

## **UK Public Health Network**

### **Cost of Living Crisis, Workshop 2**

#### **27 October 2022**

This summarises the UK Public Health Network's online workshop held on 27 October 2022. The purpose of the session was to gain a shared understanding of the cost of living domain and objectives so that our members can identify and take meaningful action within their organisations.

The workshop was attended by approximately 30 colleagues from our member and observer organisations, as well as representatives from local government bodies.

### **Presentations**

The workshop started with a context-setting presentation by the chair, Dr Louisa Petchey (Senior Policy Specialist at Public Health Wales). Louisa emphasised the need for the public health community to start mobilising action quickly as these issues are right on our doorstep, with the cost of living crisis hitting us on many fronts such as housing, fuel, food, energy, and more. It takes a whole population perspective to respond appropriately, and we must recognise the value of collaboration, data, and evidence in guiding how we respond.

Louisa suggested that a public health response must include both immediate actions to mitigate against the negative impacts on health in the short-term and to prevent future shocks from having such health impacts. This means not choosing 'quick fixes' that have negative implications in the longer-term and instead using the renewed focus on inequalities to tackle their underlying causes. Public Health Wales' report: '*Cost of living crisis in Wales: a public health lens*' is due to be published on the 16<sup>th</sup> November.

### **Attendees were asked: How do you feel about the cost of living crisis?**

Responses included:

- Anxious that underlying causes are not being addressed
- Keen to do more to help and identify action that be taken by public health
- Concerned about the future, particularly if there are more spending cuts
- Need to protect the next generation, concern about long term impacts
- Angry, saddened, overwhelmed, worried, frustrated at lack of action
- See cost of living as a number one priority for the system to be addressing – confused at lack of support for those who are desperate
- Need for urgent action as well as long term initiatives to address why this is happening.

### **Breakout rooms**

Attendees were then put into breakout rooms and were asked to draw on their expertise and reflections in the previous session to answer: *a crisis in the cost of living: what are the consequences for the health of the public?*

Attendees were asked to think about what has the **severest impact**, and were asked to consider whether action on that issue was something that they/ their organisation could : i) **control**, ii) **influence** or iii) **enable others** to take action/influence (eg by providing data or expertise)

## Control

- **Role as an employer:** organisations can consider getting more people into work from diverse backgrounds; check if/how poverty manifests for staff; support colleagues who may need it, for example with travel costs or maximising employee assistance schemes; do what they can to keep people in work and extend those on short term contracts.
- **'Poverty proofing services'** should be considered by providers.
- **Work with other sectors** to develop a communications strategy – with government, media, NGOs – so that the message is coherent. Also engage with the third sector to amplify messaging.
- **Improve accessibility and knowledge:** help ensure people are aware of what they are entitled to so that they can claim what they are eligible for.
- **Working together:** public health community should frequently come together and provide a space for **shared learning** on what works.
- Treat the cost-of-living crisis as a **public health crisis in action** and implement this thinking into our own organisations.
- **Public messaging:** implement communications about the situation and signpost for support in public messaging, for example at the bottom of NHS letters signpost people to where to go if they need financial support. Also promote community pharmacies as local sources of support.

## Influence

- **Engage, share knowledge:** engage with other government departments and encourage **joint working** to get the best outcome; share information and knowledge with **decision makers** and action partners; work with elected members in **local government**, rather than just focusing on national politicians (if the opportunity is there).
- **Engage with work ongoing at local government level:** encourage joined up services at the local level; get **NHS boards and local councils** working better together and develop a signposting site. Lots of work is already being done in local government and there is a **complex landscape of support** present to ensure initiatives are targeted and accessible.
- **Funding and finance:** short term **investment in public health** will contribute to the long-term benefit of the nation.
- Influencing space is in the ability to **influence the conversation** around this. **Think about public health outcomes:** which should we focus on to encourage people to listen; **frame language** correctly to get the message across; frame data correctly so it lands with **maximum influence**.
- **Policy work:** influence through **consultation responses**, endorsing **campaigns**.

## Enable

- **Policy and advocacy work**, eg through engaging with organisations' committees and special interest groups; membership organisations can support members to improve advocacy skills (eg through resources or professional development opportunities). *Note that statutory bodies are more limited in their ability to engage directly in advocacy work, unlike the third sector who have a key role in this and are free to take evidence/ messaging/ recommendations to the public and politicians.*
- **Develop a clear narrative across the system**: use research on **public health framing** to work together to have a clear narrative about the underlying causes and the impacts on health.
- Consider implementing a **feedback loop** to help examine how much of an impact our enabling role is having, eg for data that is shared.
- **Collaborate outside the public health space**, eg with academia to produce research which is both helpful and impactful.

## What next?

Thinking about next steps, attendees identified some actions that they would take in both the long and short term. Actions committed to included:

- Highlight **cost of living as a public health issue**
- Suggest to the NHS that GPs text all patients with a **financial support number**
- Check how **winter comms plans** are considering incorporating cost of living messaging
- Work to ensure all frontline staff in organisations have knowledge of **where to signpost or refer to for support**
- Consider organising a **cost of living summit** for the public health community to come together and align messaging
- Engage more with **elected members** for their ability to **advocate**
- Continue to produce comms and share resources/support with the public
- Ensure communications are **not stigmatising** and rather focus on the **building blocks of health**
- Donate to local **foodbanks**
- Talk to **academic colleagues** about the evaluation of responses
- Ensure cost of living resources and sources of help and advice are **included in public messaging**, eg vaccination letters.

The Network will also be checking in with attendees at the end of the year to see where we are at with our actions and next steps and identify where we go from here.

Thank you to all attendees for taking part in the workshop. The discussion was extremely useful and there are lots of ideas to take forward both individually and collectively as the system works to navigate and tackle this timely issue.