

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 November 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Cost of Living Crisis: Supporting our Staff and Communities
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and OD
SWYDDOG ADRODD: REPORTING OFFICER:	Rob Blake, Head of Culture & Workforce Experience Christine Davies, Assistant Director of Organisation Development Jo McCarthy, Deputy Director of Public Health

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The current cost of living crisis is more than an economic problem – it presents considerable and far-reaching challenges to the health and wellbeing of individuals and to communities across Wales. Many employers are now stepping in to support their workforces and communities with the ever rising cost of household gas and electricity bills, vehicle fuel costs, and the price of food. Some firms are offering one-off bonuses, improved employee discounts or free food to provide some comfort through this extremely challenging time.

This report seeks to update the board on progress of actions to support Hywel Dda University Health Board (HDdUHB) staff, and communities living in the HDdUHB area.

The paper details the supportive measures the organisation has established, or future developments designed to build a financial wellbeing strategy for the workforce and the communities it serves, through this crisis. It is evidence of true compassionate leadership in action at the highest levels of the organisation. It supports the progression of HDdUHB to become an employee of choice, and one which supports the people of West Wales.

Cefndir / Background

The rising cost of living in the United Kingdom has been well-documented by the media in recent months. Families are coming under significant, and increasing, financial pressure as household gas and electricity bills, vehicle fuel costs, and the price of food all continue to rise. Multiple rises in interest rates during 2022 have seen mortgage costs for homeowners without fixed rate deals increasing, and rental costs for tenants increasing as a result.

The annual inflation rate in the UK rose to 9.4% in June 2022, the highest rate since the early 1980s. In an article published in April 2022, Professor Sir Michael Marmot (Director of the UCL

Institute of Health Equity) predicted that if inflation rose above 8%, 1.3 million people in the UK, including half a million children, would be pushed into poverty.¹

Office of National Statistics figures published in April 2022² showed that 87% of UK adults reported seeing an increase in their cost of living in the previous month, and almost a quarter said it was now difficult or very difficult to pay their household bills. This increased to 43% when asked about gas and electricity bills specifically. A third of adults who were renting homes said that their rent had increased in the last six months.

In July 2022, a joint report³ from the Welsh NHS Confederation and Royal College of Physicians stated that 60% of adults in Wales said that their wellbeing was suffering as a result of the cost of living crisis. The same report showed that Wales now has the worst rate of child poverty of all UK nations, with almost a third of children living in poverty, and that people in Wales have a higher risk of dying in poverty than in any other part of the UK. Data published in the 2020/21 Director of Public Health annual report showed that 25% of children aged between 0 and 4 years in the Hywel Dda area were living in income deprivation.⁴

Support for HDdUHB workforce

HDdUHB identified the need for dedicated support for its workforce earlier this year. A meeting in May 2022 scoped new financial wellbeing initiatives that would complement what the organisation already provided through its Hapi app. The benefits app had been in place for 3 years and offered a variety of discounts and wellbeing support in one accessible format. April 2021 saw staff benefits moving across into Organisation Development, and it further developed with a complete communication strategy being put in place.

The meeting was attended by a small number of Workforce & Organisation Development, Communication and Trade Union colleagues and deliberated a wide array of actions, some of which the Culture and Workforce Team (C&WE) would progress. These ideas would require greater scrutiny, with possible pilots and wider implementation if successful. Whilst there was also recognition that work had started on some of the ideas within different groups, the ideas proposed were:

- ✓ Free food, or meal deals in the staff canteens
- ✓ Period poverty boxes installed
- ✓ Agile working promoted and reviewed wherever possible to reduce travel and childcare needs
- ✓ Staff community developed around appropriate messaging of financial support
- ✓ Recycling school uniforms
- ✓ Develop a monthly contribution scheme for staff

It was acknowledged that the language around these would require a great deal of sensitivity to reduce any sense of guilt or shame that staff may feel in accessing them.

