

# Cost of Living: The Impact on Health & Wellbeing

*Survey Findings*

April 2023

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## Introduction

The rising cost of living (rising household energy bills, inflation and interest rates) is adversely affecting people's mental health and wellbeing. Many charities and campaign groups are warning that people on the lowest and lower incomes have been hit the hardest. At Healthwatch we wanted to gain insight into how the rising cost of living is affecting people's health and wellbeing and whether it has affected how people use health and social care services.



Between October and December 2022, Healthwatch England conducted a tracker poll with 2,000 adults to assess the impact of the cost of living on their health and wellbeing and whether it has affected how people use health and social care services. The poll found that people are avoiding getting over-the-counter and prescription medicines and/or booking NHS appointments (including NHS dental appointments) due to the fear of the cost. With the number of people avoiding the latter increasing in December compared to October.

### **People are avoiding vital care due to the fear of extra costs.**

The number of people who avoided an NHS appointment due to the cost of travel doubled to almost 1 in 10, 11%, in December, up from 6% in October.

The poll also found that in December:

- Over 1 in 10 (11%) have avoided booking an NHS appointment because they couldn't afford the associated costs, such as accessing the Internet or the cost of a phone call; up from 7% in October;
- 15% of respondents avoided going to a dentist because of the cost of checks ups or treatment, up from 12% in October;
- And one in ten (10%) people have also avoided taking up one or more NHS prescriptions because of the cost, up from 6% in October;
- One in ten (10%) avoided buying over the counter medication they normally rely on, up from 7% in October.

### **Cost of living affects people's health:**

More than a third of the respondents, 39%, said that the changes they have made to keep up with the rising cost of living – include the actions mentioned above as well as not turning on the heating and cutting back on food - have negatively affected their mental health, while 35% said their physical health had got worse in the last two months.

## Women are disproportionately affected by costs of living.

The findings also suggest women are disproportionately affected by spiralling costs compared to men and more have taken action to cut back on:

- Heating, which 42% of women have not turned on when they usually would, compared to 33% of men;
- Food, which 27% of women say they have bought less of, because of the increased cost, compared to 20% of men; and
- Energy costs in general, with 33% of women saying they have turned off or avoided using essential appliances to save energy costs, compared to 25% of men.

To read more about the findings from the Healthwatch England work, [click here](#).

At Healthwatch Lincolnshire, we wanted to understand what impact the rising cost-of-living is having on people in our county. We wanted to gain insight into how people's overall health, wellbeing and ability to access essential health and care services are being affected. As a result, we have completed engagement work to enable us to assess their experiences and then make recommendations to relevant services.

Our work was a public engagement survey. The survey was live from Friday 13<sup>th</sup> January 2023 to Tuesday 28<sup>th</sup> February 2023.

We have produced an infographic which provides an overview of the findings. This report discusses the findings from the survey in more detail.

*Please not, due to the sample size of the responses received, we have not completed statistical analysis. All analysis in this report is purely observational and descriptive.*

**327**

people shared their  
views

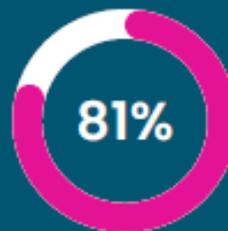
# Cost of Living Survey Findings

*We wanted to understand what impact the rising cost of living is having on people's overall health, wellbeing and ability to access essential health and care services in Lincolnshire.*



**327**

people shared their views via our online survey



agreed that the rising cost of living was causing them to worry/feel anxious



As a result of the rising cost of living.....

**69%** reported a decline in their mental health

**50%** reported a decline in their physical health

People have made the following changes to their health and social care:



Avoided going to the dentist because of the cost



Avoided buying over the counter medications



Stopped a special diet needed for a medical condition



Stopped or cut down support from private services such as physiotherapy and counselling



As a result of the rising cost of living people are:



Reducing how much food they eat and buy + buying less healthy food



Not turning on their heating when they usually would



Putting on more clothes to stay warm



Turning off or avoiding using essential appliances



*Having to tell your child that they can't put the heating on and need to hurry up in the shower or letting them see an empty fridge. Or complain about taking them to friends or family due to the cost is impacting on all our mental health.*



The changes people have made to cope with the rising cost of living have negatively impacted their...



mental health



ability to manage a long-term health condition



physical pain



isolation from friends and family

## Key Headlines

- **81%** of respondents agreed that the rising cost of living is causing them to worry/feel anxious
- **As a result of the rising cost of living respondents reported a decline in their mental (69%) and physical (50%) health**
- **83%** of respondents reported that their financial situation had worsened over the past 6 months

