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# Cost of living crisis in Wales

A public health lens



November 2022

## Purpose of the report

The cost of living crisis is having, and will continue to have, wide-ranging and long-term impacts on the day-to-day lives of people in Wales.

This report summarises the ways in which the cost of living crisis can impact on health and well-being. It takes a public health lens to identify actions for policy makers and decision-makers to protect and promote the health and well-being of people in Wales in their response to the cost of living crisis, outlining what a public health approach to the crisis could look like in the short and longer-term.

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## Key points

- People's **wages and welfare payments are not keeping pace with rising living costs**, in particular, the costs of energy, fuel, housing, and food. Businesses and public services are also seeing their **budgets go less** far in the face of rising costs. This is referred to as the 'cost of living crisis'.
- The crisis means more people are unable to afford the essentials, which has **significant and wide-ranging negative impacts on mental and physical health**. These can have **long-term consequences** for the people affected and the systems and services that are needed to support them.
- People living in the poorest parts of Wales already die more than six years earlier than those in the least deprived areas, and the **cost of living crisis will accelerate what were already increasing differences in health between those with more and less money**.
- The current cost of living crisis is not just a temporary economic squeeze: **it is a long-term public health issue affecting the whole population**. The impact on health and well-being in Wales has the potential to put it on the same scale as the COVID-19 pandemic, which had already exacerbated existing inequalities in Wales.
- **The cost of living crisis requires an urgent public health response** in order to 1) mitigate the effects of the immediate crisis; and 2) tackle the underlying causes so that health, well-being and inequality are improved in the longer-term.
- In the **short-term** this includes:
  - A focus on mental health and well-being support;
  - Income maximisation (including specific support on energy, housing and food costs) and debt support;
  - Efforts to reduce fuel poverty and the impact of cold homes, prevent homelessness, promote healthy eating, ensure equitable public service access and protect against social isolation;
  - Employers supporting staff, including careful management of redundancy;
  - Health and care system stakeholders preparing for winter pressures; and
  - Safeguarding against an increased risk of violence and domestic abuse.
- In the **medium/longer-term** this includes:
  - Energy efficiency measures and a shift to affordable, green energy;
  - Improving housing availability, affordability and quality;
  - Developing healthy and sustainable local food systems;
  - Encouraging active, low-carbon travel and public transport;
  - Promoting fair work;
  - Violence prevention initiatives; and
  - Enhancing support for parents to address common family stressors.
- To **create a healthier and more equal Wales longer-term**, this includes:
  - Implementing enabling legislation to mainstream consideration of health, well-being and equity in all policies ('health in all policies');
  - Building societies and communities that support health, including: building community resilience, cohesion and social capital; promoting healthy behaviours; and creating an 'Economy of Well-being'; and
  - Taking a life-course approach with a focus on early years.

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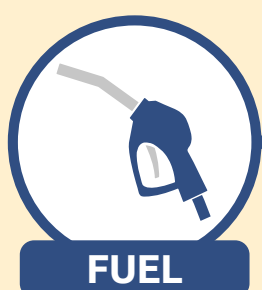
# 1 What is the cost of living crisis?

**People's wages and welfare payments are not keeping pace with rising living costs; in particular, the costs of energy, fuel, housing, and food<sup>1,2</sup>** (see [Figure 1](#) for a comparison of increases in the costs of these different goods compared to increases in wages). The cost of living crisis is also affecting businesses and public service providers. This means the money that people, businesses and public services have available to them is not going as far as it used to, and disposable incomes and budgets are falling.<sup>3,4</sup> This makes it harder to afford necessities for a healthy life and increases mental distress.<sup>5</sup> These factors underpinning the current cost of living crisis reflect a trend that has been underway since late 2021.

Increases in the price of goods, such as food and fuel, is referred to as inflation. In the 12 months to May 2021, inflation was relatively stable, fluctuating between 0.5%-1.1%.<sup>2</sup> Compare this to the 12 months to September 2022, where inflation averaged 10.1%.<sup>2</sup> In contrast, how much people in Wales have been earning<sup>i</sup> increased by 6.1% between 2020/21-2021/22<sup>6</sup> (see [Figure 1](#)), which is 4% short of inflation. Similarly, this year, the UK Universal Credit standard allowance<sup>ii</sup> increased by only 3.1%<sup>7</sup> – 7% short of inflation.

The situation is volatile and constantly evolving, and the frequent and dramatic changes in costs and predictions<sup>8-10</sup> have made it difficult for households to budget since the beginning of the cost of living crisis. For example, petrol prices have been around one fifth higher in October 2022 compared to October 2021; while on 4 July 2022, the price of petrol was a record-breaking average of 191.5 pence per litre – 60% more expensive than on the same date the previous year.<sup>11</sup> Similarly, food inflation stood at 14.6% in the 12 months to September 2022, having risen for 14 months in a row;<sup>2</sup> it is predicted to rise to approximately 15% this autumn.<sup>12</sup> Overall inflation is predicted to peak at 11% by the end of the year.<sup>13</sup>

Additionally, cost increases for multiple goods have had compounding impacts. For example, increases in fuel and transport costs mean that some households will struggle to shop around for the lowest food prices in order to mitigate food price inflation.<sup>12</sup>



<sup>i</sup> As measured by median gross weekly earnings for full-time adults.

<sup>ii</sup> Based on a single adult aged 25 or older. Welfare payments are adjusted once a year in April based on inflation in the preceding September.

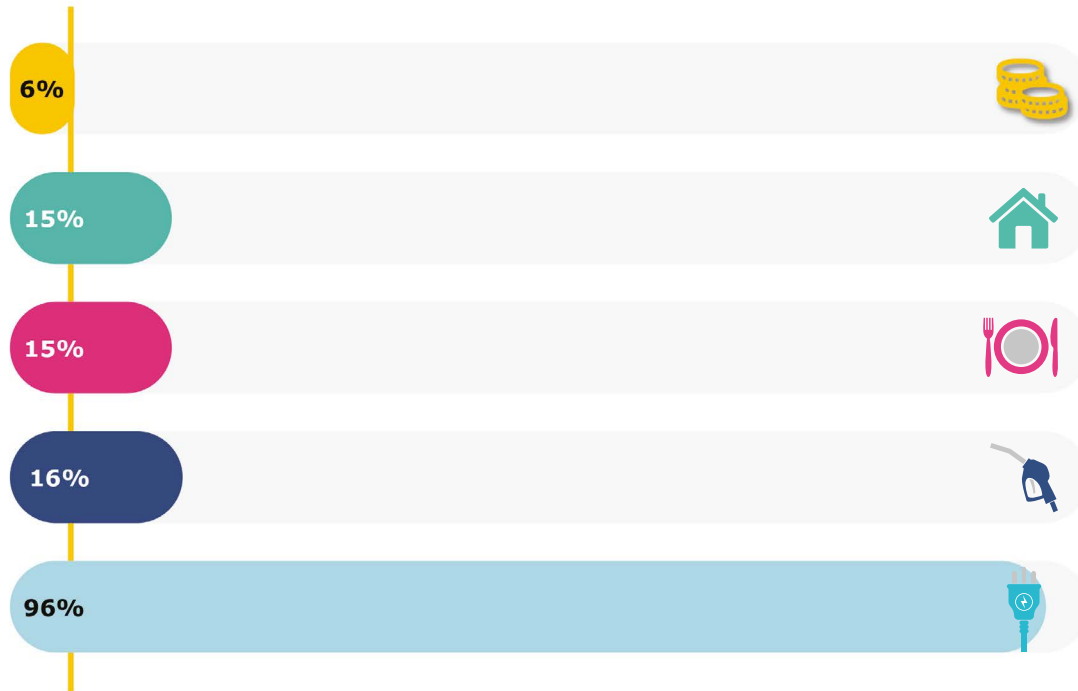


Figure 1. Wage increases compared to increases in the price of housing, food, fuel and energy prices. Sources: Increase in median wages (Wales), 2020/21 vs 2021/22;<sup>6</sup> Average house prices (Wales), August 2021 to August 2022;<sup>14</sup> Food and non-alcoholic beverage price inflation (UK), September 2021 to September 2022;<sup>2</sup> Petrol price per litre (UK), 13/10/2021 vs 19/10/2022;<sup>11</sup> Average monthly direct debit for gas and electric (UK), October 2021<sup>15</sup> vs October 2022.<sup>10</sup>

### 1.1 What does the cost of living crisis mean for Wales?

**The current cost of living crisis will increase both the scale and severity of poverty in Wales. Poverty is a longstanding issue in Wales.** For the last decade, almost a quarter of the population has been living in poverty – in 2020 it was 23%, with nearly 1 in 3 children living in poverty<sup>iii</sup> (31%).<sup>16</sup> As Wales already has **higher levels of poverty compared to the rest of the UK**, its population is likely to be worse affected by the cost of living crisis.<sup>16</sup>

Following the increase in the domestic energy price cap in April 2022, Welsh Government estimated<sup>17</sup> that up to 45% (614,000) of households could be in **fuel poverty**, and up to 8% (115,000) of households could be in severe fuel poverty<sup>iv</sup>. This compared to 14% of households living in fuel poverty in October 2021.<sup>17</sup> The April 2022 estimates were based on an energy price cap of £1,971 per year. From October 2022 the average energy bill will be £2,500 per year<sup>10</sup> (see [section 1.3](#)), meaning fuel poverty rates are likely to be even higher this winter than the 45% estimated in April 2022.

Fuel poverty in Wales is compounded by the fact that **Wales’ housing stock is some of the least energy efficient in Europe**,<sup>18</sup> making it more difficult and therefore more expensive to heat (see [section 2.1](#)). This is particularly true for people living in rural housing, which tends to be poorly insulated and the least energy efficient.<sup>19</sup>

Even before the cost of living crisis, nearly 1 in 5 homes in Wales (18%) posed an unacceptable risk to health.<sup>20</sup> In addition, a large proportion of excess winter deaths (which totalled an estimated 2,000 in 2019/20)<sup>21</sup> are due to fuel poverty and cold homes (see [Figure 2](#)).<sup>22</sup> Therefore, **excess winter deaths will increase** as fuel poverty rates increase.

<sup>iii</sup> Defined as all people or children in Wales living in households that have a household income below 60% of the UK median household income after housing costs are paid.

<sup>iv</sup> Fuel poverty is defined as households needing to pay more than 10% of their full household income to maintain a satisfactory heating regime. Severe fuel poverty is defined as households needing to pay more than 20% of their full household income to maintain a satisfactory heating regime.

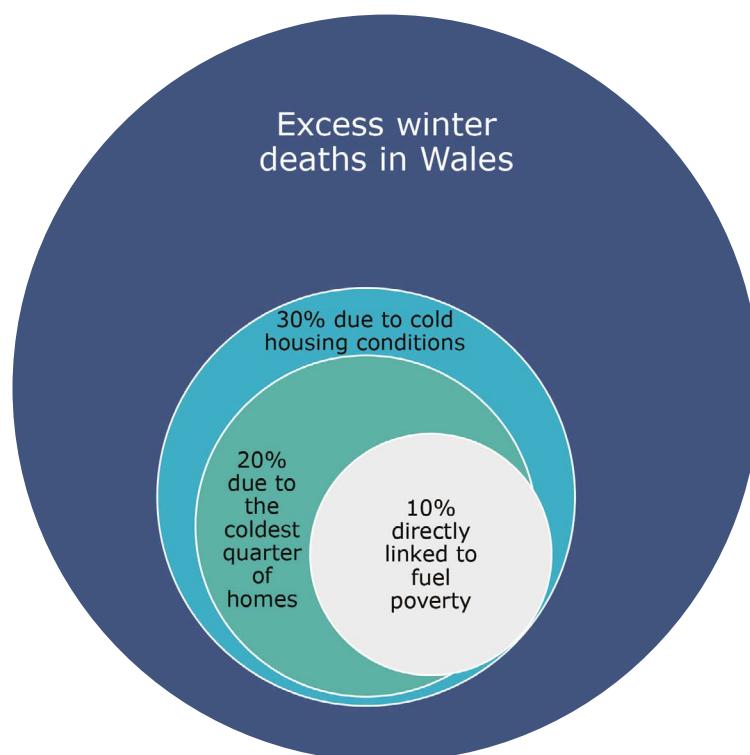


Figure 2. The proportion of excess winter deaths in Wales caused by fuel poverty and cold homes.<sup>22,23</sup>

Evidence suggests that **rural communities in Wales are being harder hit** by rising energy, housing and transport costs compared to those living in towns and cities, in part due to a greater reliance on cars.<sup>24</sup> In terms of energy costs, an estimated 19% of homes in Wales are not connected to the gas grid (compared to 14% in England and Scotland), with substantially higher rates in more rural areas.<sup>25</sup> For example, almost three quarters (74%) of properties in Ceredigion, and over half of properties in Powys (55%) and Anglesey (53%), are not connected to the gas grid.<sup>25</sup>

Rural households are more likely to use oil or Liquefied Petroleum Gas (LPG) as their main fuel for heating, which are more expensive than gas and electricity received via the national energy network.<sup>19</sup> Oil and LPG are also not covered by Ofgem's price cap or the UK Government's Energy Price Guarantee, and off-grid households will not receive the £400 energy bills support payment (see [section 1.3](#)). The average price per 1,000 litres of heating oil increased by 82% between August 2021 to August 2022, from £491.64 to £896.90.<sup>26</sup>

Wales' population also has **lower average wages** compared to the other UK nations, leaving it much more exposed when shocks (such as the cost of living crisis) hit.<sup>27</sup> This is compounded by general reductions in the generosity of the welfare system, leaving households who are reliant on such support significantly worse off compared to a decade ago.<sup>28,29</sup> The cost of living crisis also follows a period of austerity introduced by the UK Government in 2010.