Support for Communities in the HDdUHB area

In recent weeks, concerns have been raised by stakeholders within the Health Board area that there appears to be an increase in food poverty among school-aged and pre-school children. Healthy Schools Coordinators have gathered anecdotal evidence of increasing numbers of children who are apparently struggling with access to food. The following issues have been identified by schools, pre-school childcare settings, family centres and other partners:

- Increased numbers of children needing to access breakfast clubs for the purposes of eating,
- Behavioural issues motivated by hunger, such as children asking staff for food or not being able to settle until food was provided
- Decrease in the number of families able to access available support, such as family centres and especially in rural areas, due to increasing transport costs
- Increasing numbers of children attending school with an inadequate and/or unhealthy packed lunch, such as bringing only bread and butter for lunch and no snacks for break times
- School staff needing to provide additional help to families beyond their remit and using their own time and resources, such as collecting supplies from food banks or bringing in food from home
- Parents of children in pre-school settings, where free meals are not provided, struggling to pay for lunches
- Increasing numbers of secondary school children being “in debt” to the school canteen, which in some cases has been led to pupils being refused food at break time

In some cases, stakeholders have reported noticing signs of hunger in children whose parents have not acknowledged that there are financial issues at home, or that parents have been reluctant to access help when signposted. This may be due to the perceived stigma of struggling to afford food. It is essential that action taken to tackle child food poverty across the Health Board area does so in a way that is supportive and inclusive and acknowledges that the cost of living crisis affects everyone.

The reporting of concerns to healthy schools services led to a local working group meeting chaired by the Deputy Director of Public Health in July 2022, to better understand the impacts of child food poverty and to agree the actions that are now required.

Some of the additional issues raised at the meeting were:

- Feedback from schools that they had underspend from other health grants such as Period Poverty Grants but were not empowered to use this money to address food poverty
- Staffing issues within the health visiting service that may be hindering the ability to identify and support families experiencing food poverty
- Wellbeing advisors being ideally placed to have an important role in reducing food poverty, but the service not having enough staff to do so

Asesiad / Assessment

Supporting HDdUHB workforce

Early analysis is showing that the cost of living crisis is already starting to impact turnover. The C&WE team have implemented two staff experience mechanisms that capture possible and definite reasons for leaving HDdUHB.

The Thinking Of Leaving Survey is a short survey, which responders complete and can also initiate a more detailed conversation with the C&WE team if required. This measure was applied to open dialogs around challenges and to nip issues in the bud to retain colleagues before possibly departing the organisation.

Thinking of leaving Survey*

- ✓ **39 of 187** respondents (**20.9%**) mention salary as the as the reason for thinking of leaving.
- ✓ **32 of 187** respondents (**17.1%**) mention money, pay, finances or costs in the qualitative date for thinking of leaving.
- ✓ **43 of 187** respondents (**23%**) mention an increase in pay, salary, banding, expenses in their free text question “ What could change your mind?”

*Data collected from December 2021 – October 2022

Exit interviews are completed by leavers and are analysed to find system wide reasons behind them leaving the organisation. The exit interview has recently been re-developed with an emphasis of gaining valuable feedback to enable organisation cultural evolution. The questionnaire has been extended to include staff moving departments within the organisation. These changes have seen an increase in the average compliance rising from **13% - 23%** over the last 12 months.

New Exit Survey*

- ✓ **38 of 108** internal movers (**35%**) are switching roles for a higher salary
- ✓ **7 of 100 (7%)** of leavers mentioned salary, finances, cost of fuel as their reason for leaving in their free text response. The same percentage mention an increase in salary or better pay as a way HD could improve.
- ✓ **20 of 209 (9.5%)** of **all movers and leavers** mention cost, finances, increased pay, fuel expenses in their free text responses to “ in 4 bullet points please give us any suggestions or improvements that you think would make Hywel Dda a better place to work”.

*Data collected from December 2021 – October 2022

Work on financial wellbeing hasn't progressed as quickly as planned, where unanticipated challenges have delayed subsequent actions. There have been advancements and work continue to gain momentum.

1: Hapi app

The last five months has seen the Hapi app being heavily promoted with a wide-ranging communication strategy which includes roadshows in all acute sites. The app now boasts its own financial wellbeing tile which houses several financial support resources and is the most frequently visited tile on the app.

