



Health: the real cost of the cost of living crisis

The cost of not listening series

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AUGUST 2022



As cost of living continues to increase during 2022 it poses a real threat to many: the most deprived communities are under increasing pressure to meet their basic needs making it more difficult for low-income households to buy food, to make rent payments, to pay their household bills and to sustain travel costs.

With a decision on the energy price cap due this week, and costs set to rise to record levels, now more than ever people are facing stark choices.

A recent analysis conducted by [The Food Foundation](#) found that in April 2022, 7.3 million adults had reported going without food or struggling to get by, and an estimated 57% of households are looking to reduce spending on food or consider missing meals altogether. Furthermore, foodbanks are reporting an increase in demand for food that does not require any cooking.

What we're seeing now

The true cost of this crisis is a long-term impact on people's physical and mental health. With a fall in income comes difficult and binary choices, about food and warmth, about access to work, public services, and social activities. In addition to the direct impact on physical and mental health there is a wider social impact related to personal dignity, power and confidence ([Michael Marmot, May 2022](#)).

The cost of living crisis will affect us all in some way. But we know the odds are unfairly stacked against people from disadvantaged and marginalised communities who are far more likely to have to make these difficult decisions with long-term consequences.

Last week saw the [NHS Confederation](#) make an unprecedented move on behalf of NHS leaders to warn of a pending public health crisis as the impact of the cost of living collides with the impact of the pandemic putting unsustainable pressure on households and the NHS alike.

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Throughout the last decade health improvements have slowed, inequalities have increased and the health of those on the lowest incomes has declined. According to the [Office for National Statistics](#) life expectancy in the UK in 2018 to 2020 fell to the level of 2012 to 2014 for males and was similar to 2015 to 2017 for females.

This is the first time this has happened since recording began in 1980. It is no coincidence that health, social care and other public services have and will continue to experience pressures with [reduced performance across most areas of care](#) compared to pre-pandemic levels.

According to [Nuffield Trust](#) research the poorest in England get a worse quality of NHS care and poorer health outcomes as a result. For some people the effect of poverty continues to be inter-generational and cyclical – offering no opportunity to escape, as exemplified by [Cancer Research's 2021 report on the impact of socio-economic deprivation](#) on the incidence, diagnosis, treatment and outcomes of people from marginalised communities.



What can we do?

At Traverse we believe that good health and care for all is achieved when systems and services are shaped by and include those who use them, work in them and support them. This includes, citizens, the voluntary, community, faith and social enterprise sector (VCFSE); strategic leaders and other involved in health and care, and the wider public sector.

From our experience, we believe the solutions to addressing health inequalities in the face of the cost of living crisis lie in:

- encouraging our health and care system partners to be facilitative and enabling leaders, prepared to share their power and all that comes with this
- empowering people by working in a much more inclusive way with marginalised communities
- recognising the real value of the VCFSE sector's multifaceted contributions
- reflecting, learning and sharing – without which we won't learn what really works in the long term and we will continue to lurch from one short intervention to the next.

Empowering our NHS strategic leaders and colleagues

The Health and Care Act 2022 establishes a system-based model of health and care, this is significant in the context of the cost of living crisis as it creates more opportunity for organisations to come together, to work in more flexible ways to coalesce around the needs of the population within and across, systems, places and neighbourhoods.

Over the last few years Traverse has been working with Integrated Care Systems (ICSs) to facilitate and evaluate collaboration between people and communities, health and care systems and the wider determinants of health.

Our multi-year evaluation of the Greater Manchester Health and Social Care Integration Plan, our programme of deliberation exploring system pressures with Sussex Health and Care Partnership, and our work with NHS England to evaluate the role of VCFSE leadership have all offered great opportunities to explore the important role of place-based population health, personalised care and social prescribing.

Approaches that go beyond traditional health and care challenges and include good housing solutions, access to information, support and education and social and leisure opportunities



So far, our health and care systems have been unable to address perhaps the most fundamental challenge - achieving equal health outcomes for all. ICBs have a crucial role in facilitating and enabling change that will address this issue. In order to be able to build a bridge between where we are now and where we need to be, health and care leaders require the knowledge and skills to establish a new type of conversation and contract with people and communities as a fundamental part of the overall health and care system.

This new type of conversation with people and communities can't be held in isolation and won't be easy. Meaningful and powerful relationships between people, their health and care and the system that provides it, offers the opportunity to bring the resilience, insights and assets they hold into the foreground.

We are facilitating collaboration between system leaders, practitioners and people and communities to bridge the gap between strategy, practice and experience to help distil learning and drive forward on better health outcomes for all. Our focus is on:

- working across systems, examining the culture, relationships and skills that ensure people and communities are heard at every level.
- supporting the development of effective leaders who can deliver system strategy and decision making through a different type of conversation and contract with people and communities.
- developing organisational knowledge transfer in securing meaningful engagement of people and communities at every level.
- promoting and supporting innovation, creativity and ambition alongside and with people and communities.

