

ALL-WALES COST OF LIVING SUMMIT

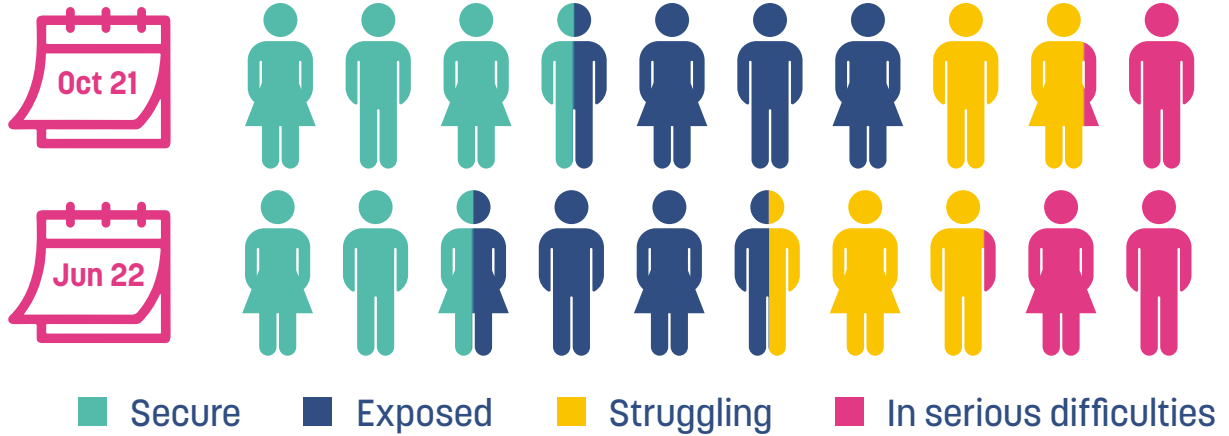
WORKING TOGETHER TO BUILD A HEALTHIER WALES

Report of summit proceedings
13th March 2023



Responding to the Cost of Living Crisis in Wales

The situation in Wales¹

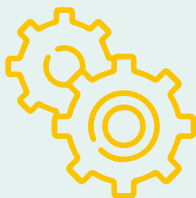


Our initial response



- ✓ We held a virtual summit on 13th March 2023
- ✓ 182 participants across Wales
- ✓ All sectors involved in Cost of Living (CoL) took part
- ✓ Key note speakers including Professor Sir Michael Marmot
- ✓ Featured breakout discussions, polling and feedback

Actions we are now taking



Sharing summit findings with partners, including Welsh Government



Collating best practice and case studies to share with partners across Wales

¹Roberts M, Petchey L, Challenger A, Azam S, Masters R & Peden J (2022). Cost of living crisis in Wales: A public health lens. Cardiff: Public Health Wales <https://phwwhocc.co.uk/wp-content/uploads/2022/11/PHW-Cost-of-Living-Report-ENG-003.pdf>

Key insights from those attending the summit



Food, Energy & Housing

- ✓ Rising food & energy prices
- ✓ Rising rents & evictions
- ✓ Poor, energy inefficient housing stock



Mental Health

- ✓ High mental health burden
- ✓ Only partial recovery since pandemic
- ✓ Clear link with financial difficulties



Income & Debt

- ✓ Strained household budgets
- ✓ Rising debt, including high interest credit
- ✓ Rising childcare costs



Health & Care

- ✓ Ongoing NHS pressures
- ✓ Waiting list times remain high
- ✓ Difficult winter period
- ✓ Large impact from cold homes



Risks we identified

- ✓ Rising stigma & discrimination
- ✓ Difficulties and complexity around accessing support
- ✓ Silo working and short termist funding
- ✓ Digital exclusion from sources of help



Enablers we identified

- ✓ Public health approach
- ✓ Aligning messaging and best practice
- ✓ Using voluntary/community sector
- ✓ Coordinating bodies, such as public service boards





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Michael Marmot, Sir Frank Atherton, Sue Evans & Jane Hutt MS