Some of the resources available are -

- ✓ Ask Bill – a dedicated site powered by Auriga, a public benefit entity who supports people in hardship. This offers practical support on how to save money on water, energy bill and provides self help and budgeting advice.
- ✓ StepChange Debt Charity – providing free, confidential, and expert debt advice and money guidance support.
- ✓ Money Saving Expert – Martin Lewis provides expert support on saving money
- ✓ Working In Confidence – links to our own anonymous concerns raising platform where staff can raise any financial issue with a dedicated responder.

- ✓ The Welsh Community Food Distribution to its local offers. This initiative led by PLANED provides sustainable food hubs provides affordable food and fresh veg in all counties across West Wales.

The app also provides links to the Discretionary Assistance Fund, Royal College of Nursing and Citizens Advice to provide an understanding of grants which some staff may be applicable to access. The financial resources with the diverse number of NHS/local discounts provides a holistic support package for staff to manage and save finances during this cost of living crisis.

Month	Sign ups	% +/-
Jan 22	72	n/a
Feb 22	90	20%
Mar 22	75	-16.6%
Apr 22	66	-12%
May 22	94	+29.7%
Jun 22	143	+52%
July 22	125	-12.6%
Aug 22	100	-25%
Sep 22	227	+127%

This graph reveals the sign-ups for Hapi over the last 9 months with the percentage increase/decrease from following month. The total number of users per month cannot be provided due to the constant flux in this number, constant starters and leavers make these numbers impossible to obtain.

The graph demonstrates sizeable increases in months June and September. This was following roadshows held in acute sites and the C&WE team promoting the benefits the app offered directly to staff.

The overall total of active sign-ups for Hapi is **4340**, which sees **38%** of the organisation signed up, but not all may be using the app to its full potential.

The app provides a wide range of discounts both locally and nationally. A total of **£2,278.39** has been saved by employees with various retailers and a top three being identified where staff were using their discounts for everyday items . The app has an ability to be shared with a family member, although disappointingly, only **135** employees have provided another household member access.

2: Benefit Buddy - The benefit buddy scheme was launched in September 2022. The C&WE team has inducted 170 benefit buddies to assist in relaying information/updates/new offers/scheme opening details to colleagues in their area of work/department. These benefit buddies will be vital in disseminating information to groups of staff with which the organisation have found it historically difficult to engage.

Talk Money Week

Talk Money Week is a national effort designed by MoneyHelper to reduce the stigma around money by encouraging open conversations in all areas of life. It will be held over the week of 7-11 November 2022. There is a range of different elements discussed on each day ranging from Financial Wellbeing, Debt, Pensions and Savings. There are also QR codes linking to specialist videos on each topic covered. This week will be communicated to the workforce through usual communication methods and easily accessible digital poster.

3: Too good to waste

The high price rises in food and energy are providing numerous challenges in regards to what employees are buying. These tough decisions may mean staff being tempted to skip meals. The concern that constant meal skipping may lead to malnutrition and associated risks for employees from:

- ✓ Greater deterioration in social interactions
- ✓ Apathy, depression, and self-neglect
- ✓ Reduced ability to fight infections
- ✓ Inability to regulate salt and fluid, which can lead to over-hydration or dehydration

A 2019 study by the University of Dundee⁵ found that hunger significantly altered people's decision-making, making them impatient. There is also a danger that people experiencing hunger due to poverty may make decisions that entrench their situation.

Meetings were arranged with Estates and Dietetic and Nutrition leads to discuss these concerns. These ongoing discussions concentrated on how staff canteens can provide much needed nutrition to staff whilst balancing the challenges Estates have with this crisis. The following trials were agreed and piloted within acute sites and received extremely positive feedback.

4: Period Poverty Boxes

Period poverty is defined as the 'lack of access to sanitary products due to financial constraints (RCN, 2022)'. With the rising cost of living, consideration must be given to what is a fundamental need for women. In a study undertaken by ActionAid⁶ in May 2022 showed that due to the cost-of-living crisis, 1 in 8 women (12%) have struggled to buy sanitary products for themselves or a dependant in the last 6 months. "Nearly half (46%) of women who struggled to afford sanitary products in the last 6 months kept sanitary pads or tampons in for longer or used tissues (46%). 10% doubled up their underwear".