For businesses and public service providers in Wales, rising costs mean **budgets do not go as far as they used to**. Small and medium sized businesses, with fewer than 250 employees, are most vulnerable.<sup>30</sup> This is a particular concern for Wales where more than three in five workers (63%) are employed by small and medium sized businesses<sup>31</sup> – almost half of which (44%) are based in rural locations.<sup>32</sup>

The cost of living crisis has potential consequences for **maintaining current public service capacity and quality in Wales**, and for the **viability of Welsh businesses** that may have to close or cut back on staff numbers.



## 1.2 Who is most affected by the cost of living crisis?

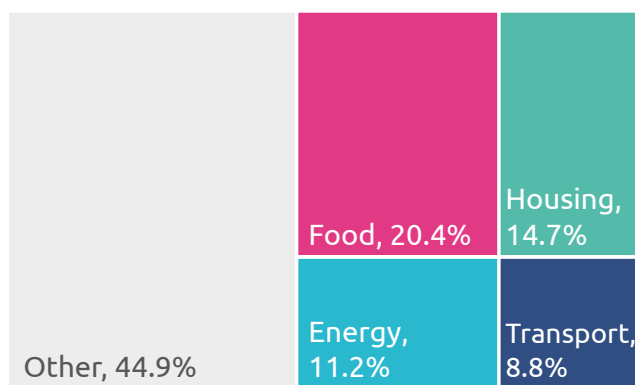
The cost of living crisis has the potential to affect everyone, but **those who were already the worst off are those who are (and will be) hardest hit**. Worse off households have less flexibility in their budget to account for rising prices. The crisis will also **push more people from just about coping to a state of struggling or crisis**. [Figure 3](#) compares the proportion of households in different states of financial well-being in October 2021 and June 2022.



Figure 3. Proportion of households in four financial well-being categories in Wales (October 2021 vs June 2022).<sup>33</sup>

**Prior to the cost of living crisis, worse off households already spent a greater proportion of their total budget on food, housing, and energy costs.** [Figure 4](#) provides a comparison of how much worse off and better off households spent on different goods, as a proportion of their total budget, before the cost of living crisis.<sup>3</sup>

Budget share of spending among worse off households before the cost of living crisis



Budget share of spending among better off households before the cost of living crisis

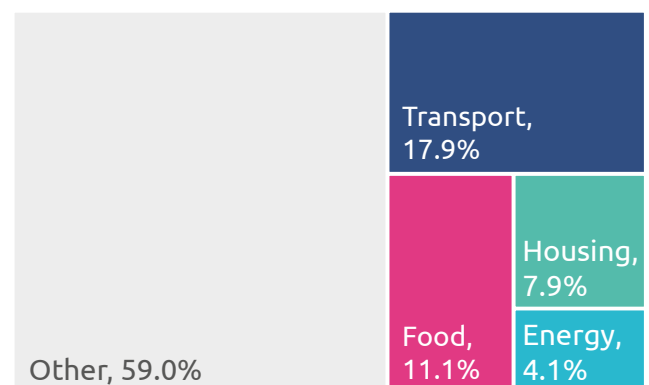


Figure 4. Budget share of spending among the worse off and better off UK households (measured as those in the bottom and top income decile) before the cost of living crisis.<sup>3</sup> Institute of Fiscal Studies Analysis based on Consumer Price Index (CPI) data (12 months to October 2021) and the Living Costs and Food Survey 2019 from the Office for National Statistics. Budget shares are calculated relative to total spending on goods and services covered by the CPI.<sup>3</sup>

As worse off households were already spending proportionally more of their total budget on goods such as energy and food, increases in the costs of these goods will reduce the money they have left for other outgoings (if any) even further, and to a greater extent than better off households. In addition, **the rate of inflation experienced by worse off households will be significantly higher than for better off households** (see [Figure 5](#) for inflation rates in June 2022 and predicted inflation rates in October 2022 by household income).



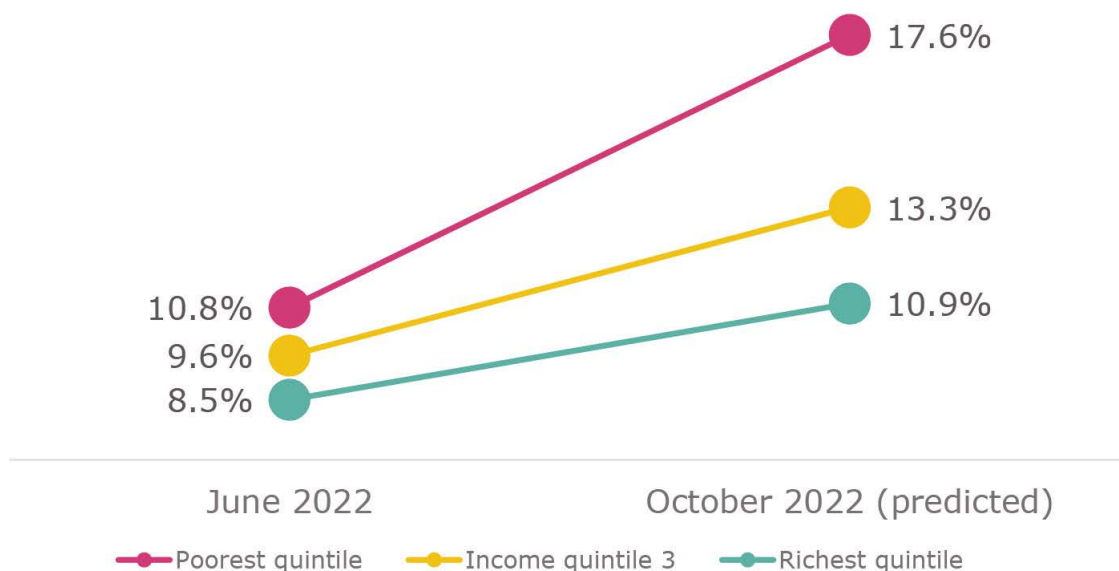


Figure 5. Inflation by household income in June 2022 and (predicted rate) in October 2022.<sup>34</sup>

**Certain groups or households are likely to be harder hit** by cost of living pressures as they are more likely to be in poverty, on low incomes, or unemployed (see [Figure 6](#) for a summary of population groups that are at higher risk of relative income poverty). Recent data shows that these groups are more likely to be finding it difficult to afford or are behind on their energy, rent or mortgage payments due to the cost of living crisis.<sup>35</sup>



Figure 6. Groups at higher risk of relative income poverty.<sup>36,37</sup>

It is also important to note that many of the categories and identities shown in Figure 6 often intersect. That is, people’s multiple and overlapping identities come together to contribute to an overall (and compounded) experience of disadvantage.<sup>28</sup> For example, women are more likely to be on a low income than men.<sup>38</sup> Women also make up the majority of lone parents<sup>39</sup> – the family type most likely to be in relative poverty in Wales<sup>40</sup> – with single female households facing costs one and a half times higher than single male households as a proportion of income.<sup>41</sup> Ethnic minority women and/or disabled women are likely to be impacted even more severely by the cost of living crisis.<sup>42</sup>

### 1.3 What are the financial impacts of the cost of living crisis?

All goods and services have increased in price, but energy prices have increased at a particularly severe rate (see [Figure 1](#)). In September 2022, the UK Government announced plans for an 'Energy Price Guarantee' which will limit average annual household energy bills to £2,500 from October 2022.<sup>10</sup> This was originally going to last two years but was subsequently reduced to six months (until April 2023).<sup>10</sup> A UK Treasury review will be carried out to consider support with energy costs after this date.<sup>10</sup> An 'Energy Bill Relief Scheme' will fix energy prices for businesses, charities and the public sector from October for six months.<sup>43</sup> All households connected to the grid will also receive a £400 discount on their energy bills over the winter.<sup>44</sup>

Given the Energy Price Guarantee limit only applies to the standard charge and unit rates, households who use higher than average amounts of energy may end up paying more than £2,500 per year – that is, there is no cap on the total amount households will pay for their energy. The Energy Price Guarantee also means that **the average household's energy bill between October 2022-April 2023 will still be nearly double the cost of what it was a year previously.**<sup>45</sup>

Energy costs already made up a larger share of worse off households' total spend than more affluent households before the cost of living crisis (see [Figure 4](#)), and this will only increase. As the Energy Price Guarantee is not targeted towards worse off households (that is, all households are subject to the same cap), it is limited in the amount it will support those who already struggle the most to afford their energy bills. Looking ahead, it is predicted that without further intervention, the average annual energy bill will be £3,702 per annum in April-June 2023 (after the scheme comes to an end).<sup>46</sup>

[Figure 7](#) demonstrates how the impact of the cost of living crisis in Wales can already be seen across a range of measures of financial stress, including food and housing insecurity, falling behind on bills and only being able to afford essentials.

The financial stress caused by the cost of living crisis means households in Wales are having to make **difficult financial decisions**. For example, almost half (45%) of Welsh households reported never having enough money for anything other than the basics in July 2022, up from a third (33%) from just over a year previously (in May 2021).<sup>5</sup>

The majority of people in Wales are also responding to the cost of living crisis by **cutting back on essential items**, such as food, energy and water. Between January and July 2022, nearly 6 in 10 people (57%) cut back on energy and/or water and nearly 4 in 10 people (39%) cut back on food for adults.<sup>5</sup> This has increased from 16% and 15% respectively in 2021, and the number of people affected is expected to rise further in line with increased energy costs from October 2022.<sup>5,47</sup>



2021 rate: 12% | 2022 rate: 20%

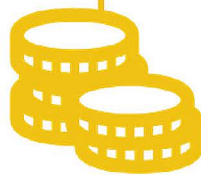


**Food insecurity\***

Nov-20-Jan-21<sup>48</sup>  
vs Oct-21-Jan-22<sup>49</sup>



2021 rate: 17% | 2022 rate: 25%

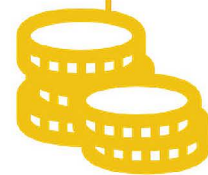


**Borrowed money**

May 2021<sup>47</sup>  
vs July 2022<sup>5</sup>



2021 rate: 33% | 2022 rate: 45%



**Can only buy essentials**

May 2021<sup>47</sup>  
vs July 2022<sup>5</sup>



2021 rate: 10% | 2022 rate: 14%

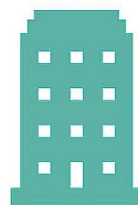


**Fallen behind on a bill**

May 2021<sup>47</sup>  
vs July 2022<sup>5</sup>



2021 number: 6,817 | 2022 number: 8,545



**In temporary accommodation**

August 2021  
vs August 2022<sup>50</sup>



2021 number: 110 | 2022 number: 152



**Rough sleepers**

August 2021  
vs August 2022<sup>50</sup>

Figure 7. Comparisons of measures of financial difficulty in Welsh households between 2021 and 2022.

\*Data shown relates to those on incomes less than £32,000/year only. All sources cover Wales data.

## 2 Why is the cost of living crisis a public health issue?

**The cost of living crisis is a public health emergency.** The severity and scale of its impacts on health and well-being have the potential to put it on the same scale as the COVID-19 pandemic. Like the pandemic, the cost of living crisis comes on the back of entrenched poverty in Wales, and associated poor health outcomes.

Not being able to afford the essentials, such as food, rent or mortgage payments, heating and hot water, or transport to get around, has **significant and wide-ranging negative impacts on mental and physical health**. In July 2022, approximately 1 in 3 (30%) people in Wales reported that their current financial position has a negative impact on their physical health and more than 2 in 5 (43%) reported a negative effect on their mental health.<sup>5</sup>

These health and well-being impacts extend throughout people's lives and transfer across generations (see [section 2.1.2](#)). This creates a **long-term challenge for the systems and services in Wales** that are needed to support them (see [section 2.2](#)).

Therefore, the cost of living crisis is more than a temporary economic squeeze. It is an **urgent public health issue that will have negative impacts on the health and well-being of the Welsh population both now and into the future**.

The response to, and recovery from, the cost of living crisis is not happening in isolation. It should be considered in the context of the successive challenges to health and well-being in Wales, both behind and ahead, including the COVID-19 pandemic,<sup>51</sup> health and social care pressures,<sup>52</sup> the UK's departure from the European Union,<sup>53</sup> austerity policies,<sup>54</sup> the legacy of poor quality, energy inefficient homes,<sup>18</sup> climate change,<sup>55</sup> the war in Ukraine and the forthcoming winter.<sup>26,56</sup>

### 2.1 Impacts on health and well-being

Cutting back on the essentials has direct and indirect negative impacts on people's health and well-being. Some key examples are summarised in [Figure 8](#). This diagram is not intended to be exhaustive but aims to provide a sense of the breadth of impacts the cost of living crisis can have.

