁱ
- 2.2 A recent Marmot review around fuel poverty, cold homes and inequalities highlighted that thousand will die and millions of children will suffer from 'humanitarian crisis' of fuel poverty with thousands of lives lost and millions of children's development blightedⁱⁱ. The review highlighted that *'Warm homes, nutritious food and a stable job are vital building blocks for health. In addition to the effect of cold homes on mental and physical illness, living on a low income does much damage. If we are constantly worrying about making ends meet it puts a strain on our bodies, resulting in increased stress, with effects on the heart and blood vessels and a disordered immune system. This type of living environment will mean thousands of people will die earlier than they should, and, in addition to lung damage in children, the toxic stress can permanently affect their brain development.'*ⁱⁱⁱ
- 2.3 Cost of living is now considered to be at crisis point due to the national and international issues in relation to food and fuel which have led to significant inflationary pressure. The rising cost of living means that many of our residents are making difficult decisions that will impact directly on their long-term health and wellbeing outcomes. Many of our residents are unable to afford essentials to maintain their health which brings increased stress and anxiety as people try to make ends meet.
- 2.4 Prior to the Covid-19 pandemic, many residents were in financial difficulty due to changes in benefits, unemployment and low paid employment. The position was eased for some during the pandemic with additional support being made available and some temporary arrangements in relations to sanctions, however, the pandemic brought challenges for residents who were previously financially stable, many of whom haven't yet recovered.
- 2.5 Estimates suggest that approximately 50,000 households across the city that receive DWP Means-Tested Benefits or HMRC Tax Credits may be particularly vulnerable to rises in living costs, with some people facing extreme hardship. These lower income

households including many families and single people are most at risk from a higher cost of living because they have less money to spend in the first place, and increases in costs from energy, food and fuel represent a greater share of those existing levels of spend. As inflationary pressures increase over the coming months, we may also see increasing financial difficulties for many other low to moderate income households who had previously been able to afford the essentials, falling into hardship.

3. Impact of the cost of living crisis on health

- 3.1 We have known for several years that there is a large discrepancy in life expectancy and healthy life expectancy depending on individual wealth based upon the area that people live. The average life expectancy at birth has improved in Sunderland over a number of years, however, the city continues to lag behind the England position and the people of Sunderland live, on average, shorter lives than the England average^{iv}. Residents live, on average, a greater part of their lives with illness or disability which limits their daily activities. Life expectancy at birth for males in Sunderland is 76.6 for 2018-20, compared with 77.6 for the Northeast and 79.4 for England. Life expectancy at birth for females in Sunderland is 80.9 for 2018-20, compared with 81.5 for the Northeast and 83.1 for England. The gap between healthy life expectancy for Sunderland and for England has widened for both males and females between 2017-2019 and 2018-20 from 5.7 years for males up to 7 years and for females from 6.2 years to 7 years.
- 3.2 There are several ways that the rising cost of living can affect people's health. Being unable to keep a home warm leaves people at risk of developing respiratory diseases and, for the most vulnerable, at risk of death^v. Increased poor health may also place greater strain on health services, which are already experiencing severe pressures that are set to get even worse over winter.
- 3.2.1 **Income** - Low income (in work and out of work) households are particularly vulnerable to changes in the cost of living and social exclusion and increased health risks of poverty.^{vi} Constantly worrying about having enough money to pay bills or buy food can also lead to stress, anxiety and depression and higher costs will also increase the risk of more people falling into debt. Low income families in work face unique challenges in accessing support as these parents, guardians and carers are more likely to work long and / or unsociable hours, making it difficult for them to attend food banks, advice centres, or welfare appointments. The increase in energy and food prices will mean many more people will now need help, and people on low to moderate incomes are the least able to manage the impacts of this cost of living crisis.

Within Sunderland:

- Average full-time earnings for workers (2021) who are Sunderland residents is £483.80 per week; this is below the average for the Northeast (£546.80) and Great Britain (£613.10)^{vii}
- The percentage of out of work benefit claimants aged 16-64 in Sunderland in May 2022 was 4.9%, which is higher than the Northeast figure of 4.3% and the national figure of 3.9%^{viii} and levels of people classed as economically

inactive (not in work or claiming benefits) has increased significantly since start of the pandemic

3.2.2 **Child poverty** – Socio-economic disadvantages can lead to wider health inequalities and are one of the primary risk factors linked to many maternal and infant health outcomes. 30.8% of children are living in low income (relative measure) families in Sunderland compared to 18.7% nationally.^{ix}

Across the city there are large differences:

- In Fulwell 13% of children are living in low income families
- In Hendon 42% of children are living in low income families

3.2.3 **Food Poverty** - Sunderland Foodbank (SFB) consists of 8 sites across Sunderland. In addition, there are at least another 30 independent food banks and food aid providers working in the city, providing a range of support to people experiencing food crisis due to financial hardship or at risk of food insecurity. The Trussell Trust has identified several drivers of food insecurity and food bank use, including ongoing low incomes, high housing costs, and changes to the welfare benefit system. People in debt are particularly at risk, as are increasingly those in low-paid, insecure work, and those experiencing long-term health problems.^{iv}

The figures below show the number of parcels and people supported by Sunderland Food Bank and the independent food banks who shared their data with us. The data shows that between 2019/20 and 2020/21 the number of people seeking support from food banks increased by 82% (from 10,809 to 19,674) with many more again being helped by the other food aid providers. Trends are again showing a further increase in foodbank usage this year after a local / national reduction last year – with many foodbanks now reporting significant problems with donation levels.