To try and cope with the rising cost of living respondents had made changes to their health and social care, which included:

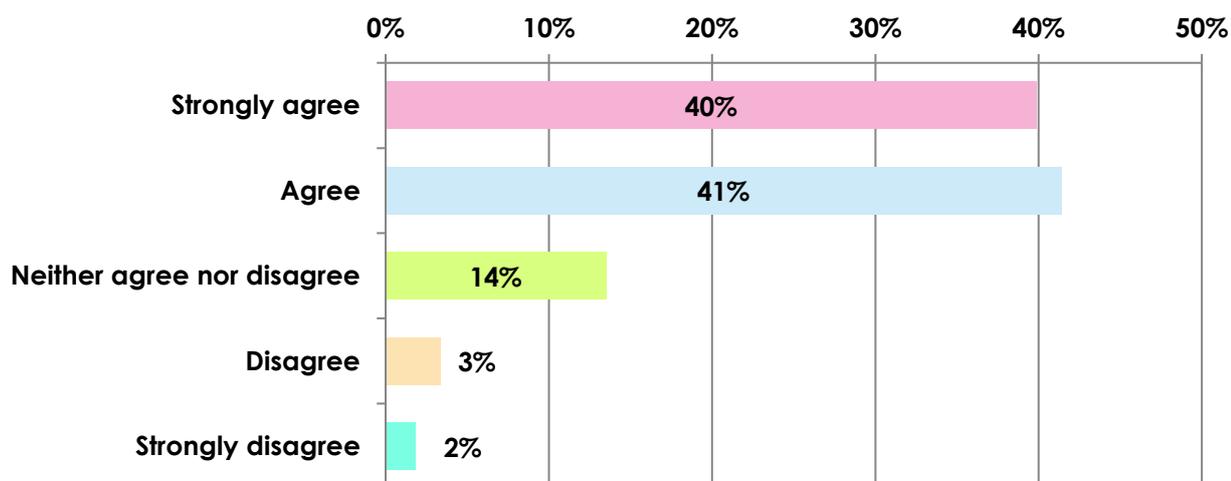
- Avoiding going to the dentist due to associated costs
- Cutting down or stopping private services (e.g. counselling)
- Avoiding buying over-the-counter medication
- Stopping a special diet needed for a medical condition
- Respondents had also made changes to their general lifestyle, which included:
  - Putting on more clothes than normal to stay warm
  - Not turning on the heating when they usually would
  - Turning off or avoiding using an essential appliance to save on energy costs
  - Reduced how much food they eat and buy
- These changes have in turn had a negative impact on many aspects of daily life including isolation from friends and family, ability to manage any feelings of physical pain and/or a long-term health condition

Whilst many respondents had been negatively affected by the rising cost of living, some of the most vulnerable in our communities appear to have been disproportionately affected. Individuals who seem to have been especially affected by the rising cost of living include:

- Carers
- Those with a disability
- Those with a long-term health condition
- Those whose income includes means-tested and/or disability benefits

## Findings

### The rising cost of living is causing me to worry/feel anxious.



**81% of respondents agreed with the statement 'the rising cost of living was causing me to worry/feel anxious'.**

Upon a closer look at the data, 50 – 54% of those who disclosed they were a carer, had a disability and/or a long-term health condition, selected strongly agree regarding this statement compared to 30% of individuals who did not belong to one of these groups. Similarly, 62% and 71% of those whose income source is or includes disability and/or means-tested benefits respectively, selected strongly agree. This does suggest that whilst the rising cost of living is causing most respondents to worry and feel anxious, it is making already vulnerable groups more anxious than others. As a result of the rising cost of living...