With rising energy and food costs, for example, more people are in **fuel poverty** and having to choose between feeding their families and keeping the lights and heating on.<sup>5</sup> The **stress** and **anxiety** that comes with these decisions takes a toll on mental health.<sup>28</sup> Within the UK, people who are in the poorest 10% of the population are already twice as likely to die by suicide than those in the richest 10% of the population.<sup>57</sup>

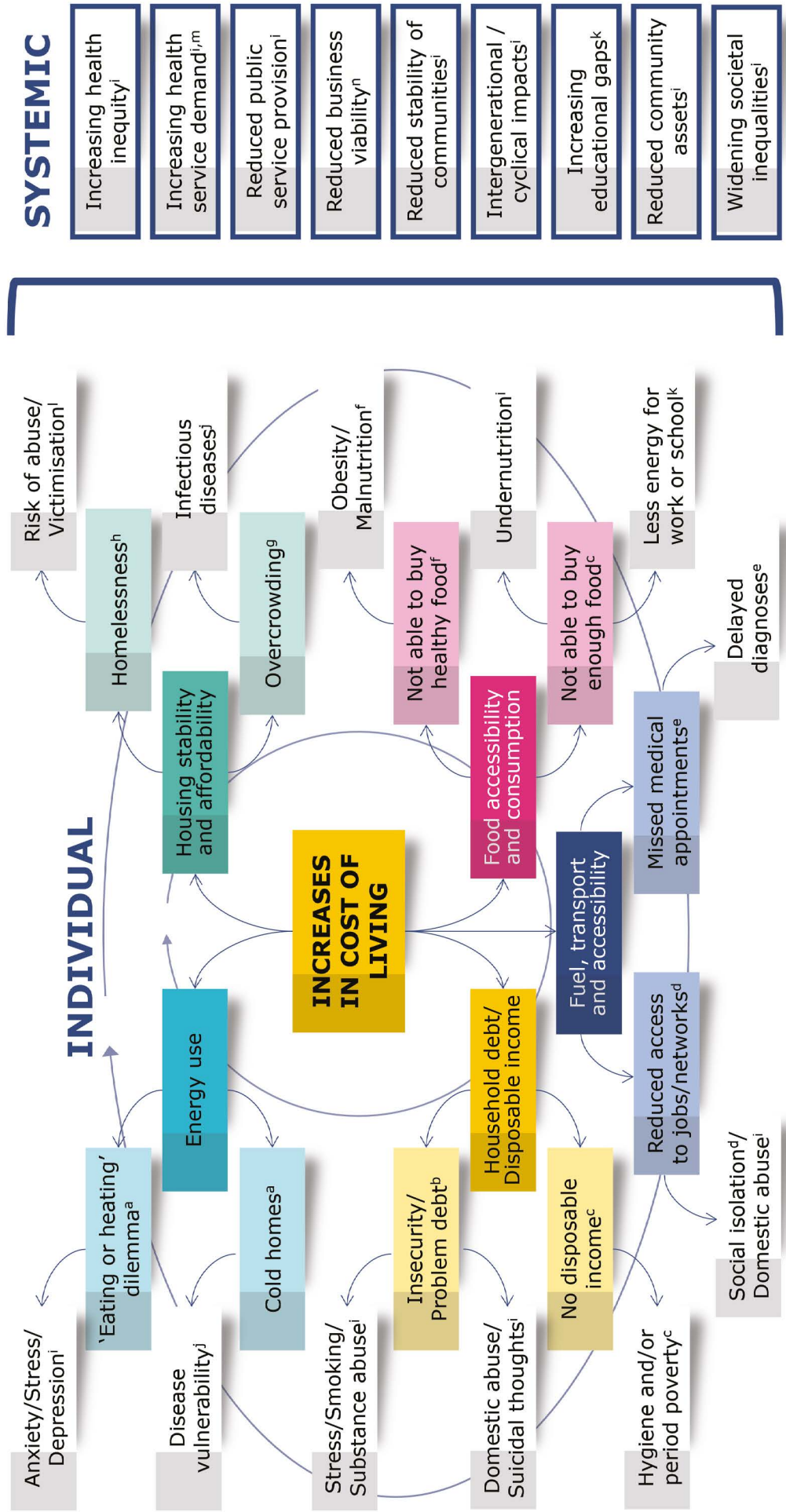


Figure 8. Conceptualisation of the ways in which the cost of living crisis links to health. Infographic developed by authors. See 'References for Figure 8' for sources.



Poorer mental health can also lead to poorer physical health, and can increase **health harming behaviours**, such as smoking, alcohol consumption and low physical activity levels.<sup>58</sup> There is a strong link between socio-economic decline and increases in 'deaths of despair' such as deaths resulting from suicide, drugs and alcohol related diseases.<sup>59</sup> Eating a healthy diet is important but it can be **harder to buy and make nutritious food** on a reduced budget.<sup>60</sup> To follow the recommended healthy eating guide,<sup>61</sup> the poorest fifth of households in the UK would have to spend nearly half (47%) of their income on food, after housing costs.<sup>60</sup> When people struggle to afford food, they are either forced to forgo meals or buy cheaper and less nutritious calories,<sup>60</sup> increasing the risk of **obesity**.<sup>60,62,63</sup> Not eating enough food, on the other hand, can cause growth problems,<sup>60</sup> fatigue and poor concentration in children, – which can lead to lower educational attainment – a key building block for future health.<sup>62,64</sup>

**Spending less on heating homes** creates cold and damp conditions and can compound existing poor quality or poorly insulated housing. This can be bad for health, increasing the risk of heart and lung conditions, or infectious respiratory illnesses such as influenza (flu)<sup>18</sup> (see [Figure 9](#) for a summary of the impacts of poor quality and cold housing on health and well-being). Particularly at risk are older people, the very young and those who have underlying health conditions. For example, babies living in poor and damp homes are 30% more likely to be admitted to hospital or see a doctor.<sup>65</sup> Cold homes also present a risk to safe sleeping for infants. Parents may be unable to maintain safe indoor temperatures, leading to overlaying of blankets or unsafe co-sleeping to maintain warmth.<sup>66</sup> The costs of energy use within the home will be a significant challenge for those with chronic health conditions or who are terminally ill, particularly those reliant on home medical devices requiring electricity.<sup>67</sup>

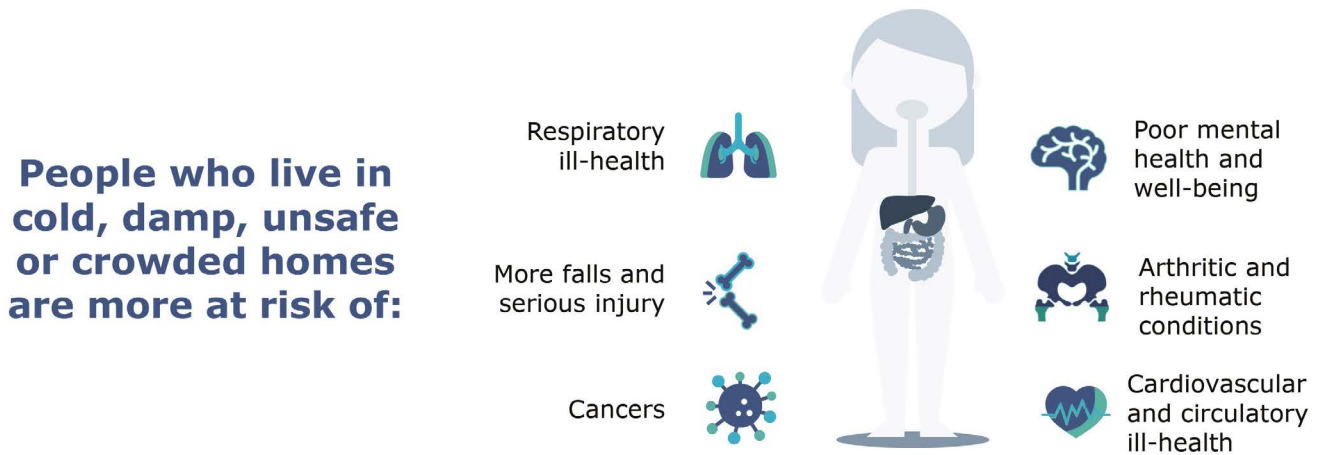


Figure 9. The impact of poor quality and cold housing on health and well-being.<sup>18</sup>

Being unable to **keep up with bills, rent or mortgage payments** can increase the risk of eviction and homelessness. Poor health can both cause and result from homelessness, and experiences of homelessness, violence and substance misuse are often interlinked.<sup>68</sup>

People who are financially struggling are more likely to cut back on goods and services that are necessary for hygiene and physical health (for example goods for dental health or menstrual products), contributing to **'hygiene poverty'** or **'period poverty'**. Between January and July 2022, 30% of people in Wales cut back on essential toiletries.<sup>5</sup> This can have a significant impact on mental and physical health, as well as acting as a barrier to education and work, and negatively impacting on family and social life.<sup>69</sup>

**Reducing spending on transport** can result in people facing **social isolation**<sup>70</sup> or having to **miss important medical appointments**.<sup>71</sup> Unaffordable transport also reduces access to work, making obtaining and maintaining a job more difficult, reducing income even further.<sup>70</sup> It can also prevent people from fulfilling **caring responsibilities**, such as childcare or helping older relatives. This has consequences for the mental and physical health of individuals and the people that rely on them.

It is likely that households (and particularly worse off households) will face difficulties affording energy, fuel, food and housing costs all at the same time.<sup>5</sup> Consequently, **the negative impacts outlined above will compound each other** and interact, making the **overall impact on health and well-being even worse**.<sup>28</sup> For example, households who said they do not eat a filling meal once a day are also less likely to heat their home adequately and are more likely to live in a home with damp, increasing the risk to their health and well-being in multiple ways at the same time.<sup>72</sup>

Income is a key driver of health and well-being in and of itself. A **loss of income has a negative impact on health and well-being** that is greater than the benefits of an equivalent increase.<sup>73</sup> The health and well-being benefits of increased income are greatest for those on the lowest wages; when the increase moves people above the poverty line the impact is almost half as effective as anti-depressants at improving mental health.<sup>73</sup>

The risk that the cost of living crisis presents to businesses also bears significant impacts to the health and well-being of the population more broadly, particularly if it leads to job losses or reduced working hours. **Unemployment has particularly scarring effects on mental health and well-being**,<sup>74</sup> and evidence focusing on the 2008 recession highlighted financial and job insecurity and unemployment as major risk factors for mental illness, suicide, substance misuse and food insecurity.<sup>75</sup> The loss of community and voluntary services and assets, particularly in deprived areas where the level of need is higher, also presents a threat to health.<sup>28</sup>



## 2.1.1 Impacts on health inequalities

Poverty already cuts lives short in Wales. Even before the cost of living crisis, **people living in the poorest parts of Wales were dying over six years earlier than those living in the least deprived areas** – 7.5 years for men and 6.3 years for women – and spending a greater number of years in poor health<sup>76</sup> (see [Figure 10](#) for male and female life expectancy in the most and least deprived areas of Wales). The most disadvantaged areas have seen a concerning decrease in life expectancy for both men and women in the years prior to the COVID-19 pandemic and following UK-wide austerity policies introduced in 2010.<sup>54</sup> Moreover, the most deprived areas of Wales had COVID-19 mortality rates that were 95% higher than the least deprived areas.<sup>77</sup>

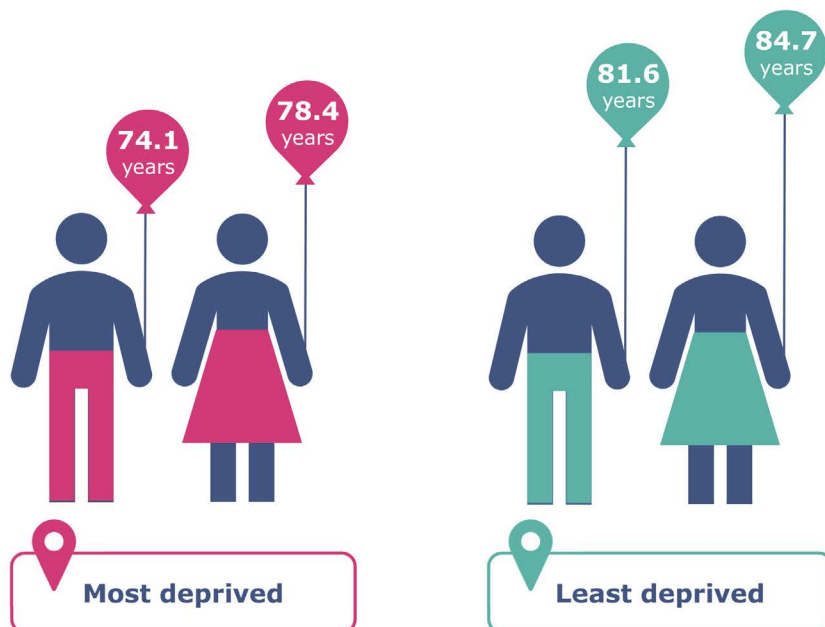


Figure 10. Male and female life expectancies by the most and least deprived areas of Wales (the top and bottom deprivation quintiles) (2018-2020).<sup>76</sup>

By increasing the scale and severity of poverty in Wales, the cost of living crisis has increased, and will continue to increase, the scale and severity of poor health and well-being. That is, the **health needs of the most deprived groups are likely to increase further**, and at the same time, **more people are likely to find their financial situation starting to have a negative impact on their health** for the first time.

The greater impact that the cost of living crisis is having on those who are more deprived (see [section 1.2](#)) means **the cost of living crisis will increase health inequality in Wales** – however, it is important to note that the crisis is likely to affect most people in Wales.