A meeting was arranged with Laura Cheetham (Junior GP) who has piloted numerous period poverty programmes across Wales, whilst also accomplishing extensive research around this subject. The research outlined that many NHS workers such as junior doctors, nurses, healthcare assistants, radiographers and porters are shift workers. Shift work, particularly night shifts, and stress are linked to menstrual irregularities and unpredictable period dates^{7,8}.

A recent General Medical Council-commissioned report from Professor Michael West and Dame Denise Coia, "Caring for doctors, caring for patients", highlighted the need for the NHS to care for doctors as humans with basic needs, and that this is critical to restore wellbeing⁹. To quote from the report:

"How then do we change the workplace factors that are affecting doctors' wellbeing? To answer this question, it is important to begin by clearly defining what are core human needs at work that, when satisfied, are associated with wellbeing and intrinsic motivation."

Studies show that a happy workforce leads to a better team culture and reduced absenteeism and presenteeism¹⁰, which lack of access to free sanitary products for emergency or unexpected need at work might impede. A large, cross-sectional study has linked menstruation with an increased level of presenteeism, which is more profound where more prominent symptoms such as pain are reported¹¹. This is some of the staff feedback Laura gained with a short survey following the boxes being in place in Aneurin Bevan University Health Board –

*"Relief knowing there are products there if caught short!! It's really **stressful** starting a period and realising you have no supplies. I once bled right through uniform and had to wear scrub trousers and had the whole shift with people asking why was I in scrubs and not uniform. Anything which can **minimise embarrassment** is a bonus!"*

*"This may be an absolutely amazing thing and genuinely **save the day** in some cases."*

*"It's very useful. Often staff get **caught out**. Ladies do not always have a regular cycle. No shop available at the Grange which sells period products."*

*“To the girls, they are a **god send**”*

*“Makes you **feel valued** as a member of staff that **we are human too**”*

It would be remiss of the organisation to not acknowledge this research amidst the current crisis. The team had connected with a local provider to access several free period poverty boxes to trial in Wthybush General Hospital, unfortunately this has failed to materialise due to stock shortages.

The team are now preparing a paper for the November 2022 Charitable Funds Committee meeting, to access funds to pilot a scheme. Once implemented, analysis will be undertaken to evaluate its impact and review possible implementation across the organisation and associated costs.

5: Agile Working

An Agile Working Focus Group has been established and are continuing work around this agenda. The group are developing an Agile Working Toolkit, in line with all Wales guidance. This toolkit founded on similar documents from other NHS Wales organisations is currently in final stage of draft and seeking feedback.

The group are planning for a finalised product to be available at the end of the year.

6: Staff Community developed

The previous update provided information on how the group were planning to create a community of support. The group discussed the limitations of current communication mechanisms and the wide-ranging engagement from different services . It was felt that the staffing groups most at risk throughout this crisis, historically struggled to access the usual digital communications.

There was a belief that enabling employees to use Yammer would offer a different type of communication between colleagues. Yammer is an internal social media platform that exists as part of the Office 365 family of apps and is already enabled for use within NHS Wales. . Its sole purpose is to help employees connect and communicate across their organisation. This platform enables the organisation to communicate messages, as mini campaigns, and also enables individuals to share their views (e.g. sharing their own money saving tips, ideas, and useful sources of information) – as a conversation, rather than one-way communication.

Any communication from the health board needs to be sensitive to the reality of our staff. We also need to be aware that Shared Services were recently criticised when the media gained access to internal messages outlining where staff could access local food banks. The media took an opportunity of using that supportive message to criticise the organisation and Welsh Government for the newly announced pay award. Our communication needs to be focused on the support we can provide our employees and signpost to the support available through partner organisations (e.g. local authorities).