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Working inclusively to empower people from marginalised communities

At Traverse, we have recognised that there is still much more to do ourselves in terms of working inclusively to empower people from diverse and marginalised communities to address the fundamental issues created by an increased cost of living on their health outcomes.

Inclusion, for us, means co-creating together a space where all voices are heard so that means starting with ourselves – and particularly in our work with [our REBLE](#)

(Research Enabled by Lived Experience) researchers - to understand and recognise the rank, privilege and power each of us holds when we work together.

We also create other spaces within Traverse to hold conversations that allow us to explore and challenge each other around issues of diversity and inclusion - so rather than 'othering' people we can build more connected, resilient relationships across our organisation and in the work we do.

We are increasingly working with REBLE to help shape and get involved with client-facing projects and have seen a significant shift in the volume of our work together. Learning how to be truly inclusive is having a positive impact on the quality and depth of our work and the motivation of everyone working on a project.

Recognising the real value of collaboration within and across the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE)

Collaboration across agencies needs to be at the core of the wider determinants of health debate. But what does good collaboration look like and how is it achieved in practice? We think power sharing between and across institutions is a pre-condition to be able to develop holistic solutions that are preventative in nature and promote health opportunities for all.

Integrated Care Boards have introduced several roles to strengthen the systems' preventative focus in the community. Connecting primary care to community and voluntary organisations through social prescribing has been made possible by new roles, like Community Link Workers.

Community Link Workers have been co-located in GP practices to provide additional support to existing clinical teams and to help address the root causes of ill-health through close collaboration with the VCFSE sector. Through social prescribing, Community Link Workers are shifting delivery from a purely medical care model to a more social, holistic and person-centred approach.

By establishing relationships with and facilitating referrals to community organisations, Community Link Workers are increasingly connecting service-users to local assets and resources, enabling new solutions to meet needs that go beyond health and social care.

The role of housing- The Brick

The Brick is a homelessness charity which has been commissioned as part of the integrated model for mental health in Wigan. The Brick offers support for people who are experiencing homelessness, living in poverty or facing a debt crisis.

The Brick has staff embedded in the discharge teams in hospitals, working to ensure that patients who are experiencing homelessness are offered safe and appropriate accommodation when they are discharged. This hospital to home service helps ensure that patients can fully recover from health complications after receiving treatment in hospital. By accessing suitable accommodation, people have been able to recover more quickly and avoid the health risks that homelessness might have brought about.

Through the establishment of multi-agency forums, ICBs can incorporate consideration of wider determinants of health into their health and care plan and promote collaboration between health and social care professionals and non-clinical actors such as the police, DWP, housing specialists, education professionals and the VCS sector.

Several ICBs have placed great emphasis on examining the relationship between the various determinants of health, for example between health plans and decisions on benefits, or between social care decision and housing options. Furthermore, co-location of integrated neighbourhood teams has further facilitated collaboration, with practitioners from different organisations regularly coming together to see how coordinated support plans can provide support for particularly vulnerable individuals.

Reducing isolation for stroke survivors- Think Ahead

Think Ahead are a charity working with stroke survivors and their carers. Nurses, GPs, practice nurses, occupational health practitioners, physiotherapists and therapists can refer stroke patients and their carers to the charity through social prescribing.

Think Ahead offers a variety of interventions that help users to address loneliness, isolation and depression, enabling stroke patients and their carers to better manage their own mental wellbeing and work on their resilience.

Reflecting, learning and sharing

As we live through the cost of living crisis it will be essential that we learn what really works in the long term. As innovations, interventions and solutions are introduced to address the crisis, we must work together to understand their impact and to know whether they make a meaningful and sustainable positive difference for people and their health outcomes.

At Traverse, we apply the principles of formative evaluation. We believe that improving services and systems rests on empowering the people who use them. This belief drives our work to make health and care inclusive through engagement, research, consultation and... evaluation.

Evaluation is a tool for measuring the impact of our interventions. It's a vital tool for learning and improvement, helping us identify better ways of working along that journey.

Many organisations leave their evaluating till the end of the process. But our preferred approach is to work with our clients from the very beginning. This ensures that our evidence and learning supports incremental improvement. It gives us

valuable insight into how decisions do and don't aid progress. With formative evaluation, you learn as you develop.

We can help answer some fundamental questions, such as, what are you ultimately trying to achieve? How will you measure the impact of your actions? How will you make the most of your resources? And how will you track and report on your progress?

Formative Evaluation is available to anyone at any level of the organisation working on any programme of change or improvement.

Get in touch

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