The World Health Organization (WHO) states that there are five building blocks, or ‘essential conditions’ for a healthy life:<sup>78</sup>

1. **Income security and social protection** (how secure our finances are, whether through income and/or welfare)
2. **Social and human capital** (how connected we feel to each other, our community and society)
3. **Employment and working conditions** (the quality and conditions of our work)
4. **Living conditions** (including the quality of our home, natural environment and the air we breathe)
5. **Health services** (how available, accessible and acceptable our healthcare services are)

Recent analysis by Public Health Wales has shown that these building blocks explain nearly half (45.5%) of the health gap<sup>v</sup> in Wales.<sup>79</sup> [Figure 11](#) illustrates the breakdown of the gap in fair/poor health that is explained by each of the five essential conditions, with over 80% of the gap due to two factors: income security and social protection (40.2%), and social and human capital (40.1%). This novel work highlights the importance of economic and social factors in influencing people's health.

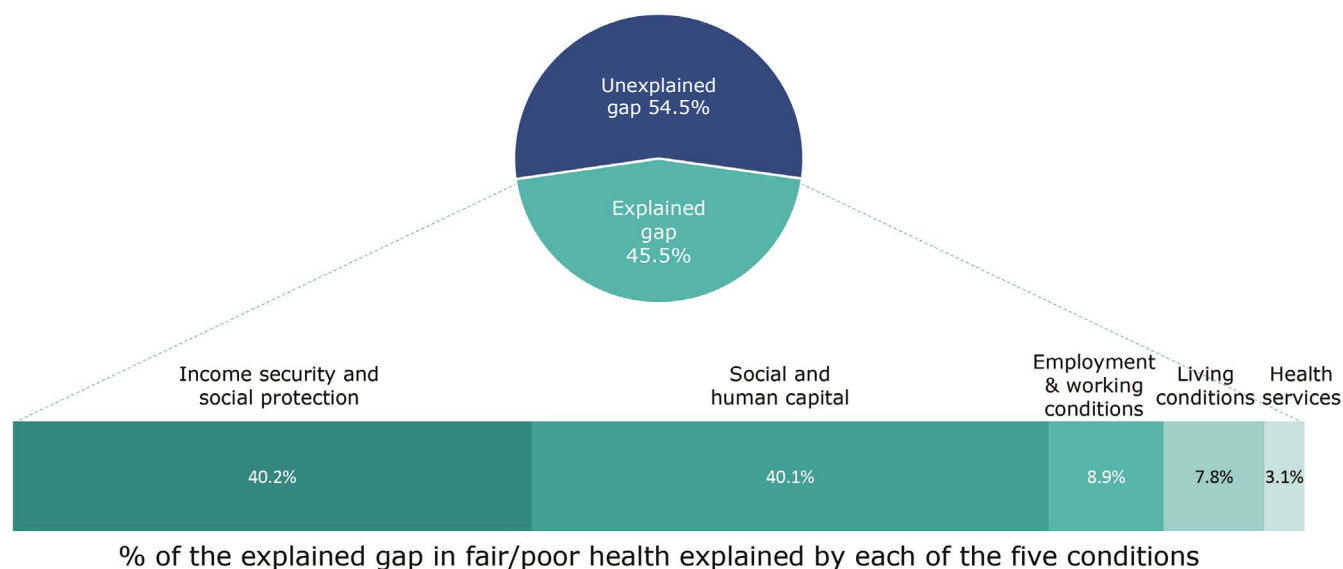


Figure 11. The explained gap in prevalence of fair/poor health explained by each of the five essential conditions for a healthy life.<sup>79</sup>

The cost of living crisis has a direct impact on how much money people have available to them (income security and social protection), and this will have a particularly significant impact on health inequalities. However, it is important to recognise that the cost of living crisis also impacts on all the other building blocks/essential conditions. That is, **the cost of living crisis can worsen existing inequalities in health and well-being through a variety of different mechanisms.** [Figure 8](#) includes examples of pathways that fall within social and human capital; employment and working conditions; living conditions; and health services. For example, the loss of community and voluntary services and assets, particularly in deprived areas where the level of need is higher, has been shown to contribute to widening health inequalities.<sup>28</sup>

<sup>v</sup> The difference in the percentage of people in each group who said they were in fair/poor health.

## 2.1.2 Health and well-being impacts into the long-term

**The impact of poverty and financial insecurity on health can last a lifetime and be handed down between generations.** For example, infant mortality rates, which are a sensitive indicator not only of maternal and child health, but also the general well-being of society, are associated with socio-economic disadvantage.<sup>62,80</sup>

**Children growing up in poverty experience many disadvantages which accumulate across the life-course,** leading to inequalities in health, cognitive development, social and emotional development and educational attainment.<sup>81</sup> For example, children from poorer households (based on access to Free School Meals) are nearly a third (28%) less likely to leave school with five A\*-C grades compared to children from more affluent households,<sup>64</sup> and this disadvantage gap is higher in Wales compared to England.<sup>82</sup> This can have long-term consequences, as an individual with better educational attainment will earn more on average over their lifetime<sup>83</sup> – the median salary of 40-year-old university graduates is around twice that of those qualified to GCSE level or below.<sup>84</sup> This traps people and families in poverty.

Not being able to afford healthier diets during the cost of living crisis, particularly for children, can have long-term health and well-being consequences. For example, poor diet in childhood is associated with an increased risk of obesity over the life-course,<sup>85</sup> while low intake of calcium and vitamin D during adolescence can affect bone health and result in osteoporosis decades later.<sup>86</sup>

In addition, financial strain and stress caused by the cost of living crisis can affect mental health. People with poor mental health are more likely to experience subsequent reductions in income, meaning the cost of living's negative impacts on people's mental well-being (such as stress, anxiety or social isolation), may lead to other financial and health problems in the future, potentially creating a downward spiral even when the cost of living itself starts to improve.<sup>73</sup> In addition to this, **mental health problems significantly increase the risk of developing physical health problems, and vice versa,** creating a vicious cycle.<sup>87</sup>

The long-term mental health impacts of the cost of living crisis do not only impact those who are directly affected, but their families too. For example, the risk of suicide significantly increases for those bereaved by the suicide of a relative or friend.<sup>88</sup> There is also a clear link between poverty and child abuse and neglect.<sup>89</sup>

Overall, the cost of living crisis will **further entrench what were already stubbornly high rates of poverty and associated inequalities in health outcomes** in Wales. This will make tackling the underlying causes of health inequalities driven by poverty an even greater challenge.

## 2.2 Impacts on the health and care system

Poor health and well-being outcomes caused and worsened by the cost of living crisis will have a **negative impact on NHS demand, costs and quality** (see [Figure 12](#) for an image demonstrating the cyclical impact of health inequality on population health and the health service in Wales).<sup>28</sup>

For example, £936 million was spent on treating mental health problems in Wales by the NHS in 2020-2021.<sup>90</sup> It can be assumed that the cost of living crisis will increase the demand on mental health services (see [section 2.1](#)). If the cost of living crisis has a similar impact on mental health in Wales as the COVID-19 pandemic, the proportion of people experiencing severe mental health issues could more than double, and mental health inequalities can also be expected to increase.<sup>91</sup>

If the increase in demand is not met by an equivalent increase in funding, the quality of NHS services can be expected to decrease – for example, because patients experience increased waiting times. This may mean that patients present to services with more severe symptoms, making treatment more difficult, and increasing the overall cost of delivering mental health services. As a result, the overall response would worsen, as the NHS deals with increases in patient demand and severity with insufficient resource. This in turn would worsen patient outcomes further, causing a negative cycle on NHS demand, cost and quality (see [Figure 12](#)).



*Figure 12. Cyclical impact of increasing health inequality on population health and the health service in Wales.*

Health inequality also adds pressure to NHS resources. Poor health that occurs because of poverty or deprivation means people living in the most deprived areas in Wales use hospital services more than those in less deprived areas. Public Health Wales estimated that **higher use of hospital services due to deprivation, or poverty-driven poor health, costs the NHS in Wales an extra £322 million per year**, equivalent to around £1 in every £12 (8.7%) spent on Welsh hospitals.<sup>92</sup>

NHS employees are also subject to the negative impacts of the cost of living crisis. For example, a recent survey in Wales found that over half of nurses and midwives had mental well-being scores indicative of either probable clinical depression (31%) or possible mild depression (27%).<sup>93</sup> This risks exacerbating existing workforce challenges and has a knock-on effect on those with care and support needs.

The **cumulative impact on NHS demand** comes at a time when it is already facing a backlog from the COVID-19 pandemic. This means that into the long-term, demand for healthcare services is likely to continue to outstrip the system's ability to respond.

There is a risk of creating a two-tier health system if people who can afford to pay for private healthcare do so in order to avoid long NHS waiting times.<sup>52,94</sup> This feeds into and reinforces issues of equity.

The cost of living crisis also means that the spending power of health and social care services is reduced. That is, **the NHS and social care services are themselves facing increasing costs**, such as higher energy bills for hospitals and care homes, or increased transport costs which affect the ability to deliver care in the community. Consequently, **the health and care system will be under pressure to meet increased demand for services at the same time that delivering them will become more expensive** – essentially while it is experiencing a real-term cut to its budget.<sup>95</sup>

### 3 A public health approach to the cost of living crisis

The cost of living crisis is a public health issue and therefore a public health response is required. The elements that constitute a public health approach are set out in [Figure 13](#).

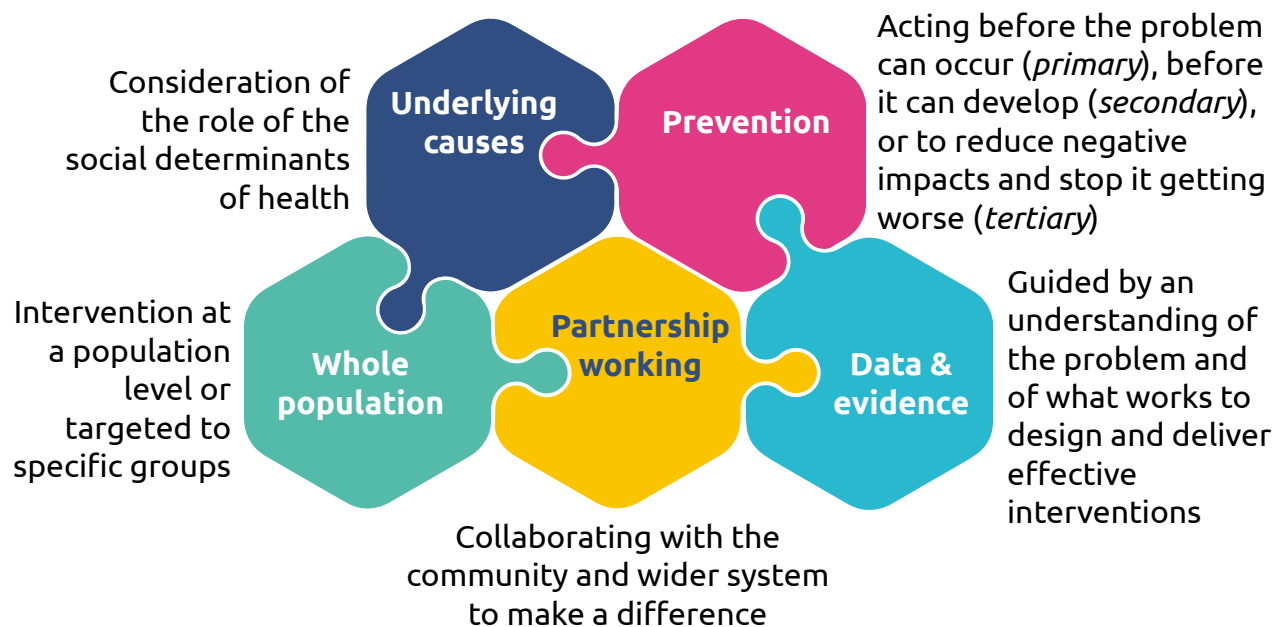


Figure 13. Five elements common to public health approaches. Figure adapted from 'Public health approaches in policing: A discussion paper'.<sup>96(p7)</sup>

A public health response to the cost of living crisis needs to:

1. Recognise the **immediate threat** the cost of living crisis poses to health and well-being, with a greater focus on **supporting those who will be hardest hit** (see [section 4.1](#)).
2. Prioritise **preventative action**: the negative impacts of events such as the cost of living crisis – and the COVID-19 pandemic before that – are so significant because they push on the existing vulnerabilities of entrenched poverty and inequity in Wales. Tackling the underlying causes of these will create a healthier and more equal society and, therefore, one more resilient to future challenges (see [section 4.2](#)).

The first step in forming a public health approach to the cost of living crisis in the short and longer-term is **using evidence and data to understand the issue, as it currently is and how it could develop**. This can come from evaluating the response as it evolves at home and internationally, and/or by learning from relevant past events, such as the COVID-19 pandemic or previous financial shocks.

Evidence also shows that an effective response will require **co-ordinated action on the wider determinants of health**, with evidence-based action at scale to mitigate the negative impacts of the crisis but to also help put Wales on a surer footing for the future, with a healthier and more equal society.<sup>97</sup> This is most effective when a whole systems approach is taken at a local level (place-based) in order to create **fair and sustainable places, communities, and occupations that enable a healthy standard of living for all, with a focus on giving every child the best start in life**.<sup>62</sup>

**Public Health Wales can take a leading role in supporting and coordinating a system-wide public health response** by providing the data, insight and evidence of promising practice examples needed to enable action in the short and longer-term. [Box 1](#) provides examples of the resources produced to date. Further examples of how Public Health Wales is working with the wider public health system on specific issues relevant to the cost of living crisis can be found in [Table 1](#) and Boxes [3](#), [4](#), [5](#), [6](#), [7](#), [8](#) and [9](#). In addition, Public Health Wales hopes that, by setting out early thinking, this report can provide a framework for further analysis and ongoing surveillance of impacts.

