Halton Joint Strategic Needs Assessment 2023

Poverty and Cost of Living

Reader information	
Author	Sharon McAteer
Contributors	
Reviewer	James Watson
Number of pages	48
Date release	
Description	The current cost of living crisis is exacerbating the impact of poverty on health and wellbeing, pushing greater numbers into poverty. This document describes what we know about different dimensions of poverty locally and how the cost of living crisis is affecting various groups.
Contact	sharon.mcateer@halton.gov.uk
Related documents	

Acknowledgements

We were lucky enough not to have to start with a blank canvas due to the work of colleagues elsewhere in the country. In particular we drew heavily on the work of Wirral Public Health Intelligence team's Cost of Living briefing. Plus the work of Greater Manchester, Suffolk, Dorset and Oxfordshire.

Please quote the JSNA

We would like to know when and how the JSNA is being used. One way, is to ask people who use the JSNA when developing strategies, service reviews and other work to quote the JSNA as their source of information.

Contents

Key messages 5
1. Introduction 7
Cost of living crisis 7
2. Deprivation and health inequalities 9
2.1 Levels of deprivation in Halton 9
3. Poverty 11
3.1 Childhood poverty 12
3.2. Poverty Premium 13
4. Costs of living crisis 16
4.1. Inflation and wages 18
4.2. Income and earnings 20
4.2.1. Wages 20
4.2.2. Benefit claimants 21
4.3. Energy and household fuel poverty 23
4.4. Debt and arrears 27
4.5. Transport costs 28
4.6. Food insecurity and food poverty 29
5. Impacts 34
5.1 Health impacts 34
5.2. Impact on health services 36
5.3. Impact on social care 39
5.4. Impact on other local authority services 40
5.5. Impact on housing 41
References 44

Figures

Figure 1: Routes by which inflation affects health, wellbeing, social care and public health 7
Figure 2: Proportion of families reporting how long money would last if main income was lost, by wealth decile, 2018-20 8
Figure 3: Halton population distribution by national deprivation decile, IMD 2019 and 2015 10
Figure 4: Geographical distribution of deprivation, IMD 2019 10
Figure 5: Measures of poverty 11
Figure 6: trend in levels of child poverty (under 16s) 12
Figure 7: Proportion of the children in Absolute Low Income, by family type (16a) and work status 13
Figure 8: Poverty premium elements 13
Figure 9: local costs of the poverty premium 14
Figure 10: Cost of Living Vulnerability Index rankings for Cheshire and Merseyside local authorities 16
Figure 11: Actions taken due to the increased cost of living among UK adults, June-July 2022 17
Figure 12: Trend on consumer credit growth rates 18
Figure 13: Bank of England CPI inflation projections 19
Figure 14: Median weekly earnings of full-time workers across Cheshire & Merseyside, 2022 20
Figure 15: Proportion of employees paid below Real Living Wage, Cheshire & Merseyside, 2022 21
Figure 16: Claim count, rate (%) of working age population 16-64, as at December 2022 22
Figure 17: Percentage of population aged 16-64 claiming ESA benefits, as at May 2022 22
Figure 18: Breakdown of ESA claimants, by main medical conditions, as at May 2022 23
Figure 19: Fuel poverty levels across Cheshire & Merseyside, 2020 24
Figure 20: Fuel poverty prevalence across Halton Borough by Lower Layer Super Output Areas (LSOA) (2020) . 24
Figure 21: ODI Fuel poverty risk by household type applied to Halton population 25
Figure 22: Summary Fuel Poverty Risk Index scores for Halton 26
Figure 23: Condition by fuel poverty quintile for Halton GP registered patients 27
Figure 24: Grouped percentage of households with household debt, by wealth deciles, 2018-2020 28
Figure 25: Percentage (%) of indebted individuals reporting negative outcomes, by household 28
Figure 26: percentage of Halton households with no car, 2021 Census 29
Figure 27: Households on Universal Credit (UC) estimated to be food insecure 30
Figure 28: Food security for those in poverty by key ages groups and household types in the UK, 2019/20 30
Figure 29: Estimated numbers of Halton residents not able to afford to eat a healthy diet 31
Figure 30: 'Five a day' consumption amongst Halton adults 32
Figure 31: annual food parcels handed out by Trussell Trust food banks across the UK 32
Figure 32: annual food parcels handed out by Trussell Trust food banks across Halton 33
Figure 33: Level of disability where day-to-day activities are limited a lot 35
Figure 34: Health profile of those living in the 20% most deprived LSOAs in Halton (QOF prevalence amongst those registered with Halton practices) 36
Figure 35: Monthly consultation numbers, Halton general practice July 2020 to December 2022 37
Figure 36: Average (mean) number of appointments / attendances / activity markers amongst Halton GP registered patients, that an individual has had in the last year, by deprivation 37
Figure 37: Number and percentage of Halton adults reporting having visited an NHS dentist in previous 24 months (rolling average) 38
Figure 38: Number and percentage of Halton children reporting having visited an NHS dentist in previous 24 months (rolling average) 38
Figure 39: Tenure of household, 2021 Census 41
Figure 40: Number of first charge mortgage loans in arrears representing over 2.5% of the outstanding balance 42
Figure 41: Number of possessions of first charge mortgaged properties in period 43

Key messages

Levels of poverty and deprivation have been high historically in Halton and this continues to be the case. Halton has the highest level of poverty of all the Cheshire local authorities and is one of the most deprived in Cheshire & Merseyside. As a consequence it had high levels of vulnerability to the effects of both the Covid-19 pandemic and the current cost of living crisis.

More of Halton's population live in the 10% most deprived areas in England. However, levels of child poverty are lower than the North West average, but similar to the Cheshire & Merseyside and England averages. Levels of child poverty fell slightly from 2019/20 to 2020/21. Unfortunately the time-lag in the official data means it is not currently possible to determine the impact the cost of living crisis that began in 2022 is having on the scale and the nature of child and family poverty using data we have available.

The Poverty Premium relates to how people living in poverty pay for essential goods and services such as the use of pre-payment meters, non-standard billing techniques and non-switching costs amongst other measures. The Poverty Premium data suggests a high price tag of £5.8million for Halton parliamentary constituency and £4.2million for Weaver Vale constituency, placing an additional burden on already stretched population.

A cost of living vulnerability index develped by the Centre for Progressive Policy places Halton as having the highest level of risk in Cheshire although the lowest of the Liverpool City Region local authorities. Furthermore, Halton has the third highest percentage of residents earning below the Real Living Wage in Cheshire & Merseyside, higher than the North West and England averages.

The median income (weekly income before overtime) of jobs located within Halton's borders shows it to be similar to the England average, but the second highest in Cheshire & Merseyside (Warrington is the highest). However, there is drop of £32.80 for the median income of Halton residents. Only Cheshire East and Wirral has a larger difference and in the opposite direction. So whilst there are well paid jobs located in the borough, these jobs are not necerssarily filled by local residents. The percentage of the working age population claiming Job Seekers Allowance is higher than England but below the Liverpool City Region average. However, when looking at those of working age unable to work due to ill health and claiming Employment Support Allowance, the level in Halton is high at 4.5%, ranging from 1.6%-9.2% at electoral ward level. Nearly half of claimants are due to mental health problems with the second highest reason being musculoskeletal issues.

The official statistics show that Halton has a relatively low level of fuel poverty compared to other areas although substantial variation exists across the borough. It should be noted that this data covers the year 2020 so does not take account of the current cost of living crisis. Work by the Open Data Institute (ODI) ranks Halton as having much higher fuel poverty risk than official statistics suggest. Different methodology may account for this in part, with the ODI data additionally accounting for factors including pre-payment meters and Univeral Credit claimants. ODI indicates that of the 307 local authorities included in their UK analysis, Halton has the 6th highest level of fuel poverty risk. Data illustrates that approximately 8,000 people living in the borough have morbidities associated with cold homes.

The cost of living crisis has not just affected fuel. Energy costs have been one of the main drivers for the increased inflation that has pushed food prices up. Of the 13,711 people claiming Univeral Credit, it is estimated (by applying national research to this figure) that 5,896 of these may be food insecure. In total, it is estimated that 15.8% - an estimated 17,505 - of Halton adults are food insecure, ranking the borough as having the 275th highest food insecurity of 307 local authorities in the country. When considering whether people can afford to eat a healthy diet in accordance with government guidelines (the eatwell plate) the figure is even higher at just under 38,500 people in the borough. It is not surprising therefore that only ~45% of the adult population eat at least 5 portions of fruit or vegetables per day; statistically lower than in the North West and England.

Compared to the North West and England, Halton has a higher proportion of people with disabilites (as defined under the Equality Act) whose day-to-day activites are limited a lot. There is a wide differences in day-to-day activity limitations at electoral ward level in the borough, ranging from 4.5% to 16.0% with an average of 10.7%. Additionally, the level of people with long term medical conditions is higher in the most deprived fifth of Halton than the rest of the borough. The highest differences are for severe mental illness, depression, chronic obstructive pulmonary disease (COPD), epilepsy, learning disabilities and some heart conditions. Furthermore, analysis by CIPHA[a] illustrates that there are higher levels of A&E attendances, GP consultations, prescriptions and emergency admissions for those living in the most deprived quintile compared to the rest of the borough.

The proportion of both children and adults visiting NHS dentists fell during the pandemic. The proportion of children now visiting NHS dentists is yet to fully return to pre-pandemic levels, but there has been a steep month on month increase since March 2021. Still, as at July 2022 (latest published data), only 42.2% had visited an NHS dentist in the previous 24 months. The recovery amongst adults has been much slower. The latest available data demonstrates that as at of July 2022, only 37.5% of adults had visitied a dentist in the previous 24 months.

Services commissioned and run by local authorities have also been impacted by the cost of living crisis. Although local data is not available, nationally there are concerns about a signigicant workforce crisis in social care with the rising fuel costs cited as a reason for staff leaving recently, as only half of providers have been able to inclrease mileage costs for domicillary care staff. Care homes continue to experience workforce difficulties, as well as issues related to increased post-pandemic insurance premiums, increased energy bills and inflated food prices.

These issues also affect other council services – schools, capital projects, energy prices, labour costs, transport costs. Through all this councils are still offering support to residents facing hardship. Additionally, housing costs have also been affected, with those in the private rented sector espeically vulnerable. 1 in 5 (1,604) people in socially-rented housing are estimated to be food insecure, and 3 in 10 (2,405) have financial worries which impact their mental health.

a. CIPHA: Combined Intelligence for Population Health Action. It is the Cheshire & Merseyside Integrated Care System data platform. All Halton general practices as well as community, mental health and hospital trusts flow daily data in to CIPHA enabling near real time analysis.

1. Introduction

Poverty is not new and the impacts it has on health are well documented, from the Black report of 1980 to the most recent Institute for Health Equity a.k.a. Marmot report. However, the cost of living crisis experienced in the UK since 2021 poses additional pressures on already squeezed households.

Cost of living crisis

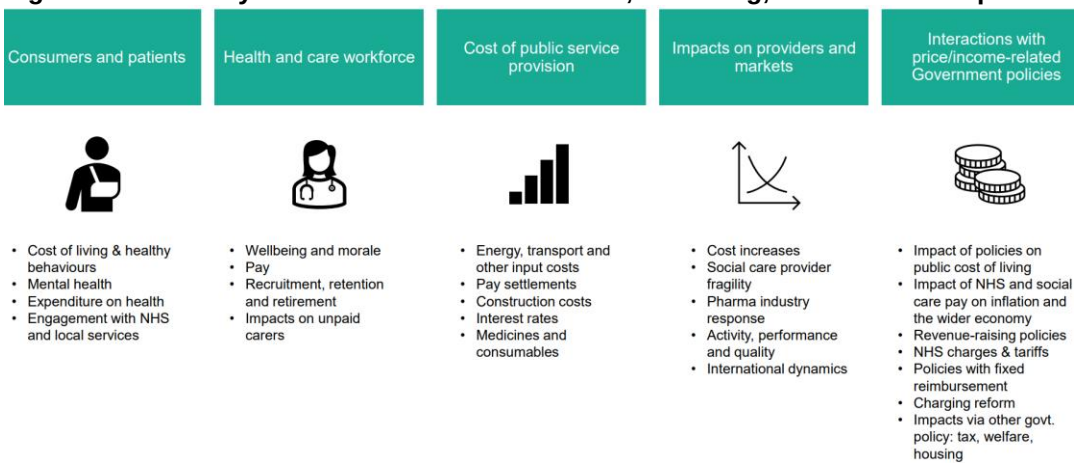
The 'cost of living crisis' refers to the fall in 'real' incomes (that is, adjusted for inflation and after taxes and benefits) that the UK has experienced since late 2021. It is being caused predominantly by high inflation outstripping wage and benefit increases and has been further exacerbated by recent tax increases.

Pressures on the cost of living are important because they pose a significant risk to health, wellbeing, social care and public health in that:

- Low-income households spend a larger share of their income on energy and food; the Office for Budgetary Responsibility (OBR) is projecting real disposable incomes to fall by 2.2% this year (this would be the largest decline on record),[1], which will therefore particularly affect low-income households
- It is already well evidenced that deprivation is associated with poorer health outcomes (including through stress; anxiety; substance misuse, diet etc.), further inflationary pressures are likely to widen already existing health inequalities
- Many public health policies (e.g., on obesity, smoking) use price disincentives and so interact with the government's wider cost of living strategy[1]

The ways in which inflationary pressures and the increasing cost of living affect health and wellbeing are summarised by **Figure 1** below.

Figure 1: Routes by which inflation affects health, wellbeing, social care and public health

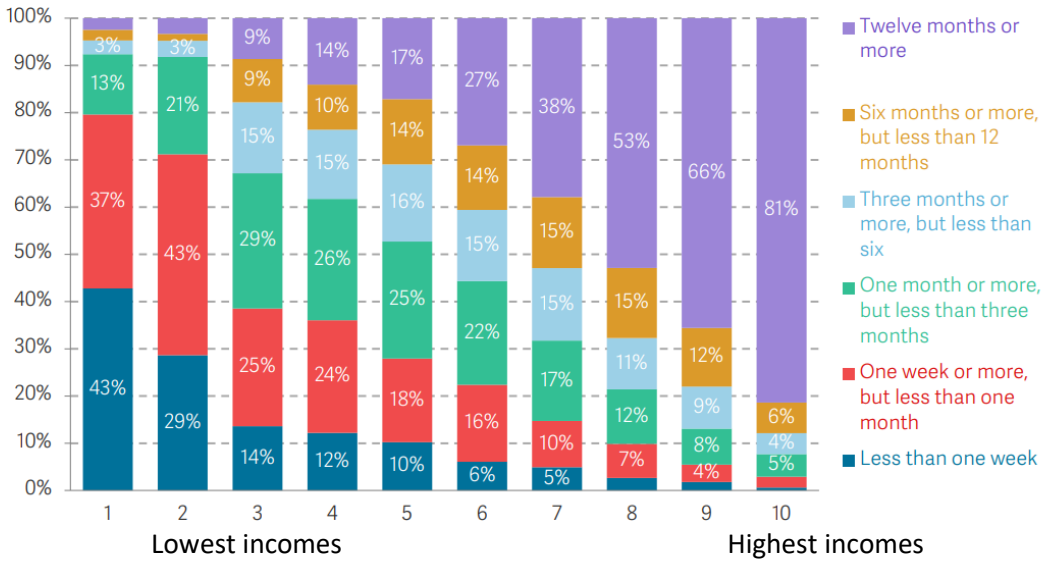


Source: Inflation & Public Health, 2022[1]

The COVID-19 pandemic disproportionately affected the most deprived in society and the current cost of living crisis is now prolonging and/or exacerbating this inequality.[2]

Figure 2 demonstrates how low-income families are most exposed to the cost of living crisis, showing how long families said their money would last if their main income was lost.[3]

Figure 2: Proportion of families reporting how long money would last if main income was lost, by wealth decile, 2018-20



Source: Resolution Foundation (2022)

2. Deprivation and health inequalities

Differences in health between and across a population can exist due to a variety of *"social, geographical , biological or other factors."*[4] These inequalities can shape health, with residents living in areas of greatest socioeconomic deprivation more likely to be in worse health and spend more of their lives in poor health; requiring greater access to healthcare services, but seeing these greater needs underserved. There are many wider determinants of health, which are to varying degrees, alterable, and therefore someone's health and life expectancy are alterable.[5]

The wider determinants of health include those of *socioeconomic status, education, physical environment and social environment*[6] and are unequally distributed across England and within local authorities. Poorer education, lower quality housing, lack of available transport and transport links, higher unemployment rates and lower income are all linked to worse health and lower life expectancy. People from more socioeconomically deprived areas are often at the sharp-end of the scale in relation to wider determinants[7], which can impact on health and create health inequalities.