Food aid	2019-2020	2020-21	2021-22	2022-23 (projected)*
Number of parcels distributed	5780	10,481	8,296	11,290
Number of people reported as being supported	10809	19,674	19,397	26,826

Although there was a significant growth in provision during the period the initial increase was partially explained by the council receiving more food bank figures.

3.2.4 **Fuel Poverty** - Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups; furthermore, studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing.^x

- 14.6% of households in Sunderland are living in fuel poverty (Low Income, Low Energy Efficiency methodology) 2020, this is above the Northeast (14.4%) and England (13.2%) average. These figures however pre-date the ongoing increases in utility prices and the position is likely to worsen in the

future. The new measure also discounts people living in energy efficient homes but that cannot afford to put their heating on due to low income

3.2.5 Illness in relation to poor housing - The effects of inadequate housing on health can be both direct and indirect, for example, high accommodation costs reduce the disposable income available to spend on things that promote good health. Damp, cold and mouldy housing is associated with higher prevalence and exacerbation of asthma as well as other chronic respiratory symptoms. In addition, cold housing is associated with exacerbating circulatory and cardiovascular conditions. Housing issues that influence mental health include affordability of housing and unsuitable housing conditions.^{xi}

Within Sunderland:

- Hospital admissions for asthma (under 19 years) 2020/21 were 121 per 100,000, higher than the England average (74.2 per 100,000)
- Emergency hospital admissions for COPD 2019/20 were 775 per 100,000, higher than the England average (415.1 per 100,000)
- Under 75 mortality rate from respiratory disease 2020, 42 per 100,000, higher than the England average (29.4 per 100,000)
- Under 75 mortality rate from cardiovascular diseases considered preventable 2020, Sunderland was 36 per 100,000, higher than England 29.6 per 100,000

3.2.6 Injury related to poor housing - Poor quality and overcrowded housing is associated with increased prevalence of injury, which may be particularly risk for young children and older people. NICE recognises that living conditions are an important factor in preventing unintentional injuries in children.^{xii}

Within Sunderland:

- Emergency hospital admissions due to falls in people aged 65 and over 2021 in Sunderland was 3164 per 100,000 higher than England of 2023 per 100,000
- Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4) 2020/21 153 per 100,000 higher than England 108.7 per 100,000

3.2.7 Food insecurity in families with infants under 12 months – the impact of the cost of living crisis, including the rising cost of food and infant formula, is leading to an increasing number of families experiencing food insecurity. Infants under the age of six months should only receive breast milk or infant formula as their sole source of nutrition, after which foods can be introduced alongside this. Cow's milk/milk alternatives should not be used as a drink until an infant is 12 months old. Regionally health visiting services have identified examples of families diluting infant formula to make it last longer, a greater number of families using hungry baby formula (this is harder for babies to digest) and there is concern that an increasing number of babies will start to be weaned off infant milk and introduced to food and other milk sources earlier than they should be due to cost, which can be harmful to health.

In response to this UNICEF UK Baby Friendly Initiative, First Steps Nutrition Trust and the National Infant Feeding Network (NIFN) have updated guidance for local authorities and health services to support families with infants under 12 months experiencing food insecurity, based on the key principles of *duty of care*, *provision*

of infant feeding support (which includes the promotion and support of breastfeeding and compliance with the World Health Assembly International Code of Marketing of Breastmilk Substitutes) and the *development of pathways of wraparound care*.

Work is underway in Sunderland to establish an integrated pathway of support across the local authority and health services, in line with the guidance, and to understand cost implications. It is anticipated this will primarily be a 'cash first approach' to support families in crisis, alongside encouraging and supporting breastfeeding and ensuring those eligible for Healthy Start access the scheme, which will partly contribute to covering the cost of infant formula.

4. Summary of support to local people to mitigate the impact of the Cost of Living Crisis

4.1 The Cost of Living Crisis Council Task Group, chaired by Executive Director Health, Housing and Communities, held its inaugural meeting in June 2022. Membership of the group comprises of leads from relevant key areas, the group meets monthly. The leads have oversight on the following themes: housing and homelessness, digital inclusion, learning and skills, health and wellbeing including food poverty, early help / safeguarding (children), early help / safeguarding (adults), financial resilience including fuel poverty, human resources including staff wellbeing, information, advice and guidance, communication (internal and external) and lived experience.