## Box 1: Public Health Wales data, insight and evidence to support a public health response to the cost of living crisis

Public Health Wales is developing resources to enable a system-wide public health response to the cost of living crisis in Wales, to ensure the response is based on the latest available data, insight and evidence, both from within Wales and internationally. These include:

- Publishing a short report capturing insight from an international seminar Public Health Wales facilitated with the **World Health Organization's Regions for Health Network** looking at current challenges, early mitigation approaches, and opportunities for sustainable solutions (forthcoming).
- Publishing an **International Horizon Scanning report** on the cost of living crisis drawing on international evidence and learnings from the 2008 financial crash.<sup>98</sup>
- Working with Welsh Government to conduct **monthly population panel surveys** to monitor the impacts of the cost of living crisis on the health and well-being of the Welsh population throughout winter.
- Producing the **Welsh Health Equity Solutions Platform**, which shares examples of promising practice and the latest data and evidence to tackle health inequalities.
- Providing **support on Health Impact Assessments** and embedding a health in all policies approach through tools, training and advice (see [section 3.2](#)).
- Developing a **data and intelligence dashboard** to monitor the evolving impact of the cost of living crisis on health and well-being and support identification of population groups at higher risk of negative impacts.
- Analysing data from a Welsh population survey on heating and housing conducted in January-March 2022 to explore the potential impact of increases in cost of living.



### 3.1 Investing in health and well-being

**Investment in health and well-being has wider implications for society** and how it operates. [Figure 14](#) depicts the broad social, economic, environmental and cultural circumstances that determine the health of the population, known more broadly as the ‘wider determinants of health’.<sup>99</sup>

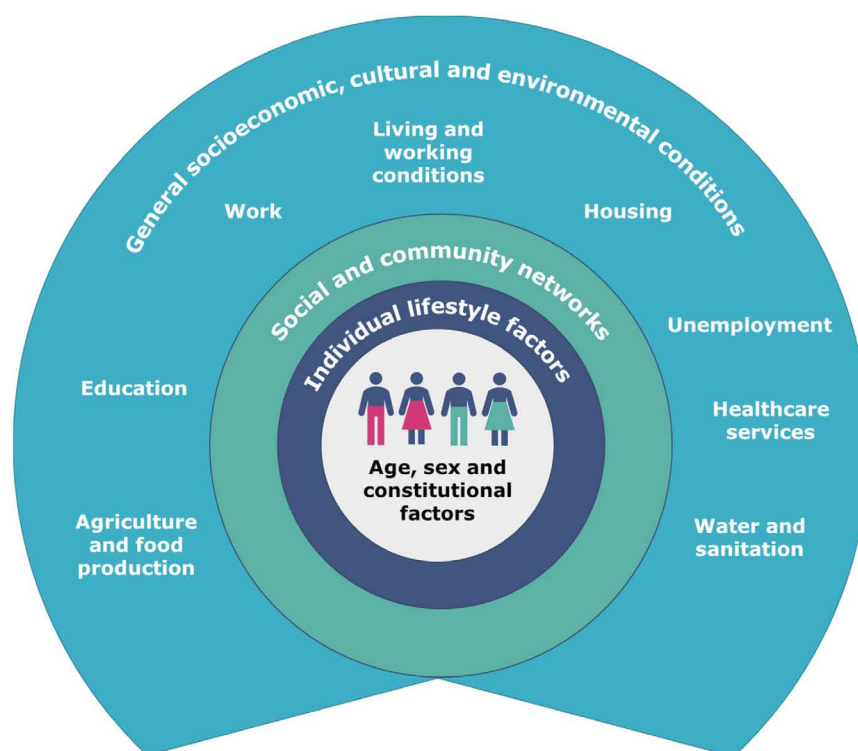


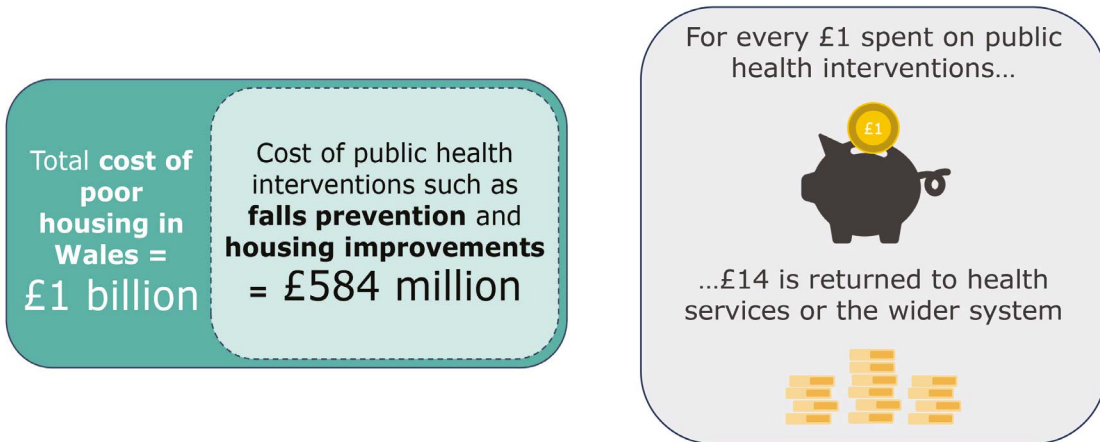
Figure 14. The Dahlgren and Whitehead model (1991) of the wider determinants of health.<sup>99(p11)</sup>

Investment (or divestment) in any one of these areas has impacts across other areas. Macroeconomic challenges such as the cost of living crisis will impact all living and working conditions. There is considerable evidence demonstrating that it is financially preferable for systems to prevent, rather than treat, ill-health.<sup>100</sup> A 2016 systematic review of the return on investment of public health interventions demonstrated that **on average for every £1 invested in public health, £14 is returned to health services or the wider system.**<sup>100</sup>

The cost of living crisis highlights two main challenges for investment in health and well-being. Firstly, **what investments can be made now in order to mitigate the current challenges in Wales.** For example, poor housing in Wales is estimated to cost society around £1 billion per annum, with a significant proportion of that cost being felt by the NHS in terms of the treatment for falls and respiratory illnesses.<sup>20</sup> However, public health interventions such as falls prevention and housing improvements, costing £584 million, offer positive returns over the short to medium-term (1-6 years).<sup>20,101</sup>

The second main challenge on investment in health and well-being in relation to the cost of living crisis is how it will impact **funding for public health programmes in the short, medium and longer-term across sectors.** Public health interventions, especially those operating at a local level within communities, are funded via a range of income streams across the NHS, local government and the third sector. They range from holiday hunger clubs run by local faith groups to system-wide programmes aimed at tackling complex challenges such as obesity.

**A macroeconomic shock such as the cost of living crisis puts funding challenges front and centre for many decision makers.** Indeed, the 2016 systematic review identified that £200m cuts to public health services in England would potentially lead to additional future costs of around £1.6bn.<sup>100</sup> **Investing in health and well-being is the right thing to do – it saves lives and money and brings multiple benefits.** [Figure 15](#) summarises evidence to date on the economic **return on investment** from public health interventions.



*Figure 15. Return on investment findings for policy action area interventions. All data based on single studies. Sources: Total cost of poor housing; Housing (adaptations); Housing (housing first, complex needs); Housing (insulation); Energy (vulnerable households).<sup>18</sup> Debt (debt advice services).<sup>102</sup> Targeted flu vaccination.<sup>65</sup> Public health opportunity cost.<sup>100</sup> \*Translated from findings of an intervention carried out in New Zealand. \*\*Data retrieved from WHO (2017) Health Evidence Network report 51<sup>103</sup> and Public Health Wales (2016) 'Making a Difference' report.<sup>65</sup>*

## 3.2 Policies to guide our response

The unique policy context of Wales provides an **enabling environment** for public bodies (and others) to act on the underlying causes of poor health and well-being in their immediate response to the cost of living crisis and when looking longer-term.

1. The **Well-being of Future Generations Act 2015** calls on public bodies to maximise their contribution to each of the seven well-being goals set out in the Act in all their decision-making. Each of the well-being goals mirror the underlying causes of health inequalities, and therefore provide an opportunity for public bodies to identify solutions to the cost of living crisis that protect and improve the health and well-being of both present and future generations in Wales. How the Act also supports partnership working in the short and longer-term response to the cost of living crisis is explored in [section 4.2](#).
2. The **Socio-economic Duty** requires public bodies to consider the impact of their strategic decisions on those living in or at risk of poverty, and aims to support public bodies to make decisions that improve the experiences and outcomes of people affected by socio-economic disadvantage.
3. The **Social Services and Well-being (Wales) Act 2014** seeks to improve the well-being of people who need care and support, and carers who need support. With its principles of promoting well-being; voice and control; prevention and early intervention; co-production; and collaboration, the Act is key to protecting people from harm.

Welsh Government has committed to **'health in all policies'**, for example, through legislation such as the Well-being of Future Generations Act and the Public Health (Wales) Act 2017. Health in all policies calls on decision-makers to consider how policies and actions could have an effect on population health and well-being, including consideration of the wider determinants of health (see [Figure 14](#)), as well as how population groups may be differently affected. **During times of crisis, a 'health in all policies' approach can, at a minimum, serve to safeguard health and well-being, and at best, provide an opportunity to improve health and well-being in the longer-term.**<sup>75</sup>

**Health impact assessments** (HIAs), mandated through the Public Health Act, are a way of identifying how policies, plans and proposals may affect health, well-being and inequalities (both positively and negatively). HIAs can be used at the design and development phase prospectively, or to help understand impacts retrospectively. The findings can be used to revise a policy proposal or to take action to mitigate against any unintended negative impacts. Public Health Wales is home to the [Welsh Health Impact Assessment Support Unit \(WHIASU\)](#), which provides training and support on undertaking HIAs, and conducts HIAs on topics relevant to Wales.

### 3.3 Working together to make a difference

To mitigate the impact of the crisis and put into practice what works, **sectors, organisations and communities across Wales need to work together** to prioritise the many ways their actions can support people's health and well-being.

The Well-being of Future Generations Act established **Public Services Boards (PSBs)** as a way of facilitating collaborative working across the public sector towards shared well-being goals. This provides a vital framework for organisations to come together to tackle cross-cutting issues that require coordinated action, such as education and housing. A **collaborative and integrated approach** to working with partners, that **involves local people and considers the long-term**, with an emphasis on **prevention and public health**, will help address the current and future health, social and economic challenges in Wales stemming from the cost of living crisis.

Other important partnerships, for example **Regional Partnership Boards** established as part of the Social Services and Well-being Act, bring together key partners and seek to improve well-being and how local services are delivered, through co-production with citizens.

Meaningful positive change can only be achieved by **engaging and empowering communities in order to shift the power dynamic that drives inequalities.**

## 4 Policy action areas

Below we highlight where we can work together to **mitigate the negative impacts** of the cost of living crisis on health and well-being (see [section 4.1](#)) and **create a healthier and more equal Wales** (see [section 4.2](#)). See [Figure 16](#) for a summary of the priority action areas that are presented in the following sections.

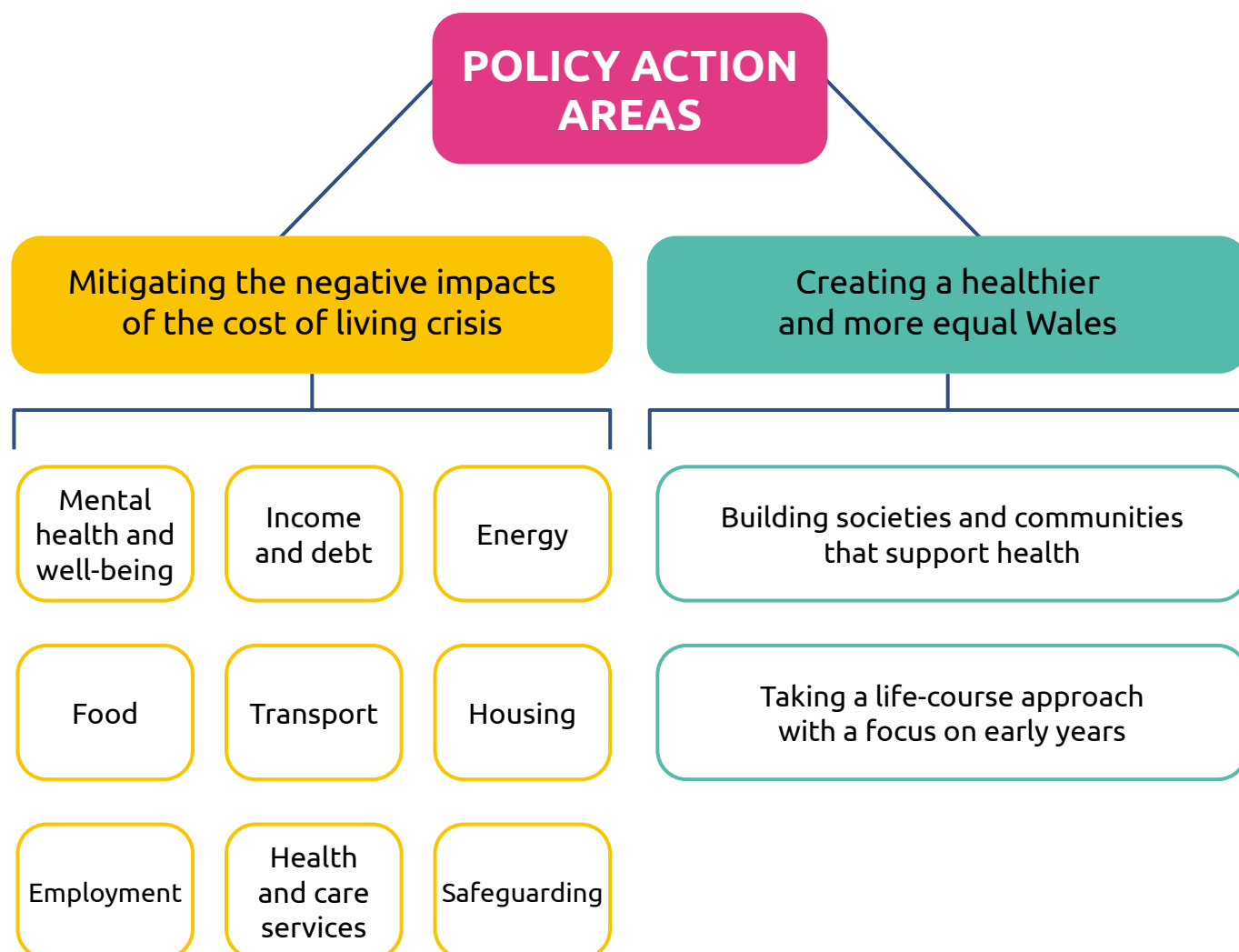


Figure 16. The priority policy action areas for mitigating the cost of living crisis on health and well-being and creating a healthier and more equal Wales.

