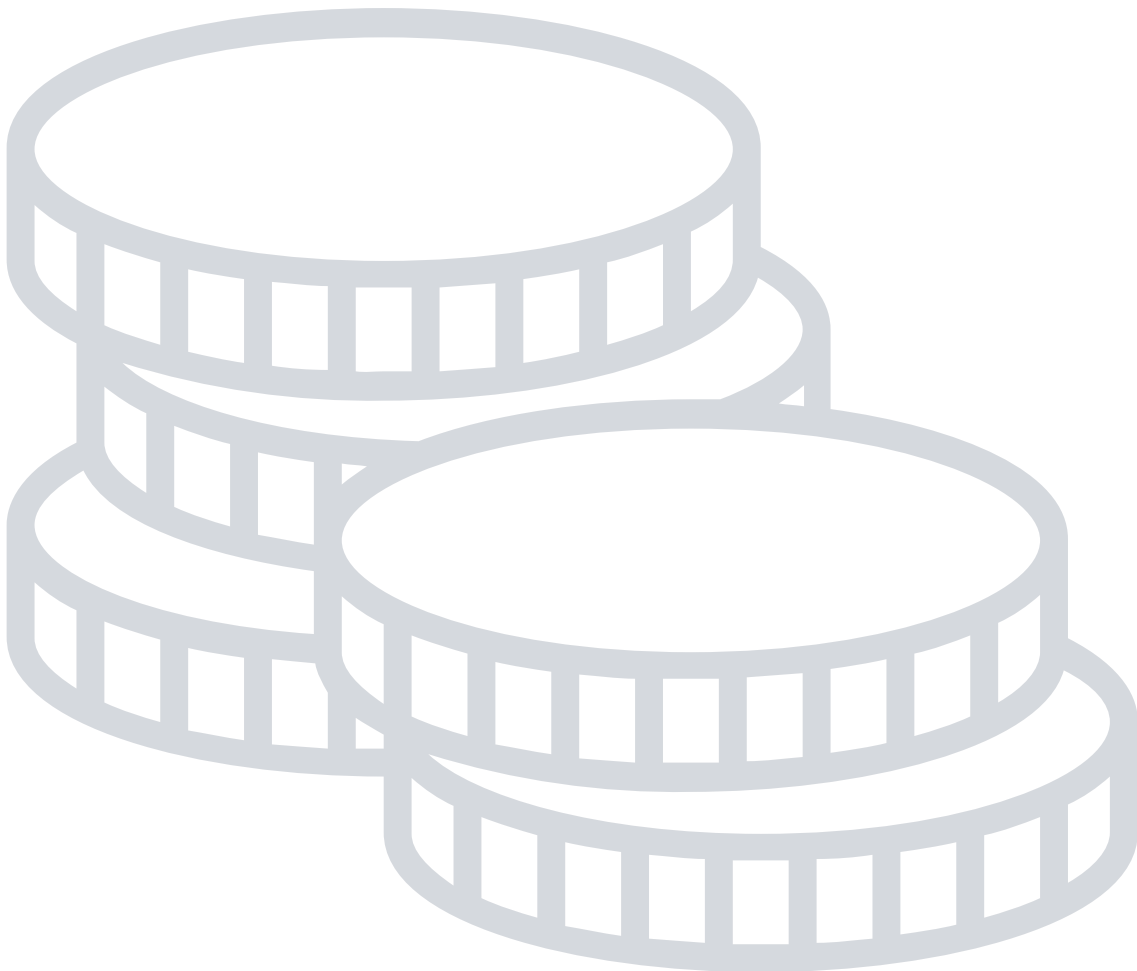


**The Impact of Winter  
Pressures and the  
Cost of Living  
2022–2023**

**Newcastle & Gateshead**



## **About Healthwatch Gateshead & Healthwatch Newcastle**

Healthwatch Gateshead and Healthwatch Newcastle are two of 152 independent not-for-profit Healthwatch services established in England under the Health and Social Care Act 2012.

We help children, young people and adults have a say about social care and health services in Gateshead and Newcastle. This includes every part of the community, including people who sometimes struggle to be heard.

We work to ensure that those who plan and run social care and health services listen to the people using their services and use this information to make improvements.

Healthwatch Gateshead and Healthwatch Newcastle would like to thank everyone who gave their time and expertise to assist with this report.

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# 1. Introduction

The sudden rise in energy prices and accompanying increase in inflation in 2022 led to a big leap in the cost of living for people in the UK and wage growth since summer 2021 had not kept pace with inflation. Added to this, inflation has been higher in essential goods and services such as food prices.

According to the Institute of Government<sup>1</sup> (Published 7 Feb 2022; updated 21 August 2023):

*"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 Office for National Statistics."*

High inflation (10%, a 41 year high in 2022/at the time of this survey)<sup>2</sup> has disproportionately negative effects on those with the lowest incomes, as it takes a greater proportion of their total income to buy necessities such as energy and food. People in the lower income bracket are less able to adapt to living costs than those on higher incomes who may have more capacity to change.

People on lower income are also more likely to be in unreliable and unstable jobs, such as on a zero-hour contract, that make it more difficult to be able to save up and have savings for an emergency, or to budget effectively.

This cost-of-living crisis has pushed more and more people who were getting by, to now be struggling to pay for everyday essentials.

## 1.1 The situation on Newcastle and Gateshead

We already know there is widespread deprivation in the North-East and that life expectancy is falling. The 'Newcastle Anti-Poverty Strategy 2023-2027'<sup>3</sup> and the 'Gateshead Joint Strategic Needs Assessment'<sup>4</sup> help to give local context.

The cost-of-living crisis has dropped out of the news over the summer, but Citizens Advice Bureau Newcastle reports that there has been no drop-off in requests for support, especially around financial matters, and material support.

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<sup>1</sup> Institute of Government (2022) Cost of living crisis. Available [here](#). Last Accessed: 30<sup>th</sup> October 2023.

<sup>2</sup> Office for National Statistics (2023) Consumer price inflation, UK: June 2023. Available [here](#). Last Accessed: 30<sup>th</sup> October 2023.

<sup>3</sup> Newcastle City Council (2023) Anti-Poverty Strategy 2023-2027. Available [here](#). Last Accessed: 30<sup>th</sup> October 2023.

<sup>4</sup> Gateshead Council (2023) Gateshead JSNA. Available [here](#). Last Accessed: 30<sup>th</sup> October 2023.

The cost-of-living crisis is not likely to be short lived, and although the rate of inflation is slowing, prices are unlikely to come down again. It is expected to take many years to resolve.

Those people who were on the margin of deprivation have now fallen into higher levels of deprivation and are struggling to get out. There are also ingrained wider structural issues such as the benefits systems not working.

On top of this underlying problem, there is the added pressure of rising costs during the winter months in particular for energy and keeping warm.

## **1.2 Managing the cost-of-living crisis and winter pressures in Newcastle and Gateshead**

Healthwatch Newcastle and Healthwatch Gateshead engaged with the populations in Newcastle and Gateshead in Spring 2023 to understand the impact of the rising costs of living had had on people and their lives during the winter months.

This will allow us to understand what matters to people and enable us to make recommendations in preparation for the coming winter regarding support, access to services and information that needs to be available for people to engage with in the local area, to facilitate equitable health and wellbeing.

The added pressure of higher costs during the winter months, was also explored in people's responses to our survey.

The project focused on people's experiences in three key areas:

1. Perceptions of their financial situation
2. Whether people had made any changes, anticipated doing so, or won't make any changes relating to NHS services and medication, lifestyle, housing, money, food and living at home.

## 2. Methodology

Healthwatch Newcastle (HWN) and Healthwatch Gateshead (HWG) developed a survey to collect the opinions and feeling about the cost-of-living crisis of people who live in the local authority areas of Newcastle and Gateshead and its effect on financial situation, physical and mental health and changes to behaviour.

The survey was available online and in paper format and was circulated via Healthwatch Newcastle and Healthwatch Gateshead social media and sent through email to local partners who could share with their network. Paper copies of the survey were also available at engagement events. The engagement period was from April to July 2023. It asked for respondents' reflections on their experience of the previous winter (October 2022 to January 2023) and any impact there had been for them.

A total of 83 people responded to the survey; 4 responses were excluded from the analysis as they lived out of the area. They may have accessed the survey whilst visiting Newcastle or Gateshead for work or for social reasons. The remaining 79 responses were included in the final data analysis and discussion.

**Disclaimer** – not all respondents answered all questions. Some analysis included within the report does not include the full 79 respondents in the percentages calculated and only include those that answered that particular question (a proportion of the total). This will be highlighted on each question when this is the case.