The newly formed Task and Finish Group will provide governance around what messages are re-shared externally to support our communities, but internally for our workforce. Public Health Wales will provide expertise and forward communications from trusted partners to be highlighted through HDdUHB’s external communication channels. Internal communications can concentrate on specific support, supermarkets providing free meals for children, recycling

schemes, easy recipes that are cost effective, so the community of support is developed and continually grows normalising conversations around finances.

7: Recycling school uniforms

The team appraised operating a school uniform recycling scheme within the organisation. This proved difficult, especially with obtaining sufficient spaces in which to operate. It was further recognised that local schools across all three counties ran similar recycling schemes. Therefore, it was agreed that rather than develop our own, we would communicate these local schemes to the workforce.

Local authority partners have been identified and communications sent requesting confirmation of which schools are running recycling schemes. This information has not to date been forthcoming, with a lack of engagement from local authorities. The team will continue to pursue, and once the information is gained will share across Hywel Dda.

8: Monthly contribution scheme

Pennies from Heaven is an innovative coin collection scheme. It enables workers to donate spare pennies from their income to charity by rounding down net salaries of individuals who join the scheme, to the nearest pound with the spare pennies being donated to a nominated charity. The most anyone can give per payslip is £0.99 This payroll giving scheme would provide opportunities for staff to contribute and increase the charity's income levels and to request endorsement for the scheme to be launched within HDdUHB.

Employees sign up once and from then on, every individual payslip is rounded down to the nearest pound with the pennies donated to charity. For example if net pay is £850.34 then 34p would be donated to charity. The minimum monthly donation per employee is 1p and the maximum monthly donation is 99p.

The ongoing development of the "Pennies from Heaven" scheme has already been outlined in a paper that was part of the August Staff Partnership Forum. Some concerns were raised that given the current cost of living crisis; this may not be the ideal time to launch the scheme. A challenge to these concerns was where charitable funds could align financial wellbeing for staff as an appropriate beneficiary with the marketing focused on this cause.

Agreement was provided to introduce the scheme within the organisation, with a potential launch later this year.

Continuing Progress – Support for HDdUHB Workforce

It is with confidence that, through constant benchmarking across sectors, the organisation can establish that it is doing all it can. There are, of course, initiatives still to be piloted or implemented due to resource issues or other challenges.

1: Wagestream

Executive colleagues are well versed in Wagestream and its Instant Pay system and the benefits it offers staff. Instant Pay is currently in use in over 70 NHS Trusts in England as well as in the private sector and provides financial wellbeing to over 450,000 NHS employees.

The app will not only allow individuals to access a percentage of their earnings at any time of the month it also has a series of other financial support options. This system will provide greater flexibility for staff to manage their finances more effectively. A communication strategy is currently being drafted with an implementation date of the 1st December 2022. The percentage draw down for substantive and bank staff is yet to be agreed.

2: Staff Canteens

There have been further meetings with Catering and Nutrition/Dietetic colleagues around the role of staff canteens and how they can support staff. These conversations have focused on the need for staff to have different options to access sufficient nutrition at various price points. A winter warmer soup initiative that would propose daily soup and a roll for £1-£2 has been discussed, along with other possible meal deals. These discussions will continue and need to balance what our Catering colleagues can propose, whilst they manoeuvre through this crisis and the challenges it brings for them.

3: Hapi App

The Hapi app is a source of money saving, discount and in depth advice around finances. The app also offers numerous wellbeing pathways where staff who may be struggling can access support. There is recognition that there is still a percentage of the workforce misunderstanding what it offers and are signed up and using it, to its true potential. The C&WE team will continue with its communication strategy for the app, with webinars and further roadshows being planned.

The team is also pulling in staff testimonials from the workforce that will form some of the content for Yammer. This will initiate this community of support which will include external support messages that will be governed by the new task and finish group for internal distribution. It is with great hope that the workforce will attain all support available for them and their families across Wales.

Supporting HDdUHB Communities

At an all Wales level, Welsh Government has led the development of the Child Poverty Income Maximisation Action Plan, which aims to ensure that families are claiming all of the financial support to which they are entitled.

