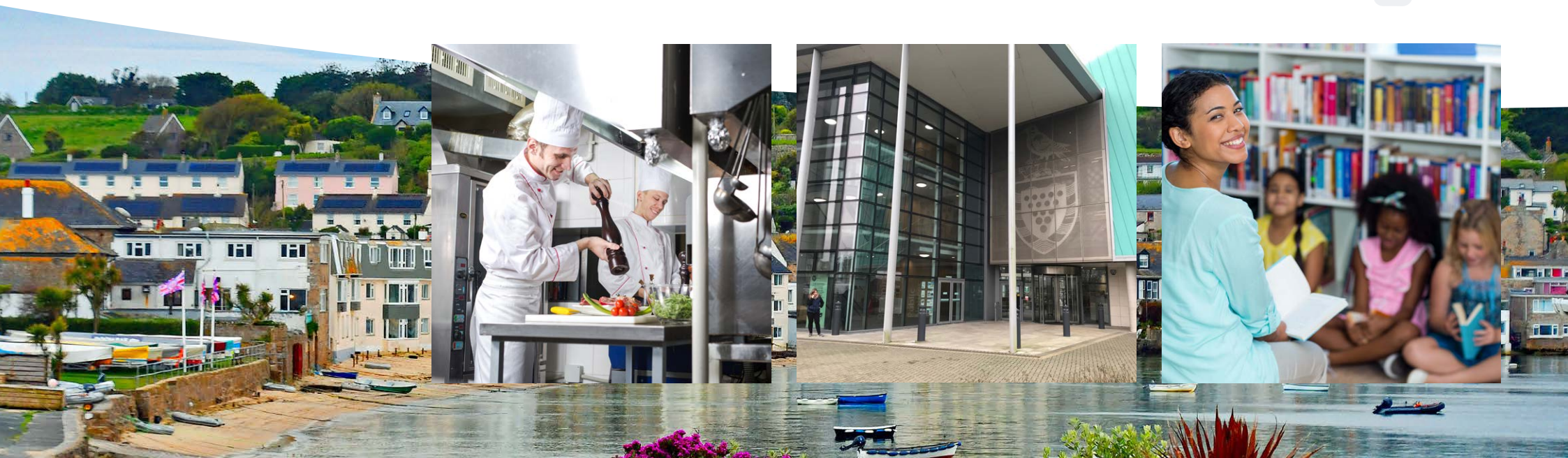




**Director of  
Public Health  
Annual Report  
2023-2024**

# Work and Health

Healthier, fairer and more productive  
Cornwall and Isles of Scilly



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# Chapter 1 Foreword

This year I have chosen to focus this annual report on work and health. Having good quality work and a decent income are the most important building blocks of our health and wellbeing. This follows up from last year's report describing what causes the deep inequalities in Cornwall and the Isles of Scilly. That report included a recommendation 'to ensure a healthy standard of living, fair work and good employment for all'. I hope this year's report assesses the progress we are making.

It is clear that being in work is better for our health than being unemployed. Having meaningful work gives us a sense of purpose, belonging and an income. This can include unpaid work too, such as volunteering, or supported employment. The value of work is well expressed on page 9 (Chapter 2) by people in their own words. A healthy workforce is also especially important for the functioning of the economy, ensuring the sustainability of essential services and fair opportunities for everyone.

However, not all work is good for people's health, with some workplaces and occupations having poorer working conditions as well as risks to health. Some work includes physical risks, which have reduced hugely over the last century, but too often result in back, neck or skeletal pain. Other pressures of work can lead to mental health issues or work-related stress. There is a lot more we can do to prevent ill health related to work, and to create supportive employment practices to retain people in work with health problems or disabilities.

There is also evidence that insecure work patterns, including contracts or shifts, as well as lack of control, and sedentary work, can be harmful to our overall health. Increasingly pay is not adequate to meet basic needs, or even travel to work, as more working people live in poverty. This report outlines the health benefits of 'good work', which can lead to a more productive workforce.