## 3. Demographic profile of respondents

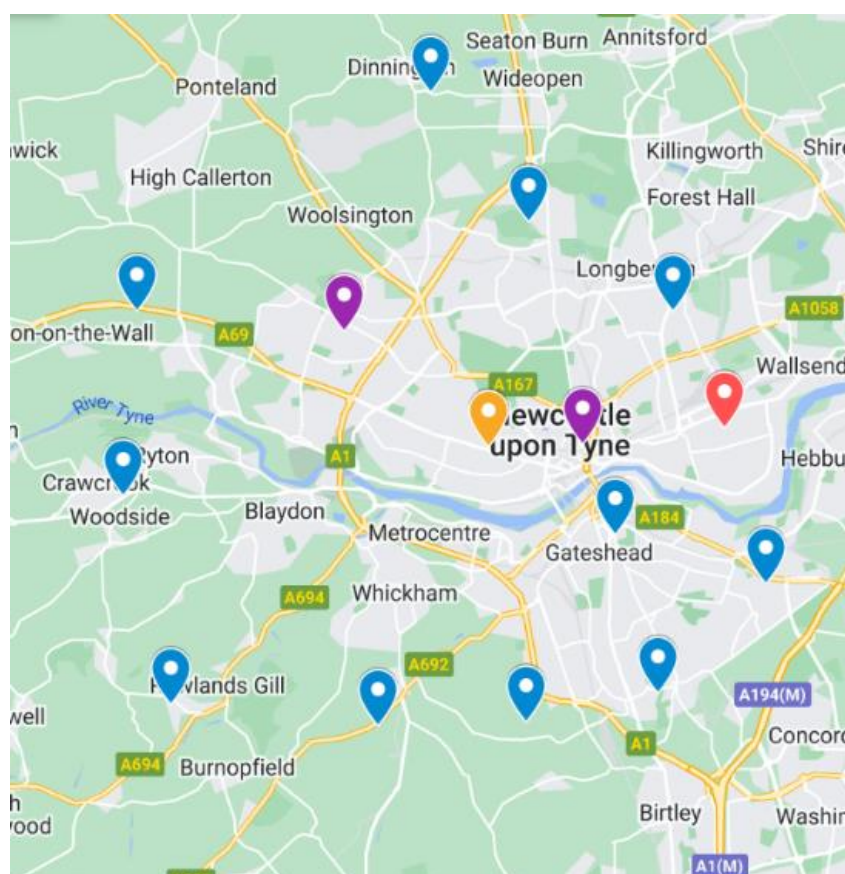
We asked respondents to tell us where they lived (using the first part of their postcode) so that we could assess their probable relative affluence and potential resilience in the cost-of-living crisis and the winter pressures based on Office of National Statistics data. This is indicated in the tables below (page 8 and 9).

### 3.1 Deprivation data

The Office for National Statistics (ONS)<sup>5 6</sup> uses measures from the Indices of Multiple Deprivation (IMD) to explore income deprivation. This is based on the proportion of people in an area who are out of work or on low earnings.

Sixty of the 79 respondents indicated that they lived in Newcastle and represented a broad range of the areas of the city. Nineteen respondents lived in Gateshead and again represented postcodes from across the Borough.

Figure 1: Distribution of respondents based on postcode



#### **Key**

**Blue** = 1 to 5 respondents

**Purple** = 6 to 10 respondents

**Orange** = 11 to 15 respondents

**Red** = 16 to 20 respondents

Source: Healthwatch cost of living survey

<sup>5</sup> Ministry of Housing, Communities and Local Government (2019) The English Indices of Deprivation 2019. Available [here](#). Last Accessed: 30<sup>th</sup> October 2023.

<sup>6</sup> Office for National Statistics (2021) Exploring local income deprivation. Available [here](#). Last Accessed: 30<sup>th</sup> October 2023.

## Key for tables

**Red = Most deprived**

**Orange = Mid-level deprivation**

**Blue = Relatively affluent**

**Newcastle** respondents were from the following postcodes:

Postcode area	No respondents	Neighbourhood areas	Deprivation level 2021 (ONS)
NE1	7	Central Newcastle	Orange
NE3	4	Gosforth, Kenton	Blue
NE4	12	Elswick, Benwell, Fenham, Arthur's Hill	Red
NE5	7	Denton, Blakelaw, Westerhope, Chapel Park	Red
NE6	19	Byker, Walker, Walkergate, South Heaton	Red
NE7	4	Heaton, South Longbenton	Orange
NE12	1	Benton, Longbenton	Orange
NE13	1	Brunswick Village	Orange
NE15	5	Scotswood, Lemington, Newburn, Walbottle, Throckley	Red

The biggest groups of Newcastle respondents lived in postcode areas NE6 (19 people), NE4 (12 people) and NE1 (7 people) and NE5 (7 people). These included some of the most deprived parts of the city.

When looking at Newcastle as a whole, almost a quarter of people in Newcastle (25%) live in the 10% **most** deprived areas nationally. By contrast, around 7% live in the 10% **least** deprived areas nationally.

Newcastle has become relatively more deprived between 2015 and 2019, one of the main drivers for which was falls in income. <sup>7</sup>

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<sup>7</sup> Newcastle City Council (2021). Newcastle upon Tyne City Profile (page 14). Available [here](#). Last Accessed: 30<sup>th</sup> October 2023.



**Gateshead** respondents were from the following postcodes:

Postcode area	No. respondents	Neighbourhood areas	Deprivation level 2021 (ONS)
NE8	4	Central Gateshead, Bensham, Teams	
NE9	3	Sheriff Hill, Beacon Lough, Wrekenton, Springwell, Low Fell	
NE10	4	Leam Lane, Felling, Heworth, Wardley, Pelaw	
NE11	1	Dunston, Lobley Hill, Lamesley, Kibblesworth	
NE16	4	Swalwell, Whickham, Sunnyside, Burnopfield	
DH3	1	Birtley	
NE39	1	High Spen, Rowlands Gill, Highfield	
NE40	1	Ryton, Greenside, Crawcrook, Bar Moor, Crookhill, Folly	

In 2019, the ONS stated that 16.7% of the population in Gateshead was income deprived. Of the 126 neighbourhoods in Gateshead, 37 were among the 20 percent most income-deprived in England. In the most deprived neighbourhood in Gateshead, 43.6% of people are estimated to be income deprived.<sup>8 9</sup>

Looking at Newcastle and Gateshead together:

Level of deprivation	Gateshead	Newcastle	Totals
<b>Most deprived</b>	11 (57%)	42 (70%)	53 (67%)
<b>Mid-level deprivation</b>	4 (21%)	12 (20%)	16 (19%)
<b>Relatively affluent</b>	4 (21%)	4 (5%)	8 (10%)

The data shows the % of respondents for Gateshead and Newcastle respondents and for all respondents.

**\*No conclusions can be drawn from the % of respondents in each category for the different locations as participation was voluntary and not comprehensive.**

<sup>8</sup> Gateshead Council (2019). Index of Multiple Deprivation. Available [here](#). Last Accessed: 30<sup>th</sup> October 2023.

<sup>9</sup> Office for National Statistics (2021). How life has changed in Gateshead: Census 2021. Available [here](#). Last Accessed: 30<sup>th</sup> October 2023.

The data shows that, overall, two thirds of respondents are living in the most deprived areas of Newcastle and Gateshead and may be presumed to be most likely to be suffering hardship.

One in 5 of respondents were living in areas considered to be mid-level deprivation and may cover a wider range of those suffering hardship and those managing.

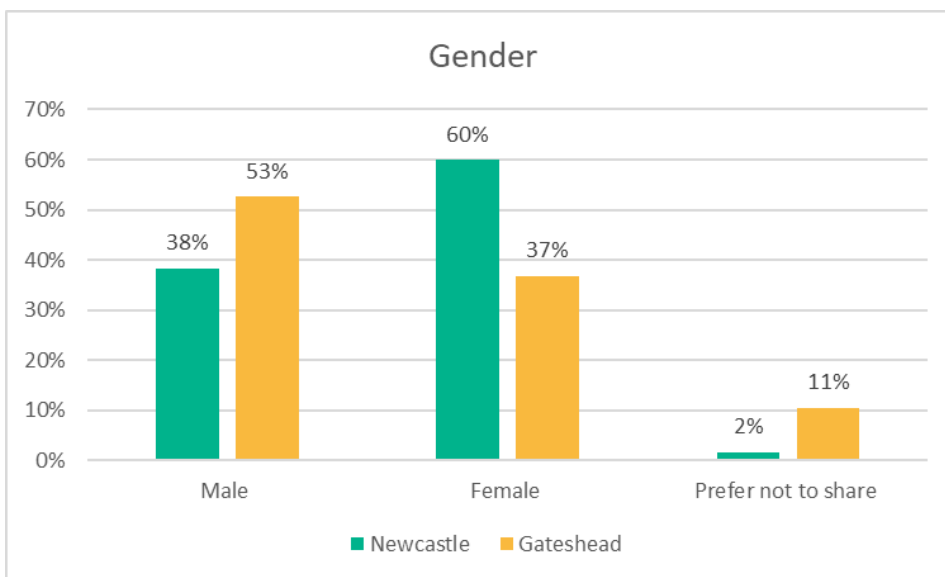
Ten percent of respondents were living in relatively affluent areas and may be less likely to be suffering hardship.

This will be explored in the rest of the analysis.

### 3.2 Gender

Out of all 79 respondents across Newcastle and Gateshead, 30 respondents identified as male (38%) and 46 (58%) identified as female. Three respondents preferred not to share.

Figure 2: Gender of respondents by location



Of the 59 respondents in Newcastle, 23 people were male (38%), 36 people were female (60%) and 1 person preferred not to share (2%).

Out of the 19 respondents in Gateshead, 7 people were male (37%), 10 people were female (53%), and 2 people preferred not to share (11%).