Health inequalities are thus rooted on social inequalities. An overall indicator for this is deprivation.

2.1 Levels of deprivation in Halton

The English Indices of Deprivation provide data on relative deprivation for small areas in Halton and nationally.

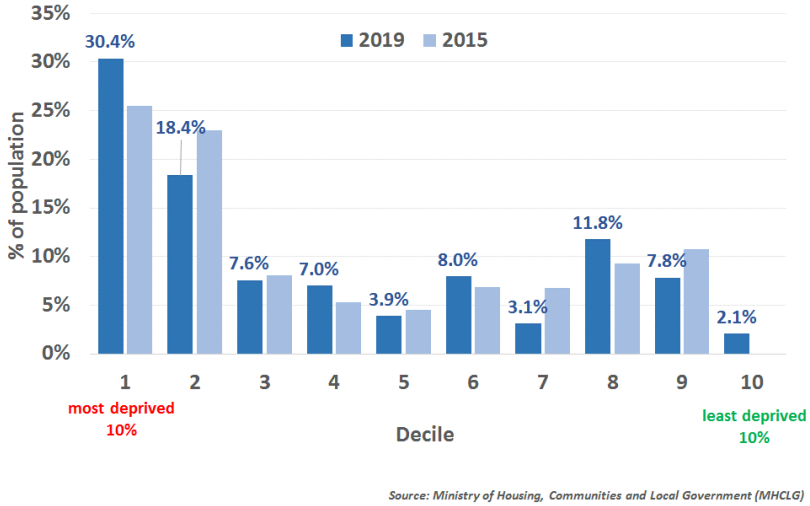
The Indices of Deprivation 2019 (ID2019) are the primary measure of deprivation for small areas or Lower layer Super Output Areas (LSOAs) in England. The indices were published by the Ministry of Housing, Communities & Local Government (MHCLG) in September 2019[b] and replace the 2015 indices. Each LSOA in England is ranked in order of deprivation, and then grouped into ten percentage groups knows as deciles. – LSOAs in decile 1 are in the 10% most deprived in the country, and LSOAs in decile 10 are in the 10% least deprived in the country. Halton has 79 LSOAs.

The main output of the Indices of Deprivation is the Index of Multiple Deprivation (IMD) which combines measures across seven distinct aspects of deprivation: income, employment, education, health, crime, barriers to housing and services, and living environment. The IMD is the most widely used output of the indices, but each domain provides insight into a particular area of deprivation.

More of Halton's population are living in areas classified as the 10% most deprived nationally: **30.4%** in 2019 up from 25.5% in 2015 (see **Figure 3**). This is an increase of almost **6,700**, and a total from 2019 of **38,750** people.

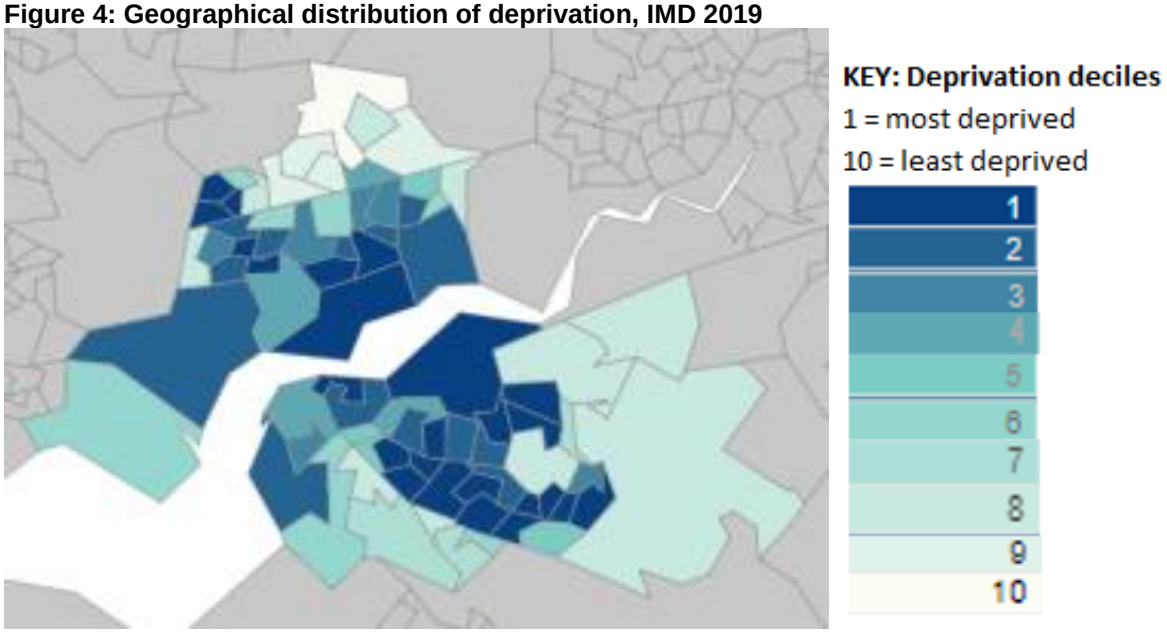
b Note the Indices of Deprivation are produced once every 4 years. However, the 2023 data will be delayed due to a requirement to use Census small area data. The 2021 Census is only part way through its release schedule.

Figure 3: Halton population distribution by national deprivation decile, IMD 2019 and 2015



The proportion living in the most deprived 20% nationally is almost the same as in 2015: 48.7% up from 48.4%. The **Figure 4** map shows the geographic distribution of deprivation in Halton, using national deciles.

Figure 4: Geographical distribution of deprivation, IMD 2019



Source: Ministry of Housing, Communities and Local Government

For a more detailed analysis of deprivation and health inequalities see our report on inequalities in life expectancy
https://www3.halton.gov.uk/Documents/public%20health/JSNA/specialist/Inequalities%20in%20life%20expectancy.pdf

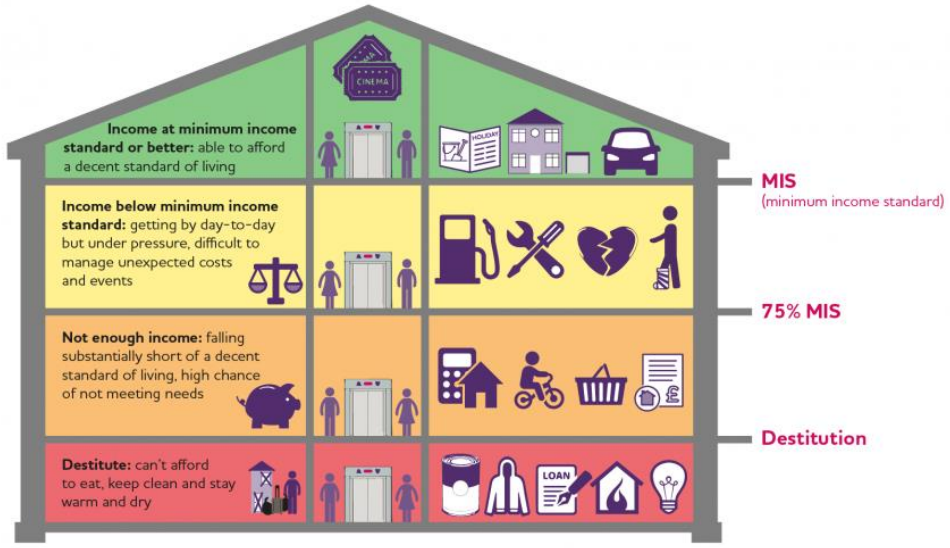
3. Poverty

Poverty is when your resources are well below your minimum needs.
The UK has entered 2023 at a moment of profound challenge. After a long period of persistently high poverty rates across the UK, the Covid-19 pandemic and high inflation rates increased energy prices, the cost of food and other essentials into 2022, have hit poorer households the hardest. This winter, 7.2 million low-income households are going without essentials – hungry, cold, without basics like showers, toiletries or adequate clothing – and 4.7 million are behind on their bills. [8]

We know the current challenge is not just the result of a *passing* 'cost of living crisis'. It comes instead on the back of years of economic and social failure for those less well-off. For a decade and a half there have been no meaningful improvements in living standards, especially for people on lower incomes and for over 20 years there has been a rise in very deep poverty. In recent decades the UK has become much wealthier – but this wealth is tightly concentrated, with rates of homeownership declining and inheritance becoming more important to life chances. The UK has some of the largest geographical inequalities in the western world and after years of steady improvements in life expectancy, recent years have seen stalling or falling life expectancy rates,a nd there is now an upward trend in people having mental health problems.

There is no single measure of poverty in the UK. It is a complex problem that needs a number of measures to understand it (**Figure 5**).[9]

Figure 5: Measures of poverty



Source: Joseph Rowntree Foundation

At a local level there is limited data available to measure poverty. In this section we consider child poverty as this has been measured consistently for some time. A newer concept, the poverty premium, has been included, as it examines the additional costs incurred by people living in poverty because of the way they spend on essential items.

3.1 Childhood poverty

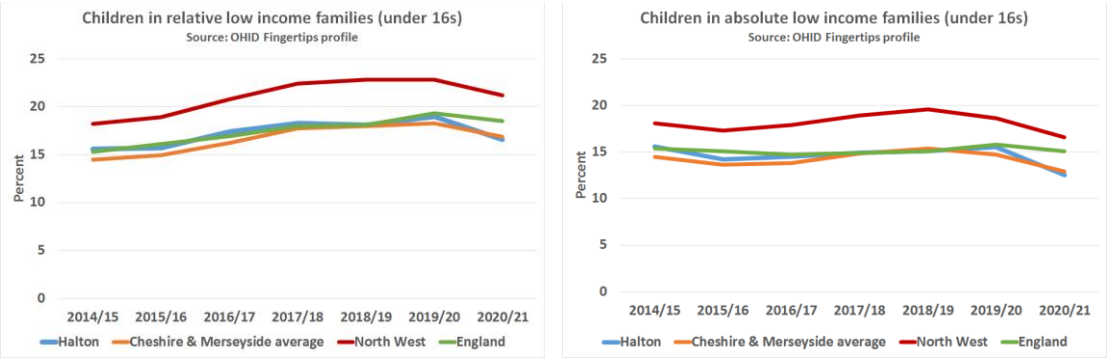
It is well evidenced that poverty is damaging to children, families and entire communities and that actions should be addressed through a clear strategy and targeted intervention.[10] Tackling child and family poverty is critical to wider efforts with partners to deliver long-term objectives for prosperity and a better quality of life for all in Halton. In order to address child and family poverty it is important to understand the extent and nature of local needs - and resource and service availability and accessibility - to tackle poverty issues.

The two main measures of Child Poverty are:

- **Children living in relative low income families:** this is the more commonly used measure of child poverty, and is defined as families classed as having low income **in that particular year** before housing costs, and who are in receipt of Child Benefit and at least one other household benefit such as Universal Credit, Tax Credits or Housing Benefit
- **Children living in absolute low income families:** this measure of child poverty is defined as families classed as having low income **in comparison with incomes in 2011**, before housing costs, and who are in receipt of Child Benefit and at least one other household benefit such as Universal Credit, Tax Credits or Housing Benefit.

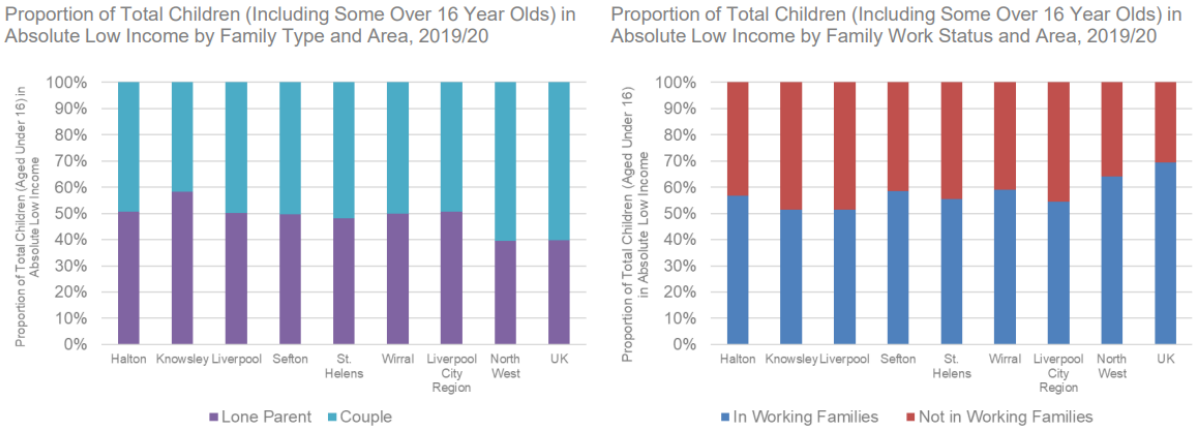
Figure 6 shows that the proportion of children living in relative low-income households has increased since 2015/16, both locally and elsewhere in the country, although the latest reporting period of 2020/21 saw a slight fall. Halton levels of both relative and absolute child and family poverty have been similar to the Cheshire & Merseyside average and England average which are all below the North West averages.

Figure 6: trend in levels of child poverty (under 16s)



Analysis of 2019/20 data across the Liverpool City Region (LCR) **(Figure 7)** of the number of chilren living in absolute low income families by family type – lone parent and couples – and family work status – in working families and not in working families – showed the number of children in absolute low-income families was split around 50/50 in terms of both lone parent/couple families, and non-working/working families. In comparison with the UK and North-West overall, children living in absolute low income in the Liverpool City Region authorities (including Halton) were more likely to be living in lone parent families, and more likely to be in non-working families.

Figure 7: Proportion of the children in Absolute Low Income, by family type (16a) and work status

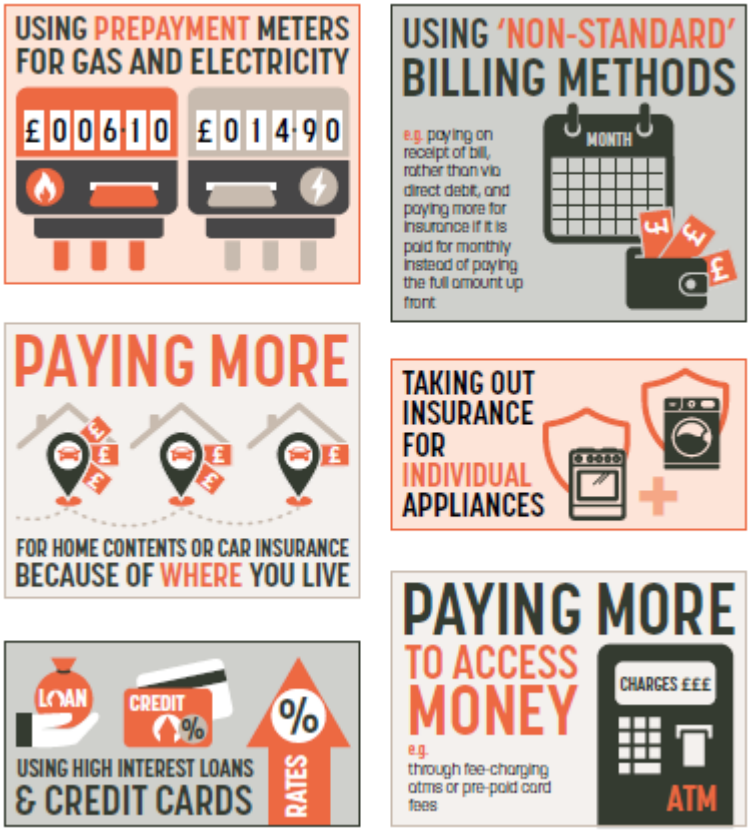


Source: HMRC, 2022 via Liverpool City Region: Focus on Cost of Living Paper[11]

3.2. Poverty Premium

The notion of the poverty premium was first conceived by American sociologist David Caplovitz in 1963. The term is used to describe how people with lowest income pay more for essential goods and services compared to those not in poverty. In the UK the poverty premium is highlighted as an important social policy concern by charities and organisations working with low-income families.[12] Measuring the poverty premium in the UK uses data across a range of measures (**Figure 8**).

Figure 8: Poverty premium elements



Source: Fair by design 2022

The methodology, a joint project between Fair By Design and the University of Bristol,[13] highlights the opportunity government has to strengthen local economies across Britain by taking centralised action on the poverty premium.

Key findings reveal:

- A quarter of British households (24%) are estimated to experience at least one type of poverty premium.
- The cost of the poverty premium to a typical parliamentary constituency is £4.5 million a year. This equates to over £430 per year for a low income household – equivalent to nearly 10 weeks' grocery shopping.
- The North East of England (27.7%) has the highest proportion of households incurring the poverty premium, followed by London (26.2%), Yorkshire and the Humber (25.8%) and the North West (25.4%).