Whilst there is significant effort and investment across Cornwall and the Isles of Scilly to drive economic growth, we currently have a workforce that is on balance sicker, on lower incomes, and less likely to be in paid employment than England average. This report examines the relationship between work and health, what is driving our lower employment rates, and importantly what inclusive growth policies can support our health, and how we can better support people to access good work. This might require a re-examining of what we measure in terms of 'good' economic growth to be fairer and more inclusive. Also, what role we wish anchor institutions and our largest employers in Cornwall and Isles of Scilly to play.

Overall, I hope this report provides insight and recommendations which support and challenge our efforts to create a healthier, fairer and more productive Cornwall and Isles of Scilly.

Thank you to my team for their work in developing this report and also to the range of colleagues, partners and employees who contributed.



**Rachel Wigglesworth,**  
Director of Public Health

# Raglavar

Hevlana my re dhewisas fogella an derivas bledhynnyek ma war ober ha yeghes. Ober ughel y gwalita ha gober da yw an posekka stockys-drehevel a'gan yeghes ha'gan sewena. Hemma a sew an derivas warlena ow teskrifa an pyth a gaws an dibarderyow meur yn Kernow ha Syllan. An derivas na a synsis komendyans 'dhe surhe skwir yagh a vewnans, ober resnadow ha soodh da rag oll'. My a wayt an derivas hevlana dhe arvreusi an avonsyans a wren.

Kler yw bos gwell rag agan yeghes bos yn soodh ages bos diweyth. Ober styryek a re dhyn omglewans a borpos, longyans ha gober. Hemma a yll komprehendya ober heb gober ynwedh, kepar ha bodhegi, po soodh skoodhys. An dalvosogeth a ober yw displegys yn ta yn chaptra x gans tus y'aga geryow aga honan. Gweythlu yagh yw posek yn arbennik ynwedh rag gweythres an erbysiedh, ow surhe an sostenadewder a wonisyow essensek ha chonsyow resnadow rag pubonan.

Byttegyns, nyns yw pub ober oll da rag yeghes tus, ha nebes gweythvaow ha sodhow a's teves studhyow-oberi gweyth keffrys ha peryllow dhe yeghes. Nebes oberow a syns peryl fisegel, re lehas yn feur dres an gansbledhen yw passyes, mes re venowgh sewys yns gans payn y'n keyn, y'n konna po y'n korf eskern. Posow erel a ober a yll ledya dhe galetterow yeghes brysel po gwask awos ober. Yma meur moy a yllyn y wul dhe nagma yeghes drog kelmys dhe ober, ha dhe wruthyl praktisyow soodh skodhus rag gwitha yn ober tus gans po kaletterow yeghes po evredheryow.

Yma dustuni ynwedh patronyow-oberi diantel, y'ga mysk kevambosow po korow, keffrys ha fowt a vaystri, hag ober esedhys, dhe allos bos dregynnus dh'agan yeghes dien. Moy ha moy nyns yw gober lowr rag edhommow selvenel, po viajya dhe oberi hogen, dell vyw yn boghosogneth moy a dus a ober. An derivas ma a linen an lesow yeghes a 'ober da', hag a yll ledya dhe weythlu askorrussa.

Kynth eus assay ha kevarghow meur a-dreus Kernow ha Syllan rag herdhya tevyans erbysek, y'n eur ma y'gan beus gweythlu hag yw yn kespos klaffa, gans gober le, ha le gwirhaval dhe vos yn soodh dylys ages an kreskek yn Pow Sows. An derivas ma a hwither an keskolm ynter ober ha yeghes, an pyth a herdh agan kevradhow isella a soodh, hag yn posek py policis tevyans dalghus a yll skoodhya agan yeghes, ha fatel yllyn skoodhya gwell tus dhe hedhes ober da. Hemma a allsa erghi dasweles an pyth a vusuryn ow tochyha tegyans erbysek 'da' rag bos moy resanadow ha moy dalghus. Ynwedh, py rann a vynnyn fondyansow ankor ha'gan brassa arvethoryon yn Kernow dhe wari.

Dres oll, my a wayt an derivas ma dhe brovia golok ha komendyansow a wra skoodhya hag erya agan assays dhe wruthyl Kernow ha Syllan yaggha, moy resnadow ha moy askorrus.

Gonn meur ras dhe'm para a'ga ober ow tislegya an derivas ma ha dhe'n efander a gesoberoryon, kesparow ha mayni neb a gevros.