4.2 Key activities underway are:

- Sunderland Cost of Living Strategy with a strategic action plan to manage short, medium and long term activity is being developed
- A Cost of Living Support Hub via the council website for residents and via an internal support hub council staff has been launched
- Producing a Fuel Poverty Plan – from advice, education and support to funding and assistance
- Agreed an interim partnership with Utilita to deliver a boiler replacement “safety net” for those in crisis with no working boiler, also exploring ECO Flex 4 and option
- Utilising the brand, we already use in Sunderland to engage with residents “Let’s Talk Cost of Living” to understand lived experience around cost of living
- Fifty-five warm spaces across the city are working in partnership with voluntary and community sector and other city partners
- Engaging with residents and creating additional capacity via the warm spaces to deliver more activities within communities to support health, wellbeing and resilience and grow the social prescribing offer
- Launching a volunteer recruitment campaign – linking to warm spaces
- Setting up a hub in each of the 5 localities of Sunderland through the ‘Bread and Butter Thing’ (TBBT). This scheme provides weekly groceries at a fraction of the cost of supermarket prices through a weekly membership scheme. The first venue (Salvation Army, Southwick) will go live early December.

- Increasing the free training offer via the Sunderland Health Champion Programme to include Making Every Contact Count, Financial Resilience and Emotional Health and Resilience
- Continuing to provide housing advice and support to residents
- Eviction prevention support services for those facing eviction due to rent arrears
- Deliver a package of financial support measures to assist our most vulnerable residents; such as Discretionary Housing Payment, Welfare Assistance Scheme and Disabled Facilities Grants
- Establishing an offer and pathway to support families with infants under 12 months experiencing food insecurity
- Work with our Registered Providers to establish the true cost of poverty for both tenants and housing associations and collaborate on solutions to mitigate the effects on them
- Population health management approach to help identify those households who are most vulnerable

4.3 There is also a Sunderland Partnership Task Force which is citywide and was launched in September 2022. The group is chaired by the Chief Executive of Sunderland City Council and has membership from key partners including Gentoo, South Tyneside and Sunderland FT, University of Sunderland, Integrated Care Board, Sunderland College, Northumbria Police, Sunderland Football Club and Department for Work and Pensions.

4.4 The Sunderland Partnership Task Force aims to:

- Establish a strong alliance to support the residents of Sunderland
- Understand and share insight from customers
- Work together to understand what all partners are offering and to mitigate any gaps in the offerings available

4.5 A Health Response Group has also been set up which includes colleagues from the Integrated Care Board, South Tyneside and Sunderland NHS Foundation Trust (STSFT), Sunderland GP Alliance and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW). The Group have discussed initiatives to support patients and staff and each healthcare organisation provides updates on the activities they are undertaking, some of which are:

- Upskilling social prescribers with training on debt, fuel poverty and looking to post the teams in warm spaces
- Supporting general practices in Sunderland to identify patients who are clinically vulnerable and require additional support, providing patient information leaflets to provide key information, liaising with local foodbanks regarding access to foodbank vouchers, providing food drop-off points from practice premises, supporting patients to register on the Priority Services Register
- All healthcare organisations have launched a survey with staff to identify what support may be helpful to them. STSFT are also holding pop-up events throughout November for staff drop-ins to discuss concerns

- Prescribing initiatives, such as rolling out minor ailment schemes across the NENC patch, promoting the use of the prescription prepayment scheme and increasing medication reviews to reduce prescribing costs for patients
- Utilising some primary care estate outside of clinical time as 'warm spaces' for local communities

5. Recommendation

- 5.1 The Health and Wellbeing Board is requested to note and discuss the content of the report and make recommendations on action to mitigate the impact of the cost of living crisis on Sunderland's residents.

ⁱ [Cost-of-Living crisis threatens to worsen health inequalities | UCL Policy Lab - UCL – University College London](#)

ⁱⁱ [Fuel Poverty, Cold Homes and Health Inequalities in the UK - IHE \(instituteofhealthequity.org\)](#)

ⁱⁱⁱ [Fuel Poverty, Cold Homes and Health Inequalities in the UK - IHE \(instituteofhealthequity.org\)](#)

^{iv} [Public Health Profiles - PHE](#)

^v [The cost-of-living crisis is a health emergency too - The Health Foundation](#)

^{vi} [Public health profiles - OHID \(phe.org.uk\)](#)

^{vii} [Annual Survey of Hours and Earnings - Data Sources - home - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

^{viii} [Labour Market Profile - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](#)

^{ix} [children-in-low-income-families-local-area-statistics-2014-to-2021.ods \(live.com\)](#)

^x [Public health profiles - OHID \(phe.org.uk\)](#)

^{xi} [OHID Housing and Health Dashboard: North East and Yorkshire Regions; Microsoft Power BI](#)

^{xii} [OHID Housing and Health Dashboard: North East and Yorkshire Regions; Microsoft Power BI](#)