Local data is available at parliarmentary constituency level. Currently, Halton local authority is primarily consistent of the Halton parliamentary constituency. However, several electoral wards in Runcorn are in Weaver Vale constituency which also covers wards in Cheshire West and Chester local authority. Some of Halton's most deprivated wards (using the old ward boundaries and names) are in Weaver Vale; namely Beechwood, Daresbury, Halton Lea, Norton North, Norton South, Windmill Hill. **Figure 9** shows the breakdown of the premium locally.

Figure 9: local costs of the poverty premium

Halton parlimentary constituency

Total cost: £5,829,084

27.7% of households experience at least 1 element of the poverty premium

Prepayment meters premium: £450,644

Non-standard bills payment * premium: £858,069

Non-switching premium: £1,869,607

Area-based insurance premium: £1,433,201

Single item insurance premium: £464,364

Access to money premium: £63,705

High cost credit premium: £689,495

Average cost to households in poverty: **£503**

Weaver Vale parlimentary constituency

Total cost: £4,187,431

23.2% of households experience at least 1 element of the poverty premium

Prepayment meters premium: £280,339

Non-standard bills payment * premium: £720,107

Non-switching premium: £1,412,287

Area-based insurance premium: £801,621

Single item insurance premium: £394,930

Access to money premium: £50,218

High cost credit premium: £527,928

Average cost to households in poverty: **£478**

* such as waiting for bills to arrive by post rather than paying by direct debit

Being able to tackle the poverty premium would have a range of benefits for the households themselves, and also the local economy and public services[14]:

Economic benefits: Low-income households spend more in their local economy than other groups. Increasing the amount of money these households have in their pockets would have wider social and economic benefits, in the form of thriving local businesses, job creation and stronger social links within communities. A study from Portland, USA estimates that for every $100 spent in local shops, an additional $58 is contributed to the local economy, compared to an extra $33 for national shops.

Benefits to the public purse: Ending the poverty premium would reduce households' reliance on State support and the use of local and national services, such as the use of publicly funded food banks, debt advice services and the costs associated with servicing debt. This includes council tax arrears and the costs associated with debt collection.

Whilst most of the actions needed are at national government, regulators and industry level, with the researchers making a set of recommendations in their report, it may be possible to support local residents within current legislation and industry practices, to recoup some of this expenditure by changing how they choose to spend their money in these areas.

4. Costs of living crisis

So far the report has detailed general poverty levels nationally and across Halton. However, people's wages and welfare payments are not keeping pace with rising living costs, in particular, the costs of energy, fuel, housing and food. 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 is not going as far as it used to, with disposable incomes and budgets falling. This makes it harder to afford necessities for a healthy life and increases mental distress. These factors underpinning the current cost of living crisis reflect a trend that has been underway since late 2021.[15] The situation is volatile and constantly evolving, and the frequent and dramatic changes in costs and predictions have made it difficult for households to budget since the beginning of the cost of living crisis.

Poverty is a long standing issue - one that the cost of living crisis will increase both the scale and severity of. 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. 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.

The increase in fuel prices has had a significant impact on inflation. Wages have not kept up with inflation reducing income in real terms. This has impacted on existing food poverty/insecurity as well as increasing debt and levels of arrears amongst already stretched families.

The cost of living crisis is not hitting all people equally. In the same way that underlying social and economic factors influence health outcomes, these social determinants are well known[16] and were starkly evident during the Covid-19 pandemic.[17] New analysis highlights which places in England are most vulnerable to the impact of rising costs.[18] Using a combination of measures, the centre for Progressive Policy have developed a Cost of Living Vulnerability Index. The measures within the index include: fuel poverty, food insecurity, child poverty, claimant count, economic inactivity, low pay and GHG Emissions of Local Employment - some of which are looked at individually throughout this report. The latest version of the index is from September 2022, though the data used varies in date. Rankings are based on 307 local authorities with a value of 1 depicting the highest vulnerability and 307 the lowest. **Figure 10** shows Halton has the highest vulnerability index in Cheshire but 5th out of the 6 local authorities in the Liverpool City Region (Halton, Knowsley, Liverpool, St. Helens, Sefton and Wirral).

Figure 10: Cost of Living Vulnerability Index rankings for Cheshire and Merseyside local authorities

Local Authority	Total Local Authority Ranking	Poverty-Based Vulnerability Rank	Work-Based Vulnerability Rank
Halton	91	73	133
Warrington	220	254	176
Cheshire East	237	288	161
Cheshire West and Chester	227	231	212
Knowsley	66	33	155
Liverpool	46	26	112
St. Helens	125	111	156
Sefton	86	81	106
Wirral	47	72	39

Source: Centre for Progressive Policy, 2022

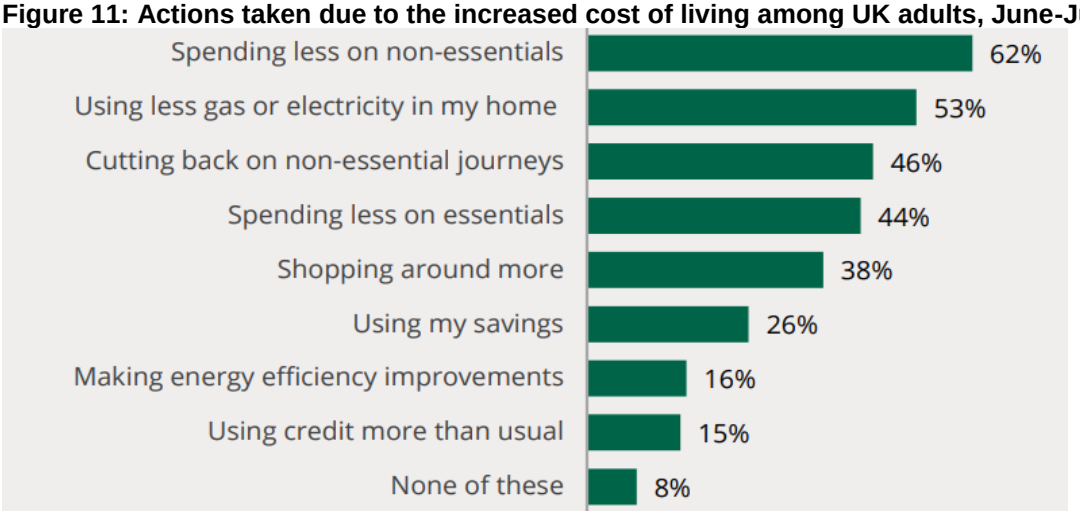
On 13 February 2023, the ONS published analysis of their Winter Survey identifying characteristics of adults experiencing energy and food insecurity in Great Britain: 22 November to 18 December 2022.[19] They found:

- Adults who rent their homes had higher odds of experiencing some form of energy (2.9 higher odds) and food insecurity (3.2 higher odds) than those who own their property outright.
- Adults with an annual personal income below £30,000 had between 2.1 and 2.6 higher odds of experiencing some form of energy insecurity than adults earning £40,000 or more; while those with a personal income below £40,000 had between 1.7 and 3.1 higher odds of experiencing some form of food insecurity than adults earning £40,000 or more.
- Adults who reported moderate-to-severe depressive symptoms had higher odds of experiencing some form of energy (2.3 higher odds) and food insecurity (3.1 higher odds) than those with no-to-mild depressive symptoms.
- Adults aged 30 to 64 years had between 1.5 and 1.8 higher odds of experiencing some form of energy insecurity than those aged 65 years and over; while adults aged 16 to 64 years had between 2.0 and 4.6 higher odds of experiencing some form of food insecurity than those aged 65 years and over.
- There was no difference between adults reporting some form of energy insecurity by region. However, adults living in the North East, East or North West of England had higher odds of experiencing some form of food insecurity (2.6, 2.0 and 1.8 higher odds, respectively) than adults living in London.

The Bank of England latest survey of British household finances[20], shows that households are responding to the cost of living squeeze in different ways. Lower-income households have mostly tried to limit the rise in their expenditure by reducing the amount of goods and services they buy or by switching to cheaper substitutes. Meanwhile, higher-income households have continued to consume the same goods or increased their purchases and have therefore spent more overall, doing this by saving less. Over ther past six months, more than 70% of respondents have experienced an increase in the costs of goods and services they would normally purchase.

One ONS survey conducted between 22 June and 3 July among UK adults asked those who reported an increase in their cost of living, what, if any, actions they had taken as a result.[21]

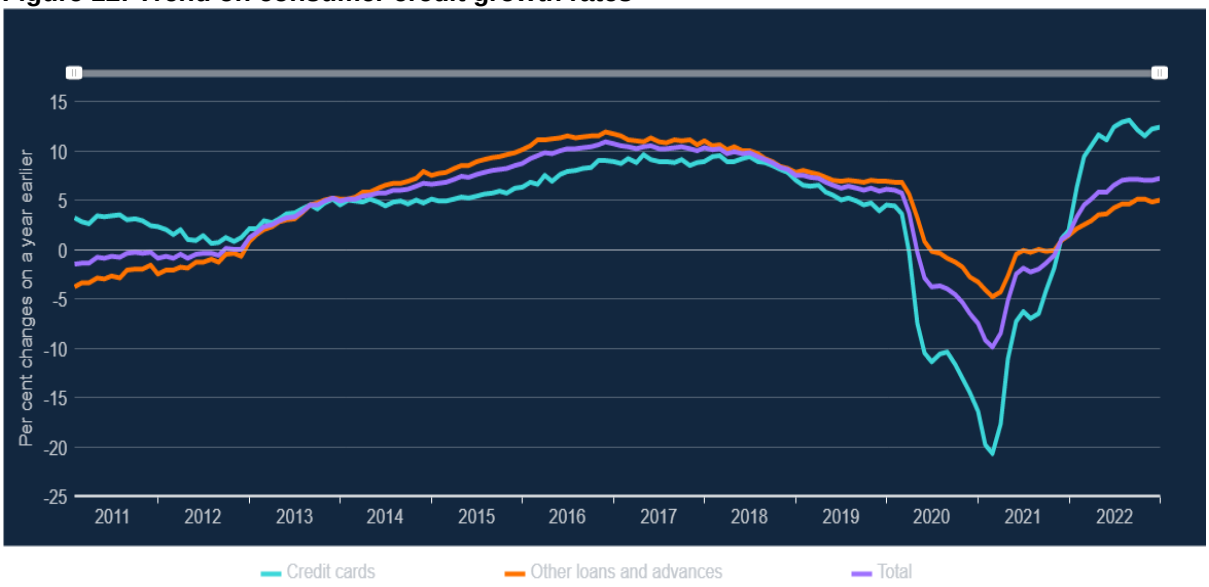
Figure 11: Actions taken due to the increased cost of living among UK adults, June-July 2022



Source: Rising Cost of Living in the UK. 21 July 2022. House of Commons Library Research Briefing

As **Figure 11** shows, over half (53%) of people reported using less energy at home, and just under half (44%) reported they were spending less on essentials. 1 in 7 (15%) said they are using credit more than usual, something borne out by data from the Bank of England. A common way to assess how quickly households are taking on consumer credit is to look at the annual growth rate, as shown here for total consumer credit and its components (**Figure 12**).

Figure 12: Trend on consumer credit growth rates



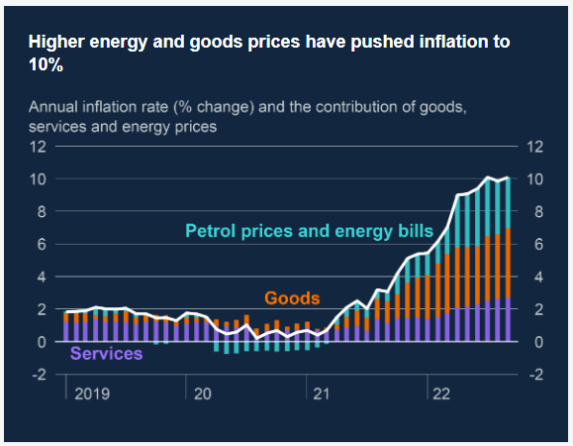
Source: Bank of England

The 2023 Halton health and wellbeing survey includes questions on the impact of the cost-of-living crisis. The report due to be published in September 2023, will help us understand what local people feel about the current situation.

The following sections break down the influences on the cost of living crisis, where possible providing local data.

4.1. Inflation and wages

Inflation is calculated as the average change in the price of typical goods and services purchased by UK households over 12 months. This is tracked using the Consumer Price Index (CPI), calculated by the ONS using a sample of 180,000 prices of 700 common consumer goods and services.[2] The latest data has the current CPI at 10.5% in the 12 months to December 2022, down from 10.6% in November. The Bank of England aims to keep the CPI rate of inflation at 2% plus or minus 1% (i.e. between 1% and 3%) and adjusts interest rates to achieve this.



However, CPI excludes the cost of housing. An alternative measure of inflation produced by the ONS, the Consumer Prices Index with Housing (CPIH), is in

some ways a better measure of inflation as it includes owner occupiers' housing costs. The CPIH rose by 9.2% in the 12 months to December 2022, down from 9.3% in November.[22] Higher energy prices are one of the main reasons for this. Global economies have been affected but the UK has been especially hard hit. There is a greater reliance on gas for heating – around 85% of households use gas boilers to heat their homes and generate electricity – about 40% of electricity is generated in gas fired power stations - plus it has a higher level of poorly insulted housing stock. [23]

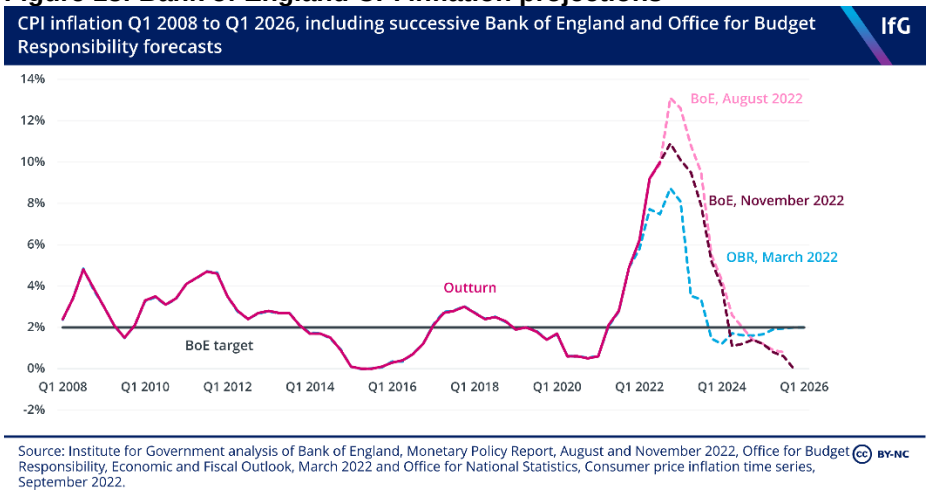
The energy crisis has been building up over the past year, as increased demand during the post-Covid-19 reopening of economies coincided with Russia's invasion of Ukraine and a subsequent squeeze on gas supplies into Europe. Consequently, a steep rise in the wholesale price of gas has driven up the amount that energy providers pay for gas and electricity.

Higher prices for the goods we buy from abroad have also played a big role. During the Covid-19 pandemic people started to buy more goods. But the people selling these have had problems getting enough of them to sell to customers. That led to higher prices – particularly for goods imported from abroad. There is also pressure on prices from developments in the United Kingdom. Businesses are charging more for their products because of the higher costs they face. There are more job vacancies than there are people to fill them, as fewer people are seeking work following the pandemic. That means employers are having to offer higher wages to attract job applicants, additionally meaning organisations have increased the cost of providing services.

How is inflation expected to change in the coming months?