**69%**

reported a decline in their mental health

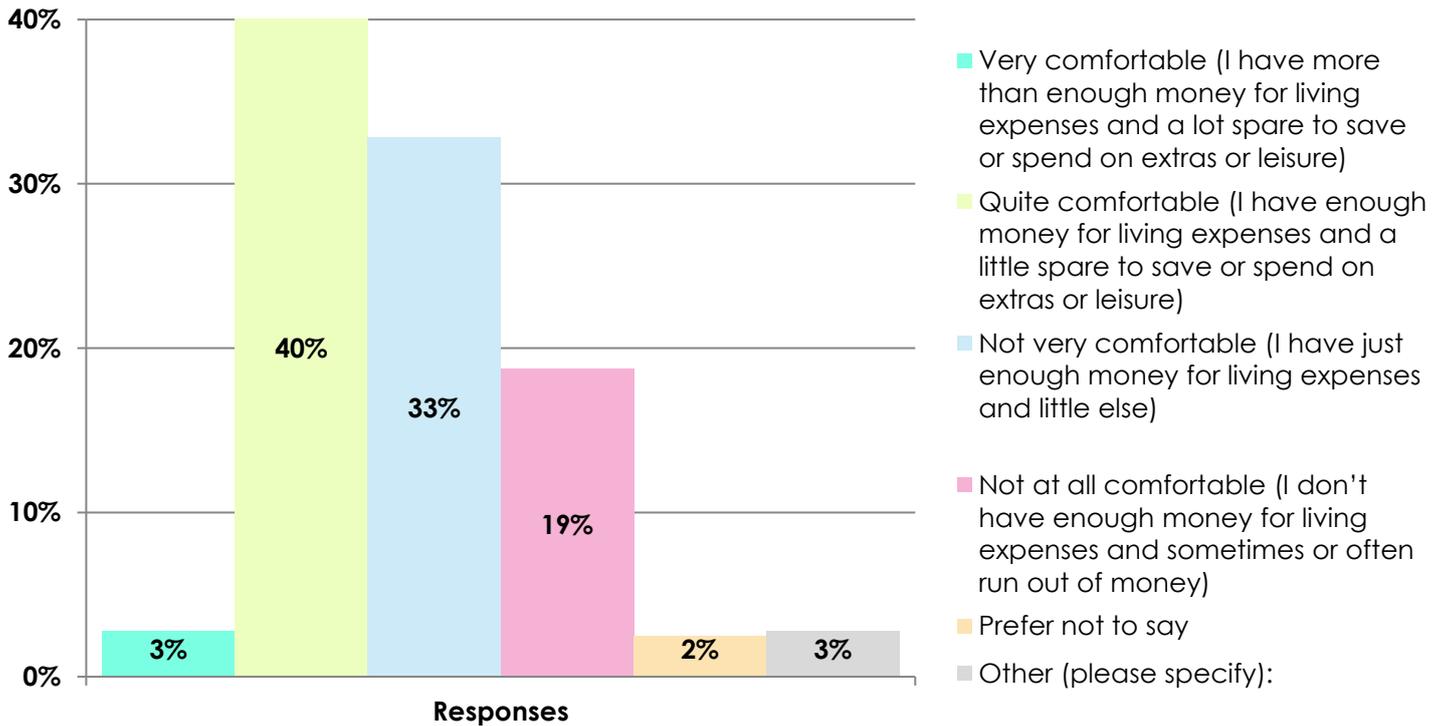


**50%**

reported a decline in their physical health

Those who disclosed they were a carer, had a disability and/or long-term health condition reported a greater decline in their mental and physical health compared to those who did not belong to one of these groups. Those whose income included means-tested and/or disability benefits also reported a greater decline in their mental and physical health compared to respondents who did not receive these benefits.

## How would you describe your current financial situation?



When asked to describe their current financial situation, 40% of respondents selected 'Quite comfortable - (I have enough money for living expenses and a little spare to save or spend on extras or leisure)', followed by 33% who selected 'Not very comfortable - (I have just enough money for living expenses and little else)'.

**However, just under 1 in 5 selected 'Not at all comfortable - (I don't have enough money for living expenses and sometimes or often run out of money)'.**

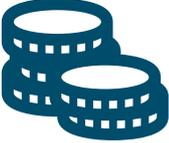
Out of the individuals who selected 'Not at all comfortable', 47% received income from means-tested benefits, 40% had a long-term health condition and/or 34% had a disability. **This data does again suggest that some of the most vulnerable people in our community are being disproportionately affected by the rising cost of living.**

**83% reported that their financial situation had ↓ worsened in the past 6 months.**

Between 41 – 54% of those who were a carer, had a disability and/or a long-term health condition, stated their financial situation had 'worsened a lot' in the past 6 months, compared to 26% who did not belong to one of those groups. Furthermore, 54% and 63% of those whose income includes disability and means-tested benefits respectively, also stated their financial situation had 'worsened a lot' over the past 6 months. To try and mitigate the rising cost of living respondents reported making many changes to their health and social care and general lifestyle.