**Rachel Wigglesworth,**  
Director of Public Health

# Chapter 2 National and Local Policy

Being in 'good work' is better for your health than being out of work. Addressing and removing health-related barriers requires collaborative work between partners from across the private, public and third sectors at both national and local level.

## There is clear evidence that:

- 'Good work', meaning having a safe and secure job with good working hours, conditions and supportive management and opportunities for training and development, improves health and wellbeing across people's lives and protects against social exclusion;
- unemployment is bad for health and wellbeing, as it is associated with shorter life expectancy and greater ill health;
- jobs should be stable, offer a minimum level of quality and a decent living wage, enable people to afford secure housing, opportunities for learning, flexibility to enable people to balance work and family life and protection from adverse working conditions that can damage health.

Local authorities have long been aware of the link between public health and the health of the economy. Poor health is one of the greatest barriers to finding and retaining a satisfying and rewarding job and wider involvement in society. Conversely, having high-quality employment and being socially connected are key factors in a person's health and wellbeing.<sup>1</sup>

Employment is a key determinant of health and there are impacts of work on health, and of health on work. Good work provides a decent income, widens social networks and gives people a purpose. The health benefits of good work extend beyond working-age adults to their children. For working-age adults, not having a paid job is bad for health, increasing the risk of premature death and increasing the risk of illness, especially poor mental health. Not all work is good for health<sup>2</sup>.

Some jobs fail to lift families out of poverty and can increase workers risk of illness, injury or poor mental health. For some people, working in these jobs may be no better for their health than being unemployed.<sup>3</sup>

- 1 www.local.gov.uk. (2021). Inclusive Economies and Healthy futures: Supporting place-based Action to Reduce Health Inequalities | Local Government Association. [online] Available at: <https://www.local.gov.uk/publications/inclusive-economies-and-healthy-futures-supporting-place-based-action-reduce-health> [Accessed 13 May 2024].
- 2 Lives, H.W. (2024a). What is good work and what makes good work. [online] [www.healthyworkinglives.scot](https://www.healthyworkinglives.scot/workplace-guidance/fair-treatment/good-and-fair-work/what-is-good-work-and-what-makes-good-work/). Available at: <https://www.healthyworkinglives.scot/workplace-guidance/fair-treatment/good-and-fair-work/what-is-good-work-and-what-makes-good-work/> [Accessed 13 May 2024].
- 3 Lives, H.W. (2024a). What is good work and what makes good work. [online] [www.healthyworkinglives.scot](https://www.healthyworkinglives.scot/workplace-guidance/fair-treatment/good-and-fair-work/what-is-good-work-and-what-makes-good-work/). Available at: <https://www.healthyworkinglives.scot/workplace-guidance/fair-treatment/good-and-fair-work/what-is-good-work-and-what-makes-good-work/> [Accessed 13 May 2024].

The existing rise and potential future rise in pension age, means that for many individuals with long-term conditions such as mental health, musculoskeletal (MSK) conditions and disabilities, health issues can be a barrier to retaining and gaining employment.<sup>4</sup> Obesity has been identified as having an impact on the productivity and availability of the workforce as well as a risk factor for health conditions. In the absence of an effective policy approach to reduce obesity the increasing burden of obesity will reach beyond the healthcare sector<sup>5</sup>. Obesity costs the NHS around £6.5 billion a year and is the second biggest preventable cause of cancer. National public health approaches to help people make healthier choices to tackle obesity, reduce pressure on the NHS and boost the economy are limited.<sup>6</sup>

The current workforce shortages that particularly affect health and social care in Cornwall and Isles of Scilly are significant. It is vital to have and to maintain a healthy, skilled workforce for a healthy, productive economy. The combined cost from economic inactivity and sickness absence is estimated to amount to around £100 billion annually in the UK. In Cornwall and Isles of Scilly the estimated cost is £1 billion, so there is also a strong economic case for action.<sup>7</sup> This is covered in Chapter 3.