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SOLUTIONS TABLE

Local/Regional

| Short-term | Medium-term | Long-term |
|---|---|---|
| <p>Make support more easily accessible:</p> <ul style="list-style-type: none"> • Increase awareness of support available • Co-locate local support spaces in accessible locations • Single points of access for income maximisation • Effective, pro-active signposting and referral across services <p>Better inform service delivery:</p> <ul style="list-style-type: none"> • Improve data sharing and better local data (both qualitative and quantitative) • Increasing co-production with service users • Increase knowledge and awareness of safeguarding and Adverse Childhood Events (ACEs) impact for all ages | <p>Improve partnership working and coordination:</p> <ul style="list-style-type: none"> • Encourage local leadership and autonomy • Closer working with private and third sector • Asset based approaches • Reduce duplication of efforts and work • Consolidate financial support sources • Establish networks to reduce silo working • System Mapping approaches • Easier referral to mental health pathways <p>Involve communities:</p> <ul style="list-style-type: none"> • Involvement of communities in service design • Consider participatory budgeting • Improve access to policymakers | <p>Future Ways of Working:</p> <ul style="list-style-type: none"> • Reduce NHS focus and orient towards wider, more preventative thinking • Futures thinking • Plans to tackle digital exclusion • Greater focus on health equity • Whole System, cross-sector approaches • Routine horizon scanning • Greater coordination role for Regional Partnership Boards (RPBs)/Public Service Boards (PSBs) <p>Health equity:</p> <ul style="list-style-type: none"> • Health in All Policies approach to planning • Incorporate use of health impact assessments |

National

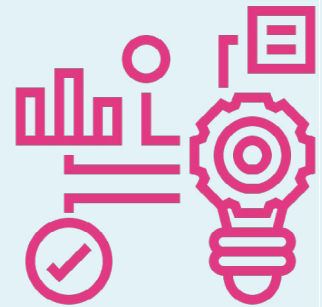
| Short-term | Medium-term | Long-term |
|---|---|---|
| <p>Set national direction and coordination:</p> <ul style="list-style-type: none"> • National messaging campaign on cost of living • Best practice examples shared • National vision and framework for taking local action on cost of living <p>Funding that better supports the system:</p> <ul style="list-style-type: none"> • Provide longer term core funding • Continue and expand nest scheme | <p>Use evidence to inform action:</p> <ul style="list-style-type: none"> • Improve evidence/data availability from Public Health Wales • Implement use of health impact assessments <p>Increase preventive services offer:</p> <ul style="list-style-type: none"> • Move away from siloed funding sources • Improve childcare offer • Improve equity and accessibility of prevention in NHS, such as screening | <p>A healthier Wales:</p> <ul style="list-style-type: none"> • Consolidate social security system • Healthier, sustainable food systems • Universal and proportionate funding <p>A more equal Wales:</p> <ul style="list-style-type: none"> • Implement equality action plans • Tackle stigma and discrimination • Greater equity focus |

BACKGROUND

On the 13th March 2023, 182 individuals from a range of organisations in Wales (including local authorities, Welsh Government, Public Health Wales, NHS Wales, and the voluntary and community sector [VCS], amongst others) attended an online cost of living summit.

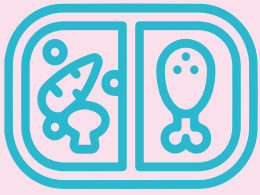
The summit built upon the work of the strategic, multi-agency *Building a Healthier Wales* Coordination Group, led by senior leaders across all sectors in Wales. Partners come together in this group to maximise the impact of collective efforts of agencies in Wales to improve health, well-being and equity. It currently focusses on the response to the cost of living crisis in Wales.

The summit built upon the recent Public Health Wales report, *Cost of living crisis in Wales: A public health lens*¹. The report emphasised the cost of living crisis as a public health emergency that represents a significant threat to health and well-being in Wales, one which will worsen existing health inequalities and increase NHS demand. It advocates a public health approach focussing on addressing the underlying causes, prevention, population-based interventions, partnership working, and the use of data and evidence².