### 4.1 Mitigating the negative impacts of the cost of living crisis

The proposed **priority policy areas** are drawn from the analysis of the mechanisms through which the cost of living crisis will impact on health and well-being in the short and longer-term presented in [section 1](#) and [section 2](#).

Action is required across a breadth of areas in the short-term to protect people from immediate harms, particularly as we go into winter months with higher fuel and food prices, and stretched public services. However, in view of further anticipated falls in household disposable income, rising poverty levels, and subsequent longer-term impacts on health and health inequalities, it is important to look beyond the short-term and act to support and protect people in the medium to longer-term.

Table 1. Summary of options for response in the short and medium/long-term, across priority policy areas.

Priority area	Why is action needed?	Short-term response	Medium/long-term response
Mental health & well-being	<p>The risk that the cost of living crisis poses to people’s mental health is an overriding and pressing concern. Poor mental health is closely linked to poverty, and money worries are strongly linked to anxiety and depression, and are a major risk factor for suicidal thoughts.<sup>28,75</sup> Mental health and well-being could be further harmed through a number of other mechanisms linked to the cost of living crisis.</p>	<p><b>Mental health support:</b> Mental health and well-being support should:</p> <ul style="list-style-type: none"> <li>• Be offered at an individual and family level, recognising that poor mental health of an individual can have negative consequences for the wider family<sup>104</sup> (see also <b>violence &amp; ACE prevention</b>).</li> <li>• Be tailored to the populations who are at high risk, which may include those experiencing financial strain, parents, young people or those without access to the internet.</li> <li>• Draw on and strengthen existing community assets or local support initiatives, including social prescribing (see also <a href="#">section 4.2.1</a>).</li> <li>• Be trauma-informed, promote mental and physical well-being and put into practice the principles and practice levels of the National Trauma Practice Framework (see <a href="#">Box 6</a>).</li> </ul> <p>Specific measures to mitigate the negative impacts on mental health and well-being are also identified across a number of themes (see also <b>suicide prevention, financial advice services, homelessness prevention, social interactions, staff support, safeguarding, <a href="#">Box 2</a> and <a href="#">Box 3</a></b>).</p>	<p><b>Mental health promoting environments:</b> Protective factors boost mental health and resilience. Specific measures to promote these are identified across a number of themes and include:</p> <ul style="list-style-type: none"> <li>• Positive social interactions, safe neighbourhoods and community cohesion (see <a href="#">section 4.2.1</a>).</li> <li>• Nurturing, caregiving and supportive learning environments (see also <b>violence &amp; ACE prevention and parenting support</b>).</li> <li>• Quality education and fair work (see also <b>staff support, fair work, <a href="#">Box 3</a> and <a href="#">Box 4</a></b>).</li> <li>• Trauma-informed, whole of society approach that is needs-led, and operates at an individual, organisational and systems level (including the workforce), using the National Trauma Practice Framework (see <a href="#">Box 6</a>).</li> <li>• Particular focus should be given to early years, as infancy, childhood and adolescence are ages of particular vulnerability and opportunity in mental health (see also <a href="#">section 4.2.2</a>). Investment here can lead to long-term savings by improving employment prospects.<sup>65</sup> One example is taking a whole-school approach to emotional and mental well-being.<sup>105</sup></li> </ul> <p><b>Social prescribing:</b> Connecting citizens to community support, often provided by the third sector, can enable people to better manage their health and well-being.<sup>106</sup> Whilst widespread across Wales, current provision is variable in terms of the quantity and type of activity.<sup>107</sup> The introduction of an all-Wales social prescribing framework in 2023 – which Public Health Wales has been supporting the development of<sup>107</sup> – will improve consistency.</p>



Priority area	Why is action needed?	Short-term response	Medium/long-term response
<p>Income &amp; debt</p>	<p><b>Income:</b> Low incomes are associated with poor mental and physical health, while increased income has a positive impact.<sup>73</sup> Mechanisms for maximising income during the cost of living crisis, particularly for those with the lowest incomes, will benefit health and well-being (see <a href="#">Box 2</a> for a case study).</p> <p><b>Debt:</b> The number of people borrowing money in Wales has increased since the cost of living crisis to 1 in 4 (25%, compared to 17% in May 2021).<sup>5</sup> There is robust evidence that debt is linked to poor health, particularly mental health,<sup>28,108</sup> including children in families struggling with debt.<sup>109</sup></p> <p>The Bank of England's recent interest rate increase (to 3% – the eighth rise since December 2021)<sup>110</sup> means the cost of borrowing as well as mortgage payments for those on variable rates, looking to re-mortgage, or get a mortgage for the first time, will all increase, adding further strain to household finances.</p>	<p><b>Income maximisation:</b> Campaigns to raise awareness of the support available; simplifying the application process; and/or applying auto-enrolment would support this (see also <b>energy bill support and housing costs support</b>).</p> <p>A 10% increase in the Real Living Wage (by £1 to £10.90) was brought forward from November to September 2022.<sup>111</sup> Employers signing up voluntarily to pay the Real Living Wage (in contrast to the UK Government's minimum wage) is a further way to maximise income for lower paid workers.<sup>111</sup></p> <p><b>Financial advice services:</b> Advice for people with debt problems in primary care settings and support for their families is a cost-effective method for improving mental health and well-being.<sup>112,113</sup> Existing local initiatives for providing advice, information or assistance, including via social prescribing, should also be encouraged and supported.</p> <p><b>Basic income pilot learning:</b> Welsh Government is piloting a basic income scheme for all young people leaving care who turn 18 over a 12-month period.<sup>114</sup> Efforts should be made to identify any early learning from the pilot for care leavers and consider how this could be extended or applied to other vulnerable population groups.</p> <p><b>Suicide prevention:</b> Financial strain is a key risk factor for suicide, especially among men. Social protection measures have been found to reduce suicide rates following job losses during times of financial crises.<sup>115</sup></p>	<p><b>Income maximisation:</b> Integration of and joint working between services, such as health and care and advice services, can help to deliver targeted support to those who are most at risk of financial strain and to increase income.<sup>116</sup></p> <p><b>Unemployment benefits:</b> Whilst social security is not devolved to Wales, it is important to note that passive labour market policies provide income security during economic downturns and mitigate health inequalities.<sup>117</sup></p>



Priority area	Why is action needed?	Short-term response	Medium/long-term response
<p>Energy</p>	<p><b>Fuel poverty:</b> The cost of energy is rising faster than other goods and services (see <a href="#">Figure 1</a>).</p> <p>A significant proportion of households in Wales can be expected to be in fuel poverty following the increase in average energy bills to £2,500 per year for a typical household from October 2022 (see <a href="#">section 1.1</a> and <a href="#">section 1.3</a>).</p> <p>Fuel poverty results in cold homes, and both fuel poverty and cold homes contribute to excess winter deaths.<sup>18</sup> Cold homes are associated with a range of negative health impacts including worse mental health in children; increased risk of unsafe sleeping for babies and infants; respiratory and circulatory problems in adults; and increased risk of stroke, worse respiratory health, and increase hospital admissions in older people.<sup>18</sup></p> <p><i>See also <b>income maximisation, food cost support, housing, and transport.</b></i></p>	<p><b>Energy bill support:</b> Targeted support on energy bills, such as extending the Winter Fuel Support Scheme and its eligibility, could have ripple effect benefits (see also <b>income maximisation</b>).</p> <p><b>Cold homes:</b> The NICE quality standard for reducing health risks (including preventable deaths) associated with cold homes<sup>118</sup> applies to Wales. Full implementation would ensure people at high risk of poor health due to cold are identified and given ongoing, tailored support on health and housing through a single point of contact.</p> <p><b>Identifying those most at risk:</b> Staff working in public services, including the health and care sector, could be trained to identify those living in fuel poverty and refer them to support services. Support for new parents on safe sleeping advice by midwives and health visitors in the context of cold homes may be beneficial. Additional support to local keep-warm initiatives could be provided, particularly when targeted at those at greatest risk, for example young children, older people and people with disabilities or long-term health conditions.</p> <p><b>Modifying energy usage:</b> Information and advice can empower individuals and families to be more efficient with their energy use, or what time of day they use it, in order to reduce their energy bills. Recent analysis of the relative running costs of different domestic appliances/ heating options,<sup>119</sup> as well as smart meters, can help support this.<sup>116</sup></p>	<p><b>Insulation and energy efficiency measures of existing properties:</b> As well as directly improving health, measures can reduce fuel poverty and carbon emissions.</p> <p><b>Affordable, green energy:</b> Pursuing and accelerating Wales' ambition for low-carbon electricity as its main source of energy will protect citizens from unaffordable bills, and help create a healthier environment.<sup>120</sup></p> <p><b>Reducing energy usage:</b> Cutting back on how much energy is used in the home and by businesses is an important part of decarbonisation efforts.</p>

Priority area	Why is action needed?	Short-term response	Medium/long-term response
Housing	<p><b>Homelessness:</b> People who experience homelessness have poor health outcomes.<sup>121</sup> The risk factors for homelessness include poor mental health, a lack of affordable housing, unemployment and disadvantage.<sup>122</sup> The cost of living crisis will act on all these factors and put more people at risk of homelessness. Rough sleeping has already increased by almost two fifths.<sup>50</sup></p> <p><b>Household energy efficiency:</b> Wales' housing stock is the oldest in the UK, and some of the least energy efficient in Europe.<sup>18</sup> The energy efficiency of homes, alongside energy prices and household income, determine whether a household will be in fuel poverty (see also <b>fuel poverty</b>).</p>	<p><b>Housing costs support:</b> Approaches such as extending/increasing the Council Tax Reduction Scheme; maximising Discretionary Housing Payments; and extending the Tenancy Hardship Grants should be considered (see also <b>income maximisation</b>).</p> <p><b>Homelessness prevention:</b> It is important to identify those who are or are likely to become at risk of homelessness before it happens in order to provide wrap-around support. Additional support measures for population groups at higher risk of homelessness, such as care leavers, should be considered<sup>123</sup> (see also <b>basic income pilot learning</b>).</p>	<p><b>Right to adequate housing:</b> A Welsh ethos of citizens having the right to live in 'security, peace and dignity'<sup>124(p2)</sup> can underpin efforts to tackle homelessness and promote safe and healthy homes for all.</p> <p><b>Housing quality and energy efficiency:</b> Promoting regulation, quality standards, and tenant protection in the private and social rented sector can improve the quality of homes. Improving the quality and energy efficiency of homes, for example through retrofitting insulation schemes targeted at those experiencing fuel poverty, can improve health through improving household temperatures, and support the ambition to decarbonise homes in Wales.</p>
Food	<p><b>Food prices:</b> High food costs make it harder for people to afford to feed themselves or their families, and makes it even harder to buy healthier options (see <a href="#">section 2.1</a>).</p> <p><b>Child nutrition:</b> Healthy nutrition is key to good health and well-being, and can influence future life outcomes.<sup>125</sup> Conversely, children who are obese are more likely to be obese into adulthood,<sup>85</sup> which is associated with increased risk of diseases such as cancer and diabetes.<sup>126</sup></p> <p><b>Access to healthy food:</b> Food banks and other local and community-based initiatives can be a vital lifeline for those struggling to afford food.</p>	<p><b>Food costs support:</b> Targeted support to reduce the cost of healthier food (including fruit and vegetables), such as an extension of Discretionary Assistance Fund flexibilities, could help address food poverty. Where people are reportedly deterred from healthier food options because of the extra energy costs it takes to prepare them compared to microwave meals,<sup>127</sup> <b>energy bill support</b> would also improve nutrition (see also <b>income maximisation</b>).</p> <p><b>Healthy Start:</b> Increasing take-up of Healthy Start,<sup>128</sup> which offers food vouchers for pregnant women and families with babies and children under 4 years old, could help make healthy food for children more affordable.</p>	<p><b>Healthy Eating in Schools Regulations:</b> Updates of these regulations provide an opportunity to improve the nutritional quality and appropriate portion sizes of food served in schools. For these to be implemented, broader considerations, such as funding for meals and staffing, need to be addressed.</p> <p><b>Sustainable food systems:</b> Wales has the opportunity to build a local food system (for example with public sector organisations creating markets for local food producers), and make a commitment that all citizens have the right to access healthy food.<sup>129</sup></p>