**Have you made or are you anticipating making any of the following changes to your health and social care due to the rising cost of living?**

	<b>32%↑</b>	were avoiding going to the dentist because of the cost of check-ups and treatment. An additional 26% are anticipating making this change.
	<b>18%↑</b>	were cutting down or stopping support from services that they pay for privately such as physiotherapy, earwax removal and counselling. Again, an additional 16% anticipate on doing this if the rising cost of living continues or worsens.
	<b>14%↑</b>	were avoiding buying over-the-counter medication they usually rely on, with a further 20% anticipating making this change in the future.
	<b>13%↑</b>	have stopped a special diet needed for a medical condition.
	<b>9%↑</b>	were avoiding seeking help from the NHS as they cannot afford to take time off work.
	<b>8%↑</b>	were both avoiding booking an NHS appointment because they cannot afford either the associated costs (e.g cost of the phone call) or travel costs. Worryingly, 1 in 5 are anticipating having to make this change.

**As a result of the rising cost of living, 32% of respondents have avoided going to the dentist due to the cost of check-ups and treatments.**

An additional 26% of the respondents are anticipating having to make this change in the future. Those whose income comes from employment earnings or self-employment were identified as having the highest proportion of individuals avoiding going to the dentist as a result of the rising cost of living. 41% of those whose income includes employment earnings and 46% of those whose income comes from self-employment were avoiding going to the dentist. It is concerning that some respondents are actively avoiding seeking healthcare due to worries about the associated cost. Not accessing timely dental check-ups or treatment could lead to poorer health outcomes in the future.



**Cutting down or stopping support from services people pay privately for, was the next most common change respondents had made as a result of the rising cost of living.**

Out of the 18% of respondents who had already made this change, 53% had a long-term health condition, 36% had a disability and/or 31% received disability benefits. A similar pattern was seen when examining the characteristics of the respondents who are avoiding buying over-the-counter medication. This data one more suggests that it is some of the most vulnerable members of our community are being most affected by the rising cost of living.

**Stopping a special diet needed for a medical condition, was also another change 13% of respondents had made as a result of the rising cost of living.**

Individuals who had made this change disclosed that they stopped a special diet needed to manage coeliac disease, gluten intolerance, pancreatitis, IBS and diabetes (both type 1 and 2). This could have serious negative impact on these individuals immediate and future health.



*“Coeliac disease, controlled only by eating Gluten free diet, which is so expensive I can't afford the prices. e.g £3.50 for 1 loaf of bread.”*

*“Type 1 diabetes - I am running high as I don't want to have a hypo and run out of my hypo juice because I can't afford more. I don't go out to the gym, I rarely leave the house because of the mental impact it has had and so that has contributed to anxiety and mental health issues.”*

*“Cannot afford a suitable diet to control blood sugars properly so having to eat cheap processed food and white carbs rather than eat nothing.”*

*“Type 2 Diabetes - concerns as to the need to eat a healthy diet and the rising cost of buying healthy food means my sugar levels are difficult to manage all the time.”*

*“Pancreatitis. Can no longer afford specific dietary requirements. Resulting in more attacks. If I cannot manage it at home I will have to go to A&E more often.”*



**As a result of the rising cost of living, 9% of respondents were actively avoiding seeking help from the NHS as they cannot afford to take time off work.**

**8% of respondents were avoiding booking an NHS appointment because they cannot afford either the associated costs (e.g cost of the phone call) or travel costs. Worryingly, 1 in 5 are anticipating having to make this change.**

Whether it is not being able to afford the special diet needed to regulate the respondents blood sugar or avoiding seeking help from the NHS due to the associated costs, the changes some people have made (and others are anticipating having to make), as a result of the rising cost of living, are likely to have a negative impact on people's immediate and future health.

Besides from changes to their health and social care, respondents had also made other more general lifestyle changes as a result of the rising cost of living.

**Have you made, or are you anticipating making, any of the following changes as a result of the current rising cost of living?**

	<b>81%↑</b>	were putting on more clothes than usual to stay warm.
	<b>75%↑</b>	were not turning on the heating when they usually would.
	<b>68%↑</b>	were turning off or avoiding using an essential appliance (e.g. an oven) to save on energy costs.
	<b>54%↑</b>	have reduced how much food they eat and buy.
	<b>50%↑</b>	were going to going to bed earlier than usual to save energy costs
	<b>45%↑</b>	were not travelling to see friends and family (due to the associated costs)
	<b>44%↑</b>	were buying less healthy food than they usually would

Respondents had made these changes regardless of whether they were a carer, had a long-term health condition or whose income included wages/salary or means-tested benefits.

This suggest most people are being affected by the rising cost of living and have made changes to their lifestyle as a result.

However, as discussed above, reducing how much and the type of food they buy has had a particularly negative impact on those with, for example, food intolerances, IBS and diabetes. Furthermore, not turning on the heating when they usually would has adversely impacted individuals with certain long-term conditions such as asthma and arthritis.