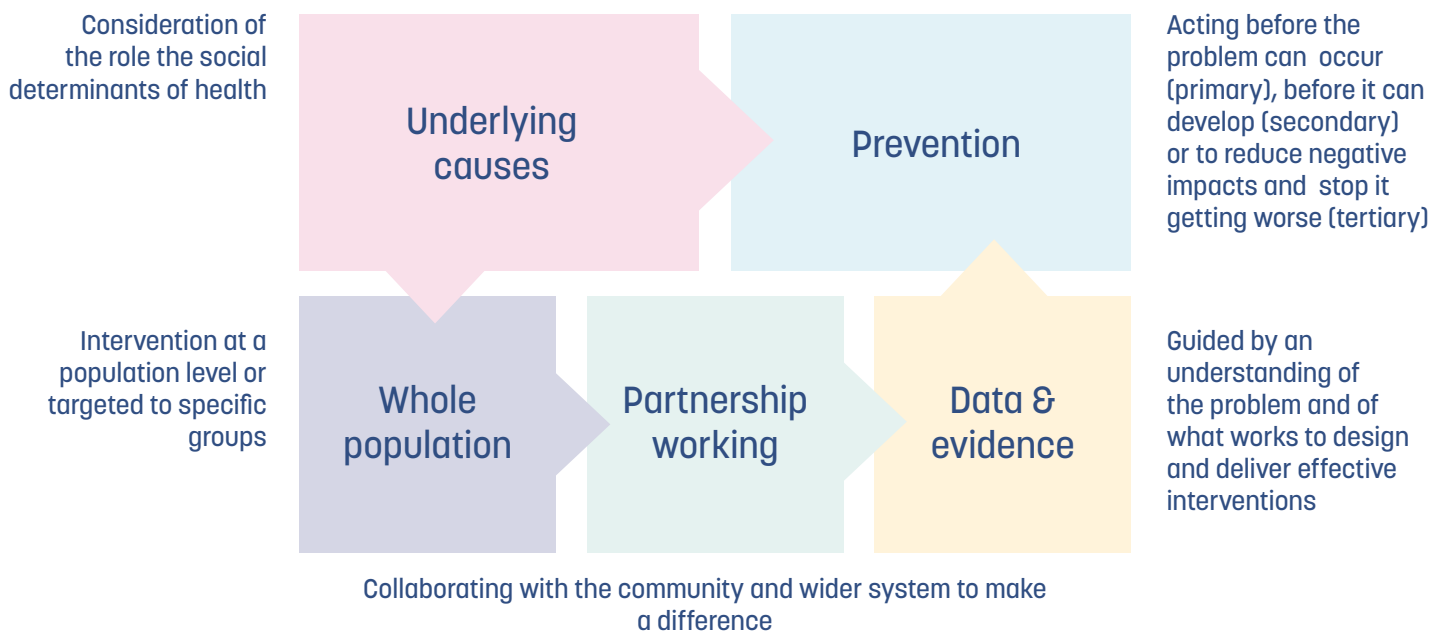


¹Roberts M, Petchey L, Challenger A, Azam S, Masters R & Peden J (2022). Cost of living crisis in Wales: A public health lens. Cardiff: Public Health Wales <https://phwwhocc.co.uk/wp-content/uploads/2022/11/PHW-Cost-of-Living-Report-ENG-003.pdf>

²Christmas H & Srivastava J (2019). Public health approaches in policing: A discussion paper. Warwickshire: College of Policing and Public Health England. Available at: <https://www.college.police.uk/about/public-health>



The Minister briefly spoke about her own and the Welsh Government’s commitment to tackling poverty amidst the crisis highlighting free school meals expansion, the homelessness action plan, and childcare expansion as recent key policies related to the cost of living crisis.



Five elements common to public health approaches. Figure adapted from Christmas & Srivastava (2019)

This approach should feature actions operating at different levels and timescales, both mitigating the negative impacts of the crisis and creating a healthier and more equal Wales. Finally, it highlights guiding Welsh policy in this space: the Well-being of Future Generations (Wales) Act 2015, the Socio-economic Duty, the Social Services and Well-being (Wales) Act 2015, use of health impact assessments, and ‘Health in All Policies’.