The increase in inflation is largely driven by the £693 (54%) increases in the energy price cap, in April and October 2022, with a further increase in April 2023. These increases will mean average household energy bills will have doubled. Inflation is expected to remain high for the next two years, with the Bank of England not expecting inflation to reach its 2% target until the third quarter of 2024 (see **Figure 13**).[24]

Figure 13: Bank of England CPI inflation projections



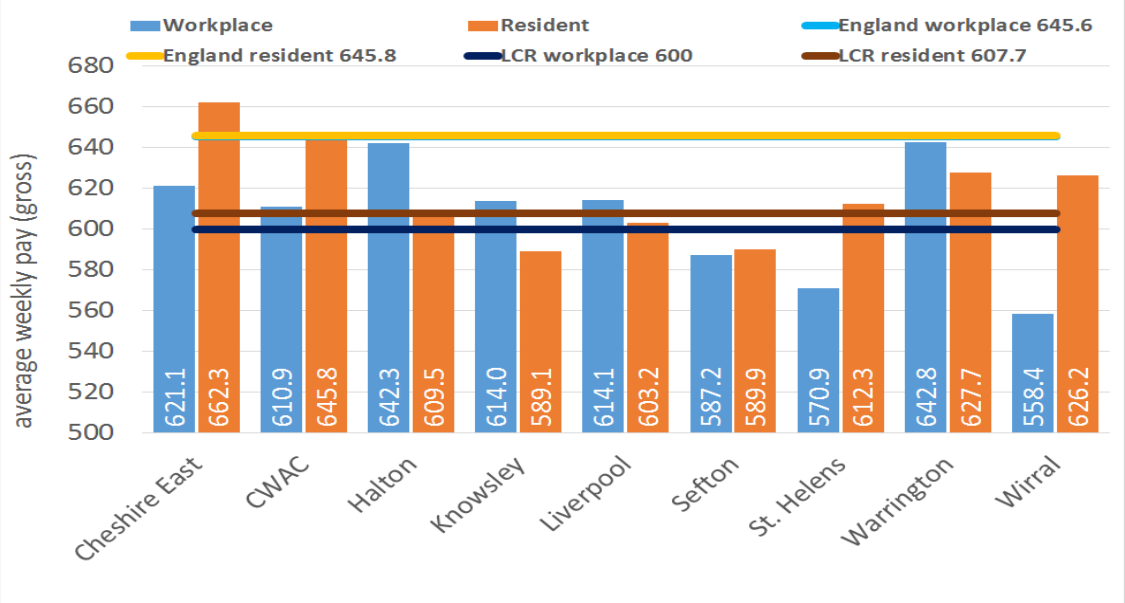
High energy, food and other bills are hitting people hard. Households have less to spend on other things. This has meant that the size of the UK economy has started to fall. The UKs gross domestic product (GDP) fell by 0.3% in the three months to November 2022. There was a 0.1% fall in services, a 1.4% fall in production, with the only growth coming from construction, which increased by 0.3%.[25]

4.2. Income and earnings

4.2.1. Wages

On average, full-time resident workers within the Liverpool City Region (LCR) earned around £607.7 per week in 2022 (gross earnings without overtime). This was slightly above regional levels of £603.7 but below the £645.8 average for England. Halton had the second highest average weekly gross earnings, £642.3, based on jobs located within the borough (workplace) only behind Warrington and only just below the England average. However, analysis based on being a resident in the borough shows weekly average pay is much lower at £609.5. This is the fourth lowest in Cheshire & Merseyside, higher only than Knowsley, Liverpool and Sefton. (see **Figure 14**).

Figure 14: Median weekly earnings of full-time workers across Cheshire & Merseyside, 2022



The **Real Living Wage** is independently calculated by the Living Wage Foundation to reflect the amount people need to be able to live. It is not compulsory for employers to pay it. In 2021, the Real Living Wage was £9.50 per hour rising to £9.90 per hour in 2022. It is different to the National Living Wage (previously called the Minimum Wage or National Minimum Wage) which is a statutory requirement (this was £8.91 in 2021, £9.50 in April 2022).

Analysis of the ONS annual survey of hours and earnings (ASHE) data 2022[26] showed 13.9% of all Halton employees were paid below the Real Living Wage rate of £9.90 per hour in 2022. This is the third highest level in Cheshire & Merseyside, higher than the regional and national levels. This is a reduction on the 2021 value of 15.9% (North West 18.4% and England 17.2% in 2021). The proportion was highest in St. Helens and lowest in Cheshire East (see

Figure 15**).** For women the percentage was higher than the all employee value at 20.2% or one in five. Of the 7,000 jobs in Halton estimated to pay below the Real Living Wage, females account for 5,000 of these (71.4% or 2 in 3). This split is higher than comparators (range 53.3%-67%).

Figure 15: Proportion of employees paid below Real Living Wage, Cheshire & Merseyside, 2022

Area	All		Males		Females	
	Jobs (thousands)	Per cent	Jobs (thousands)	Per cent	Jobs (thousands)	Per cent
England	2,951	12.5	1,194	10.0	1,757	15.1
North West	367	12.5	147	10.1	220	14.9
Halton	7	13.4	x	x	5	20.2
Warrington	11	10.3	x	7.6	7	14.0
Cheshire East	16	9.0	5	6.0	10	12.1
Cheshire West and Chester	15	10.9	7	10.9	8	10.9
Knowsley	8	13.1	x	x	5	16.8
Liverpool	24	11.1	9	8.4	16	13.5
St. Helens	7	14.6	x	x	x	18.6
Sefton	12	14.0	x	x	8	16.4
Wirral	10	13.1	x	x	6	15.0

x = Estimates are considered unreliable for practical purposes

Source: ONS Annual Survey of Hours and Earnings

Analysis by the Living Wage Foundation[27] shows that this percentage is the lowest it has been since April 2012, when the figures were first recorded. However, with wages lagging behind inflation and the cost-of-living crisis expected to continue, the forecast indicates that both figures will climb next year. The forecast projects that 18.5% of jobs will be paid less than the Real Living Wage in 2023 (amounting to 5.1 million jobs in total).

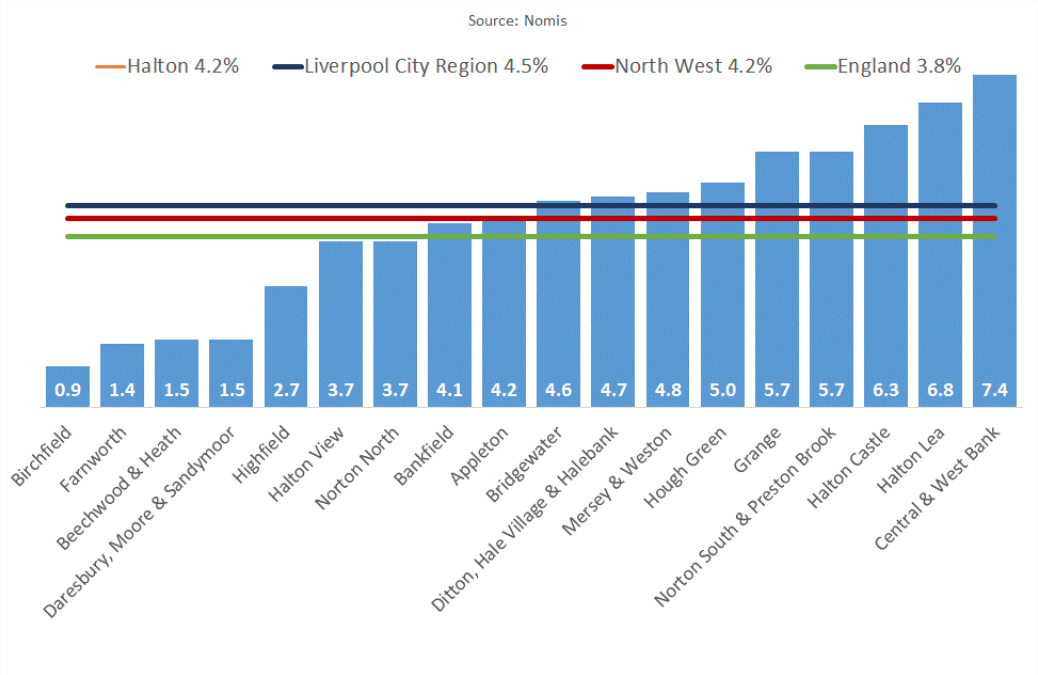
Average wages in the UK have risen at a slower pace than prices. In July to September 2022, regular wages rose by 5.7% year-on-year, and total pay, which includes bonuses, rose 6.0%.This means that pay has fallen in real terms: workers need a larger proportion of their wages to buy the same goods.

Not all workers have seen prices rise faster than their pay, but as inflation continued increasing steeply during 2022, regular wage growth fell behind inflation in all industries except professional and scientific (e.g. legal services, management, engineering and scientific research). In other industries, such as public administration and education, pay growth has been below inflation since the second half of 2021. Workers within each industry have also been affected differently depending on their wages. Those on lower pay will feel the impact of wage growth falling behind inflation and the resulting increased cost of living more acutely.[28]

4.2.2. Benefit claimants

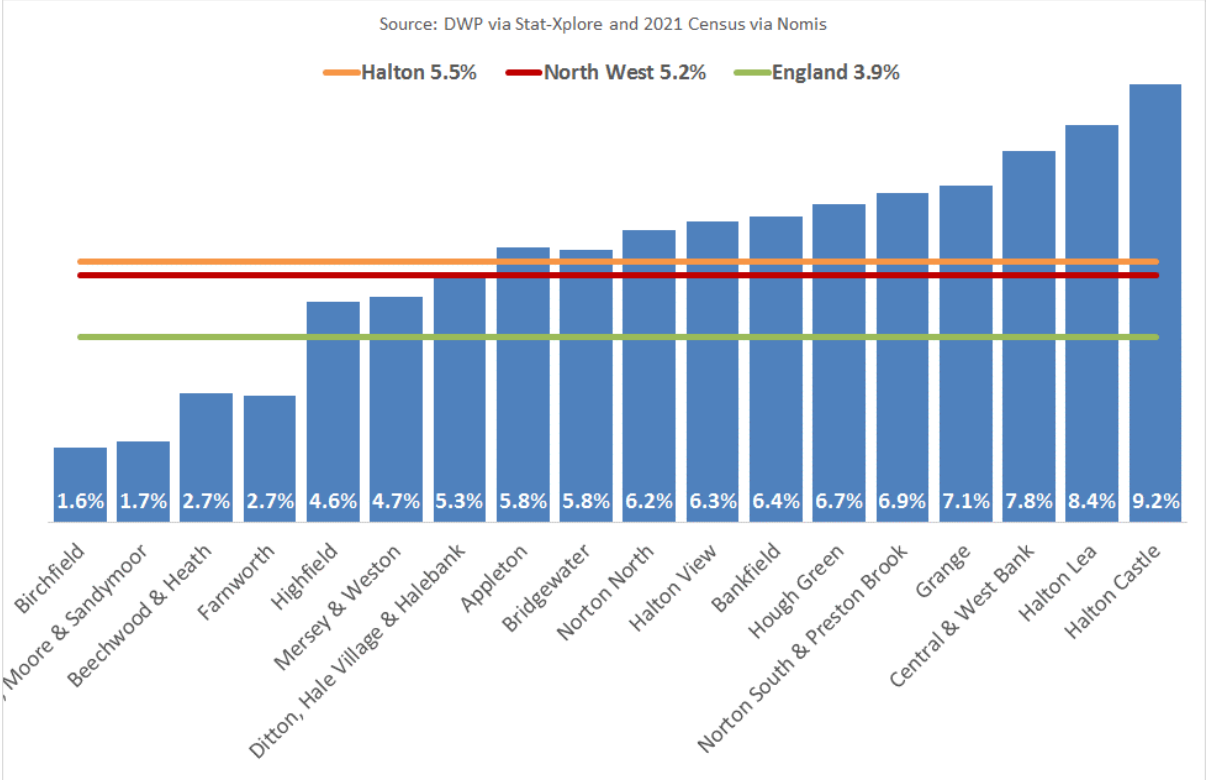
As of December 2022, Halton had 3,330 people aged 16+ claiming unemployment related benefits. Monthly claimant counts includes all Universal Credit claimants who are required to seek work and be available for work, as well as all Jobseeker's Allowance (JSA) claimants. They are included even if they are not currently receiving payment. This constitutes 4.2% of the 16-64 aged population which is lower than the Liverpool City Region average of 4.5%, the same as the North West average and higher than the England average of 3.8%. Rates vary across electoral wards (see **Figure 16**)

Figure 16: Claim count, rate (%) of working age population 16-64, as at December 2022



If people are unable to work due to ill health and are of working age they may be entitled to claim Employment and Support Allowance (ESA). As of May 2022, Halton had 4,431 people aged 16-64 claiming this benefit. As a proportion of the population this is a higher level than the North West and England. **Figure 17** shows the proportion of the working age population (for analytical purposes taken as 16-64) is higher in Halton than regionally and nationally. It also shows a substantial difference across the borough, from 1.6% in Birchfield to 9.2% in Halton Castle.

Figure 17: Percentage of population aged 16-64 claiming ESA benefits, as at May 2022



The medical condition that led to an ESA claim is coded according to the International Classification of Diseaseses version 10 (ICD-10). Whilst the percentages by cause for Halton claimants are exactly the same as England, they are broadly similar, as

Figure 18 shows. ESA claimants in Halton is due to mental and behavioural disorders is slightly lower in Halton than England, whereas conditions of the musculoskeletal system and connective tissue are slightly higher.

Figure 18: Breakdown of ESA claimants, by main medical conditions, as at May 2022

	Halton		England
	Number	Percent	Percent
Mental and Behavioural disorders	1979	44.7%	49.4%
Disease of the Musculoskeletal System and Connective Tissue	674	15.2%	12.6%
Symptoms, signs and abnormal Clinical and Laboratory findings, not elsewhere classified	446	10.1%	8.7%
Diseases of the Nervous System	327	7.4%	8.1%
Diseases of the Circulatory System	215	4.9%	3.6%
Factors influencing Health Status and contact with Health Services	137	3.1%	2.4%
Neoplasms	126	2.8%	2.7%
Diseases of the Respiratory System	118	2.7%	2.3%
Top 10	4022	90.8%	89.9%

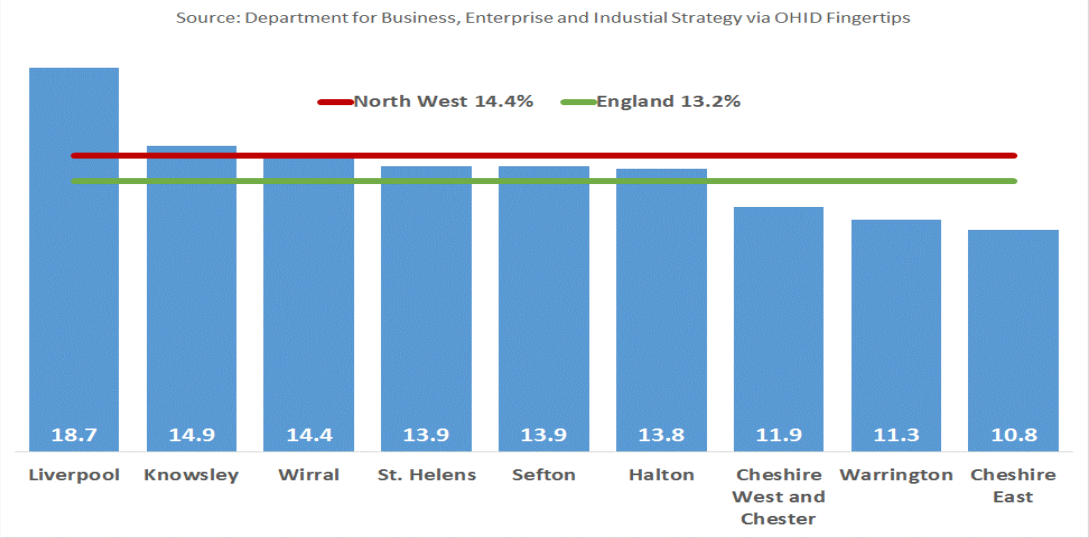
Source: DWP via Stat-Xplore tool

4.3. Energy and household fuel poverty

People are defined as living in fuel poverty when their essential household energy costs are above average and to meet their energy needs would leave their residual income below the poverty line[29]; they cannot afford to adequately heat their homes to the detriment of health and wellbeing.

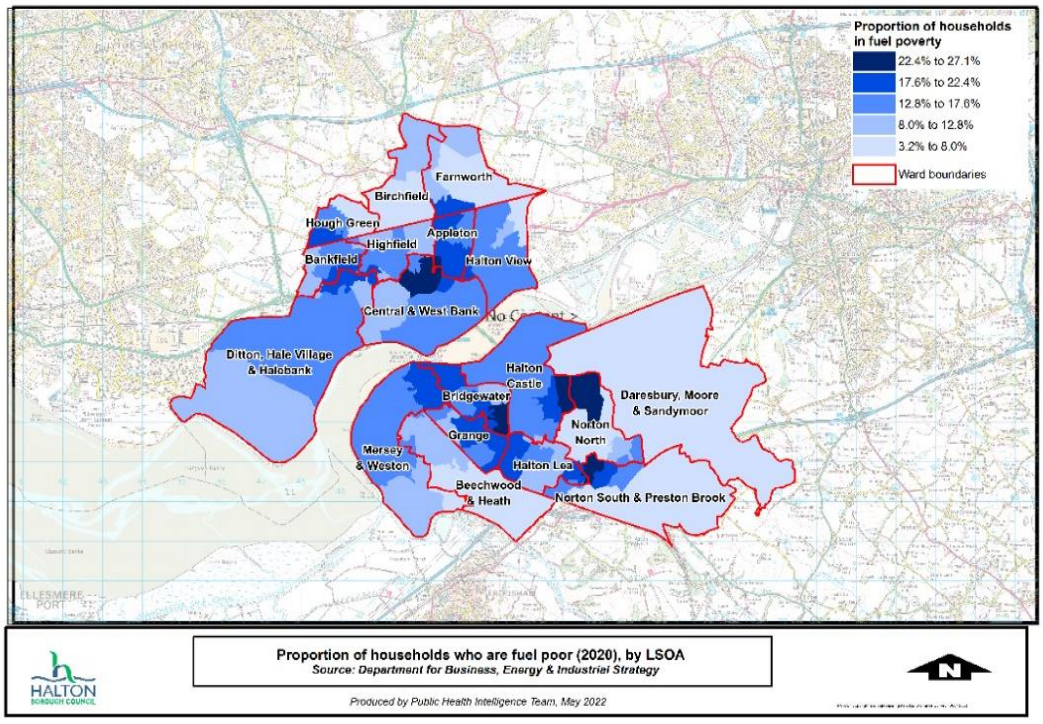
The most recent Department for Business, Energy & Industrial Strategy publication series of sub-regional fuel poverty estimates are for 2020, before the price rise impacts. These estimated that 13.8% of households in Halton lived in fuel poverty, ranging from 3.3% to 27% across individual wards and amounting to almost 7,900 homes. Halton has a relatively low overall level of fuel poverty, despite its high level of deprivation. This may be due to the new town development with newer homes being more energy efficient.