**“Arthritis in both knees and hands, staying warm always helped. Now no longer able to afford to use central heating more than a couple of hours a day.”**

**“Degenerative spine and arthritis. Colder so in more pain and can't afford petrol to go out.”**

**“My asthma the cold makes it a lot worse and can't afford to have the heating on much,”**

**“Arthritis and sensory neuropathy. I am in pain all the time. The cold makes both conditions worse and causes severe cramps that are extremely painful. I am always cold, no matter how many layers of clothing I wear. I am taking more and more pain medication, including controlled drugs.”**



In addition to these changes:

**16%** of respondents disclosed they had gone into debt for the first time or further into debt as a result of the rising cost of living. An additional **16%** are anticipating this happening in the near future.

26% and 34% of respondents whose income included disability and means-tested benefits respectively, disclosed as a result of the rising cost of living they had either gone into debt for the first time or further into debt. However, in the future an additional 28% of respondents whose income included one or both of these benefits anticipated this happening. This again highlights that the rising cost of living whilst is negatively affecting the vast majority, some of the most vulnerable are being disproportionately affected.

“Generalised Anxiety Disorder is worsened due to fears of not being able to afford my mortgage when it comes to re-mortgage and relationship pressures due to not being able to afford anything other than the bare minimum of what we need and having to work so hard to achieve that. Children don't understand this and they shouldn't have to.”

**34%** had cancelled or moved to a cheaper broadband or mobile contract, with an extra **30%** anticipating on making this change.

**9%** had cut down or stopped things that make them fit and healthy (e.g. cancelled a gym membership).

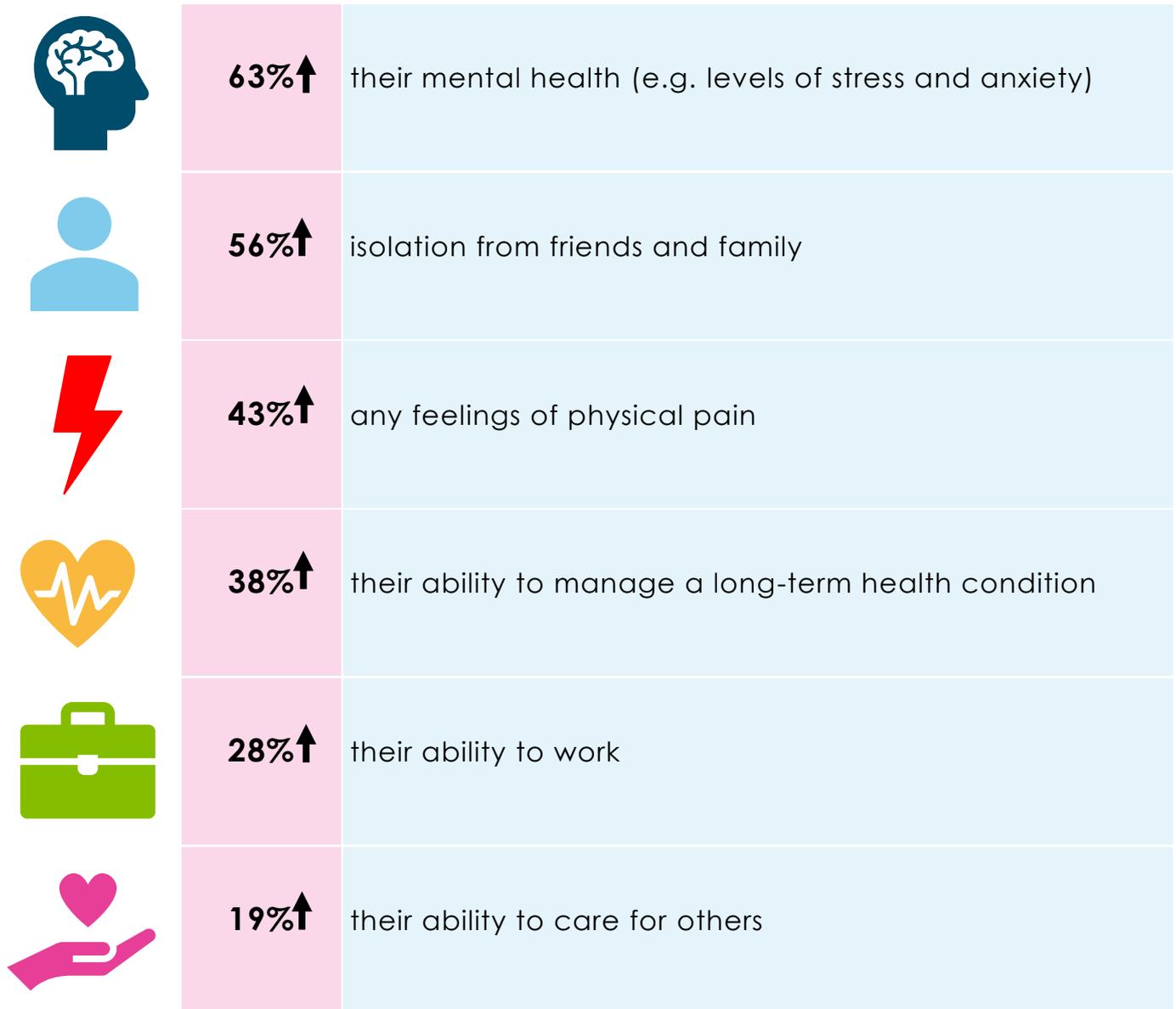
“I need to stay active to manage the pain but I have cancelled my gym membership.”  
[Comment made by an individual with fibromyalgia]