The summit event was chaired by Sir Frank Atherton (Chief Medical Officer, Welsh Government) and Sue Evans (Chief Executive, Social Care Wales) with the Minister for Social Justice, Jane Hutt MS also in attendance. The Minister spoke about her and the Welsh Government’s commitment to tackling poverty amidst the crisis highlighting free school meals expansion, the homelessness action plan, and childcare expansion as recent key policies related to the cost of living crisis. Welsh Government has additionally assembled a Cost of Living Expert Group to help it plan for the months ahead.

Attendees then heard from a range of speakers working on the crisis, including:

- ✓ Sir Michael Marmot (Professor of Epidemiology and Public Health, UCL) who discussed his own work and that of the Institute of Health Equity on the crisis
- ✓ Iain Bell (Director of Knowledge & Research, Public Health Wales) who discussed recent work on data and evidence on the crisis from Public Health Wales
- ✓ Dr Louisa Petchey (Senior Policy Specialist, WHO Collaborating Centre for Investment for Health & Well-being) who discussed the recent Cost of Living Report in depth.

Following this, attendees worked in 13 facilitated breakout groups to discuss the crisis, specifically the current situation, ongoing risks, enabling factors, and local examples. These groups were themed by four emergent areas of focus in the crisis:



Health & Care



Mental Health & Well-being



Income & Debt



Food, Energy & Housing



Attendees also provided insights through live polling during the event and feedback afterwards. This document outlines the key findings from the event. Descriptive summaries of the presentations and quantitative polling are provided. We used thematic analysis³ to present the results of the focus groups, free-text polling, and relevant parts of the evaluation forms. These results were also refined through ongoing engagement with summit organisers and facilitators.

³King N (2012). Doing template analysis. Qualitative organizational research: Core methods and current challenges, 426, 77-101

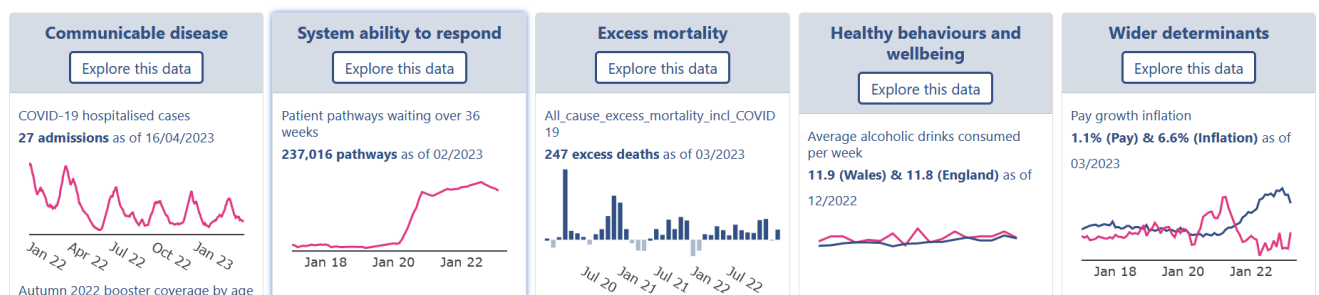
PRESENTATIONS

Sir Michael Marmot

Michael began the summit by highlighting his recent connections to Wales, including the establishment of the Gwent Marmot Region, work with the Bevan Commission, and involvement in the recent Constitutional Commission. He then discussed the adverse health effects of austerity in the last decade, specifically the stalling or decline of life expectancy in more deprived areas, and the exposure of the poor population health and deep health inequalities in our society by the Covid-19 pandemic⁴. Finally, he argued the cost of living crisis represents yet another profound threat to human health and dignity. A health equity approach with a particular focus on warm homes, nutritious food, and job stability is required given the ongoing effects these have on health.

Iain Bell

Iain discussed the importance of real-time surveillance data and presented the new Public Health Rapid Overview Dashboard for Wales, set out below. The dashboard contains a range of indicators, ultimately showing a significant challenge facing us in the years ahead. It highlights the transformation of Covid-19 into a cyclical pattern with regular significant peaks, the continued strain on NHS performance, continuing excess mortality throughout most of 2022 and into 2023, stalled progress on tackling smoking and alcohol, and finally the dramatic difference between inflation and pay growth.