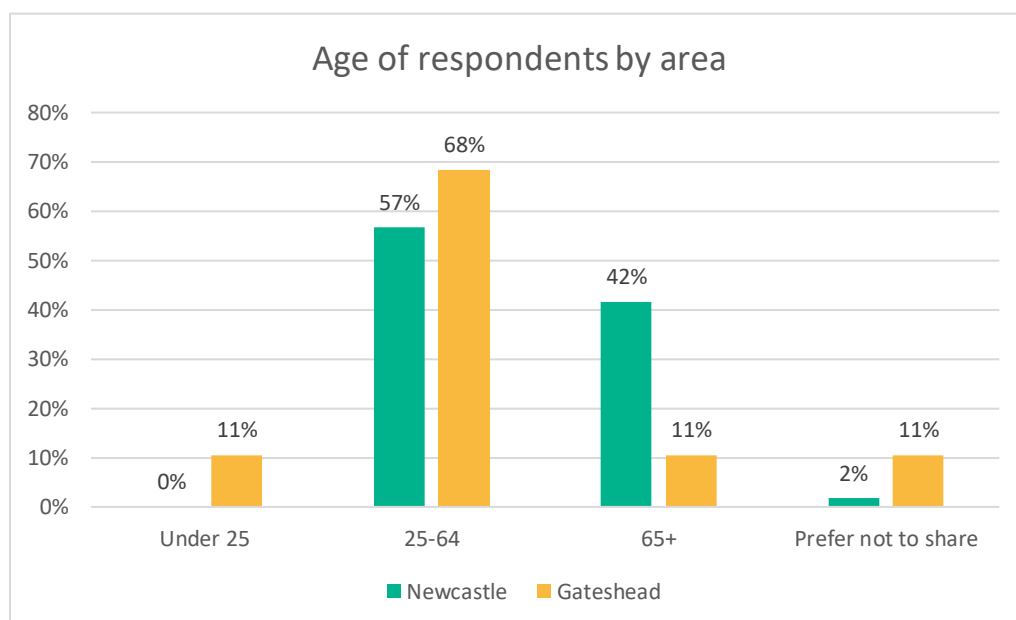
### 3.3 Age

We asked people to tell us their age, by age bands. This can help us identify specific needs for 'working age' or older citizens.

Two respondents from Gateshead were aged under 25, and 3 preferred not to share their age.

The majority of respondents in both Gateshead (13 people, 68%) and Newcastle (34 people, 57%) were aged between 25-64 years (47 respondents, 59% of total). However, there was a big group of over 65s (25 people, 42% of respondents) who responded in Newcastle. This group comprised 14 people aged 65 – 74, 7 people aged 75 – 84, and 4 people aged 85 or above. There was not an equivalent group in Gateshead.

Figure 3: Age of respondents by area



### 3.4 Faith and religion

Part of our demographic data collection included asking people what religion they followed. We considered that relevant here as many faiths have strong community links and supportive community programmes which may have helped with both the energy and financial crises.

Twenty respondents said they followed no faith, and six did not share with us (a third of respondents overall).

Those who shared their religion, showed a wide diversity of faith.

Faith and religion	Number of respondents	% of total respondents
Buddhist	2	3%
Christadelphian	1	1%
Christian	25	32%
Hindu	4	5%
Humanist	1	1%
Muslim	13	17%
Sikh	5	6%

### 3.5 Disability

We asked respondents to tell us if they considered they had a disability or a long-term health condition.

Fifteen people said they considered themselves to have a disability, 14 of whom lived in Newcastle (23% of total 59 Newcastle respondents).

Twenty-eight people said they considered themselves to have a long-term condition, 22 of whom lived in Newcastle (37% of the 59 Newcastle respondents) and 6 lived in Gateshead (32% of the 19 Gateshead respondents).

Thirteen people (16%) considered themselves to have both a disability *and* a long-term condition. This included 12 people living in Newcastle, and 1 from Gateshead. Seven of these people were over 65 years old and 6 were 25–64 years old; 9 were female and 4 were male.

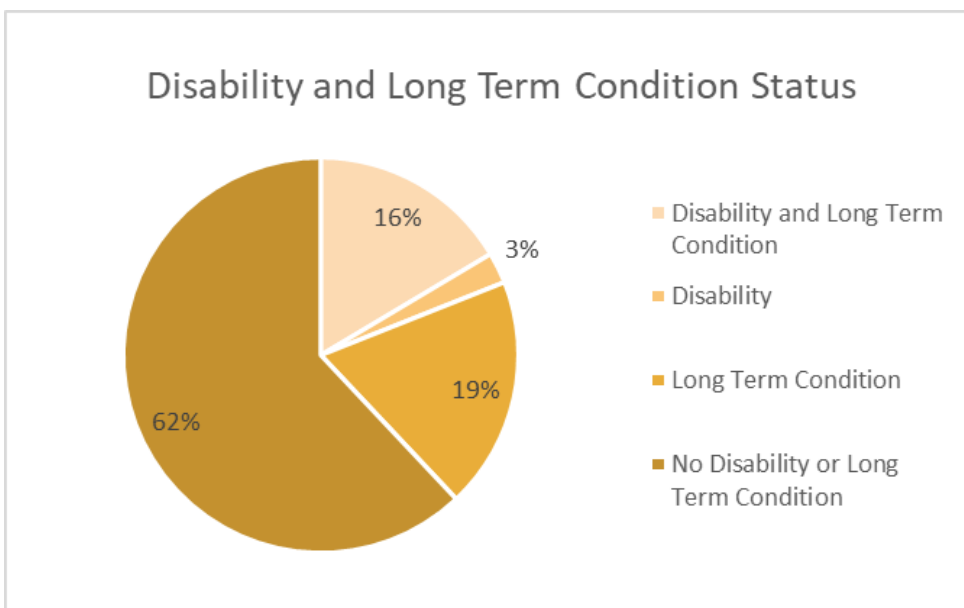


Figure 4: Disability and Long-Term Condition status of all 79 respondents across Newcastle and Gateshead

The two respondents who said they had a disability, but not a long-term condition were both men aged over 65 and living in Newcastle.

Ten people from Newcastle and 5 people from Gateshead told us they had a long-term condition, but not a disability. This included 5 people over 65 years old and 10 aged 25-64. Most (12 people, 80% of the group) were female and 3 were male.

Neither of the two respondents under the age of 25 reported having either a disability or a long-term condition.

Overall, of the 79 people who completed this survey, 30 had a long-term health condition or a disability and this may have implications for their health and welfare in times of hardship like the cost-of-living crisis, aggravated by winter pressures.

### **3.6 Carer Status**

We asked respondents if they had responsibilities for caring for others (we did not ask if they were themselves receiving care support).

Twenty respondents said they had caring responsibilities (25% of respondents). This included two paid and seven unpaid care givers in Newcastle, and one paid and two unpaid care givers in Gateshead. Seven respondents preferred not to share.

Amongst the unpaid care givers, five said they had a long-term condition themselves, and two of them also had a disability.

All three paid carers were aged 25-64 (what could be considered 'working age'). The carer in Gateshead was male, and the two in Newcastle were female.

Seven of the nine unpaid carers (5 from Newcastle and 2 from Gateshead) were female. One unpaid carer from Newcastle and one from Gateshead were male. Of the group, five were aged 25-64, and two were over 65. One male unpaid carer in Newcastle was aged over 85.

# 4. The Main Findings

## 4.1 Financial situation

We asked respondents how they felt about their current financial situation, and whether they felt it had changed over the previous 6 months.

The picture seems to be similar in both Gateshead and Newcastle, and it is very clear that most people found their circumstances to have deteriorated.