Figure 19: Fuel poverty levels across Cheshire & Merseyside, 2020



Across the borough **(Figure 20**), fuel poverty appears to correspond geographically to areas of higher deprivation.

Figure 20: Fuel poverty prevalence across Halton Borough by Lower Layer Super Output Areas (LSOA) (2020)



Ofgem announced an increase of 54% to the energy price cap which came into effect on 1st April 2022. They were due to increase by a further 80% in October, but the government introduced the Energy Price Guarantee limiting the October increase to 27%, with a further increase of 20% in April 2023. Despite this the cost of energy will have almost doubled between April 2021 and April 2023.

The typical energy bill is around £2,000 per year following the price cap increase in April 2022. This is already £600 more than the average bill was in October 2021. The price guarantee put in place on 1

October 2022 means the average hoisehols bill is around around £2,500 a year until 31 March 2023 when it rises to £3,000.[30]

Lower income households are more likely to respond to increasing energy prices by cutting their energy use below safe levels, which can have direct health implications. Marmot notes that "Excess winter deaths in the coldest quarter of housing are almost three times as high as in the warmest quarter," with cardiovascular and respiratory mortality the disease categories most increased by cold weather.[31] The Resolution Foundation estimate the measures announced by the government to support households this year would offset 82% of the rise in households' energy costs in 2022-23, rising to over 90% for poorer households.[32]

OFGEM, the UK fuel price regulator, estimated that without mitigations, the increase in fuel costs could further increase the number of UK households in fuel poverty to around 12 million (over 42% households).[33] A parallel increase locally would see over 24,000 Halton homes being in fuel poverty by the end of 2022. Whilst recent analysis of the various government measures indicates this level is likely to be around 39% for the North West,[34] it remains a substantial increase. The Open Data Institute (ODI) report ***Fuel poverty and data infrastructure***[35] shows that fuel poverty impacts:

- 30.6% of households using prepay electricity meters
- 28.8% of households where the eldest occupant is 16-24 years old
- 27% of homes housing five or more people
- 26.5% of lone parents
- 25% of all privately rented households
- 20.4% of households with children aged 0-4 years
- 17.7% of couples with children
- 13.2% of all English households (3.16m households)

Applying this to Halton's population gives an estimate of 7,385 affected households.

Figure 21: ODI Fuel poverty risk by household type applied to Halton population

	ODI research into type of households affecetd by fuel poverty	Halton total	Estimated number affected
1	30.6% of households using prepay electricity meters	8859	2,711
2	28.8% of households where the eldest occupant is 16-24 years old	not available	unable to calculate
3	27% of homes housing five or more people	3043	822
4	26.5% of lone parents	7863	2,084
5	25% of all privately rented households	8018	2,005
6	20.4% of households with children aged 0-4 years	not available	unable to calculate
7	17.7% of couples with children	13950	2,385
8	13.2% of all English households	55949	7,385

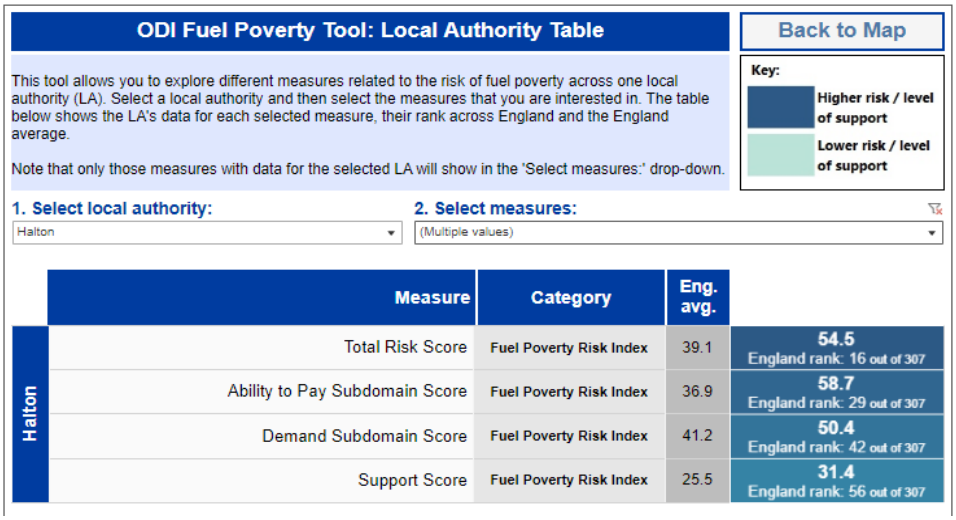
Source: Data from 2021 Census via Nomis except 1. available from BEIS 2017

Households containing children, renters, larger households and younger adults are most likely to be at risk of fuel poverty, with the most surprising aspect of these findings being that the data points towards students and young workers sharing accommodation as some of the worst-affected. We traditionally think of older people as being more vulnerable to fuel poverty, but this new analysis of data shows that students and young people in houses in multiple occupation (HMO) are worse off.

ODI commited to producing an annual fuel poverty risk index at local authority level. This index will be able to show the impact of changes such as the end of universal help with bills in April 2023, as well as more targeted assistance to those on low incomes.

Overall the tool shows (**Figure 22**) that Halton is ranked 16th highest - of 307 local authorities - fuel poverty risk in England. This is significantly higher than the 113 placed rank using the 2020 BEIS data used in Figure 16. The tool is a complex matrix of fuel useage, and ability to pay and support, drawing on data such as the use of pre-payment meters (Halton ranked 16 out of 325 at a rate of 16,617.3/ 100,000 households aganst the England average of 11,462.8), household size and composition, proportion of dwelling with EPC rating below C (regarded as energy inefficient) (Halton rank 256 out of 309 local authorities), proportion of households claiming Universal Credit (Halton ranked 28 out of 309) and Personal Independenct Payments (PIPs) (Halton ranked 6 out of 309) and a range of other factors.

Figure 22: Summary Fuel Poverty Risk Index scores for Halton



ODI Fuel Poverty Tool: Local Authority Table

Back to Map

This tool allows you to explore different measures related to the risk of fuel poverty across one local authority (LA). Select a local authority and then select the measures that you are interested in. The table below shows the LA's data for each selected measure, their rank across England and the England average.

Note that only those measures with data for the selected LA will show in the 'Select measures:' drop-down.

Key:
- Higher risk / level of support
- Lower risk / level of support

1. Select local authority: Halton

2. Select measures: (Multiple values)

	Measure	Category	Eng. avg.	
Halton	Total Risk Score	Fuel Poverty Risk Index	39.1	54.5 England rank: 16 out of 307
	Ability to Pay Subdomain Score	Fuel Poverty Risk Index	36.9	58.7 England rank: 29 out of 307
	Demand Subdomain Score	Fuel Poverty Risk Index	41.2	50.4 England rank: 42 out of 307
	Support Score	Fuel Poverty Risk Index	25.5	31.4 England rank: 56 out of 307

Source: ODI 2023

Fuel poverty data locally is held on the Cheshire & Merseyside ICS data platform CIPHA, using the 2015 NICE guidance NG6[36] to map those at clinical risk from living in a cold home.

Figure 23 shows that nearly 8,000 Halton GP registered patients with a condition know to be exacerbated by cold homes, live in LSOAs with the highest level of fuel poverty.

Figure 23: Condition by fuel poverty quintile for Halton GP registered patients

Categories	Condition	Quintile 1:LSOAs with the Highest % of Fuel Poverty	Quintile 2	Quintile 3	Quintile 4	Quintile 5:LSOAs with the Lowest % of Fuel
CVD	Atrial fibrillation	466	1,084	504	446	698
	Coronary heart disease (CHD)	947	1,963	817	644	1,023
	Heart failure	266	513	211	165	265
	Hypertension diagnosis	2,996	6,824	2,945	2,306	4,309
	Peripheral arterial disease (PAD)	233	417	174	96	126
	Stroke/TIA	405	908	408	294	439
Disability	Learning disability	150	337	109	71	94
	Physical disability	826	1,571	639	292	543
Mental Health	Depression diagnosis	4,059	7,827	2,852	1,496	3,111
	Severe Mental Illness	270	559	175	77	133
Respiratory	Asthma diagnosis, aged 18 and under	193	358	136	64	167
	Asthma diagnosis, aged 19+	1,251	2,672	1,040	688	1,425
	Chronic obstructive pulmonary disease (COPD)	839	1,496	598	277	468
Total		**7,973**	**16,694**	**6,592**	**4,435**	**8,686**

Source: CIPHA, data refreshed 22/02/2023

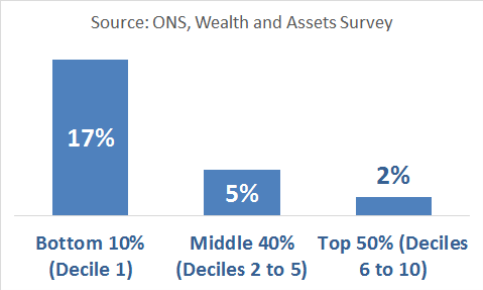
4.4. Debt and arrears

Those who cannot cut back on spending and have no savings to fall back on will find themselves unable to keep up with their bills and so are likely to fall into arrears. Data from ONS 2018-2020 shows whilst property debt is associated with those in the higher income deciles, financial debt is clearly linked to lower income households.

Being in arrears is strongly associated with negative wellbeing outcomes. In May 2022, the debt advice services, StepChange, recorded a 12% increase in the number of people asking for debt advice compared to April 2022.[37] The pandemic had a significant impact on low-income households whilst higher income households managed to save during the pandemic, working from home saved on daily costs, and lockdown restricting additional expenditure. Homeowners also benefited from rising house prices.[15] A large-scale study of households on low incomes by the Joseph Rowntree Foundation (JRF) found that the number of low-income households in arrears has tripled since the pandemic, with 4 in 10 working-age low-income households fell behind on bills during pandemic.[38] Despite levels of debt the 2018-20 ONS data[39] shows the majority of households report that this is not a problem; 56% report this in relation to financial debt and 67% in relation to property debt.

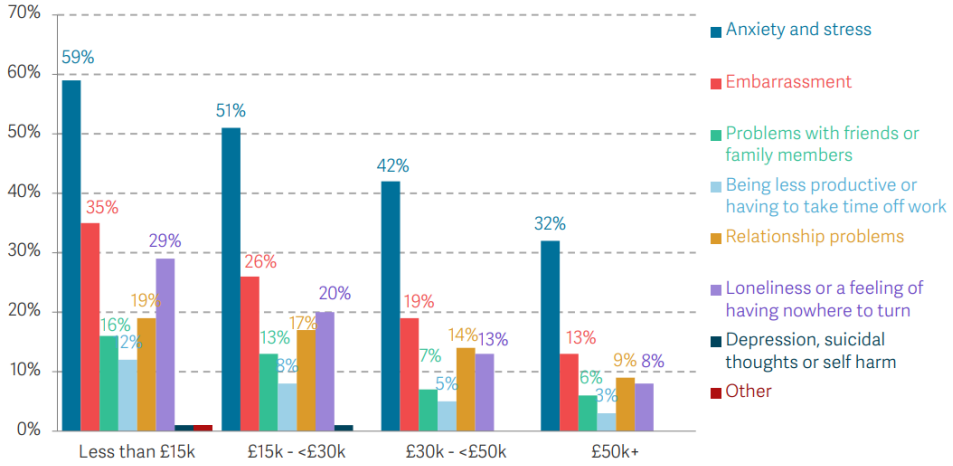
However problem debt is clearly of most concern to those on lower incomes (**Figure 24**). Problem debt is defined as having liquidity problems, solvency problems or both. Liquidity problems is defined as household debt repayments representing at least 25% of monthly disposable (net) income and at least one adult in the household reports falling behind with bills or credit commitments; or where at least one adult in the household is currently in two or more consecutive months arrears on bills or credit commitments and at least one adult in the household reports falling behind with bills or credit commitments. Solvency problems is defined as household debt representing at least 20% of annual disposable (net) income and at least one adult considers their debt a heavy burden.

Figure 24: Grouped percentage of households with household debt, by wealth deciles, 2018-2020



66% of households with problem debt are renters, they are predominantly in employment (59%), with 38% economically inactive (29% retired and 3% unemployed). Debt is associated with negative outcomes, and this is particularly true for those with lower incomes. **Figure** 25 shows the proportion of indebted individuals reporting negative outcomes, by household income in 2020.

Figure 25: Percentage (%) of indebted individuals reporting negative outcomes, by household



Source: Resolution Foundation 2022

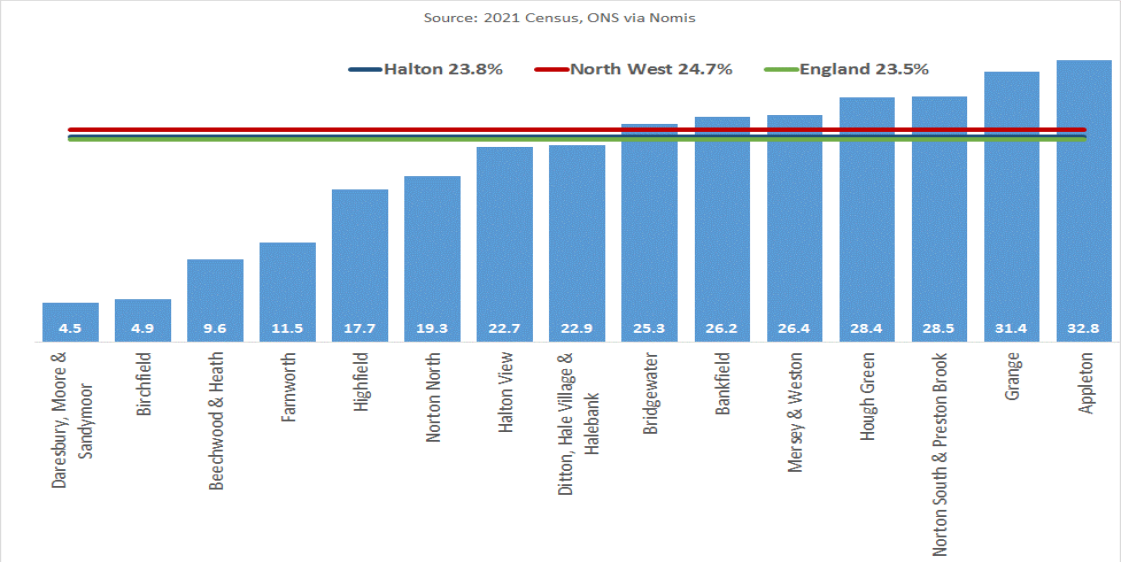
As **Figure 25** shows, those in debt who were also on lower incomes had a much higher likelihood of experiencing negative outcomes such as anxiety, stress, embarrassment, loneliness, relationship issues, depression and suicidal thoughts.

4.5. Transport costs

In the report Locked Out: Transport Poverty in England[40], Sustrans estimated that 1.5 million people are at high risk of experiencing transport poverty across England. The report states these individuals are at risk of exclusion from jobs, healthcare, social connections and of being disadvantaged when it comes to shopping or accessing cultural activities. The report noted one in four households in England are without a car (more than five million homes in total) and many more find public transport unaffordable, inaccessible, and inappropriate to their needs. A decade later the 2021 Census reveals this has changed little. In 2011, 27% of Halton households had no car. This figure fell slightly to 2021 (23.8%; representing 13,309 hoiuseholds), a figure similar to England (23.5%) but

slightly lower than the North West (24.7%). This varies across the bourough, ranging from just 4.5% of households in Daresbury, Moore & Sandymoor to 38.4% in Central & West Bank **(Figure 26**).

