



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 JUNE 2024

**REPORT ON:** ENGAGE DUNDEE - COST OF LIVING CRISIS SURVEY RESULTS

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB21-2024

**1.0 PURPOSE OF REPORT**

1.1 To inform the Integration Joint Board of the results of the Engage Dundee survey exploring citizens' experiences of the cost of living crisis

**2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Note the findings of the Engage Dundee survey.
- 2.2 Remit the Strategic Planning Advisory Group and operational managers across the Dundee Health and Social Care Partnership to consider actions to mitigate the effects of the cost of living crisis on health and wellbeing and to reflect these in the IJB's Annual Delivery Plan where appropriate.

**3.0 FINANCIAL IMPLICATIONS**

3.1 None.

**4.0 BACKGROUND**

- 4.1 The Engage Dundee survey explored citizens' experiences of coping with the cost of living crisis over a 12-month period from November 2022. The work was sited within Public Health Scotland's Localised Working Pathfinder Programme providing support for the City Plan priority to reduce inequalities and was a collaboration with NHS Tayside, Dundee City Council, and Dundee Health and Social Care Partnership.
- 4.2 The survey collected information on personal circumstances and characteristics, and included categorical responses on difficulties experienced; personal finances; services/ support used; health and wellbeing; other changes experienced; and, future support. Respondents were invited to provide additional comments and leave contact details should they wish to be involved in further discussions.
- 4.3 Analysis of quantitative data was undertaken by Dundee City Council Research and Information Team and qualitative information by NHS Tayside Public Health Intelligence Officers. Additional guidance was provided by Public Health Scotland.
- 4.4 The survey was completed by 1,181 individuals:
  - Three-quarters were female.
  - The majority were working age and in some form of employment.

- 1 in 12 were unemployed and 1 in 10 medically unfit for work.
- 45% were owner occupiers and 24% lived alone.
- Almost one-third were accessing means-tested benefits.
- 699 incidences of disability or health condition were reported.
- 1 in 5 provided unpaid care.
- There was a fairly even spread of responses across all Electoral Ward areas.

4.5 This was a cross-sectional survey and liable to the limitations and biases inherent with this type of design. The sample was large; however, caveats exist to extrapolating or generalising findings. Respondents were self-selecting and it is possible that some population groups and individuals did not participate. Those that were motivated to respond may have been more adversely affected by increases in cost of living.

#### 4.6 **SUMMARY OF RESULTS**

4.6.1 Result showed that respondents were struggling considerably across all aspects of their lives including essential household costs such as food and home energy. Many were facing multiple challenges in trying to make ends meet, and the majority were using savings for essential costs, borrowing more money than before, had been unable to pay regular bills and had asked family or friends for financial help.

4.6.2 There was variation in respondents' experiences of accessing support depending on how and where this was delivered. The minority rated positively services that were not provided face-to-face whilst the vast majority felt that using targeted cost-of-living support offered locally was a positive experience. It was not uncommon for respondents to be unaware that services existed and/or think they did not qualify for support because they were employed.

4.6.3 There were considerable impacts of financial difficulties on health, wellbeing, and lifestyle behaviours. Most commonly this was feelings of fear/ anxiety/ stress/ worry which was reported by 86% of respondents. The majority also reported hopelessness, low mood/ depression, social isolation, poor sleep and irritability.

4.6.4 Almost half of those with a pre-existing physical or mental health condition reported these had worsened due to the cost of living crisis, including from the effects of inadequately heated homes and poor diet. Around one third reported developing a physical or mental health condition over the previous 12 months.

4.6.5 Respondents were asked to rate their general health on a scale of 1 to 5, with 1 being "very bad" and 5 "very good". The most common response was 3 (38.9%) with an average score of 3.3 across the total sample. More respondents rated their general health on the upper end of the scale, with 34.8% rating 4 or 5 compared with 26.4% rating 1 or 2.

4.6.6 Many respondents commented on negative health impacts from the cost of living. Ongoing health issues persisted due to being cold, not being able to afford healthy food, skipping meals altogether or heating homes inadequately. Some respondents were unable to find time for self-help due to working longer hours and a small number commented that a lack of face-to-face care had impacted them negatively.

4.6.7 Over 1 in 5 of comments referred to deterioration in physical health with some respondents feeling fatigued, in more pain, or unable to manage pre-existing conditions due to being cold or not eating well. Some were less physically active whilst others gained weight due to the cost of healthy meals. The prohibitive cost of transport meant that some could not seek medical help whilst others could not afford non-prescribed medication and treatments.

4.6.8 4 in every 10 comments reflected impacts on mental health including chronic anxiety due to financial worries, inability to socialise, or working longer hours leading to stress and in some cases depression. Some felt drained, demotivated, ashamed, miserable and overwhelmed from

trying to cope. Financial worries exacerbated depression and anxiety which were previously well managed and there were concerns about the future, a lack of control and poor sleep.

- 4.6.9 Deterioration in mental health was recognised as impacting on relationships. Respondents stated that low mood and motivation made it difficult to connect with others and that parental stress impacted on children's mental health and wellbeing. Some felt increased working hours were affecting family life.