Priority area	Why is action needed?	Short-term response	Medium/long-term response
Food		<p><b>Healthy eating in schools:</b> The expansion of meal allowances and of Free School Meals to all primary school children, provided the meals are nutritious and healthy, are important mechanisms for safeguarding children’s health and improving their diets. Through the <i>Building a Healthier Wales</i> group, Public Health Wales has provided advice to government on this policy (as well as on the expansion of childcare provision for pre-school children) regarding health and equity in the context of the cost of living crisis.</p> <p><b>Emergency support:</b> Supporting emergency schemes such as food banks so that they are better able to offer healthy, nutritious food options is vital.<sup>98</sup> They may also be able to provide essential toiletries, period and dental care products.</p>	
Transport	<p><b>Social isolation:</b> Like the COVID-19 pandemic,<sup>130</sup> the cost of living crisis has the potential to increase social isolation and loneliness by impeding people’s ability to access social opportunities.</p> <p><b>Service accessibility:</b> The cost and availability of transport is an existing barrier for some people to access services, including health and care.<sup>131</sup> The cost of living crisis will make this worse. Missing or delaying medical appointments also has negative consequences for health and well-being<sup>132</sup> and for the efficiency of care providers.</p>	<p><b>Social interaction:</b> Mechanisms that reduce the cost barriers of social activities, including cheaper transport, or that provide free alternatives, would help mitigate the impact of the cost of living crisis on social isolation. This is a particular issue for children, young people and older people.</p> <p><b>Accessible services:</b> Consideration of how services can be delivered to increase accessibility, or how other transport options can be provided, is needed. Where feasible, minimising the need for service users to travel, for example through offering digital healthcare, can help individuals reduce transport-related costs. For example, Public Health Wales is seeking to minimise travel distances to screening services where appropriate and are developing resources to provide information on support available to attend appointments.</p>	<p><b>Active travel and low carbon public transport:</b> Active travel has co-benefits for health, the environment and can result in financial savings for individuals. Wales has already committed to active and sustainable travel through both the Active Travel Act, and Prosperity for All: A Low Carbon Wales.</p>

Priority area	Why is action needed?	Short-term response	Medium/long-term response
<p><b>Employment</b></p>	<p><b>Unemployment:</b> Job loss, particularly redundancy, can have a negative effect on the mental and physical health of individuals, their families and communities.<sup>74</sup></p> <p>Although unemployment is not expected to rise from its current rate (3.8%) until mid-2023, it is projected to increase to 6.3% in 2025 (Q3).<sup>133</sup></p>	<p><b>Early warning approach to unemployment events:</b> This can be mitigated by early identification of those at risk and assessing the potential impacts<sup>134</sup> (see <a href="#">Box 4</a> for more detail on a public health informed approach to mass unemployment events).</p> <p><b>Staff support:</b> All employers have a role in supporting staff financially and/or by promoting good health and well-being (see <a href="#">Box 3</a> for detail of the <a href="#">Healthy Working Wales programme at Public Health Wales</a>).</p> <p><b>Supporting employers:</b> There should be early consideration of identifying the worst hit sectors, and providing targeted advice and guidance, for example on how to support staff (see <a href="#">Box 6</a> for the <a href="#">National Trauma Practice Framework and trauma-informed support for the workforce</a>).</p>	<p><b>Fair work:</b> Fair work can help improve mental and physical well-being among workers and their families. Employers have a key role in improving access to fair work by making sure that they offer jobs with decent pay (fair reward); involve employees; are flexible to their needs; provide healthy environments; and remove barriers for disadvantaged groups, including through uptake of active labour market schemes such as apprenticeships.</p> <p>Government and the public sector have a strong role in creating fair work, not only as employers but also through socially responsible procurement, job creation and attracting fair work employers. For example, the public sector can ensure that its contractors commit to paying their staff a fair wage.</p> <p>Public Health Wales has produced guidance and resources for local and regional agencies on increasing inclusive participation in fair work.<sup>135</sup></p>
<p><b>Health &amp; care services</b></p>	<p>The NHS is the biggest employer in Wales and therefore how it supports its staff can make a substantial contribution to mitigating the cost of living crisis. Following the COVID-19 pandemic, the health and care staff is at a low ebb<sup>83</sup> (see <a href="#">section 2.2</a>).</p> <p>Health and social care services, and the staff that provide them, are essential to mitigating the negative impacts of the cost of living crisis on the health and well-being of the wider population.</p> <p>Like other NHS organisations, Public Health Wales is taking steps to support a public health approach to the cost of living crisis through its roles as an employer (see <b>staff support</b>), service provider (see <b>accessible services</b>) and partner within the wider public health system (see <a href="#">Box 1</a>).</p>	<p><b>Staff support:</b> The mental well-being of health and social care staff should be prioritised due to the level of need.</p> <p>Moreover, health and care organisations should ensure that financial well-being advice and support services are easily accessible to staff.</p> <p>NHS organisations have introduced a range of schemes to support staff, such as maximising flexible working arrangements, recycling schemes, period poverty initiatives, and holiday childcare subsidy schemes. For example, Public Health Wales' flexible working policy enables staff to take the financial aspects of where they work into account. Public Health Wales is also signposting to financial support and ensuring staff can access mental well-being services.</p>	<p><b>Sustainable systems:</b> The health and care system supports the most vulnerable in society. With a responsibility for safeguarding population health and well-being, health and care organisations provide vital services and are part of partnerships in local communities. Sustainable services that prioritise prevention, early intervention and tackling health inequalities can help mitigate socio-economic crises.<sup>51</sup></p> <p>NHS organisations working alongside partners and stakeholders in the community is key to an effective system-wide response. For example, the health and care system is part of the Foundational Economy. This provides a framework for how to support local communities and approach procurement.</p>

Priority area	Why is action needed?	Short-term response	Medium/long-term response
Health & care services		<p>Learning from such initiatives should be shared, so that effective measures are adapted and adopted more widely.</p> <p><b>Supporting services users and local communities:</b> Anchor institutions<sup>vi</sup>, including the NHS, can help identify service users and people in the local community at increased risk, or who have the greatest need, and provide or signpost them to advice and support, including via social prescribing.</p> <p><i>See also <b>debt advice and support</b></i>, which can be provided alongside primary care.</p> <p><b>Preparing for winter:</b> Winter is always a challenging time of year for health and social care services due to increased demand. Steps to prepare for and prevent increased demand can be taken, including promoting the roll-out of COVID-19 and influenza (flu) booster vaccinations.</p> <p><i>See also <a href="#">Box 5</a> and <b>identifying those most at risk and cold homes</b></i>, where hospitals, mental health services and social care services can identify at-risk people as part of the admission process, and ensure people are only discharged to homes that are warm enough.<sup>118</sup></p> <p><i>See also <b>service accessibility</b></i>, where it relates to health and care service provision.</p> <p><i>See also <b>National Trauma Practice Framework (Box 6)</b></i> for workforce support.</p>	

<sup>vi</sup> 'Anchor institutions' are large organisations that have strong links to their local areas. They have assets and resources that can be used to support the health and well-being of their local communities such as through the jobs they provide, as well as the way they deliver their services, how they manage their facilities or through their procurement choices.



Priority area	Why is action needed?	Short-term response	Medium/long-term response
Safeguarding	<p><b>Violence:</b> There is growing concern that the increasing cost of living is having significant consequences for those experiencing violence against women and domestic abuse, for example making it difficult for victims to leave, or resulting in economic abuse or coercive control.</p> <p><i>See also <b>mental health support, income maximisation and debt advice and support.</b></i></p>	<p><b>Safeguarding:</b> Promoting the effective identification of children and adults of all ages who are at higher risk. Good sharing of information between agencies to ensure early identification and effective support is crucial.</p> <p><b>Preventing violence against women, domestic abuse and sexual violence:</b> Scaling up approaches that prevent and mitigate violence, and provide effective support to those that need it, and in a way that is appropriate to their needs.</p>	<p><b>Violence &amp; Adverse Childhood Experiences (ACE) prevention:</b> Promoting and enabling a joined-up public health approach to violence prevention and investing in interventions should focus on:</p> <ul style="list-style-type: none"> <li>• Evidence-led and evaluated approaches that tackle primary, secondary and tertiary prevention</li> <li>• Preventing domestic abuse and supporting victims</li> <li>• Reducing school exclusions</li> <li>• Pathways to employment</li> <li>• Enhancing community cohesion and resilience</li> </ul> <p><b>Parenting support:</b> A public health approach to parenting support through addressing social, economic and structural factors can enable parents to thrive and help their child to have the best start in life. Parenting support is also key to the ending of physical punishment in Wales.</p> <p><b>Wales National Youth Violence Framework:</b> Prevent peer-on-peer violence through using a framework co-produced with and for children and young people.</p>

## Box 2: Improving the financial and mental well-being of young people through income maximisation – a case study

During a six-month pilot (October 2021-March 2022), 1,213 young people received advice via services in the Cwm Taf Morgannwg area to maximise their income. Through this advice, 153 (13%) received income gains, totalling £409,000. When written off debts were taken into account, the gains amounted to over a half a million pounds for these young people. Most of the young people (57%) reported they were less stressed or worried about their financial problem since receiving advice, and 70% felt more confident in dealing with financial problems as a result of the advice received. Over 1 in 4 reported they learnt to better manage their day-to-day finances.

## Box 3: Supporting employers to support their staff

Supporting businesses and organisations to protect and improve the health and well-being of their staff where they can is an important element of responding effectively to the cost of living crisis in the short and longer-term.

In the context of the cost of living crisis for example, some staff may feel it is necessary to leave or reduce their contribution to pension schemes because of affordability. This has potential implications for longer-term financial security and could affect entitlement to other financial schemes, such as ill-health retirement. Employers can help support staff so they can make the best possible financial decisions for them.

*The Healthy Working Wales* programme led by Public Health Wales<sup>136</sup> works with employers to create healthy and safe workplaces, prioritise and promote the health and well-being of their workforces and implement good sickness absence management to prevent people from falling out of work. It assists employers to identify priorities and develop health and well-being action plans and has produced specific [guidance for employers](#) to support staff, including with their mental well-being. Employer [guidance on the cost of living crisis](#) and how to support employees is also provided. *Healthy Working Wales* also supports organisations to progress towards becoming a Fair Work employer.<sup>137</sup>

In addition, the *Wider Determinants of Health Unit* has established an expert panel on [fair work](#). It highlighted how public bodies can impact the nature of work, not only through those directly employed, but through procurement and contracts. Public Health Wales is engaging with organisations across Wales to further understand and influence action in this area supported by resources produced by the unit.



## Box 4: A public health informed approach to managing redundancy

The cost of living crisis is also increasing costs for businesses, putting many employers, particularly small businesses, under additional strain.<sup>138</sup> Unfortunately, this may result in some businesses in Wales having to reduce staff numbers or shut down, leading to unemployment.

Job loss has been shown to increase unhealthy behaviours (such as smoking and drinking) among workers, as well as anxiety and depression.<sup>134</sup> This results in increased risk of death from suicide, alcohol-related diseases, heart attack and stroke. It also has negative impacts on workers' families and communities.<sup>134</sup> Managing the process of redundancy well can significantly mitigate these negative impacts.

Public Health Wales has researched and made recommendations on how to take a public health informed approach to mass unemployment events, including redundancy.<sup>134</sup> It involves taking an early warning approach and identifying communities at risk and the potential impacts in advance. Once unemployment is confirmed, recommended actions are:

- Early mobilisation of a multi-sector response, including health and community perspectives;
- Early implementation of re-employment, financial, health and well-being support for redundant workers;
- Addressing the needs of specific groups, including older and unskilled workers;
- Extending support to family members;
- Supporting the wider community and harnessing assets; and
- Evaluating the impact of the response.

## Box 5: Preparing for winter

Winter in Wales is accompanied by higher levels of poor health (morbidity) and death (mortality).<sup>23</sup> The main causes of excess winter deaths are respiratory disease (including influenza/flu), circulatory diseases and dementia. Unintentional injuries such as falls, particularly amongst older people, are also a significant contributor. This winter will be especially challenging for service providers and users.

Cold winter weather is an important direct cause of poor health, however, wider factors that exist all year round also play a fundamental role. Those living in deprived areas are more likely to have pre-existing illnesses that may be exacerbated in winter months.

The cost of living crisis will increase the number of people who experience poor health during the winter months.

Public Health Wales (2019) recommends the following preventative actions in its report *Improving winter health and well-being and reducing winter pressures in Wales*:<sup>23</sup>

- Helping vulnerable individuals to keep warm such as through services for those experiencing homelessness;
- Supporting households living in fuel poverty, for example by providing financial and practical support;
- Increasing the warmth and energy efficiency of homes, such as through financial help and home improvements;
- Preventing falls, for example through exercise and home safety assessments; and
- Preventing the spread of respiratory viral infections.