Both the changes respondents have made to their health and social care and general lifestyle as a result of the rising cost of living have negatively impacted their life in many ways.

## As a result of the changes you have already made, what impact have they had on the following areas of your life?

Of those who had made changes as a result of the rising cost of living, they reported it had negatively impacted the following:



Once more, whilst most respondents reported negative impacts as a result of the changes they had made to try and cope with the rising cost of living, some had been more disproportionately impacted than others.

**51% of respondents who were carers reported that the rising cost of living had negatively impacted their ability to care for others.**

**85% and 78% of respondents whose income included means-tested and disability benefits respectively reported the changes they had made as a result of the rising cost of living had negatively impacted their mental health.**

The respondents who had made the most changes to their daily life to try and cope with the rising cost of living were firstly those whose income included the above benefits. This was followed by those who were carers, had a disability and/or a long-term health. These individuals also had the highest proportion of individuals disclosing that the changes they had made as a result of the rising cost of living, have negatively impacted them in many ways. This also adds to the growing body of evidence from our work and work conducted by other organisations that some of the most vulnerable are being disproportionately affected because of the rising cost of living.

“Depression - reduced own medications as can't afford the prescription costs. This has had a negative impact on my well-being as my depressive symptoms has worsened.

“Having to tell your child that they can't put the heating on and need to hurry up in the shower or letting them see an empty fridge. Or complain about taking them to friends or family due to the cost is impacting on all our mental health. Knowing that one day in my future I may live on my own is even more worrying. At least whilst my child lives at home I am turning the heating on occasionally when they are here”

## What else have we heard?

In addition to our survey, we have also heard from the Maternity and Neonatal team at NHS Lincolnshire Integrated Care Board. The team shared their concerns around the impact of the rising cost of living is having on those who access their services. These concerns included:

- Travel costs to attend appointments, especially for those families on the East Coast and in areas of higher deprivation
- Having to take full days off work as public transport to Lincoln Hospital means a whole day away from work, which for those on zero hours contracts is challenging
- Families with babies in Neonatal Units expense of daily travel is significant
- Women on high risk pathways having to attend more appointments affecting those who don't have access to a car, even with a car and the cost of fuel is a challenge.



**One example is a mum with two children requiring specialist consultancy care during pregnancy having to travel from the East Coast to Lincoln County Hospital for a 10-minute appointment. This round-trip journey took over 7.5 hours to complete by public transport**

- Issues for women who require intensive care out of the county, as not provided in county for both for physical and mental health, the cost to their families in travelling to visit so limiting family contact

## Summary

Over 80% of respondents agreed that the rising cost of living was causing them to worry/feel anxious. The rising cost of living has negatively impacted on people's mental and physical health. 83% of respondents reported that their financial situation had worsened over the past 6 months, with just under 1 in 5 describing their financial situation as 'not at all comfortable - (I don't have enough money for living expenses and sometimes or often run out of money)'.

To try and cope with the rising cost of living respondents had made many changes to their health and social care and general lifestyle. These changes have included avoiding going to the dentist due to the associated costs, cutting down on private services (e.g. physiotherapy), putting on more clothes to stay warm and changing and reducing the amount of food they buy. The last two changes have particularly affected those with long-term health conditions.

Furthermore, not turning the heating on when they usually would has negatively affected some individuals' asthma and arthritis. Similarly, the rising cost of food has caused many respondents to change the type and amount of food they buy which has detrimentally affected their ability to manage their diabetes or food intolerances. It is not just those with long-term health conditions that seem to have been affected by the rising cost of living. Indeed, the findings from our survey also add to the growing body of evidence that suggests whilst the majority are being negatively affected by the rising cost of living, the most vulnerable in our communities such as carers, those with a long-term health condition and/or disability and those whose income includes disability benefits are being disproportionately affected.