Figure 26: percentage of Halton households with no car, 2021 Census



One of the many impacts of the Russian invasion of Ukraine has been an impact on oil prices, which in turn have affected road fuel (and energy in general) prices in the UK. In May 2020, they were at their lowest level for around five years; prices then increased steadily during 2021 and increased from January 2022 as tensions between Russia and Ukraine increased. Prices jumped again after Russia invaded Ukraine in February and on 4 July 2022, petrol was an average of 191.6 pence per litre and diesel 199.2 pence per litre; this was a record high.[41] They have since fallen but remain high, with the December 2022 price 13.5% higher than December 2021.[42]

The latest ONS Opinions and Lifestyle Survey 11-22 January 2023 reported that as a consequence of the rise in the cost of living, approximately 35% of adults reported cutting back on non-essential journeys in their vehicle,[43] 41% said fuel costs increased and 13% said their public transport costs had increased.

4.6. Food insecurity and food poverty

Food insecurity is the inability to afford, or the uncertainty of access to, nutritionally adequate and safe foods that make up a healthy diet. It's about the quality of food as well as the quantity. It's not just about hunger but also about being appropriately nourished to attain and maintain good health. It's also about a limited ability to access food in a socially acceptable way e.g. without having to resort to emergency food aid, scavenging, stealing or other coping strategies.[44]

The Joseph Rowntree Foundation reports that one in five (20%) people living in poverty are food insecure compared to 4% of individuals not living in poverty, highlighting the strong relationship between food insecurity and poverty. 43% of households in receipt of Universal Credit are food insecure.[45] If we assume this can be applied equally across Halton, this would equate to 5,896 households (

Figure 27).

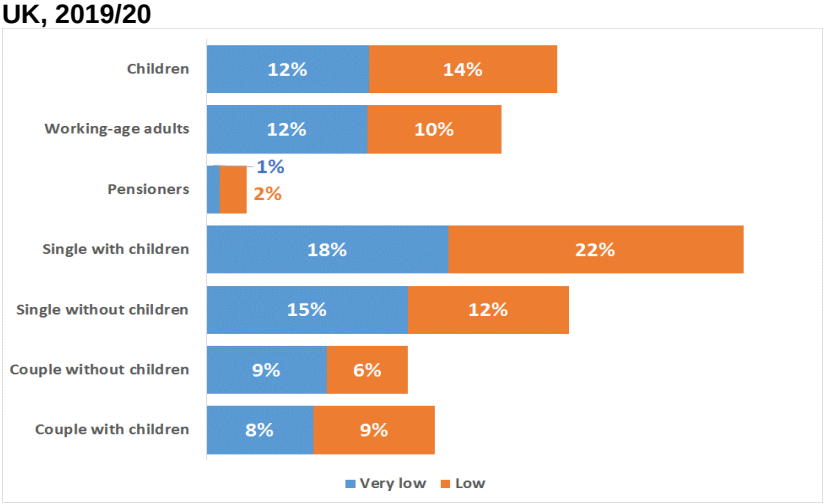
Figure 27: Households on Universal Credit (UC) estimated to be food insecure

	Number of households on UC	Applying 43% based on JRF research
Halton	13711	5896
Appleton	776	334
Bankfield	692	298
Beechwood & Heath	221	95
Birchfield	193	83
Bridgewater	930	400
Central & West Bank	1447	622
Daresbury, Moore & Sandymoor	132	57
Ditton, Hale Village & Halebank	897	386
Farnworth	285	123
Grange	1146	493
Halton Castle	1053	453
Halton Lea	1162	500
Halton View	612	263
Highfield	429	184
Hough Green	927	399
Mersey & Weston	1084	466
Norton North	783	337
Norton South & Preston Brook	935	402

Source: DWP via Stat-Xplore tool

Figure 28 shows that being single, especially lone parents, are most likely to be food insecure whereas food insecurity is rare amongst pensioners. It doesn't just include people in food poverty, but people and families who worry about their ability to obtain food, compromise on the quality, reduce or skip meals and experience severe hunger.

Figure 28: Food security for those in poverty by key ages groups and household types in the UK, 2019/20



Source: Joseph Rowntree Foundation 2022

According to the University of Sheffield's research into local food insecurity amongst adults (Jan 2021), in Halton[46]:

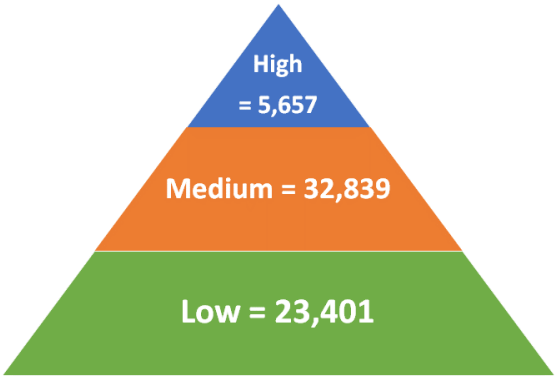
- 15.8% of adults were estimated to be food insecure. This places Halton ranked 275 out of 307 local authorities (1 indicates the lowest level of food insecurity, 307 the highest)[c]
- 6.5% of adults suffered from hunger (skipped food for at least one whole day in the previous month, or indicated they were hungry but had not eaten due to cost or access to food)
- 13.7% worried about not having enough food

Using findings from the Food Foundation report and data from the 2021 mid-year population estimates, we can estimate the local number of people not spending enough money on food to have a healthy diet. Around 38,496 people in Halton are estimated to not spend enough money on food and non-alcoholic drinks each week in order to meet government's guidelines for a healthy diet.

We know from local data that around 4.4% of the population across Halton accessed a food bank in 2020/21 and are in food poverty. The number of people who are food insecure and/or not eating a sufficiently nutritious diet are represented by the Triangle of Need.

Data in this triangle (**Figure 29**) is based on the Food Foundation's report Afforability of the Eatwell plate which estimates the number of households not spending enough on food to eat a healthy diet. Data for the high need group is based on the 4.4% of the population using food banks. Those in the medium group are those who cannot afford to eat a healthy diet (25.54%). Those in the low group can afford to eat a healthy diet.

Figure 29: Estimated numbers of Halton residents not able to afford to eat a healthy diet

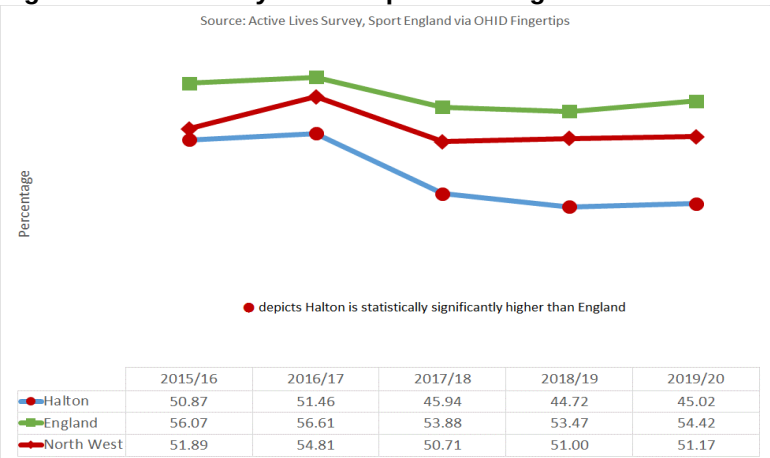


Source: Food Foundation and ONS

It is not surprising therefore to see that data from the Active Lives Survey run by Sport England shows that a statistically significantly lower percentage of Halton adults eat at least 5 portions of fruit and vegetables a day, the level recommended by government guidelines (**Figure 30**).

[c] Data taken from the CPP Cost of Living Vulnerability Index, September 2022

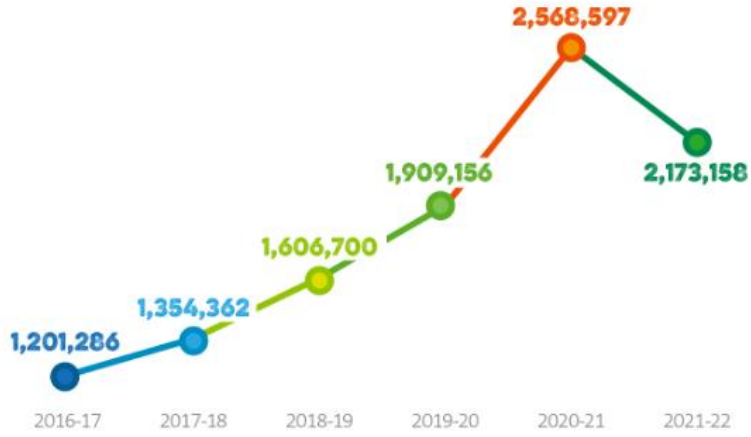
Figure 30: 'Five a day' consumption amongst Halton adults



	2015/16	2016/17	2017/18	2018/19	2019/20
Halton	50.87	51.46	45.94	44.72	45.02
England	56.07	56.61	53.88	53.47	54.42
North West	51.89	54.81	50.71	51.00	51.17

The Trussell Trust are the largest single provider of food banks in the UK. In 2021/22 they gave out 2.1 million emergency food parcels to people in crisis (**Figure 31**).[47] 252,048 were in the North West. Compared to 2016/17 this is an increase of 81%. To note, this data does not take of other food aid providers and community-groups also providing support including things like charities, school-based food banks, soup kitchens and social supermarkets.

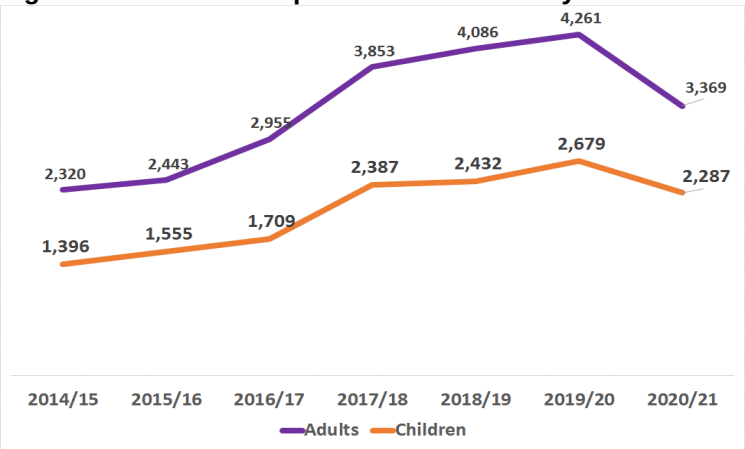
Figure 31: annual food parcels handed out by Trussell Trust food banks across the UK



The number of parcels distrubuted in Halton has also increased by 52% since 2014/15 with the incerease being greater amongst children (64%) than adults (45%)

Figure 32).

Figure 32: annual food parcels handed out by Trussell Trust food banks across Halton



Source: Trussell Trust

5. Impacts

5.1 Health impacts

The cost-of-living crisis is a public health crisis. The link between poverty and health has long been established. Prior to the cost-of-living crisis, there was a growing health gap between the wealthiest and poorest people in the UK. This is certainly borne out across most of Cheshire and Merseyside. The existing poverty and inequalities gaps have widened. Austerity measures have seen reductions in local authority spending per head of population reduce above the England average in 6 of the 9 local authorities – all those in the Liverpool City Region - which are some of the most deprived in the country.[48] As the NHS faces increasing pressures and the UK faces workforce shortages, a public health approach is more important than ever to ensure we stop people falling into poverty and poor health and we have a prosperous UK.[49]

The Royal Society of Public Health commissioned an online poll with a sample of 2,081 UK adults aged 18+, which ran between 26-27 September 2022.[50] It showed 39% of the general population are cutting back on buying fresh produce such as vegetables, with less than half (48%) of respondents confident that they can rely on their social and family networks for mental and emotional support this winter (2022/23). Already, 41% are concerned that the cost-of-living crisis is impacting on their physical health. Some communities are more affected than others with 48% of people who identified as an ethnic minority reducing spending on sporting or recreational activities, compared to 28% overall. The poll revealed that Foodbanks are no longer the exclusive province of those generally considered, low income families. It found that among households with an annual income of £14-£21K and households with an income of £48K+, the same percentage (7%) have used a foodbank at least once within the last 2 months. People were concerned about being able to afford food, transport for attending medical appointments and prescription costs.

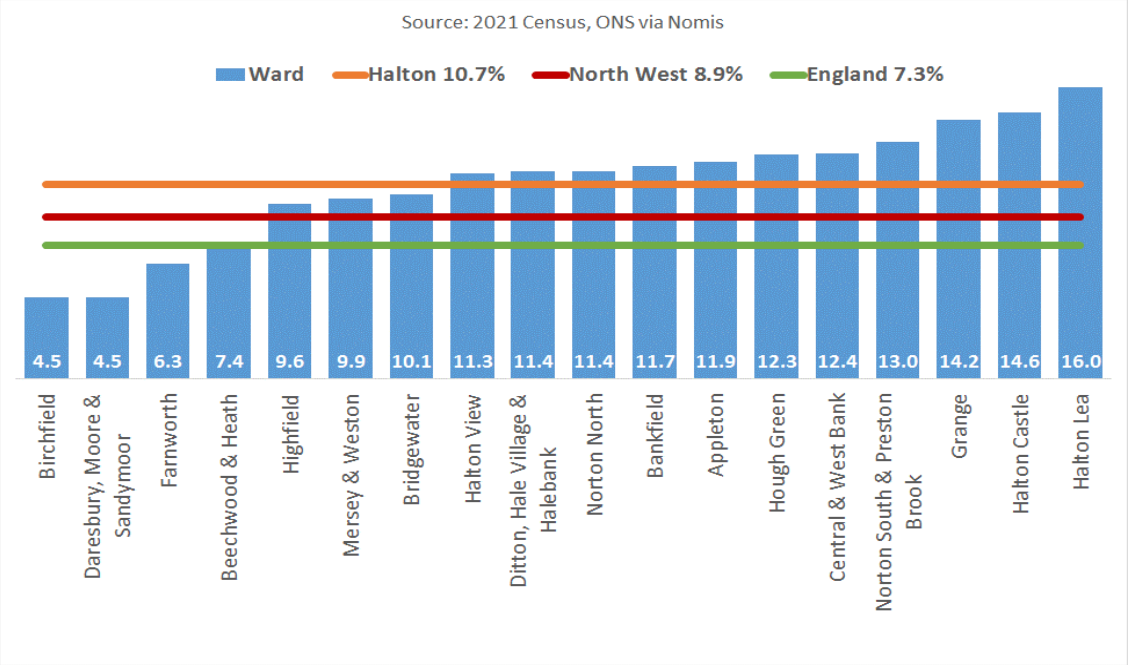
56% of respondents felt pessimistic about their household's financial situation over the next 2 years, with 76% of this pessimistic group concerned that they are already running out of ways to minimise costs without cutting back on essentials compared to 47% generally. 74% believed there should be more support from central government, 54% believed there should be more support and advice coming from local councils and 31% believed employers had a role to play in this.

The impact of living in a cold home is well documented.[51] For example it leaves people at risk of developing respiratory diseases and/or exacerbating existing conditions, as well as having an impact on cardiovascular disease, mental health and children's educational development. For the most vulnerable it can increase the risk of death. World Health Organization estimates suggest that around a third of the higher number of deaths that occur in the winter compared to summer are due to cold homes. In a particularly cold winter or where energy prices are unaffordable, there is a significant risk that this will be higher.[52] Any lasting plan for growth must recognise that a healthy population is key for a healthy economy.

Even before the current cost of living crisis, disabled people were much more likely than non-disabled people to be in poverty and living on inadequate incomes. Disabled households often need to spend more on essentials like heating and insurance, as well as necessary equipment, therapies and support. In 2019, disability charity Scope estimated that disabled people in the UK face extra

costs of £583 per month, on average. For one fifth of disabled people, this "disability price tag" was over £1,000. So whilst the government financial support will help, it falls short of typical additional costs disabled people face.[53] According to the 2021 Census, Halton has a higher percentage of people disabled under the Equality Act who reported their day-to-day activities is limited a lot compared to England or the North West averages. There are also substantial differences at electoral ward level in Halton, as **Figure 33** shows.

Figure 33: Level of disability where day-to-day activities are limited a lot



The financial challenges and in cost of living faced by disabled households are particularly acute as two of the key commodities which have been driving the increase in inflation - energy and food - make up a disproportionate share of disabled household consumption. Disabled people are more likely to be home-based and need additional energy consumption for essential equipment. Reduced mobility for many disabled people also increases reliance on convenience foods which are comparatively more expensive than preparing food for raw ingredients.[54]

Based on an ONS survey of households in June to September 2022, 55% of disabled adults were finding it difficult to afford energy bills, with 7% reporting being behind on payments, compared to 40% and 4% for non-disabled people respectively. There was a similar picture for rent and mortgage payments, where 36% of disabled adults were finding it difficult to afford their payments and 4% were behind on payments, compared to 27% and 2% for non-disabled adults respectively. There are 28,382 people disabled under Equality Act in Halton.