There are also a range of actions that can be taken by health and care services:

- Supporting self-management of people with long-term conditions;
- Ensuring support and continuity of care following hospital discharge; and
- Broadening winter planning to year-round preventative planning.

Public Health Wales will be providing expert advice to partner organisations on specific issues. For example, we are working closely with Neath Port Talbot local authority to offer additional public health knowledge and data in the development of their community response, with the view to evaluating and scaling up this approach.

In addition, a comprehensive communications strategy has been set out by Public Health Wales in support of the respiratory disease vaccination programme. This annual, national public campaign aims to increase uptake of flu and COVID-19 vaccines, with a specific focus on vulnerable groups and those experiencing disadvantage.

At the same time, Public Health Wales recognises that the population will be dealing with the impacts arising from the cost of living crisis along with the broader harms of the COVID-19 pandemic. Our campaign messaging will continue to support Welsh Government's *Help Us Help You* campaign messaging, aimed at helping people to choose the right services, and encouraging people to make healthy lifestyle choices. We will also respond to arising issues as they emerge through the winter period, with a specific focus on continuing to deliver communications leadership around communicable disease control.

## **Box 6: Trauma-informed Wales: a societal approach to understanding, preventing and supporting the impacts of trauma and adversity**

The Wales National Trauma Practice Framework<sup>139</sup> was co-developed by the ACE Hub Wales, hosted by Public Health Wales, Traumatic Stress Wales, and people and organisations across Wales, supported by Welsh Government. Taking a Human Rights and Children's Rights based approach, it sets out an all-society framework to support a coherent, consistent approach, to developing and implementing trauma-informed practice across Wales and providing the best possible support to those that need it most.

The framework sets out:

- The Five Practice Principles of a Wales Trauma-Informed Approach which are (1) a universal approach that does no harm, (2) person-centred, (3) relationship focused, (4) resilience and strengths-focused, and (5) inclusive;
- Four trauma practice levels from the universal 'trauma aware' to 'trauma skilled' and 'trauma enhanced' and 'specialist interventions' that together provide an integrated framework for services and the workforce; and
- Practical tools and resources to implement the Framework.

## 4.2 Creating a healthier and more equal Wales

**Harnessing the renewed focus on health inequalities has the potential to reap vital benefits in the longer-term as well as in the current crisis.** Making progress involves thinking and planning for the long-term and translating the evidence on tackling health inequalities into practice.

The seminal review by Marmot, *Fair Society, Healthy Lives*,<sup>62</sup> sets out an evidence-informed framework for action to reduce the unfair gaps in health and well-being across the population. It highlighted two, overarching policy objectives:

1. **To ensure social justice, health and sustainability are at the heart of policies;** and
2. **To create an enabling society that maximises individual and community potential.**

Achieving these objectives means **rethinking the approach to decision-making in policy areas that shape the building blocks for a healthy life**, such as employment, education, income, housing, environment and community factors. The review also makes clear that the overriding priority needs to be **giving every child the best start in life**, ensuring their needs and rights are met, recognising that disadvantage can start before birth and accumulate over the life-course.

In Wales, we are fortunate to have the Well-being of Future Generations Act, which provides a clear mechanism for achieving these policy objectives. Progress towards each of the seven well-being goals is interlinked with progress on improving the building blocks for a healthy life that underpin health inequalities. [Figure 17](#) demonstrates the synergies between the well-being goals and these building blocks, using the model developed by the WHO of the five essential conditions for a healthy life (see [section 2.1.1](#)).



Figure 17. WHO's five essential conditions for health equity mapped against the seven well-being goals of the Well-being of Future Generations Act.

Looking to the future, we know that unless action is taken now, there will be more challenges that have the potential to make existing inequalities worse still. For example, research co-produced by Public Health Wales, the Future Generations Commissioner for Wales and Cardiff University examining the potential impacts of the ageing population, the changing nature of work with increased automation, and climate change, found that existing inequalities in Wales risk being carried into the future unless they are specifically addressed.<sup>140</sup> This includes actively promoting health and equity across all areas of policy development.

Public Health Wales is supporting action in this area by working with key delivery partners. For example, Public Health Wales delivered a workshop in June 2022 to help Public Services Boards (PSBs) understand how they could take action on health inequalities and how, particularly in light of the cost of living crisis, health inequalities can intersect with poverty.

[Section 3.2](#) looks in more detail at **how the Well-being of Future Generations Act supports a ‘health in all policies’ approach**, in line with Marmot’s framework. This section provides additional information of the other underpinning elements for tackling health inequalities: **creating enabling societies** (see [section 4.2.1](#)) and **giving every child the best start in life** ([section 4.2.2](#)).

#### 4.2.1 Building societies and communities that support health

**Connected and empowered communities** are healthy communities.<sup>141</sup> Social cohesion, the strength of relationships and a sense of solidarity within communities have been identified as determinants of health and well-being. Social connections and community life can help build control and resilience, buffer against disease and influence health-related behaviours.

An **asset-based approach** understands health as a positive dimension and focuses on the factors and solutions that lead to good health. An asset-based approach acknowledges that the expertise and solutions to improve health and well-being already exist in the community and the role of agencies is to act as enablers and facilitators.

As well as having health needs, all communities have health assets, including:<sup>142</sup>

- The skills, knowledge, social competence and commitment of individual community members;
- Friendships, intergenerational solidarity, community cohesion and neighbourliness;
- Local groups and community and voluntary associations, ranging from formal organisations to informal and mutual aid networks;
- Physical, environmental and economic resources; and
- Assets brought by external agencies including the public, private and third sector.

Recent experiences during the pandemic have illustrated community strengths and their ability to mobilise resources. Many local authorities and NHS organisations will have developed partnership arrangements with the voluntary and community sector;<sup>131</sup> there is an opportunity to use these existing relationships to support the response to the cost of living crisis. Public Health Wales will seek to build on the networks it has developed, including with community sector organisations, to effectively reach and support those most in need as part of a system-wide response.

Another way of creating an enabling society that facilitates health and well-being is by investing in **promoting healthy behaviours**. This can provide a return on investment and reduce the burden of ill-health on the NHS.<sup>65</sup> This should be an area of focus going forward, as the cost of living crisis is likely to lead to an increase in unhealthy behaviours (see [Box 7](#) for specific examples).

## Box 7: Promoting healthy behaviours

Public Health Wales' report *Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales*, provides evidence for the 'best buys' for healthy behaviours:<sup>65</sup>

<p><b>Smoking</b></p>	<p>Smoking is the largest single preventable cause of ill-health and death in Wales and a major cause of inequalities in health and life expectancy. Implementation of <i>A smoke-free Wales: Our long-term tobacco control strategy</i><sup>143</sup> will help achieve a smoking prevalence below 5% and eradicate harms caused by tobacco.</p>
<p><b>Alcohol</b></p>	<p>Alcohol remains a major cause of death and illness, hurting the poorest the most. It is linked to accidents and injuries, and societal problems such as crime, assault and domestic violence. The Public Health (Minimum Price for Alcohol) Act 2018 is an example of a 'best buy' to reduce alcohol misuse.</p>
<p><b>Physical activity</b></p>	<p>Increasing physical activity levels can significantly improve physical and mental well-being, prevent and manage many illnesses including coronary heart disease and diabetes, and reduce the risk of premature death.</p>
<p><b>Healthy diet and preventing obesity</b></p>	<p>Good nutrition is essential for childhood cognitive, physical, emotional and social development, helping children be more resilient, improve concentration and achieve greater educational attainment and improved life chances. Healthy eating behaviours in childhood tend to persist and can therefore positively influence life chances and health outcomes across the life-course.</p> <p>Being overweight or obese can lead to both chronic and severe medical conditions and can significantly reduce life expectancy. Overweight and obesity are linked to social disadvantage. Improvements to body mass index and diet will reduce a range of conditions leading to significant savings for the NHS and local authorities.</p>

A society that is fully orientated towards enabling health and well-being would be one that also prioritises well-being in its economic decisions – an **'Economy of Well-being'**. More information on how Public Health Wales is facilitating discussions on what this could look like for Wales can be found in [Box 8](#).



## Box 8: Creating an ‘Economy of Well-being’

Recognising the significant contribution the health system makes to the economy and society, NHS organisations are well positioned to use their spending power and resources to address the adverse social, economic, and environmental factors that widen inequalities and contribute to poor health outcomes to help create an ‘Economy of Well-being’.

Public Health Wales is working collaboratively with the World Health Organization (WHO) Regional Office for Europe, the Venice Office for Investment for Health and Development, and Welsh Government to support policy makers and budget holders to implement an Economy of Well-being, with a focus on leaving no one behind. The Economy of Well-being can enable the social and economic recovery from COVID-19, and support Wales’ response to the cost of living crisis.

The Economy of Well-being programme will innovate methods and tools to demonstrate how the health system in Wales is an engine for social, economic and environmental stability and well-being. The programme will explore the co-benefits and wider social and economic returns (‘footprint’) of the health sector, such as contributing to economic growth, employment, local economies and communities.

### 4.2.2 Taking a life-course approach with a focus on early years

A life-course approach can provide a framework for understanding and addressing the root causes of inequalities.<sup>144</sup> Action is needed across the life-course, encompassing early years, children and young people, adults and older adults. Within this, there is a consensus that giving every child the best possible start in life, including through support for parents, is fundamental to addressing inequalities<sup>145</sup> (see [Box 9](#) for a case study).

## Box 9: Public Health Wales’ First 1000 Days programme

Social and emotional development in the early years builds the foundation for future health and well-being across the life-course. There is strong international evidence indicating that the first 1000 days – during pregnancy and up to a child’s second birthday – is a critical time. Positive influences can have a lasting impact and improve outcomes across the life-course, while susceptibility to negative influences means that the origins of many inequalities in health lie in early childhood and before birth.<sup>62,145</sup>

Focusing efforts on improving infant health and well-being is an example of taking a life-course approach to reducing inequalities and provides an opportunity to improve the health and well-being of a generation. Central to achieving this is giving children the opportunity to live and grow up in supportive and nurturing environments that build secure parent-child attachment.

The *First 1000 Days* programme at Public Health Wales specifically highlights the importance of adopting a public health approach to parenting support.<sup>146</sup> Social, economic and structural factors can impact on parents’ opportunity to thrive in their parenting role and support their child to have the best start in life. Action on these factors represents the next key step for reducing inequalities and improving outcomes in the first 1000 days and, as a result, across the life-course.



## 5 Conclusion

**The cost of living crisis has serious potential consequences for health and well-being, which for some people in Wales will be a matter of life and death.**

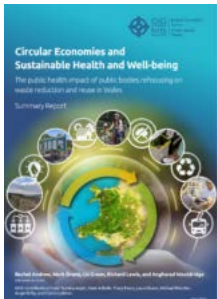
We know that approximately 1 in 3 excess deaths during winter are linked to either living in cold homes or fuel poverty.<sup>22,23</sup> The number of people who will have to forgo a warm home this winter is likely to be significantly higher, increasing the risk to life. At the same time, financial strain from debt, housing instability, unemployment and low income, is a primary risk-factor for anxiety, depression and even suicide.<sup>28,75</sup> Furthermore, as is often the case, those who are already struggling will be the hardest hit: this includes families living in poverty, children, people living with disabilities and older people (see [Figure 6](#)). Taken together, the outlook for health and well-being across the population in Wales is worrying.

**A response to the cost of living crisis that mitigates against the negative impacts on health and well-being is urgently needed.** In this report, Public Health Wales has used a public health lens to identify the pathways through which the cost of living crisis could harm health and well-being in Wales in order to highlight protective actions that can be taken in the short and medium/long-term.

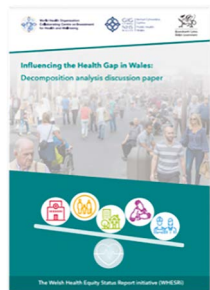
**At the same time, it is vital during this crisis not to lose sight of the need to tackle the underlying causes of health inequalities.** Our experience of the COVID-19 pandemic was strongly shaped by the existing, entrenched poverty and inequality in Welsh society. The cost of living crisis is putting further pressure on the same fault lines. Concerted, coordinated effort is needed if we are to reduce the unfair health gap in Wales and create an economy and society orientated toward health, well-being and equality, which puts Wales on a stronger footing for the challenges that may lie ahead.

None of us in Wales are immune to the cost of living crisis, neither in our personal nor professional lives. We will need to weather not just the forthcoming hardship but ongoing uncertainty. **Public Health Wales hopes this report provides a framework for prioritising population health and well-being during this time of crisis while also setting a course for a healthier and more equal future for Wales.**

# 6 Further reading



*Circular Economies and Sustainable Health and Well-being*



*Influencing the Health Gap in Wales: Decomposition analysis discussion paper*



*Protecting the mental well-being of our future generations: learning from COVID-19 for the long term*



*International Horizon Scanning and Learning Report: The Cost of Living Crisis*



*Resources for Sustainable Health*



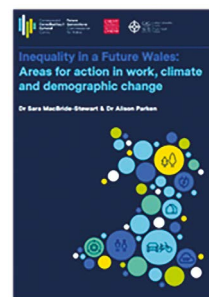
*Sustainable Investment in Population Health and Well-being: Towards a Value-Based Public Health*



*Making a Difference Housing and Health: A Case for Investment*



*Mass Unemployment Events (MUEs) – Prevention and Response from a Public Health perspective*



*Inequality in a Future Wales: Areas for action in work, climate and demographic change*



*Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales*

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# **Cost of living crisis in Wales**

A public health lens