In 2021, Welsh Government announced that all primary school-aged children will be entitled to receive free school meals, and that this would be rolled out incrementally, starting with the youngest age groups, from September 2022. Previously, free school meals were available only to those on the lowest incomes, and uptake is now at its highest level in almost 20 years. However, it is worth noting that eligibility for free school meals may not be a reliable measure of deprivation as the cost of living crisis places increased pressure on working families who would not previously have been eligible but are now struggling to pay bills that were previously more affordable.

Across the Health Board area several initiatives, including local delivery of the Healthy Child Wales Programme, Flying Start, Home Start, Healthy Pre-school Schemes and the Hywel Dda Pathfinder project are in place to ensure that all children living in poverty have their needs assessed and have access to enhanced services when required. However, it is clear that in the context of the unprecedented, and still rising, cost of living in the UK, further urgent action is required to ensure that children in the Hywel Dda area are not affected by food poverty.

Progress – supporting communities in HDdUHB

There are 4 recommendations currently being progressed to support communities through the cost of living crisis:

1: Advocate for changes Welsh Government can make to mitigate the impact of the cost of living crisis on school aged children and families

A request has been made to the Chief Medical Officer, Education and Population Health Leads in Welsh Government to ask that:

- Where schools feel it is appropriate, that they are temporarily allowed to use funding ring-fenced for other purposes to introduce interventions that will reduce food poverty, for example increasing breakfast club capacity, purchasing healthy snacks for pupils to consume during break times or working with children to grow fruit and vegetables on school premises
- The rollout of free school meals for primary aged children in Wales is accelerated so that more children can benefit more quickly
- That further consideration is given to longer-term policies around healthy free meals where needed in pre-school settings, family centres and secondary schools, including advocating for pupils who owe money to canteens to continue to be able to access healthy snacks and meals.
- That fuel and food poverty are considered side by side, and that Welsh Government work closely with Local Authorities to support fuel allowances for the most deprived families in Wales, especially where not doing so means families access to schools, family centres and essential services is limited.

2: Development and implementation of health board interventions to limit the impact of the cost of living crisis on families

- Work with schools to provide meals to children attending hospital appointments who would otherwise miss a free school meal due to the appointment. Where schools are unable to provide a packed lunch, HDdUHB will provide a meal free of charge at hospital. This action is complete, however there is need to follow up and ensure messages are getting through to schools around how to access this service, and evaluation needed to ensure the scheme is utilised effectively and appropriately. The Public Health Directorate will lead on this.
- Advise and work with educational settings to provide ideas for parents on provision of cheap and healthy packed lunches and to develop other initiatives that will help families to save money. A scoping exercise reviewing information that is currently available and shared with families is underway. The Healthy Schools Team will build on this.
- Work with education partners to ensure all pre-school and school based adults can recognise, and know how to respond to, the signs of hunger in children of different ages. The healthy schools and pre-schools teams are exploring this action with education partners.
- Liaise with partners to understand the barriers that have led to the “food and fun” programme being delivered by only seven of 212 eligible schools this summer, to ensure it

is delivered equitably in the 2023/24 financial year. The Healthy Schools teams are leading on this action.

- Scope and develop food literacy and meal preparation programmes in line with the Health Board's planning objective in this area and informed by healthy pre-schools and schools practitioners based on intelligence gained in their roles. A healthy pre-school practitioner is leading on this and working alongside the team focussing on food literacy.

Additionally, there is scope to ensure consistent and up to date messaging from Health Board employees going into non health settings, with a 'making every contact count' focus on signposting those most at risk families and individuals to services. A rapid summary for use by health visitors, school nurses, wellbeing teams and others will need to be developed and brief intervention training offered. This will be an area discussed at the first Joint Task and Finish Group meeting on 7th November 2022.