A snapshot of the Public Health Rapid Overview Dashboard for Wales

⁴ Marmot M, Allen J, Goldblatt P, Herd E & Morrison J (2020). Build Back Fairer: The COVID-19 Marmot Review. The Pandemic, Socioeconomic and Health Inequalities in England. London: Institute of Health Equity <https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review>

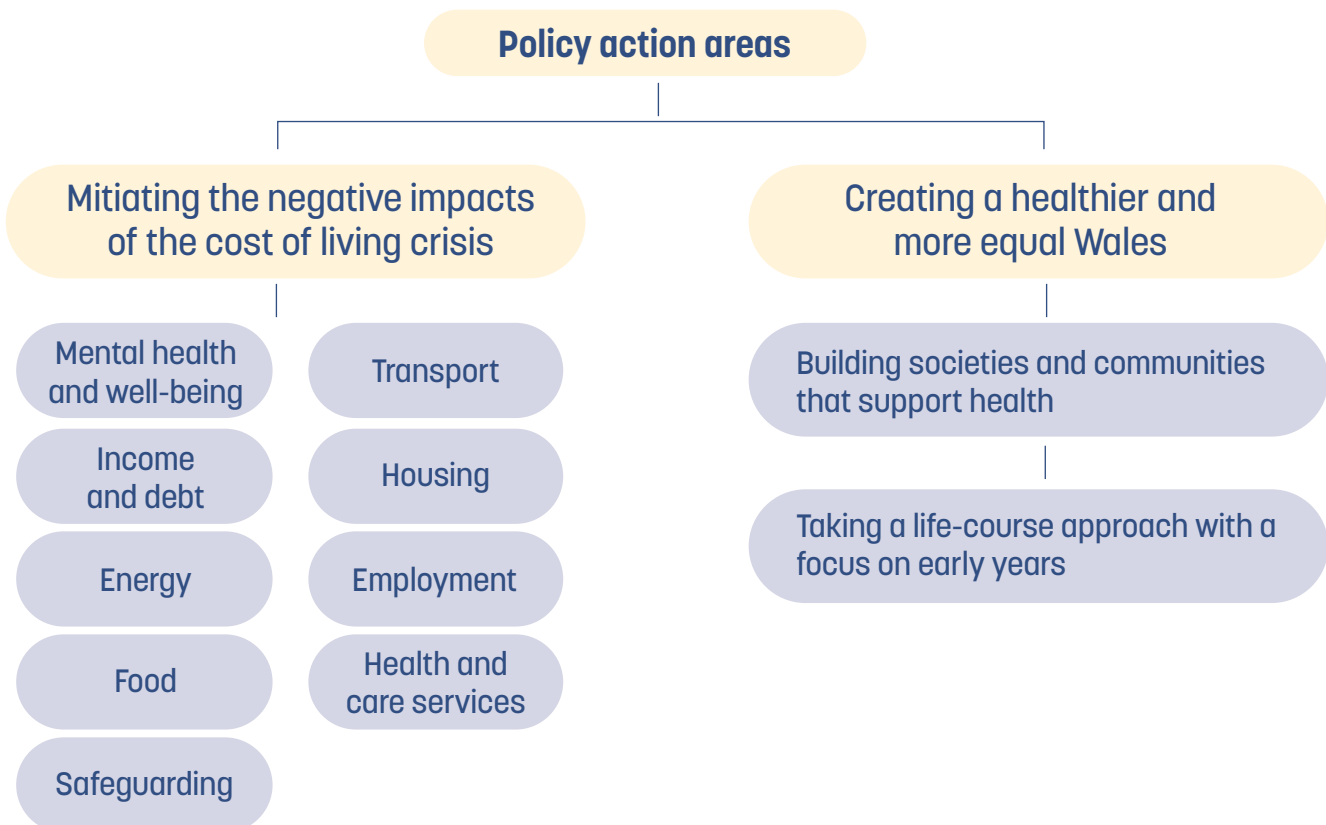
Dr Louisa Petchey

Louisa presented a summary of Public Health Wales's report on the Cost of Living Crisis and required responses to the crisis. She re-iterated the crisis as an opportunity to tackle its underlying causes and take actions that will realise immense benefits in future.