In response to the NHS England Core 20 plus 5 programme, the ICS data platform, CIPHA, established a brief dashboard to look at the health profile of those living in the 20% most deprived LSOAs of the borough. Using daily feeds from all GP practices in Halton (**Figure 34**) the data shows those living in deprived areas have higher prevalence of long-term health conditions compared to those living in other parts of the borough. Differences are most marked for COPD, mental health (severe mental illness such as psychosis), depression and epilepsy as well as heart disease.

Figure 34: Health profile of those living in the 20% most deprived LSOAs in Halton (QOF prevalence amongst those registered with Halton practices)

QOF Register	Total Population Prevalence	Prevalence amongst those living in IMD	Prevalence amongst those living in IMD	IMD Quintile 1 vs 2-5 (% difference)
Asthma	6.60%	6.94%	6.26%	10.85%
Atrial fibrillation	2.64%	2.36%	2.92%	-19.24%
Cancer	4.15%	3.66%	4.64%	-21.12%
CHD	4.44%	4.52%	4.36%	3.57%
CKD	3.04%	2.94%	3.14%	-6.20%
COPD	3.03%	3.78%	2.28%	65.45%
Dementia	0.79%	0.85%	0.73%	17.74%
Depression	15.99%	18.96%	13.02%	45.62%
Diabetes	6.96%	7.44%	6.49%	14.70%
Epilepsy	0.78%	0.92%	0.63%	45.22%
Heart failure	1.17%	1.27%	1.08%	18.04%
Hypertension	15.98%	15.12%	16.87%	-10.40%
Learning disability	0.63%	0.75%	0.50%	49.65%
Mental health	1.00%	1.35%	0.64%	110.63%
Non-diabetic hyperglycaemia	7.92%	7.50%	8.35%	-10.16%
Osteoporosis aged 50+	0.04%	0.05%	0.04%	3.69%
Peripheral Artirial Disease (PAD)	0.86%	1.04%	0.68%	54.08%
Palliative Care	0.73%	0.82%	0.65%	27.25%
Rheumatoid arthritis	0.86%	0.90%	0.82%	9.76%
Stroke/TIA	2.02%	2.09%	1.95%	7.18%

Source: CIPHA (data refreshed 21/02/2023)

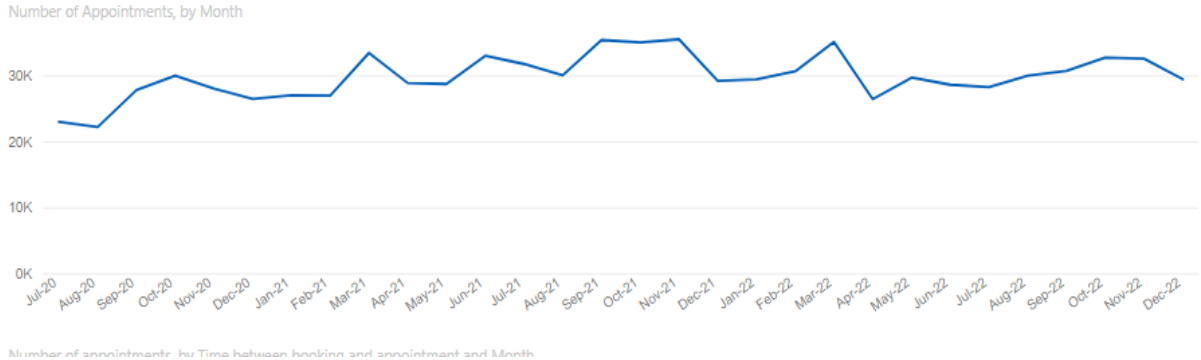
5.2. Impact on health services

Increased poor health may also place greater strain on health services, which are already experiencing severe pressures and set to worsen over winter. Alongside this, constantly worrying about having enough money to pay bills or buy food can also lead to stress, anxiety and depression.

Some doctors in England say the toll of this year's cost-of-living crisis has been apparent in the health issues facing some of their patients. They noted that some patients attending general practice with mental health problems do so because of the stress caused by the cost-of-living, paying bills and debt, even though they may not immediately wish to admit this, rather seeking a medical solution to how they are feeling.[55] It does not appear that the cost of living crisis has had an impact on the number of consultations in primary care.

Figure 35 shows that the increase in general practice consultations from Arpil 2022 to November 2022 is a reflection of regular annual patterns.

Figure 35: Monthly consultation numbers, Halton general practice July 2020 to December 2022



Looking at activity levels by deprivation quintiles**, Figure 36** shows higher mean activity level amongst those living in the most deprived 20% (Quintile 1), for GP encounters and prescriptions, A&E attendance and emergency hospital admissions, compared to all the other quintiles combined. However, elective admissions and outpatient care is higher in quintiles 2-5 compared to quintile 1.

Figure 36: Average (mean) number of appointments / attendances / activity markers amongst Halton GP registered patients, that an individual has had in the last year, by deprivation

Activity Marker	Total Population	IMD Quintile 1	IMD Quintile 2-5	IMD Quintile 1 vs 2-5 (% difference)
A&E Total	0.61	0.67	0.54	23.21%
GP Encounters	17.06	17.57	16.54	6.23%
GP Prescriptions	24.12	26.55	21.70	22.36%
Inpatient Elective	0.14	0.13	0.14	-5.00%
Inpatient Emergency	0.11	0.12	0.09	31.38%
Inpatient Total	0.27	0.28	0.25	10.84%
Outpatient First	0.35	0.35	0.36	-4.49%
Outpatient Follow-Up	0.95	0.94	0.96	-2.33%
Outpatient Total	1.30	1.28	1.32	-2.92%

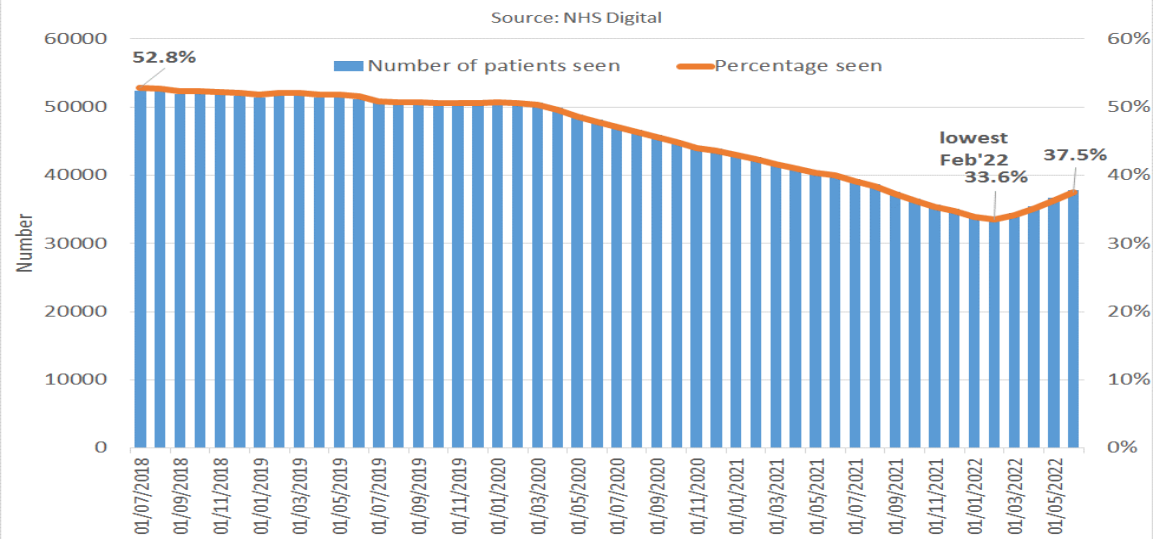
Source: CIPHA, data as at 21/02/2023

Many patients pay for part, or all of the cost of certain healthcare services/goods, e.g., dentistry, prescriptions, opticians and sexual health. Those on the lowest incomes will have exemptions from many of these. Cost of living pressures may be a deterrent for those just above the thresholds. This may in turn increase the risk of developing health conditions, or of existing health conditions progressing, leading to a deterioration in health, which can ultimately becoming more challenging and costly for the NHS to resolve, while causing people unnecessary pain, misery, stress and a curtailment of their usual activities.[56] In addition, other health benefitting expenditure may be deprioritised – such as spending on physical activity-related goods and services, such as leisure centre membership or exercise classes. This was evidenced in the RSPH poll.[57]

As **Figure 37** shows, as of February 2022, the proportion of adults (orange line) in Halton reported having visited a dentist in the previous 24 months was lower than it had been in over 3.5 years. While much of this fall will be due to COVID-19, the chart shows that proportions continued to decrease to February 2022, despite services having reopened from July 2021. However, the data also shows there had been a slight drop (2.4%) between July 2018 and March 2020 when the

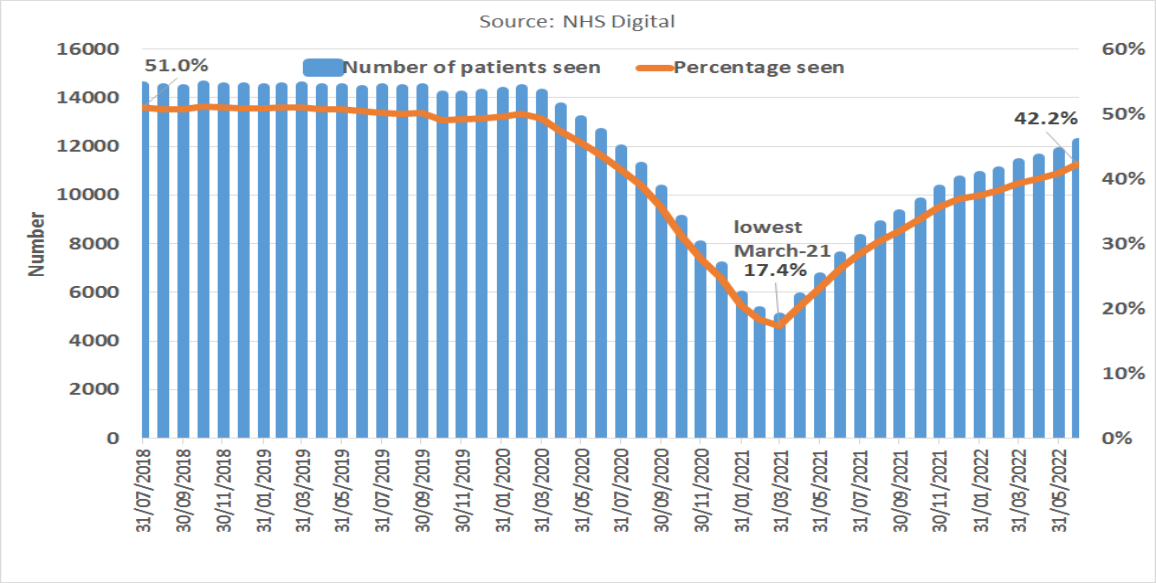
pandemic started. Halton adult attendance at dentists has started to make a recovery but as of July 2022 remains over 20% below the 2018 figure.

Figure 37: Number and percentage of Halton adults reporting having visited an NHS dentist in previous 24 months (rolling average)



By contrast, the percentage of children visiting the dentist remained fairly static until the start of the COVID-19 pandemic. Percentages were at their lowest In March 2021. **Figure 38** shows that whilst the proportion of children seeing a dentist have not yet reached pre-pandemic levels, rates are recovering, indicating access is not as great an issue as it was during the pandemic, or shortly after.

Figure 38: Number and percentage of Halton children reporting having visited an NHS dentist in previous 24 months (rolling average)



Children receive free dentist appointments on the NHS, whereas adults (unless retired or on certain benefits), do not, so the figures presented here could be an indication that adults are delaying regular dentist appointments due to the costs associated with treatment. The cheapest NHS dental charges are Band 1 treatments (check-ups, x-rays, scale and polish as well as planning for future treatment costs) costing £23.80, which may be a barrier to those on the lowest incomes whose

finances are being squeezed elsewhere. As well as impact on those elements of the health service which require co-payments such as dentistry, there are also potential impacts for patients with disabilities, long term health conditions and those using the NHS in general.

5.3. Impact on social care

In a report published in July 2022 on the impact of the pandemic on social care, OFSTED describe how social workers, children's charities and advocacy groups have expressed concern that the current cost of living increases may result in more risks to children. An increase the number of families living in financial hardship, which in turn can make parenting harder. Some local authorities told OFSTED that, with families under greater financial strain, they anticipate higher numbers of child protection cases and children in need and note they have planned for this in their budgets.[58]

A research article published by the Welsh Parliament in July 2022, warned there was already a workforce crisis in social care, with significant staff shortages, and major problems in recruiting and retaining staff, particularly in domiciliary care, resulting in people having to stay in hospital longer than necessary as care packages can't be put in place at home. Concerns have also been raised that the lack of homecare is leading to some older people being placed in residential care as an interim measure, which in many cases becomes permanent.[59]

The cost of living crisis is now exacerbating this situation; with more domiciliary care staff leaving the sector due to the rising price of fuel, as travelling to multiple homes a day to provide care, and the relatively low wages means their costs are no longer covered. In March 2022, the Homecare Association surveyed domiciliary care providers across the UK and found[60]:

- Half of providers said care workers had requested an increase in the mileage rate
- More than a fifth (21%) said that care workers had either given notice, intended to look for work or had already done so because they cannot afford to put fuel in their cars
- 92% of providers were either concerned or very concerned about the effect of the rise in fuel costs on the financial viability of their company
- The Homecare Association also notes there is significant difference between the mileage rates received by NHS staff (often paid 54p per mile) and homecare workers (sometimes paid only 10p per mile)

The vacancy rate in homecare is now 13.5%, which is the highest ever recorded (recorded on 1st June 2022).[61] Pay for care workers is low, with a median wage in 2022 of £9.50 per hour, which is below the Real Living Wage. Many also experience insecure working conditions, with almost a quarter of the workforce on zero-hours contracts. Years of central government underfunding of social care have limited how much providers can increase wages.[62]

Care homes are being hit by soaring energy bills and food prices. It has led some to slim down meal sizes, reduce menu options and even cut down on the use of washing machines to slash costs. An employment crisis in the sector also means providers are having to increase staff wages rapidly.

Many care homes are older buildings and are not very energy efficient. Strict regulations mean homes must always be above a certain temperature. But experts say energy bills are a drop in the ocean compared to other costs — most notably, insurance premiums. In the first four months of the pandemic, there were more than 20,000 COVID-linked deaths in care homes in England and Wales. Since then insurers have been anxious about a wave of legal claims against homes over the fatalities resulting in increased premiums as a result.[63]

Analysis published by the Health Foundation[64] revealed that staff working in care homes are far more likely to live in poverty and deprivation than the average UK worker. Even before the cost-of-living crisis hit, 1 in 5 residential care workers in the UK were living in poverty, compared to 1 in 8 of all workers. Many relied on state support to make up for low income from employment – 20% of the residential care workforce drew on universal credit and legacy benefits from 2017 to 2020, compared to 10% of all workers.

The report also found that around 1 in 10 residential care workers experienced food insecurity, living without reliable access to enough healthy food. And 13% of residential care workers' children lived in material deprivation, where families are unable to provide children with essentials like fresh fruit and vegetables or a warm winter coat. This compared to 5% of children in all working families.

5.4. Impact on other local authority services

The cost of living crisis is not just affecting social care. In June 2022 England's largest councils warned they could have to make in-year reductions to services and cancel or delay repairs to local roads and infrastructure as spiralling inflation adds over £1.5bn to their costs. This covers[65]:

- Adult social care services, including higher fees to care providers to offset their rising costs of running care homes.
- Children's social care faces additional costs.
- The cost of delivering capital projects will be higher including new roads and pothole filling, the cost of building new schools and other construction and building maintenance has grown.
- Record energy prices are expected to add council costs, including for streetlights and fuel and energy bills to run council facilities.
- Inflation in external contract and labour costs, including highways maintenance and waste management.
- Rising fuel prices mean that bus, taxi and minibus providers are charging councils more for school transport services.
- Increases in staff pay are expected to add to the revenue budgets of councils.

Councils provide advice and financial support to residents struggling to make ends meet through local welfare assistance schemes. The government is also making £144m available to councils to support vulnerable households who may not qualify for the £150 council tax rebate while councils can also make discretionary housing payments to households struggling with the cost of housing.[66] Councils have noted that the council tax rebate scheme may cause difficulty for councils in paying the rebate to those they do not have direct debit details for, "the people most at risk of not getting the rebate are probably those who need it the most".