3: Embed the cost of living crisis and reduction of inequalities into health board plans

- Progression of the Health Board's planning objective 4K, the delivery of an options appraisal to Board for a strategy to reduce inequalities within the local population. This will include consideration of inequalities exacerbated by the cost of living crisis. Background work is underway ahead of the Board discussion in March 2023. In the interim, planning objectives around population health measures such as vaccination and screening are being reviewed to ensure there is a focus on reducing health inequalities for all population health interventions.
- The structures and support around the multiagency health equity advisory group is being reviewed. This group meets regularly and provides valuable intelligence from Local Authority and Third Sector partners around inequalities in access to services observed on the ground. For example, the group have previously focussed on vaccination, leading to covid vaccine pop up clinics being established in Traveller sites and a programme to ensure homeless people in HDdUHB can access vaccines. Similar focussed sessions around screening and mental health have been held. Expansion, support and structures around this group will ensure intelligence can be acted on quickly where appropriate.
- Further research and scoping work is needed to understand how, aside from child food poverty, the cost of living crisis is impacting the Health Board's population (e.g. adult food poverty, inequitable access to health services due to rising transport costs, fuel poverty etc), and to identify where intervention is required through Health Board plans. An initial multi-agency data workshop was held on 4th October 2022, with deprivation mapping now underway. This work is being led by the social values and public health teams.
- Strategic objective 4 engagement pilot work is set to begin imminently, with an initial focus on wellbeing conversations with those in some of our most deprived communities who will likely have been impacted most by the cost of living crisis. There is a need for ongoing evaluation of findings and joint working with the engagement team to ensure join up of wellbeing conversations and continuous engagement work, and to ensure that subsequent escalation of any concerns are appropriately actioned.
- Consideration will now be given around how addressing child food poverty can be embedded in other programmes of work delivered locally, for example the local delivery plan for the Welsh Government's obesity strategy Healthy Weight Healthy Wales

Ongoing focus from the Health Board is needed to ensure that, through our social model of health work and commitment to our long term strategy, we remain focussed on health as multidimensional and do not lose sight of the clear links between the cost of living crisis and the impact this may have – not just on people’s direct health – but on health behaviours and the prevention agenda. This will be increasingly challenging as we enter a space where the Health Board as an organisation is in financial difficulty and needing to concentrate on acute demands. Innovative thinking to build on both the assets within communities and within the health system is needed.

4: Identify opportunities for members of the local population to support others in the community, and raise awareness through engagement and collaboration

Public Service Boards across HDdUHB are already undertaking a number of key interventions to mitigate the impact of the cost of living crisis. All Local Authority areas are working on a ‘warm spaces’ offer, with people who need heat, food and advice able to access safe spaces this winter. Poverty funds have been established, with organisations, individuals and small businesses invited to bid for money for projects aimed at supporting those at risk of poverty. The toybox appeal is also active across the HDdUHB area, encouraging people to give what they can to support those unable to afford presents for children this Christmas. Voluntary organisations are also taking more and more calls from people requiring advice on their financial situation, and Age Concern are reporting a 2-3 week wait currently for their benefit advice service for older people.

No one organisation can tackle poverty alone, and HDdUHB is committed to working with colleagues across organisations to identify those at risk and maximise support to communities in the area throughout the cost of living crisis. A system has been established to ensure Public Health representation at all Public Service Board meetings and at poverty focussed sub groups and workshops currently being run by Local Authorities throughout the region. A robust system for feedback to the Executive Team and in HDdUHB is being established.

The Health Board’s leadership role in advising on and, where possible, mitigating health implications of the cost of living crisis through effective partnership working is very clear.

Implementation of dedicated Task and Finish Group

There have been a series of connections made between Culture and Workforce, Public Health, Nutrition and Dietetics and Strategic Partnerships, Inclusion and Diversity. All of which have expressed a desire to join and contribute to this ongoing agenda. It was agreed that the Culture and Workforce team would establish a small task and finish group to drive this vital work forward at greater speed.

This group will forward regular reports into the People, Organisational Development and Culture Committee for assurance and progression of initiatives and completed analysis of benefits. The first meeting of this group has been arranged for 7th November 2022, this meeting will discuss how regularly the group will convene.