Figure 5: Financial Situation

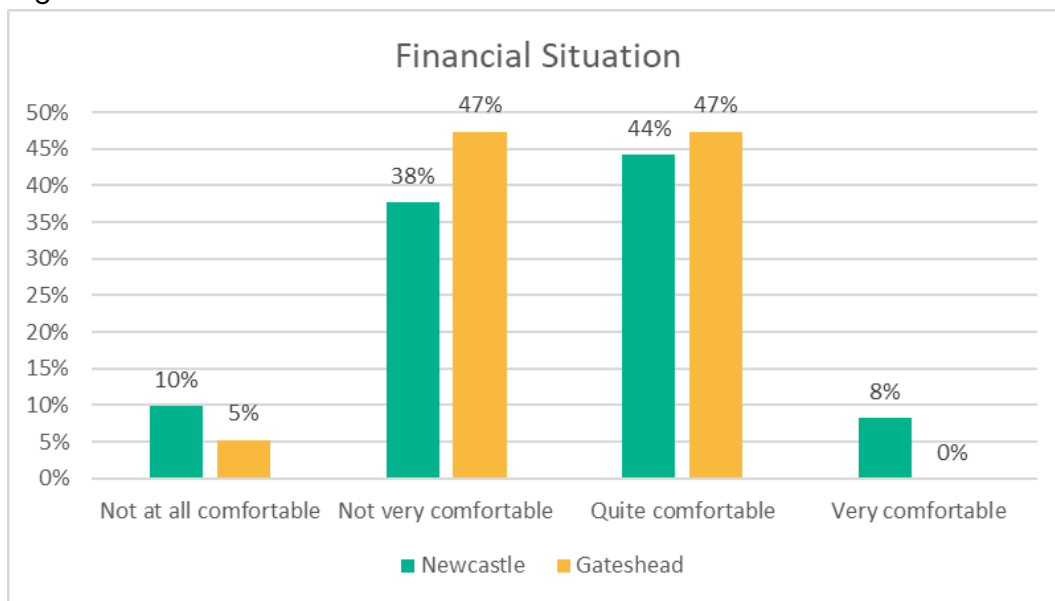
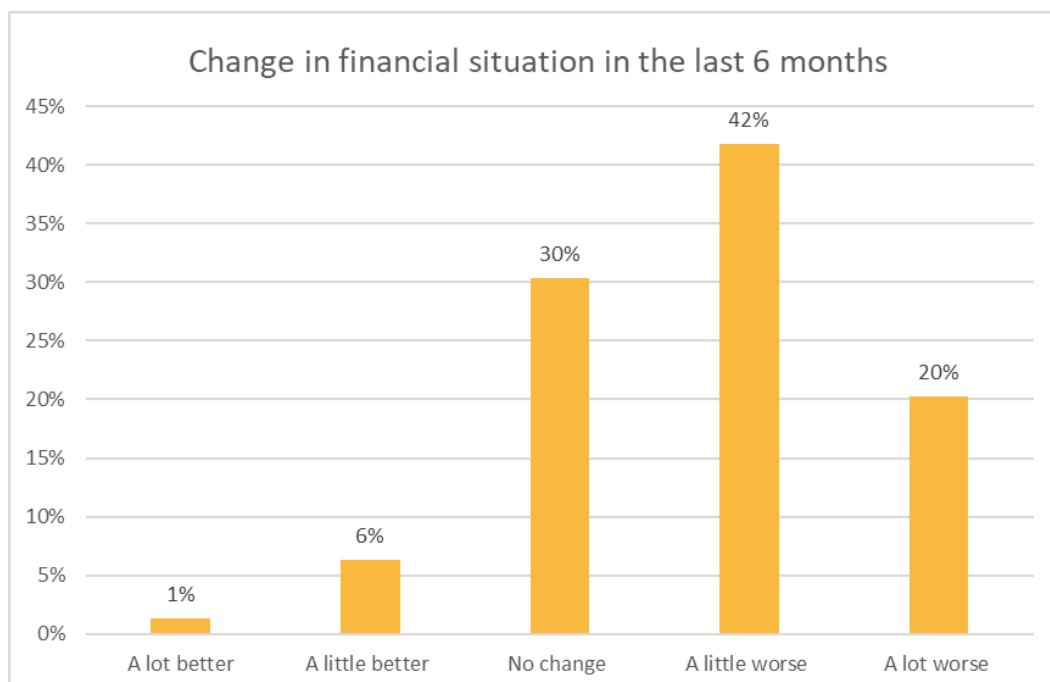


Figure 6: Change in financial situation over the previous 6 months



## **Responses:**

- **Very comfortable** – i.e., they had more than enough money for living expenses and spare money to save or spend on extras and leisure.

Just 5 people (6% of respondents) said their current financial situation was 'very comfortable'. They all lived in Newcastle (8% of the 59 Newcastle respondents) in postcode areas NE1 (Central Newcastle – not deprived), NE7 (Heaton identified as mid-level deprivation and NE5 (Westerhope/Chapel Park, generally identified as a deprived area).

Three respondents commented on their situation:

*"I have a fixed income, but my work-related pension is excellent".*

*"Pension gone up but so have expenses – evens out".*

*"I have the luxury of investments which are not paying out much at present".*

Four respondents were over 65 years old, and one was between 25–64 years old.

Three of these respondents said there had been no change in their financial situation; for two, things had got worse, but they did not explain.

- **Quite comfortable** i.e., they had enough money for living expenses and a little spare money to spend on extras or leisure

Thirty-three people (41% of respondents) said their financial situation was 'quite comfortable'. Two thirds of this group (24 respondents) lived in Newcastle and 9 lived in Gateshead.

Twenty of this group of respondents (60%) lived in areas seen as high deprivation, and a further 8 lived in areas of mid deprivation. Five respondents lived in the more affluent areas.

Nearly two thirds of respondents were women and one third were men. All age groups were represented for both men and women. Twenty-one respondents were of working age, and 10 were of retirement age.

No one said that their financial situation had got a lot better over the previous 6 months, but 5 respondents said their situation had got a little better. This they attributed to higher payments and interest rates.

The fifth respondent commented that she felt she now had to buy a smartphone because of everything needing an email. She was also watching her spending and keeping a bit in reserve in case of any necessary repairs.

For 16 respondents there had been no change in circumstance, although their comments suggest they are being careful, and one man mentioned the rising costs of his business. This included 14 people living in areas of high deprivation and 2 living in areas of mid-level deprivation.

Eleven respondents (8 women aged from 25 to 75, and 3 men aged 45 to 85) felt that things had got worse, and the most comments related to rising costs from shopping to needing more heating in the cold weather. Things were reportedly much worse for one person. This respondent (a woman in her 50s) commented that:

*“The cost-of-living crisis and food bills have gone up and it is really impacted on my finances”.*

- **Not very comfortable** i.e., they had just enough money for living expenses and little else.

Thirty-one respondents said their financial situation was not very comfortable. They included 9 respondents from Gateshead and 22 from Newcastle.

The majority of respondents in this group (76%) lived in areas of high deprivation and 17% lived in areas of mid-level deprivation. Two respondents lived in more affluent areas, both in Gateshead.

Not all these respondents gave us full details. Of those who shared the data 11 were women aged from 25 to 74 and 17 were men aged 35 to 74.

One respondent from this group said things had got a lot better over the previous 6 months as he had got a job.

Three women said there had been no change to their circumstances as any increase in income had been cancelled out by rising prices.

However, for 19 respondents, things had got a little worse and for 8, things had got a lot worse. Twenty-one of these respondents lived in areas of high deprivation, and 17 in areas of mid-level deprivation.

The group for whom things were a little worse comprised 9 men and 10 women across the age range. High energy prices and the cost of living were cited by 7 people and that any rise in, for example, was insufficient to cover the increases.

For some respondents the problems were created or exacerbated by individual or personal circumstances, such as losing employment or house repairs.

For the six women and 2 men who felt their situation had got a lot worse, the problems are the same, but in this group, people are mentioning what they have given up making ends meet.

*“Me and my husband both work full time and all our bills have continued to rise but we have had no pay rises to allow for this, so we have had to remove things like sky, some insurances, shop less and we don't have our heating on etc and we're still struggling”.*

*“All our reserves have gone we have no saved money for repairs etc.”.*

*“Heating bills and food prices. I have to have the heating on due to my illness”.*



## 4.1.1 Changes in financial situation related to current financial situation

Percentages below are out of all 79 respondents:

Financial situation now	Change to financial situation over last 6 months					Total
	A lot worse	A little worse	No change	A little better	A lot better	
Not at all comfortable	5 (6%)	1 (1%)	1 (1%)	0 (0%)	0 (0%)	7 (9%)
Not very comfortable	8 (10%)	19 (24%)	3 (4%)	0 (0%)	1 (1%)	31 (39%)
Quite comfortable	1 (1%)	11 (14%)	16 (20%)	5 (6%)	0 (0%)	33 (42%)
Very comfortable	1 (1%)	1 (1%)	3 (4%)	0 (0%)	0 (0%)	5 (6%)
Prefer not to share	1 (1%)	1 (1%)	1 (1%)	0 (0%)	0 (0%)	3 (4%)
<b>Total</b>	16 (20%)	33 (42%)	24 (30%)	5 (6%)	1 (1%)	79 (100%)

The above table shows a cross-referenced comparison of respondents' outlook on how they perceive their financial situation has changed in a six-month timeframe. It is evident that respondents display a view worsening financial situation, as a larger percentage of them have answered that their situation now is either a little worse and they are not very comfortable (24%), or it has become a lot worse and they are not comfortable (10%), prior to the last six months. A lesser percentage of respondents (6%) did state that they were not at all comfortable and deemed their situation to be a lot worse. These results further support the view that the winter pressures, and cost of living crisis has impacted individuals negatively. Meanwhile, a moderate number of respondents (20%) did state that their situation had not changed, and they were quite comfortable with their situation which depicts views of neutrality. In light of this information, it can be assumed individual differences can affect this outcome, as not all the respondents have expressed worsening impacts.

## 4.2 Impact on health

We asked respondents if they felt their physical and mental health had changed over the previous six months.

Comments from respondents were not separated for mental and physical health, and cover both.

	Mental Health				
Physical Health	A lot worse	A bit worse	The same	A bit better	A lot better
A lot worse	3 (4%)	1 (1%)	1 (1%)	0 (0%)	0 (0%)
A bit worse	2 (3%)	13 (16%)	4 (5%)	0 (0%)	0 (0%)
The same	1 (1%)	12 (15%)	26 (33%)	0 (0%)	0 (0%)
A bit better	1 (1%)	3 (4%)	4 (5%)	5 (6%)	0 (0%)
A lot better	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (4%)

Three respondents said that they felt both their mental health and physical health had in fact got better over the previous six months. In two cases this was due to recovery from previous ill health, and for one respondent it was due to working as a volunteer.

*“Work as a volunteer that’s help me to go away from over thinking”.*

*“Recovering from an unexpected major operation - traumatic and so both poor afterwards”.*

Thirteen respondents said their physical health was a bit better, and for five of these respondents their mental health was also better.