Key short-term responses should include mental health support, income maximisation, fuel poverty support, homelessness prevention, healthy eating promotion, and greater recognition and early support for ACEs, as part of safeguarding work.

In the medium-term, responses should be work on housing energy efficiency, housing availability and quality, healthy and sustainable local food systems, fair work, active and low carbon travel, and violence prevention.

Finally, a long-term need to use enabling legislation, such as the Well-being of Future Generations Act, as the basis for building a healthier and more equal Wales, with a well-being economy, was advocated.



THEMES



Health & Care

Situation: A high burden on the NHS is still present as we emerge from winter and winter plans are stood down. This is evident in current statistics around waiting lists and Emergency Department performance. The impact of cold homes was readily apparent over winter and concerns remain for winters ahead.

| Ongoing Risks | Enablers |
|---|---|
| Closure of successful pilot schemes associated with winter | A focus on health inequalities and the Marmot principles (set out in 'Fair Society, Healthy Lives' ⁵) |
| Short-term nature of project funding | Use of the VCS |
| Unnecessary competition between health boards and duplication of each other's efforts | Coordination via the regional partnership and public service boards (RPBs and PSBs respectively) |
| Lack of data and evidence | Reducing focus on NHS |
| Continued silo working amongst the NHS and partners | Strong local leadership |
| | National guidance and evidence |

Cited examples:

- ✓ Gwent Marmot Region and use of relevant PSBs,
- ✓ Extensive winter planning in health boards
- ✓ Welsh Government winter guidance

⁵ Marmot M, Allen J, Goldblatt P et al. (2020). Fair society, healthy lives (The Marmot Review). London: Institute of Health Equity

⁶ <https://www.gwentpsb.org/en/gwent-marmot-region/>



Mental Health & Well-being

Situation: Mental health burdens such as anxiety and depression, remain relatively high, with only partial recovery since the Covid-19 pandemic. Particular concerns included disproportionate mental health impact of the crisis on children, young people, ethnic minorities, those in poverty and those with existing mental health conditions. Another concern is the reciprocal relationship between financial difficulties and mental health as we progress through the crisis. Finally, mental health impact on working and thus income was cited.

| Ongoing Risks | Enablers |
|---|---|
| Increasing mental health stigma | Digital technology and remote consultations |
| A lack of best practice guidance in mental health | Use of the VCS |
| Poor transport/accessibility for certain communities | Data sharing between partners |
| Difficulty for individuals to obtain successful referrals | Open communications between the service and service users |
| Wait times for community mental health | Pro-active offers of mental health help in the community |
| Increasing burden on carers | Futures thinking |
| Short-term nature of project funding | National guidance and evidence |
| Silo working within the mental health system | |

Cited examples:

- ✓ Community hubs/warm spaces that also contain information/signposting on mental health services and where volunteers pro-actively offer support and referrals to attendees
- ✓ VCS organisations such as Mind Cymru⁷ and Age Cymru⁸
- ✓ Traumatic Stress Wales⁹.

⁷ <https://www.mind.org.uk/about-us/mind-cymru/>

⁸ <https://www.ageuk.org.uk/cymru/>

⁹ <https://traumaticstress.nhs.wales/>



Income & Debt

Situation: Household finances and debt levels are under high pressure, even for those in work, with increasing reports of financial difficulty, debt fears, and demand for financial advice/support. There is also increasing use of high interest credit. These are all disproportionately impacting on single parents, disabled people, and ethnic minorities. Accessing support can prove to be difficult for these groups due to the complexity and number of sources available.

| Ongoing Risks | Enablers |
|--|--|
| Rising childcare costs | Simple and aligned messaging campaigns |
| Reliance on high interest credit | Consolidating the various sources of financial support/advice into a one-stop shop along with other services |
| Increasing stigma around money issues | Public facing services being able to signpost to accessible single sources of support |
| Difficulty accessing and navigating the various forms of financial support | Bringing the right partners together, using existing partnerships, such as PSBs |
| Siloed short-term funding driving disjointed services | Local data, qualitative and quantitative |
| Pressure to increase working hours | National frameworks such as 'claim what's yours' |
| Increasing restrictions on accessing in-work benefits and use of related sanctions | |
| Perceptions of local authority role (e.g. in relation to council tax payments) | |

Cited examples:

Partnership working with 'no wrong door approach', including business sector as part of corporate responsibility, engaging community groups. Shifting local authority contact centre to support advice on all aspects of the cost of living, moving to face to face support. Landing pages for cost of living issues on certain local authority websites with QR codes to access website made widely available, and the key role of Citizens Advice Wales¹⁰.