#### 4.7 **SUBANALYSES – ELECTORAL WARDS AND UNPAID CARERS**

- 4.7.1 A sub-analysis by Electoral Ward showed variations in characteristics, life circumstances and some of the challenges experienced by respondents depending on where they lived. Almost two-thirds of respondents living in the East End were in receipt of means tested benefits compared to 28% in the Ferry. 50% of respondents in the Ferry were coping with the cost of food compared to 20% in the North-East and East End. 40% of respondents in the Ferry reported social isolation/ loneliness compared to almost two-third in the North-East and East End. Other difficulties such as mental health impacts and cutting back on discretionary spend were experienced commonly across the whole sample.

- 4.7.2 Respondents were asked if they provided unpaid care for another person and 21.9% (n=259) stated yes. A further question explored whether those respondents felt supported to continue in their caring role and 15.3% agreed or strongly agreed whilst 37.5% disagreed or strongly disagreed. The remainder neither agreed nor disagreed.

- 4.7.3 A sub analysis showed some differences in the circumstances and challenges faced by carers compared to the total sample. 50% of carers were on means-tested benefits compared to the average of 33% and fewer carers were coping with the cost of food, home energy, transport, and social/ leisure activities. Their relationships and personal finances were impacted more by the cost of living although some of these differences were small.

- 4.7.4 Impacts on health and wellbeing for those who identified as providing unpaid care showed slightly bigger differences at around 10 percentage points for most indicators. For example, 68% of unpaid carers felt they had worse general health compared to the average of 58%.

- 4.7.5 The survey explored support that respondents would find helpful in managing the cost of living. Across the total sample and sub-analyses, the most common responses were access to low-cost/ free activities and support with health and wellbeing. Carers were much more likely to request support to increase income through benefits and employment than the total sample.

- 4.7.6 A range of further sub-analyses is planned, including for those who identified as long-term sick and disabled. Planning is also underway to engage further with those respondents who indicated they would like to be involved in further discussions.

#### 4.8 **RESPONSE TO FINDINGS**

- 4.8.1 Findings were presented in March 2024 to Dundee Partnership as the governing body for the Public Health Scotland (PHS) Localised Working Pathfinder Programme (the overall programme of work within which this survey sits). The following recommendations asked of the partnership were approved:

- Members share survey results and consider implications for their organisations and services.
- Further analyses are undertaken to help identify localities, population groups and individuals most at risk.
- Results are considered by Strategic Leadership Groups and other relevant strategic partnerships.
- PHS supports cross-sectoral discussions on prevention, early intervention and evidence-based best practice.

- A summary of results is shared with the public and all partners.
- Interested respondents are given the opportunity for further dialogue.
- This work continues to be coordinated and supported by PHS with governance through Dundee Partnership.

This process is ongoing and results have now been presented to a range of strategic groups including the Carers Partnership, Mental Health and Wellbeing Strategic Planning and Commissioning Group, and the Local Leadership Group. Some early actions arising from the findings include: promoting cost of living support to those in employment via Dundee City Council social media channels; producing infographics of the Electoral Ward analysis to engage with communities to update Local Community Plans; providing the Fairness Leadership Panel with information to strengthen work around their priorities; and, discussions with Public Health on the potential for an on-line population-wide mental health promotion campaign.

4.8.2 In February 2024 the IJB's Strategic Planning Advisory Group considered the findings of the survey. The group noted that the results were closely aligned to the existing priorities and strategic shifts within the IJB's Plan for Excellence in Health and Social Care in Dundee, particularly those for Inequalities, Self-Care and Open Door. Operational managers from across the Partnership are currently considering how the detailed findings of the survey might inform the actions through which these priorities and strategic shifts are implemented over the coming year. Additionally, through the Working Together strategic priority the IJB has made specific commitments to continue to work with wider Community Planning Partners to support people to cope with the cost of living crisis. Through the recent restructure of the Dundee Partnership, the Health and Social Care Partnership has representation from senior officer at the Child Poverty and Income, Attainment and Health Inequalities Board.

4.8.3 In relation to the sub-analysis for unpaid carers, the information obtained adds further details to previous surveys of unpaid carers conducted both local and nationally. This information will be considered as part of the statutory review of the Carers Strategy that will progress during 2024/25, whilst work to support unpaid carers in relation to the cost of living continues to be delivered by a range of partners across the city. This included the distribution of 496 grants totalling £139,304 from the Carers Winter Assistance Fund in 2022/23 and 429 grants totalling £124,019 in 2023/34. This fund provided financial assistance to unpaid carers in greatest need where they were unable to access alternative sources of support (such as the Scottish Welfare Fund), covering costs such as food and fuel, travel, whist goods, winter clothing, and bedding and furniture.

## **5.0 POLICY IMPLICATIONS**

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

## **6.0 RISK ASSESSMENT**

6.1 A risk assessment was not necessary and this report is being provided to the Integration Joint Board for information only.

## **7.0 CONSULTATIONS**

7.1 The Acting Chief Finance Officer. Members of the Strategic Planning Advisory Group and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

9.1 None

Dave Berry  
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DATE: 14 May 2024

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