*“Weather changes so out and about more - spending time walking in nature and with friends / family”.*

*“I have got lovely people as friends, and this has helped”.*

*“I have begun running, given up some recreational drugs, and sought support for neurodivergence”.*

In some cases, respondents reported that their mental health was worse, but this was not reflected in their comments.

*“Because I go to the centre at St Martins 4 times a week and meet a lot of lovely people”.*

*“I swim every day, really does help mental and physical health and away from home no need to heat empty building. Although everyone I talk too are struggling and feeling low, weather doesn't help”.*

However, one respondent who felt his mental health was suffering said it was due to:

*“Worrying about paying bills for property maintenance”.*

The biggest single group of respondents (39 people) felt that their physical health was the same as before, and 26 of this group also felt their mental health was unchanged.

All of those who felt their mental health had changed, felt it was worse. Comments showed that this was most often due to stress and worry about money and bills including food costs.

*“I experience episodes of anxiety, and this has increased over the last six months due to worry about the rising cost of living and utility bills”.*

*“Feel like I worry more about money now than I used to”.*

*“More anxiety due to worrying about energy costs and food prices”.*

*“I worry about I will pay my bills if I do not get another job soon”.*

One respondent told us:

*“My physical health is the same as I am an active person and walk or cycle everywhere for fitness and to save money. But the strain of working more to try and make ends meet and not being able to pursue my own interests or dreams has had a negative impact on my mental health.”*

For two respondents' mental health was being impacted by caring responsibilities.

*“The wife’s eyesight has got worse. It puts more work on me at 92 years old”.*

*“I worry for my husband.”*

Overall, 24 people felt that their physical health had deteriorated, and was a lot worse for 5 of them. This varied between long term and deteriorating conditions.

*“I’ve a number of health issues some long term and others short term. They are now progressively worse”.*

*“I had Covid which has left me with little energy. That makes me feel a bit down as there are many things, I’d like to do but don’t have the energy.”*

*“Good days and bad days. You get older but try to stay as fit as you can and not bother the doctors too much.”*

*“Awaiting knee surgery”.*

Five of the respondents reported that their mental health had not changed alongside their physical health.

One respondent told us that her mental health improved even as her physical health had declined.

*“Physical health is a bit worse as I have less available time for exercise. Mental health is a bit better due to external factors not related to financial situation and I have seen my GP and started HRT.”*

For those who felt their mental health had declined alongside their physical health, worry about finance was again top of the list.

*“Not able to buy the food we normally get (red meat, tomatoes, salmon, etc.)  
Trying not going overdraft and taking the kids out without breaking the bank is impossible.”*

*“Constantly worried about how I'll cope, as prices in the shops are on the whole more than double what they were.”*

Two people mentioned the impact on their mental health of not being able to have 'me' time.

*“Lack of 'me' time. Gone from part time to full time work for financial reasons. A stressful work situation impacted my mental health.”*

The data showed that a decrease in mental and physical health was not associated with whether people were living in a high or low deprivation area.

As highlighted by the responses provided in the survey, the rising cost of living in the UK has had a profound impact on their physical and mental health. The increasing expenses associated with housing, healthcare, education, and basic necessities have left many individuals struggling to make ends meet. This financial strain has led to reduced access to nutritious food, healthcare services, and recreational activities, contributing to deteriorating physical health. Moreover, the constant worry about making ends meet, the burden of debt, and the inability to save for the future have taken a toll on the mental well-being of many, leading to increased stress, anxiety, and depression. The high cost of living has created a challenging environment for individuals to maintain a balanced and healthy lifestyle, adversely affecting both their physical and mental health.

### **4.3 Changing behaviour**

Respondents were asked to look at statements exploring whether they have made a change, anticipated making a change or would not make a change in their behaviour because of the cost-of-living crisis.

Not all the respondents completed all the questions asked in the survey as all the questions were optional and did not require an obligatory response. Therefore, data may not indicate responses for all 79 respondents who had taken part in the survey. It is clear from those who answered 'not applicable' to the various suggestions that each of these issues only affects around a third to a half of respondents.

However, qualitative feedback provided by the respondents who managed to provide completed answers, gave richer, in-depth understanding of why they responded the way they did.

### 4.3.1 Using health and social care

Statement	Made change	Anticipate Change	Won't make change	Not applicable
Avoiding booking an NHS appointment because you cannot afford the associated costs	7 (9%)	4 (5%)	32 (41%)	36 (46%)
Avoiding attending an NHS appointment because you cannot afford to travel	7 (9%)	3 (4%)	34 (43%)	35 (44%)
Avoiding seeking help from the NHS because you cannot afford to take time off work	4 (5%)	10 (13%)	22 (28%)	43 (54%)
Avoiding buying over-the-counter medication that I usually rely on	10 (13%)	8 (10%)	21 (27%)	40 (51%)
Avoiding taking one or more items on an NHS prescription because of the cost	7 (9%)	6 (8%)	12 (15%)	54 (68%)
Avoiding going to the dentist because of the cost of check-ups or treatment	13 (16%)	14 (18%)	22 (28%)	30 (38%)
Cutting down on the use of medical equipment at home because of the running costs	5 (6%)	4 (5%)	17 (22%)	53 (67%)
Cutting down or stopping support from services that I pay for such as physiotherapy or counselling	6 (8%)	8 (10%)	12 (15%)	53 (67%)

Below provides further supporting information for participants, for each of the statements asked:

**a) Avoiding booking an NHS appointment because you cannot afford the associated costs**

Thirty-five respondents felt this was not applicable to them and 31 said they would not be making any changes.

Six respondents told us they had already changed their behaviour (four people in Newcastle and two in Gateshead; one living in an affluent area), and four Newcastle respondents expect to do so in the future.

**b) Avoiding attending an NHS appointment because you cannot afford to travel to the appointment**

Sixty-eight people did not see this as applicable to them and 33 said they won't change things.

Seven people had already made changes, and three anticipated doing so – this included two men and two women aged from 25-54. Eight of the respondents lived in areas of high deprivation.

**c) Avoiding seeking help from the NHS because you cannot afford to take time off work**

A total of 63 respondents saw this as not applicable to them, or they won't be changing their behaviour.

Four people had already made changes and 10 anticipated doing so. This included four men and one woman all aged between 25 and 64.

Four people of whom were all residents of Newcastle had made a change, and 10 anticipated doing so; one of these respondents reside in Gateshead, however.

**d) Avoiding buying over-the-counter medication that I usually rely on**

Sixty-one respondents said this was not applicable to them, and a further 21 said they would not be changing their behaviour.

Ten people had already made changes and eight anticipated doing so. Almost all of these respondents lived in Newcastle. This group included 10 women and seven men aged from 25-74.

### **e) Avoiding taking one or more items on an NHS prescription because of the cost**

Sixty respondents said this was not applicable to them and 11 said they would not be making changes. Seven people had already made changes and six anticipated doing so. This included five men and eight women aged 25–74.

Prescription charges were an issue for some:

*“Cannot pay prescription charges so no use going to see my GP”*

*“I have to think about costs in all areas of life now and this includes when buying medication and ordering prescriptions”.*

whilst many older age respondents were thankful that they are eligible for free prescriptions.

*“Luckily, I am old so free prescription”.*

### **f) Avoiding going to the dentist because of the cost of check-ups or treatment**

Dental treatment was noted by 12 respondents as their most notable difficulty. This included accessing dental care at all as well as costs.

This statement was seen as ‘not applicable’ by 30 respondents and a further 22 said they would not be making any changes; (we did not ask about their current dental care).

Twelve respondents had already made changes and a further 14 anticipated doing so. This included 19 women and six men and across all age ranges.

Comments included:

*“I tried to see my dentist but no appointments”.*

*“I’m concerned about not having a dental check-up for 2 years and of the higher cost of treatment”.*

*“I need dental treatment but can’t afford it”.*

### **g) Cutting down on the use of medical equipment at home because of the running costs**

Medical equipment in the home can be essential to maintain the health of some patients. Seventy respondents said this was not applicable to them or they did not anticipate making changes.

Five people said they had already made changes and four were anticipating doing so. This included five men and four women aged between 25 and 74.

Respondents did not provide any additional comments for this statement.

## **h) Cutting down or stopping support from services that I pay for such as physiotherapy or counselling**

Sixty-three respondents said this was not applicable to them and a further 11 said they would not be making changes.

However, six people had already made changes and eight anticipated doing so. This included four men and 10 women.

One respondent mentioned that they have had to cancel private osteopath appointments due to no longer being able to afford them.

Many of the comments made were quite general and not necessarily applicable to individual statement.

*“At present health wise we are OK – and lucky”.*

Some respondents said that they would always prioritise health no matter what:

*“If I need medical help – I will seek it regardless of the cost. Nothing is more important than health”,*

*“Whilst bills may have increased, I will still prioritise my health”.*

Accessing GPs was an issue for several respondents, including getting an appointment at all and waiting times.

*“I cannot remember the last time I saw a GP in person other than for accidents / serious injuries”.*

*“I do not book doctors’ appointments because I find it more difficult and anxiety inducing than ever before and the process feels extremely impersonal. Anything else seems too menial to seek medical advice for.”,*

*“Cannot get an appointment so don’t bother”.*

*“Where I remain in constant pain and have not been able to access GP Service for the last 4/5 weeks”.*

*“Doctor appointments and hospital appointments are no go, anyway, cannot get an appointment so don’t bother”.*

Some respondents are potentially harming their health by deliberately putting off booking appointments due to anxiety or worry about adding pressure to NHS.