The changes people have made to cope with the rising cost of living have in turn had a negative impact on many aspects of their daily life including isolation from friends and family, ability to manage any feelings of physical pain, a long-term (physical and/or mental) health condition. Furthermore, in some cases, there is the potential that these changes such as not seeking healthcare when needed due to the associated cost or not following a special diet to manage a medical condition, may result in poorer health outcomes in the future.

## Recommendations

- Greater support is needed for everyone but especially those who are carers, have a long-term health condition, a disability or whose income includes means-tested or disability
- More resources available for these individuals on where they can get help
- Continue to monitor and engage with these groups – the impact the rising cost of living is likely to have on existing health inequalities and with this survey we are likely to have not even reached those who are suffering the most

### **Healthwatch England set out immediate actions the government working with health and care services can take to support people in the cost-of-living crisis and save money:**

#### **Prescriptions:**

- GPs should offer people over the counter medications on prescription where they consider patients' ability to pay is affected by significant social vulnerability; (although **this has always been an option**, NHS policy since 2018 has discouraged this to save money, but this approach should be reconsidered in the context of cost of living challenges);
- Primary care staff should make sure patients on lots of medication, as well as repeat or long-term prescriptions, are aware of the **annual prescription option**

#### **Travel:**

- NHS services should ensure people are aware of access to patient transport services or travel reimbursement schemes
- NHS trusts should follow current car parking guidance and actively promote the offer of free parking for Blue Badge holders, people who attend hospitals at least three times a month and parents of sick children staying overnight
- NHS England should support NHS trusts to further consider reducing the costs of parking charges and provide concessions to visitors and carers of people who are gravely ill or have extended stays in hospital

#### **Dental care:**

- NHS dentists should follow NICE guidance to offer dental check-ups based on patient's individual risk factors. This will help free up NHS slots for more people who currently can't find an NHS dentist and are forced to go private

#### **Remote bookings and appointments:**

- NHS England should work with OfCom and telecommunications companies to ensure that hospital and GP phone numbers are part of a freephone service, so cost is never a barrier to phoning a health service

## Benefits

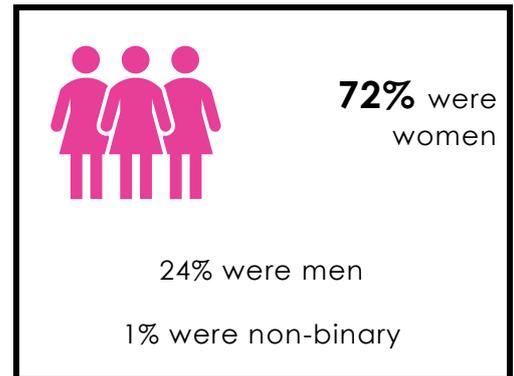
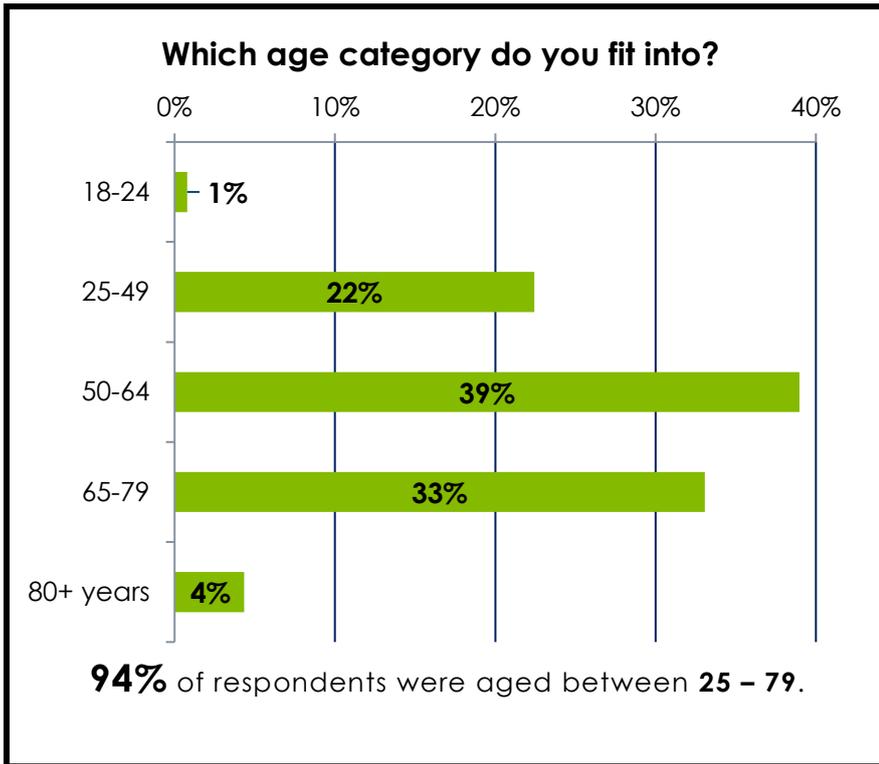
- The Institute for Fiscal Studies has **estimated** that even with inflation uprating, working-age benefits will be 6% below pre-pandemic levels in real terms next year. The government should ensure benefits, including Statutory Sick Pay (SSP), keep pace with inflation in real terms, and senior health leaders should advocate for the importance of this to ensure that cost is never a barrier to managing health
- The government should consider extending the amount of time statutory sick pay can be paid to people who can't work. It should take into account the impact that longer waiting lists for elective care will have on some people's ability to work, and ensuring these people aren't left without pay despite contributing throughout their lives to the NHS through taxation
- Healthwatch England have **previously recommended** the Department of Health and Social Care and NHS England should commission a national helpline to improve access to health and care benefits, including Statutory Sick Pay, Universal Credit, Employment and Support Allowance (ESA), Healthcare Travel Costs Scheme, Carer's Allowance, and Personal Independence Payments (PIP). Health and care workers could signpost people to this helpline when someone mentions concerns about costs. Signposting can also be done proactively, with NHS teams using data from across integrated care systems to target, for example, people with caring responsibilities to ensure they are aware of the benefits they are entitled to