¹⁰<https://www.citizensadvice.org.uk/wales/>



Food, Energy & Housing

Situation: Food prices have risen and have done so inequitably along the income distribution. This has been accompanied by increasing food bank use and meal skipping and reported food insecurity for children. In addition, there is continued poor housing affordability accompanied by rising rents, rent arrears and eviction threats. Energy costs remain high with the least energy efficient homes situated in deprived areas.

| Ongoing Risks | Enablers |
|---|---|
| Digital exclusion of certain population groups such as people experiencing homelessness | Incorporation of the arts and culture into service delivery |
| Lack of awareness of entitlements | Use of community initiatives |
| Complexity of support schemes | Free school meals expansion |
| Stigma around food bank use | Liaising with housing associations and networks |
| Short-term nature of project funding | Coordination of various partners via PSBs |
| Increasing burden on carers | Vulnerable customers frameworks |
| | Use of the VCS |

Cited examples:

Local food enterprises, community shops/pantries, Food & Fun programme¹¹, arts workshops, Community Housing Cymru¹², and Nest Cymru¹³

¹¹ <https://www.wlga.wales/food-and-fun-school-holiday-enrichment-programme>

¹² <https://chcymru.org.uk/about-us/about-chc>

¹³ <https://nest.gov.wales/>

Attendee overall views from summit (n=163)

Importance of crisis:

The vast majority of attendees (84%) felt the crisis was extremely important to address with the remainder feeling it was important to address. On average, participants gave a 4.8 rating out of 5 for the importance of the crisis.

Current capability:


Participants reported that, at present, they had a moderate ability to make an impact on the cost of living crisis (3.3 rating out of 5). They also reported a moderate level of knowledge and skills for dealing with the crisis (3.3 rating out of 5).

Take-aways from attendees:

1. The need to reduce stigma
2. Importance of working across sectors
3. Importance of seeking different perspectives
4. Reducing duplication of work
5. Sharing best practice
6. The need for frameworks, guidance and evidence to be available at a national level
7. Importance of aligning messaging and having at least some communications at a national level
8. The need for longer term funding settlements that are universal and proportionate
9. A clear future role for Public Health Wales in providing data and evidence to partners across the system




NEXT STEPS



As set out at the start of the report, a number of specific solutions emerged from the work of the summit and we grouped these according to level and timescale. In the short-term, making support more easily accessible and better informing service delivery were important solutions at the local/regional level. More supportive funding, such as funding with greater security and time length, and a national vision and framework were discussed as short-term solutions at the national level.

In the medium term, the involvement of communities in service planning and design, and improving partnership working and coordination were solutions proposed for the local/regional level. At the national level, solutions proposed included improving the offer of national prevention programmes, such as screening, and improving provision and use of data and evidence, with a key role for Public Health Wales discussed.

In the long term, solutions included adoption of the Future Generations Ways of Working (prevention, integration, collaboration, involvement, long term) into working at the local/regional level as well as a greater focus on health equity, and 'Health in All Policies'. At the national level, strategies and policies to build a healthier Wales (such as social security consolidation and building sustainable, healthy food systems) and a more equal Wales were proposed as solutions.



Findings from the summit have been shared with the Expert Advisory Group to Welsh Government on Cost of Living to inform their deliberations and recommendations. The findings have been discussed with the Building a Healthier Wales Coordination Group which, pending the recommendations from Welsh Government, is taking steps to collect and share practice and learning from responding to the crisis, and will continue to consider the implications of this report.

Feedback from attendees

Attendees also provided polling on the event itself (n=163). On average, attendees gave an average **rating of 4.3 out of 5** for both the usefulness of the event and their ability to contribute.