One of the main deliverables of the group is to establish the appropriate external and internal communications around financial wellbeing. HDdUHB must be an organisation that recognises, signposts and supports staff, patients and their loved ones at this challenging time. The ‘feel good factor’ which ensuring this communication targets the right areas would generate for the whole workforce and our communities cannot be underestimated. You can almost feel the outpouring of respect and loyalty to a supermarket that offers free children’s meals. HDdUHB must do more to demonstrate the fantastic work being undertaken by the organisation to help through this Cost of Living crisis.

Currently most of the intelligence around needs and subsequent support to communities locally focusses on pre-school and school aged children and their families. The Task & Finish group will endeavour to seek intelligence from the Hywel Dda UHB Health Equity Group and established Cost of Living and poverty groups from partners across the area to see how we can most effectively support our population going forward.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the steps being taken to support the workforce and members of the HDdUHB community;
- **TAKE ASSURANCE** from the actions taken and in progress;
- **NOTE** that the Financial Well Being Task and Finish Group will continue to drive these actions, whilst continuing to benchmark and research any others that may provide support at this difficult time.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce 1. Staying Healthy
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	2K Organisational listening, learning and cultural humility 2L Staff engagement strategic plan 3A Improving Together
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	1. Studying health inequalities has been my life's work. What's about to happen in the UK is unprecedented Michael Marmot The Guardian
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	<ol style="list-style-type: none"> 2. The rising cost of living and its impact on individuals in Great Britain - Office for National Statistics (ons.gov.uk) 3. Mind the gap: The cost-of-living crisis and the rise in inequalities in Wales RCP London 4. https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-november-2021/agenda-and-papers-25th-november-2021/item-3-1-5-hdduhb-director-of-public-health-annual-report-2020-21/ 5. Don't make major decisions on an empty stomach -- ScienceDaily 6. Cost of living: 12% of British women are affected by period poverty ActionAid UK 7. Lawson C., Whelan E., Hibert E., et al, Rotating shift work and menstrual cycle characteristics of nurses. Am J Epidemiol 2008 Jun; 167(11)(Suppl):S27 8. Wang Y., Gu F., Deng M. et al. Rotating shift work and menstrual characteristics in a cohort of Chinese nurses. BMC Women's Health 16, 24 (2016). 9. West, M., Coia, D., "Caring for Doctors, Caring for Patients" (2019) General Medical Council, London 10. E. Sears, Yuyan Shi, Carter R. Coberley, and James E. Pope Overall Well-Being as a Predictor of Health Care, Productivity, and Retention Outcomes in a Large Employer. Lindsay Population Health Management 2013 16:6, 397-405 11. Schoep ME, Adang EMM, Maas JWM, et al Productivity loss due to menstruation-related symptoms: a nationwide cross-sectional survey among 32 748 women BMJ Open 2019;9:e026186.
<p>Rhestr Termiau: Glossary of Terms:</p>	<p>Contained within the body of the report</p>
<p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:</p>	<p>Not applicable</p>

<p>Effaith: (rhaid cwblhau) Impact: (must be completed)</p>	
<p>Ariannol / Gwerth am Arian: Financial / Service:</p>	<p>Financial impacts for the organisation to consider is the cost of rising absence and increased turnover that will lead to increasing costs to recruit and develop new colleagues across the organisation.</p>
<p>Ansawdd / Gofal Claf: Quality / Patient Care:</p>	<p>The potential impact to quality of patient care would be determined on the repercussions by increased</p>

	turnover/absence rates. This may influence staffing numbers and reduce the quality of care provided by the organisation.
Gweithlu: Workforce:	The impacts for the workforce with increases in turnover/absence rates is an escalation of anxiety/stress. This may potentially lead to possible burnout in individuals and teams. Other risks identified may be a decrease in engagement of the workforce and greater conflict within teams, as colleagues struggle with cognitive ability due to so many personal challenges.
Risg: Risk:	Risks identified greater absence rates, turnover, recruitment costs and lower engagement.
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	There may be a potential risk to the organisations reputation. There is a need to be supporting staff at this difficult time and seen to be doing what it can. If the organisation is not openly demonstrating the support pathways it initiates, new recruits may choose another health sector organisation as the perception would be they are supportive during the cost of living crisis.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	No identified risks for equality