*“I have reduced using NHS services, but not because I am worried about costs, but more because I don’t want to waste their time and resources. I keep putting off booking an appointment”.*

*“Impossible to get GP and dental appointments”.*



### 4.3.2 Diet and eating habits

People who indicated they felt the statement was not applicable to them have been excluded from this analysis and values are based only on those who had or anticipated making changes or stated that they would not.

Respondents were asked if they had any intention of changing their eating habits.

Statement	Made change	Anticipate change	Won't make change
Reducing how much food I buy and eat	27 (40%)	17 (25%)	23 (35%)
Buying less healthy food than I would normally	16 (29%)	13 (23%)	27 (48%)
Using a food bank	9 (29%)	5 (16%)	17 (55%)

#### a) Reducing how much food I buy and eat

Sixty-seven people responded to the statement, 27 of whom said they already made this change, including three people living in low deprivation areas and one resident over 75 years of age. A further 17 people said they anticipate having to make this change; they were all residents of Gateshead, two living in more affluent areas. Twenty-three people said they would not make any change.

*"To afford to keep my car and get to work I have no choice but to buy less food and do without dentist appointments, socialise and other necessities".*

#### b) Buying less healthy food than I would normally

Fifty-six people responded to this statement. Sixteen people said they already made this change including 12 women and four men. Two of these respondents were over 75 years of age.

A further 13 people anticipated changing their shopping habits in the future including four men and three women, and 27 people said they would not make this change.

#### c) Using a food bank

Nine people said they had already started using food banks. This included five men and four women.

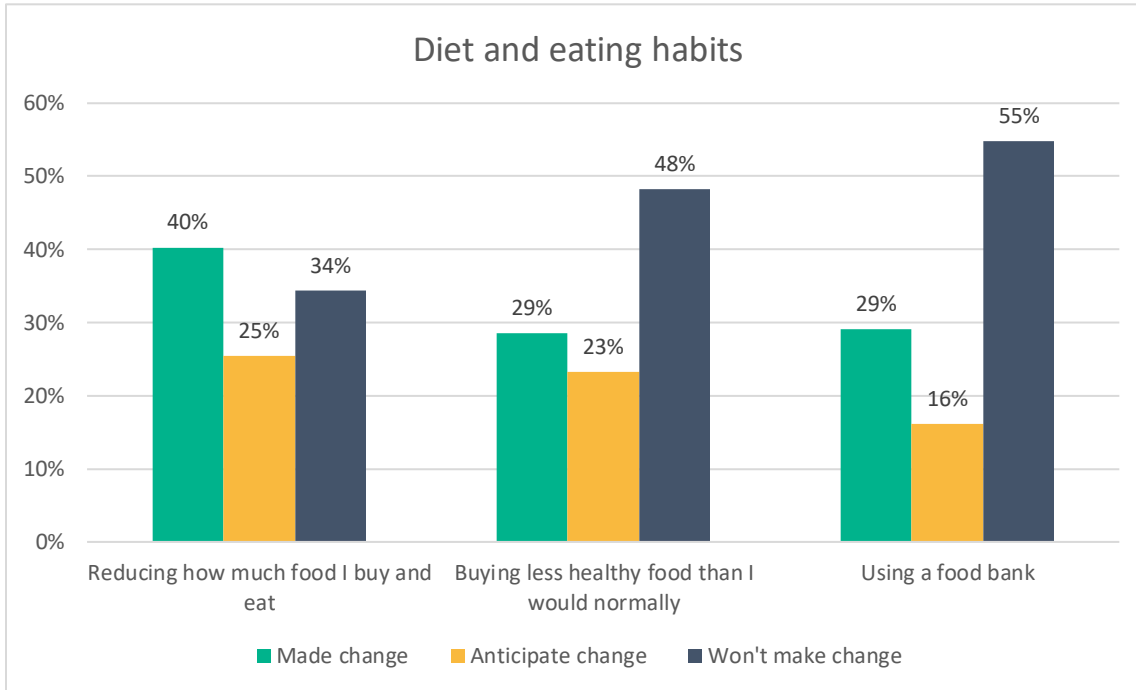
A further five people anticipate using food banks in the future all based in Newcastle, and 17 said they did not anticipate making the change.

*"I'm going to food banks, not enough money".*

*"I have been using food charities for some years. I try to buy health food as 5 bananas cost less than a pack of chips anyway. I live simply and buy very little it's hard to afford it".*

*"Fruit and veg is really expensive".*

Figure 7: Diet and eating habits



### 4.3.3 Financial Constraints

We asked respondents to comment on possible constraints in their financial situation.

\* These data and percentages do not include the people who answered, 'not applicable'.

Statement	Made change	Anticipate change	Won't make change
Not being able to get to work because of the cost of petrol or public transport	4 (12%)	9 (26%)	21 (62%)
Going into debt for the first time or going further into debt	10 (27%)	9 (24%)	18 (49%)
Needing to find cheaper accommodation because I cannot afford my rent or mortgage	5 (15%)	5 (15%)	24 (71%)

#### **a) Not being able to get to work because of the cost of petrol or public transport**

Forty-five people said this was not applicable to them, perhaps because they were not employed or retired or, in one case, because the respondent can walk to work. Twenty-one people said they would not be making changes but offered no comment. Forty percent of these groups were over retirement age.

Four people had already made changes though they did not specify and eight anticipate making changes. Two of these respondents live in Gateshead but the remainder live in Newcastle.

#### **b) Going into debt for the first time or going further into debt**

Anecdotal feedback from Citizen's Advice Bureau suggests that this is a major area of work for them and increasing.

Overall, 59 respondents (75%) said this was not applicable to them or they did not anticipate making any changes.

Nineteen people had already got debt problems. These people were across the age groups and included men and women.

### c) **Needing to find cheaper accommodation because I cannot afford my rent or mortgage**

Not everyone rents accommodation or is in an unstable situation, but the home rental market is very difficult across the country.

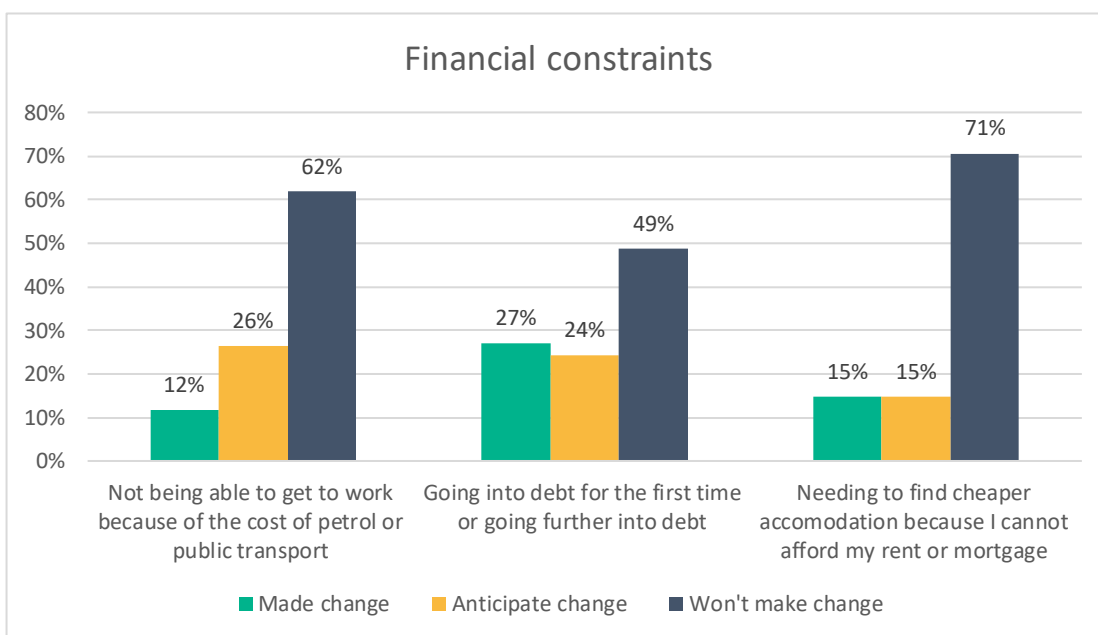
Forty-five respondents said this issue did not apply to them, and 23 said they did not anticipate their situation changing.

Ten people said they had made changes or anticipated doing so.

One respondent commented:

*“Had to move out of Newcastle due to extortionate rents”.*

Figure 8: Financial constraints



### **4.3.4 Social and Physical Activity**

We asked respondents if the cost of living was having an impact on their social and leisure activities. This section elicited respondents to provide a larger range of comments, which is evident of the negative impacts this issue is having on them.

It was clear that many people were struggling with the social contact and activities. Like almost all our questions, the effects were being felt most in more deprived areas, but those living in more affluent areas (although a very small group) were not immune.

The age groups represented in each of these areas included the over 65 more than previous questions.

*“I have made changes with all of these”.*

*“I can't afford not to cut these things out”.*

These comments go across the age groups, though the elderly were already more limited in their activities and socialising.

\* These data and percentages do not include the people who answered, 'not applicable'.