The cost of living crisis is also likely to increase demand for council services already struggling to meet needs.

5.5. Impact on housing

Even prior to COVID-19, figures indicated that those who were renting (either socially or from private landlords) had the lowest incomes compared to those with other housing tenures (37% and 24% below the overall median).[67] Since the pandemic, StepChange have found that 1 in 5 private renters had gone without meals or suitable clothing since March 2020 and 3 in 10 said that their money worries had contributed to mental health issues.[68] Halton has a lower percentage of households in the private rented sector than the North West or England averages. It accounts for 8,018 households in the borough (**Figure 39**).

Using the StepChange figures and applying it to the data in **Figure 39**, an estimated **1,604** Halton households in the private rented sector may go without meals, with **2,405** having money worries that have affected their mental health.

Figure 39: Tenure of household, 2021 Census

Tenure of household	Halton		North West	England
	number	%	%	%
Total: All households	55,951	100.0	100.0	100.0
Owned	33,840	60.5	62.3	61.3
Owned: Owns outright	17,096	30.6	33.3	32.5
Owned: Owns with a mortgage or loan	16,744	29.9	29.0	28.8
Shared ownership	429	0.8	0.7	1.0
Social rented	13,619	24.3	17.6	17.1
Private rented	8,018	14.3	19.2	20.5
Lives rent free	45	0.1	0.1	0.1

Source: 2021 Census TS054, via Nomis

Analysis by Policy in Practice, which looked at Housing Benefit and Council Tax Support data across 40 local authorities, found that 57% of low income households are overburdened.

A household is characterised as being 'overburdened' by their rent when they spend more than 30% of their income on housing costs. Their analysis found that renters on low incomes spend an average of 34% of their income on rent. This ranges from 31% of income for council and housing association tenants to 42% for private tenants, demonstrating the huge difference across tenures. Private rents are also rising. The increase of 2.7% over 2021/22 was the highest annual growth in rental prices since the ONS started publishing data in 2016.

Although house prices are still high by historical standards – increasing by 60% over the last decade – property prices have started to fall month on month. Experts now fear a property market crash will have far-reaching implications for everyone, not just homeowners and tenants, but also those who work in the property market industry. The Bank of England's base rate increases in response to rising inflation have now led to much higher mortgage rates. Because it's now more expensive to borrow, prices are falling.[69] Renters are also facing hardship with half of private renters have faced a

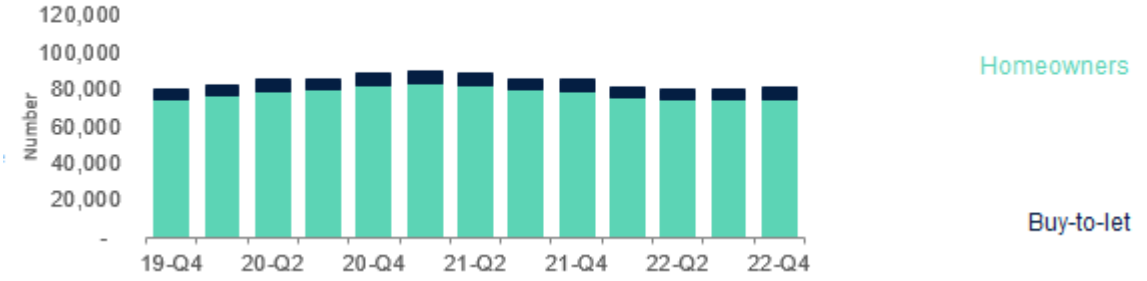
rent increase in the last year. In their November 2022 survey, Generation Rent found half of those private renters surveyed who had lived in their home for longer than a year (50%) had been asked for a higher rent. This is up from July when 45% reported the same. After the government acted to cap social rent increases, and improve the terms of Support for Mortgage Interest, private renters remain vulnerable to unaffordable rent increases that could force them out of their homes. Generation Rent is calling on the government to freeze rents, suspend no-fault evictions and link Local Housing Allowance (LHA) to market rents. One in five private renters (21%) surveyed in November 2022 reported they cut back on spending to pay their rent, up from 17% in July 2022. [70]

The latest data from the Money Charity (January 2023 Money Statistics bulletin)[71] shows:

- The estimated average outstanding mortgage for the 10.97 million households with mortgage debt was £148,126 in November 2022.
- According to the Financial Conduct Authority and Bank of England, gross mortgage lending in April to June 2022 was 17.0% higher than the same quarter the previous year and around the level prevailing before the beginning of the pandemic.
- Nationwide estimates that house prices fell by 0.1% in December 2022 and were 2.8% higher than 12 months before. Halifax reports that the average UK house price in December 2022 was £281,272, falling by 2.5% in the three months to November 2022 and rising by 2.0% in the year to September 2022.
- Nationwide, Halifax and HM Land Registry all show sharply higher house prices over the last eighteen months, particularly over the summer and autumn of 2020 and again from March 2021.
- According to HM Land Registry, average house prices in the UK increased by 10.3% in the year to November 2022 to £294,910. The highest rates of increase were in the North West (13.5%)
- According to the Office for National Statistics, private rental prices in the UK rose by 4.2% in the 12 months to December 2022, up from a revised 4.0% for the 12 months to November 2022.
- Over the year to December 2022, private rental prices increased by 4.6%. Northern Ireland saw the largest increase at 9.6%. The lowest was in Wales at 3.5%.

According to UK Finance[72] there were 75,170 homeowner mortgages in arrears of 2.5% or more of the outstanding balance in the fourth quarter of 2022, 1% greater than in the previous quarter. Within the total, there were 28,390 homeowner mortgages with more significant arrears (representing 10% or more of the outstanding balance). This was 2% (Figure 40).

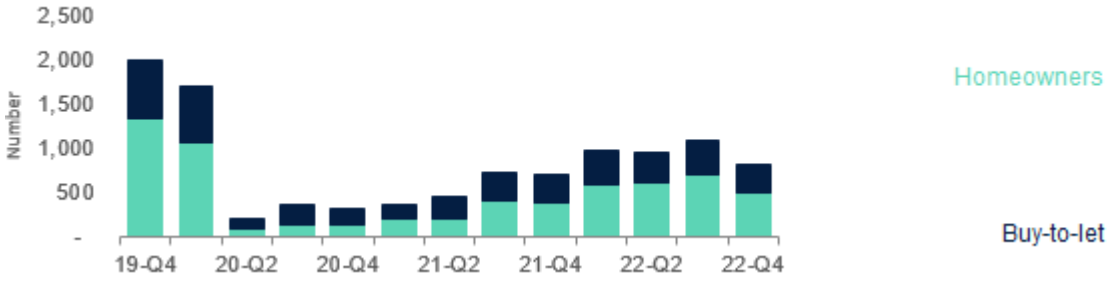
Figure 40: Number of first charge mortgage loans in arrears representing over 2.5% of the outstanding balance



Source: UK Finance

500 homeowner mortgaged properties were taken into possession in quarter 4 of 2022, 29% fewer than in the previous quarter. 320 buy-to-let mortgaged properties were taken into possession Q4 2022, 20% fewer than in the previous quarter. (**Figure 41**).

Figure 41: Number of possessions of first charge mortgaged properties in period



Source: UK Finance

References

1 Inflation & Public Health. Presentation by Chris Mullin, Chief Economist, Department of Health and Social Care. June 2022 (unavailable online)

2 Living standards, poverty and inequality in the UK: 2022. Institute for Fiscal Studies (14 July 2022). Available here: https://ifs.org.uk/publications/16124

3 Arrears fears; The distribution of UK household wealth and the impact on families. Resolution Foundation, July 2022

4 National Institute for Health and Clinical Excellence (2012) Health inequalities and population health

5 https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health

6 http://publichealth.warwickshire.gov.uk/wider-determinants/

7 https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1/gid/1938133043/pat/6/par/E12000002/ati/102/are/E06000006

[8] Joseph Rowntree Foundation 2023 UK Poverty 2023: the essential guide to understanding poverty in the UK
[9] Joseph Rowntree Foundation 2022 What is poverty?
10 Child Poverty and the Cost of Living Crisis: A report prepared for the APPG Child of the North 2023
https://www.thenhsa.co.uk/app/uploads/2023/01/COTN-APPG.pdf

11 Liverpool City Region Combined Authority: Focus on Cost of Living Paper, Metro Mayor's Office (unavailable online)

12 Davies S., Finney A. and Hartfree Y. 2016 Paying to be poor: uncovering the scale and nature of the poverty premium University of Bristol
https://www.bristol.ac.uk/media-library/sites/geography/pfrc/pfrc1615-poverty-premium-report.pdf

13 https://fairbydesign.com/povertypremium/

14 Fair by design and University of Bristol 2022 The cost of living and Levelling Up: Why the poverty premium matters for local economies
https://fairbydesign.com/wp-content/uploads/2022/11/NOV_22_Local-poverty-premium-summary-report_v02.pdf

15 Roberts M. et al November 2022 Cost of living crisis in Wales: A public health lens, Public Health Wales

16 Marmot M., Allen J., Boyce T., Goldblatt P. and Morrison J February 2020 Marmot Review 10 Years On https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on

17 Marmot M., Allen J., Goldblatt P., Herd E. and Morrison J. December 2020 Build Back Fairer: The COVID-19 Marmot Review https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review

18 Centre for Progressive Policy, September 2022 Hard Up: How rising costs are hitting different places, and how they can respond

19 https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/characteristicsofadultsexperiencingenergyandfoodinsecuritygreatbritain/22novemberto18december2022

20 https://www.bankofengland.co.uk/bank-overground/2022/how-has-the-increase-in-the-cost-of-living-affected-uk-households

21 Rising Cost of Living in the UK. 21 July 2022. House of Commons Library Research Briefing. https://commonslibrary.parliament.uk/research-briefings/cbp-9428/

22 https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/december2022

23 https://blogs.lse.ac.uk/politicsandpolicy/why-have-energy-bills-in-the-uk-been-rising-net-zero/

24 Bank of England Monetary Policy Report – November 2022 https://www.bankofengland.co.uk/monetary-policy-report/2022/november-2022

25 https://www.ons.gov.uk/economy/grossdomesticproductgdp/bulletins/gdpmonthlyestimateuk/november2022

26 https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/numberandproportionofemployeejobswithhourlypaybelowthelivingwage

27 https://www.livingwage.org.uk/employee-jobs-below-real-living-wage-2022

28 https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/professionalandscientificindustrytheonlyonewherepaycontinuestomatchrisingprices/2022-11-23#:~:text=Since%20May%20to%20July%202022,in%20July%20to%20September%202022.

29 Turn2us.org.uk, Fuel Poverty - What is Fuel Poverty?

30 https://commonslibrary.parliament.uk/research-briefings/cbp-9491/

31 Lee A., Sinha I., Boyce T., Allen J. and Goldblatt P. (2022) Fuel Poverty, Cold Homes and Health Inequalities in the UK Institute for Health Equity https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf

32 Rising Cost of Living in the UK. 21 July 2022. House of Commons Library Research Briefing. https://commonslibrary.parliament.uk/research-briefings/cbp-9428/

33 https://www.bbc.co.uk/news/business-61562657; https://www.ofgem.gov.uk/publications/price-cap-increase-ps693-april

34 Unpublished analysis shared with local public health teams by the Local Knowledge & Intelligence Service North West February 2023, Office for Health Improvement & Disparities

35 https://www.theodi.org/article/fuel-poverty-and-data-infrastructure-report-and-fuel-poverty-risk-index/

36 NICE March 2015 Excess winter deaths and illness and the health risks associated with cold homes https://www.nice.org.uk/guidance/ng6

37 Resolution Foundation, July 2022 Arrears fears: The distribution of UK household wealth and the impact on families.

38 Joseph Rowntree Foundation (2021) https://www.jrf.org.uk/press/large-scale-study-reveals-scaledebt-crisis-among-low-income-households#

39 https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/datasets/householddebtwealthingreatbritain

40 Sustrans 2012 Locked Out Transport poverty in England https://www.sustrans.org.uk/media/3706/transport-poverty-england-2012.pdf

41 Rising Cost of Living in the UK. 21 July 2022. House of Commons Library Research Briefing. https://commonslibrary.parliament.uk/research-briefings/cbp-9428/

42 https://www.ons.gov.uk/economy/inflationandpriceindices/timeseries/dogq/mm23

43 https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/publicopinionsandsocialtrendsgreatbritainhouseholdfinances

44 Scott C., Sutherland J. and Taylor A. 2018 Affordability of the UK's Eatwell Guide The Food Foundation https://foodfoundation.org.uk/publication/affordability-uks-eatwell-guide

45 Joseph Rowntree Foundation UK Poverty 2022: The essential guide to understanding poverty in the UK

46 https://shefuni.maps.arcgis.com/apps/instant/interactivelegend/index.html?appid=8be0cd9e18904c258afd3c959d6fc4d7

47 https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/

48 Institute for Health Equity (2022) All Together Fairer: Health equity and the social determinants of health in Cheshire and Merseyside https://www.instituteofhealthequity.org/resources-reports/all-together-fairer-health-equity-and-the-social-determinants-of-health-in-cheshire-and-merseyside

49 Lee A., Sinha I., Boyce T., Allen J. and Goldblatt P. (2022) Fuel Poverty, Cold Homes and Health Inequalities in the UK Institute for Health Equity https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf

50 Farrow E, Satherley P, Aguilar Perez F, Vohra J. Our health: the price we will pay for the cost-of-living crisis December 2022 www.rsph.org.uk/costoflivingcrisis/

51 Lee A., Sinha I., Boyce T., Allen J. and Goldblatt P. (2022) Fuel Poverty, Cold Homes and Health Inequalities in the UK Institute for Health Equity https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf

52 https://www.health.org.uk/news-and-comment/blogs/the-cost-of-living-crisis-is-a-health-emergency-too#:~:text=Increased%20poor%20health%20may%20also,to%20stress%2C%20anxiety%20and%20depression.

53 https://theconversation.com/disabled-people-are-already-cutting-back-on-costs-more-than-others-for-many-the-150-cost-of-living-payment-wont-do-much-to-help-191022

54 Weston T December 2022 Cost of living: Impact of rising costs on disabled people House of Lords library

55 https://www.weforum.org/agenda/2022/10/cost-of-living-crisis-people-health/

56 Inflation & Public Health. Presentation by Chris Mullin, Chief Economist, Department of Health and Social Care. June 2022 (unavailable online)

57 Farrow E, Satherley P, Aguilar Perez F, Vohra J. Our health: the price we will pay for the cost-of-living crisis December 2022 www.rsph.org.uk/costoflivingcrisis/

58 Children's social care 2022: recovering from the COVID-19 pandemic. OFSTED. 27 July 2022. Available: https://www.gov.uk/government/publications/childrens-social-care-2022-recovering-fromthe-covid-19-pandemic

59 Fuel prices and the cost of living: making a bad situation worse for unpaid carers and domiciliary care. Welsh Parliament. 21 July 2022. https://research.senedd.wales/research-articles/fuel-prices-and-thecost-of-living-making-a-bad-situation-worse-for-unpaid-carers-and-domiciliary-care/

60 Fuel prices and the cost of living: making a bad situation worse for unpaid carers and domiciliary care. Welsh Parliament. 21 July 2022. https://research.senedd.wales/research-articles/fuel-prices-and-thecost-of-living-making-a-bad-situation-worse-for-unpaid-carers-and-domiciliary-care/

61 https://www.caremanagementmatters.co.uk/cost-of-living-crisis/

62 https://blog.ukdataservice.ac.uk/the-cost-of-caring/

63 https://www.cucumber-recruitment.co.uk/uncategorized/the-impact-of-the-cost-of-living-crisis-in-healthcare-facilities/

64 https://www.health.org.uk/publications/long-reads/the-cost-of-caring

65 https://www.countycouncilsnetwork.org.uk/cost-of-living-crisis-councils-face-winter-of-difficult-decisions-as-spiralling-inflation-adds-1-5bn-to-costs/

66 https://www.lgcplus.com/finance/cost-of-living-crisis-drives-rising-demand-04-03-2022/

67 Living Standards Audit 2022. The Resolution Foundation. Available at: https://www.resolutionfoundation.org/publications/the-living-standards-audit-2022/

68 Household Debt and COVID Bulletin. Bank of England (2021) https://www.bankofengland.co.uk/quarterly-bulletin/2021/2021-q2/household-debt-and-covid

69 https://inventorybase.co.uk/blog/how-cost-of-living-crisis-impacts-housing-market/

70 https://www.generationrent.org/paying_rent_is_biggest_concern_for_private_tenants_as_half_face_hike

71 https://themoneycharity.org.uk/media/January-2023-Money-Statistics.pdf

72 https://www.ukfinance.org.uk/data-and-research/data/arrears-and-possessions