## Next steps

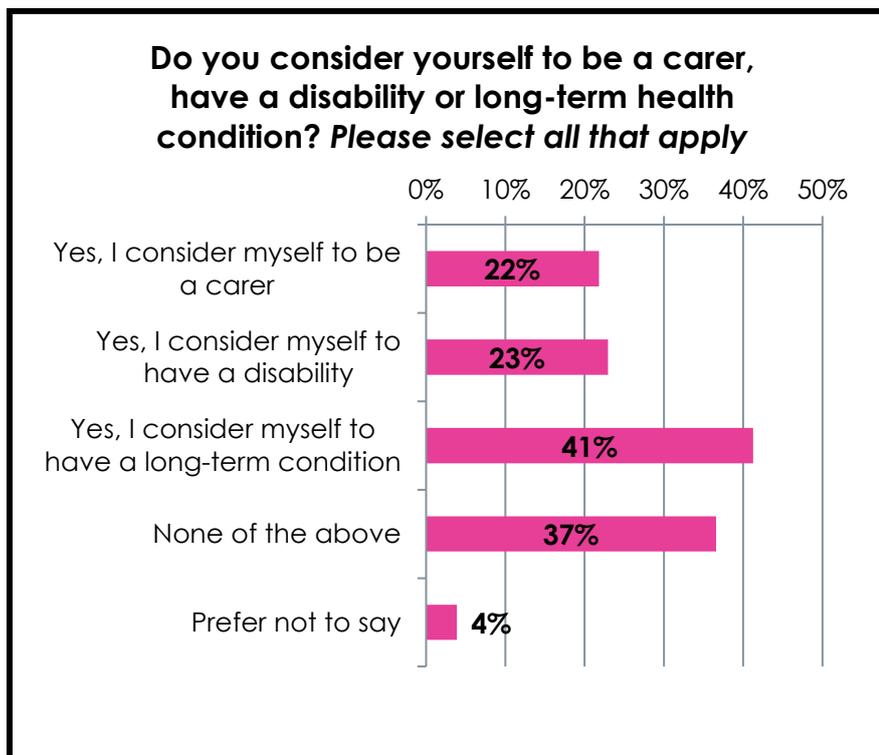
Following this report, we will:

- Continue talking to people about how the cost-of-living crisis is affecting people in Lincolnshire
- Engage with those communities hit hardest by the cost-of-living crisis
- Share what local health, social care and local communities are doing to support people during this time

# Who shared their views?



**88%** were white  
British/Irish/English/Scottish/Welsh



**83%** lived with no dependent children

16% lived with 1-2 dependent children

**54%** lived with their partner only

29% lived by themselves

11% lived with other family members

Wages/salary, state retirement pension and occupational/private pension were the main sources of income for respondents. Individuals throughout the county and at its various GP surgeries shared their views.





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