Statements	Made change	Anticipate change	Won't make change
Not travelling to see friends or family as often	27 (43%)	11 (17%)	25 (40%)
Cutting down or stopping social activities	31 (46%)	12 (18%)	24 (36%)
Cutting down or stopping things that help me stay fit and healthy	22 (43%)	7 (14%)	22 (43%)

### a) Not travelling to see friends or family as often

This statement resonated with respondents. It was an issue across the age ranges and for men and women.

Forty-one people said the issue was not applicable to them or they won't be making changes.

*"Most of my friends live nearby".*

*"My friends live a few doors away".*

*"Most of my family and friends live close and I walk".*

One respondent commented:

*"Seeing people, socialising, and exercising are important to me and my mental / physical health..... seeing someone does not mean a lot of money needs to be spent".*

However, 27 people had made changes and 10 anticipated doing so. Some respondents can no longer afford to visit family who live outside the area, and some comments show that this is leaving people isolated and unhappy.

*"I have stopped travelling to see family due to the cost of transport".*

*"I see my family around 50% less".*

*"Now go to see (family) only once a year as cannot afford petrol and accommodation costs".*

One comment could apply to several:

*"It's just so expensive to live".*

## **b) Cutting down or stopping social activities**

Fewer people said that this was not applicable to them – 15% – than most other questions. Only 23 people (29%) said they did not anticipate making changes.

A variety of social activities were mentioned including exercise activities and entertaining at home rather than going out.

Over 40% of respondents said they had already made changes to their social activities and a further 15% said they anticipated having to make changes soon.

*“I go out less and invite friends to my house instead of paid activities (e.g. pub, cinema etc) and I have stopped going to exercise classes and started running instead to save on cost”.*

*“I also won't be able to afford holidays”.*

*“I try to stay at home most days now”.*

*“My low income forces me to reduce social participation”.*

*“Walking and free websites do not cost me money, hardly ever go out unless its free”.*

*“I live close to the Mosque, so it is a place that I meet my friends usually once a week after the Jumma prayers (Friday's). Most of my friends and family live close by”.*

*“Now walk the dogs locally instead of going out”.*

*“I will have to use leisure facilities if I can afford to do so or suffer the consequences of the pain I am experiencing”.* This respondent also mentioned their inability to get to see a GP.

## **c) Cutting down or stopping things that help me stay fit and healthy**

Comments offered by respondents included both physical and mental health.

A third of respondents (35%) did not feel this was applicable to them, and 27% said they would not be making any changes – in some cases because there was nothing to change.

However, 22 people (28%) had already had to make changes, and 7 more anticipated having to do so in future.

*“Gave up my dancing classes as cannot justify the cost at present, they were good for me mentally and physically”.*

*“Cancelled gym membership due to costs (mentioned several times)”.*

*“Seeing people, socialising, and exercising are important to me and my mental / physical health”.*

*"I like to take my exercise by walking and generally being outdoors which are free, enjoyable, activities".*

*"I like to take my exercise by walking and generally being outdoors which are free, enjoyable, activities".*

*"Put the gym as priority but at the cost of social entertainment".*

One comment showed a direct health impact:

*"Can no longer afford the gym membership, rarely socialize, no longer use a carb counting app I had to pay for my diabetes".*

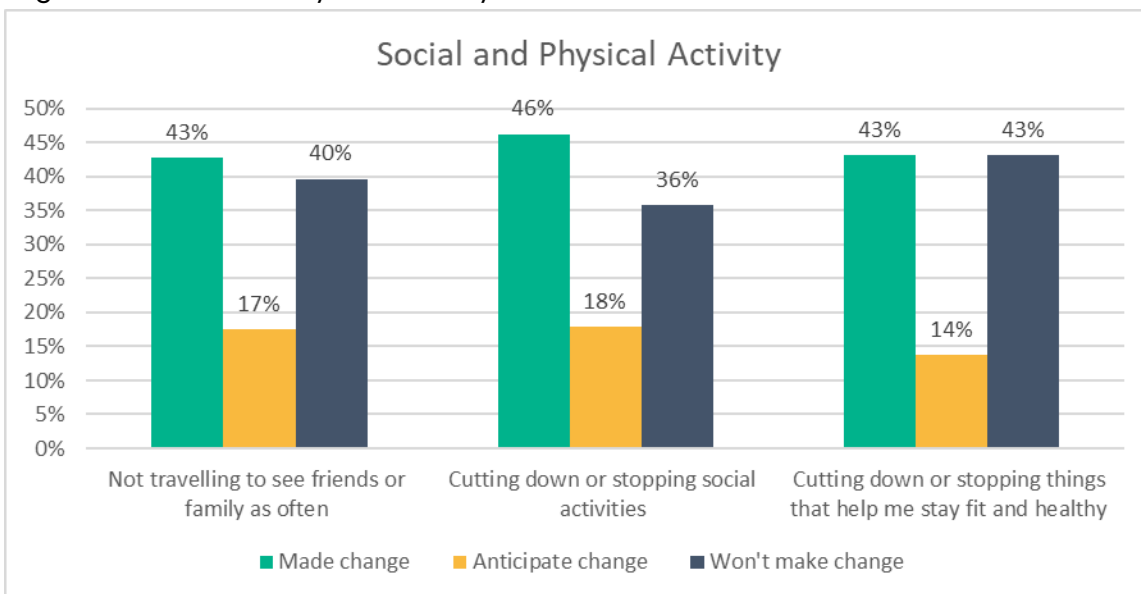
One respondent was determined to continue:

*"I intend to continue with all the things I enjoy and that are good for me".*

One respondent commented on

*"Cost increase in restaurants and social settings".*

Figure 9: Social and Physical Activity



### 4.3.5 Changes at home

The government provided various supplements to help with energy costs, and these were focused primarily on the most disadvantaged. Not everyone took up the support they were offered.

Because of the energy crisis we wanted to know if people were making any changes to keeping warm or reducing their energy usage.

Eleven respondents, one of whom lived in Gateshead, did not feel any of this section was applicable to them. The group included nine men and two women, and were

members of the Hindu, Muslim and Sikh communities. None of these respondents left any comments. It may be interesting to explore how the different communities are supporting their members.

There are reports in the media of people who have coped all their lives and find it hard to admit to being unable to continue in the same way – there can be a feeling of stigma associated with poverty and a feeling of failure that people do not want to acknowledge. The cost of living and energy crises have highlighted this, particularly in the home.

Comments tended to cut across the whole section rather than relate to just one statement and are reported at the end of the data.

\* These data and percentages do not include the people who answered, 'not applicable'.

Statement	Made change	Anticipate change	Won't make change
Putting on more clothes than usual to keep warm	35 (60%)	8 (14%)	15 (26%)
Not turning on the heating when I usually would	40 (63%)	10 (16%)	14 (22%)
Using local warm hubs to avoid putting the heating on at home	11 (23%)	8 (17%)	28 (60%)
Going to bed earlier than I usually would to save energy costs	21 (40%)	5 (9%)	27 (51%)
Turning off or avoiding using essential appliances to save energy costs	36 (58%)	4 (6%)	22 (35%)
Cancelling or moving my broadband or mobile contract to save money	22 (39%)	8 (14%)	27 (47%)

### a) Putting on more clothes than usual to keep warm

Twenty-one people (27% overall) said this was not applicable to them, and a further 14 people (18%) said they would not make changes.

Thirty-five people (45% of all respondents) had already made changes and a further eight anticipate making changes.

*“More layers of clothes, reduce time heating is on”.*



## **b) Not turning on the heating when I usually would**

Fifteen people (20% overall) said this was not applicable to them. They were all living in areas of high deprivation, but none of the respondents offered any comment.

Fourteen people said they would not make a change while one respondent explained that:

*"I'm on district heating so no difference would be made to bills if I didn't have heating on".*

*"I live in supported accommodation, so I pay a service charge for bills".*

Forty people (51% of all respondents) had already made changes, and frequently as part of a package of energy saving measures mentioned in other statements. Five of these residents were over 65 years old but gave no details. A further 9 respondents anticipated making changes.

*"I work from home. To avoid putting heating on I wrap a blanket around my legs while I'm at the computer. Do worry about the cost of making so many cups of tea to keep warm".*

## **c) Using local warm hubs to avoid putting the heating on at home**

Local authorities and many charities and community groups set up 'warm hubs' to support their local population. These were welcoming spaces, usually providing refreshments and even whole meals (some were offered for free), and specifically were kept warm as the name implies. Children were welcomed in many, and some provided specific activities for them.

Promotion of warm hubs was a bit disproportionate as different providers used different terms/names and a lot of the information about what was available and where was only primarily available online, although it is well known that nearly a third of the population in deprived areas are not competent online users.

Thirty-two of our respondents (42%) did not feel this was applicable to them. This was across all age groups and both Newcastle and Gateshead.

Twenty-eight people said they won't change their behaviour but did not offer any supporting comments. A quarter of this group were over 65 years of age.

Just 11 respondents said they had made the to change to using warm hubs but again offered no specific comments. Seven people said they anticipated changing, but warm hubs closed over the summer so may not have been able to do so.

They did not appeal to everyone:

*"Husband won't use warm hubs as he is not a social person".*

*"I used the Bilal Community Centre (linked to the Mosque) a few months ago as they provided some snacks/tea. This has stopped as I was told no more funding from the Council".*

It is not clear if warm hubs will function again this year (winter 2023-2024), as many people are still in crisis over energy costs, but government funding is not expected.

#### **d) Going to bed earlier than I usually would to save energy costs**

A third of respondents, 52 people, said they had not made this change and a third said they would not be doing so.

A quarter of respondents (27%) had made this change to their behaviour, and 5 people anticipated doing so but offered no comment.

*"Go to bed to keep warm or alternatively sit wrapped in blankets".*

#### **e) Turning off or avoiding using essential appliances to save energy costs**

Thirty-eight people (48 % of respondents) felt this was not applicable to them, or they would not be making changes, but did not explain.

Changes had already been made by 36 respondents (46% of the total) including 10 respondents over 65 years old. Six of these respondents were men and 30 were women.

*"I used to put the heating on without having to worry about it, over the last few months I have worn a dressing gown over my clothes to keep warm".*

*"I wear jumpers indoors to keep the heating off for longer, have stopped using the tumble dryer and use an air fryer instead of the oven".*

The remaining 4 respondents anticipate making changes.

#### **f) Cancelling or moving my broadband or mobile contract to save money**

Most respondents (49 people, 62%) told us this was not applicable to them, or they would not be making changes.

Twenty-one people had made changes, of whom only 4 were men. The biggest single age group that changed a contract was aged 35 – 64. No-one over 75 had made a change.

*"I have changed some contract to make it more affordable".*

No other specific comments were made

## **5. Conclusion**

We looked at how people were coping with the cost of living and energy crisis of 2022/2023 based on where they lived (the post codes people shared with us) and the level of deprivation in those areas as defined by the Office of National Statistics (ONS).

This has been used as a general guideline, but it is quite a blunt tool. For example, some of the postcode areas cross boundaries of more or less affluent areas, and we are very aware that not everyone living in poor areas are necessarily struggling and not everyone living in more affluent areas are necessarily well off.

However, we have used the ONS definitions as a general guideline in our analysis shown above, looking at areas of high deprivation, mid-level deprivation and low deprivation.

### **5.1 Our respondents**

Although this was a small sample of respondents, they came from a wide range of areas of Newcastle and Gateshead and covered all the age bands. Women were more represented than men, but this is usual in this sort of questionnaire. It gave an indication of the wider population and showed that those living in poorer areas were generally having more problems.

We aggregated the age groups of our respondents into 'working age' (25-64) and 'retirement age' (over 65) to see if there were any significant differences for the two groups, but there was little that was significant.

### **5.2 Current financial situation**

How well-off people feel is very subjective and can be impacted by income, expectations, and financial commitments such as mortgages. What is seen as hardship by one, might seem a huge income by others.

It was not unexpected that those who said their financial situation was 'very comfortable' lived in affluent areas of Newcastle. None of these respondents made any comments about earned income, commenting mostly on pension income which is fairly dependable. One respondent mentioned investment income, and this is more risky and more likely to have been impacted by the fall out of the Covid pandemic in 2020/2022 where there has been a lot of problems for businesses.

Similarly, those suffering most in the cost-of-living crisis, telling us they were 'not comfortable' lived in more deprived areas, but it would be difficult to show differences between 'very' and 'mid-level' deprivation in the responses we received. Throughout the questionnaire, problems were experienced across the board, and issues would seem to be individual rather than based on location.

It was interesting that similar proportions of both Gateshead and Newcastle residents said they were 'quite comfortable' and 'not very comfortable', and this is likely to have been influenced by their individual perception rather than any reflection on actual income.

Only a small proportion of respondents said they were 'not at all comfortable' (5% of Gateshead and 10% of Newcastle respondents), though some of the many comments we received may have suggested more of a struggle for some.

During the winter of 2022/2023 the government put in place a lot of financial support for those struggling, but these were not mentioned by respondents.

Only six respondents felt their financial situation had improved in the last six months, though nearly a third (29%) said it was unchanged. Two thirds of people (63%) said their situation had deteriorated, in line with national reporting across the country. Comments showed that this was attributed to inflation and rising prices, especially for food and energy, although many said it was cost increases across the board. Increasing mortgage rates and rents were mentioned as contributing to a deteriorating financial situation.

### **5.3 Impact on health**

There has been concern that the increasing stress of managing in the cost-of-living crisis will badly impact those most affected.

It was reassuring that despite the stresses, 54% of people felt that neither their physical nor mental health had been negatively impacted, and one in five respondents felt their physical health had in fact improved and 10% of people said their mental health had improved. This was attributed in general to being more actively engaged with hobbies, community activities, and being able to get out and about as the weather improve.

Only seven people said both their physical and mental health had deteriorated, but physical health was not necessarily due to the cost of living.

Where mental health has deteriorated, finance and being able to maintain rental costs are common comments.

### **5.4 Changing behaviour**

It is clear that respondents are juggling between competing costs of health, diet and transport, for example:

#### **5.4.1 Using health and social care**

It was reassuring that 53 respondents had not felt it necessary to make any changes to how they use NHS services on grounds of cost, though comments throughout mention

the difficulty of getting appointments with GPs, NHS dentists and hospitals and some respondents said they had just stopped trying. This is concerning and a national rather than a local issue. In part at least, the common thread for all services is staff shortages and increased demand. It can be aggravated by the introduction of online systems that many patients find extremely difficult to use.

The six people who said they had already stopped taking up all prescription meds or anticipated doing despite having LTC were particularly concerning.

### **5.4.2 Diet and eating habits**

The fact that people are having to reduce how much they eat and eat less healthy foods may have longer term effects and can have detrimental effects on health, especially for those who are already unwell.

Where meals are provided for those in need, it is obviously important that the quality of the diets are maintained.

Given these responses, it was a little surprising that only 9 people said they were using foodbanks and only a further 5 anticipated doing so.

### **5.4.3 Financial constraints**

Although very difficult for those affected, only a small number of respondents had been negatively affected by cost of transport or accommodation, or the problem of going into debt.

The government is currently subsidising bus transport so that no fare exceeds £2, but this was not in place when this survey data was collected. It has been extended for a further year which should help with transport to work or health services for those who need them.

### **5.4.4 Social and Physical Activity**

From these data and comments, it appears that people are feeling the cost-of-living impact on social and physical activity more than the purely practical areas.

Social contact and physical activity are both very important of both physical and mental health, so cutting such activities out is automatically putting health at risk. This was reflected in the sadness expressed in comments about lost contact with friends and family and rising loneliness and was recognised by the person who said they 'could not afford to cut these activities out'.

It was a bigger problem in more deprived areas and amongst the 'retirement age' respondents. This could be related to lowered mobility amongst older people and/or reduced access to public transport in deprived areas.

### 5.4.5 Changes at home

The feedback we received showed that people were making changes to keep warm whilst minimising energy use where they could. In part this was aggravating isolation and cutting social activities and healthy eating.

## 6. Recommendations

Theme	Recommendations
<b>Current financial situation</b>	Attempt to bring inflation down – the cost of some things has fallen, though others continue to go up. The decrease of inflation prices is not necessarily equal to an overall fall in price in which the decreased price remains a constant; however, we must allow for a period of stability to get finances in order.
<b>Mental and physical health</b>	There needs to be more awareness, or rather accessibility for people to be able to attend places, to meet others, and join in social activities, for support for physical health and sharing problems for mental health.
<b>Use of NHS</b>	<p>Training needed for people on how to use online services i.e., the NHS app. In addition to this, it should be ensured that there are non-online equivalents for those who are digitally excluded/those that do not have good knowledge or do not feel particularly competent in using digital applications and services.</p> <p>People should be referred for medication reviews. If people are unable to afford, or not able to best manage paying for medication regularly, they should be urged by GP's/nurses to attend a review of their existing prescriptions and medications. This will help to better their health and work out what medications are no longer needed, thus managing reductions in costs and time.</p> <p>In relation to the above point, there should be more effort to promote prescription prepayment certificates, by informing the general public on how to</p>

	<p>access this service to help with regular costs. Although the initial outlay might be high, people can pay in instalments which may help with managing finance better.</p>
<b>Diet and eating habits</b>	<p>A review of options to support healthy eating for adults especially those with ill health, is needed. Assessing what support individuals are needing would be a starting point. For example, identifying whether individuals need support with managing long-term conditions via dietary changes, or whether they would like to improve their lifestyle and understand more about healthier eating in general via support and education.</p>
<b>Financial constraints</b>	<p>All and any support services such as Citizen’s Advice Bureaux and other financial support charities should be widely advertised. Where government backed support is available, it should be easy to find and access. This must include non-online information services and applications.</p> <p>Importance should also be placed on supporting different faith groups, as well as community groups. Assisting these groups to help access support will help to bridge gaps between undeserved groups and a lack of resources.</p>
<b>Social and Physical Activity</b>	<p>It is necessary to take a look at and advertise social activities in deprived areas to ensure contact and social support for mental health is available for all. Again, this should extend to supporting different faith groups, community groups, and also charity groups.</p>
<b>Changes at home</b>	<p>The government provided financial support to help with energy costs, should be more widely promoted to ensure that everyone eligible receives that support. This may require services to be available without using a computer which is not possible for many of those in need. It may explain why not everyone took up the support they were offered last year.</p>

## 7. Acknowledgements

We would like to acknowledge and say thanks to the following organisations for their contribution and support to complete this piece of work.

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Age UK Gateshead

Various Warm Hubs Newcastle

Citizens Advice Bureau Newcastle

Various Winter Wellbeing Hubs Newcastle



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