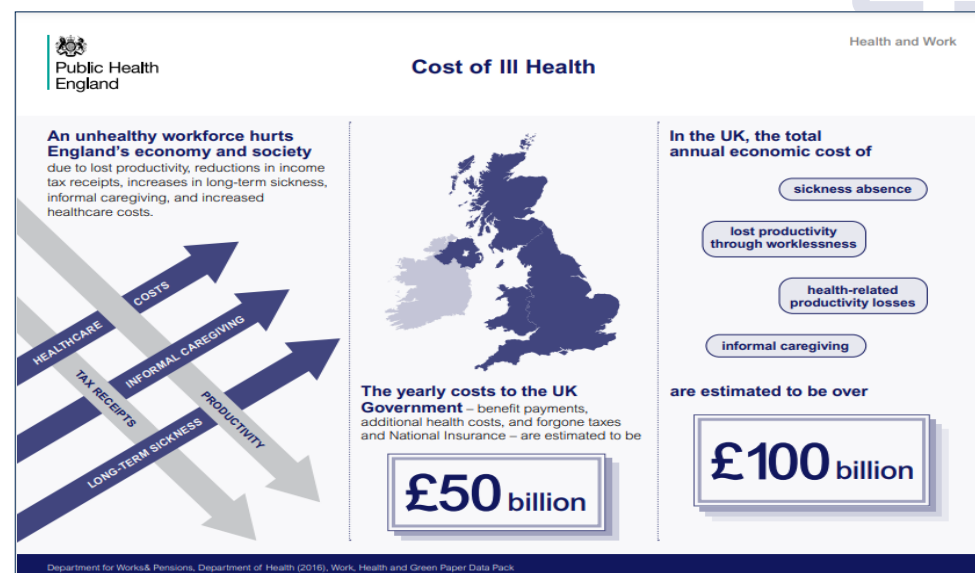
4 Public Health England (2019b). Health matters: Health and Work. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work> [Accessed 14 May 2024].

5 Goettler, A., Grosse, A. and Sonntag, D. (2017). Productivity Loss Due to Overweight and obesity: a Systematic Review of Indirect Costs. *BMJ Open*, 7(10), p.e014632. doi:<https://doi.org/10.1136/bmjopen-2016-014632>. [Accessed 21 May 2024]

6 Department of Health and Social care (2024). Government Plans to Tackle Obesity in England - Department of Health and Social Care Media Centre. [online] [healthmedia.blog.gov.uk](https://healthmedia.blog.gov.uk/2023/06/07/government-plans-to-tackle-obesity-in-england/). Available at: <https://healthmedia.blog.gov.uk/2023/06/07/government-plans-to-tackle-obesity-in-england/> [Accessed 21 May 2024].

7 Public Health England (2019b). *Health matters: Health and Work*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work> [Accessed 14 May 2024].

Figure 1: Cost of ill health



Pre COVID-19, the UK had the second lowest inactivity rate in the G7 but post COVID-19 a significant number of working aged people have become inactive due to long term sickness mainly due to mental health. The Office for National Statistics (ONS) suggests there are currently 2.8 million people who are 'economically inactive' due to long-term sickness, 53% of whom stated mental health, including depression, bad nerves or anxiety, as the reason. The spend on working age disability and ill-health benefits increased from £42.3 billion to £69 billion<sup>8</sup>. Several new programmes have been introduced recently as a result of the 2023 Health and Disability White Paper (Chapter 3).

8 GOV.UK. (2024). PM to Overhaul Benefits System and Tackle Britain's 'sick Note culture' in Welfare Reform Speech. [online] Available at: <https://www.gov.uk/government/news/pm-to-overhaul-benefits-system-and-tackle-britains-sick-note-culture-in-welfare-reform-speech> [Accessed 13 May 2024].

## National Policy

The poor health of our workforce has been a national topic of discussion over recent years. The Government published the **Health and Disability White Paper**<sup>9</sup> in March 2023, setting out proposals to help more disabled people and people with health conditions to start, stay and succeed in work. Further reforms were published in September 2023<sup>10</sup> and the proposals included: Reforms to the benefits system; investing in employment support for disabled people and people with health conditions.

There are other strategies and plans that impact on health and work including the **Hewitt Review**<sup>11</sup> of the **NHS Long Term Plan**,<sup>12</sup> which recognises the cost of ill health to society and the UK economy and the need to shift NHS resources to prevention. It stresses the importance of developing a strong and supported workforce across both healthcare and social care. The report also gives examples of how Integrated Care Systems can contribute to wider social and economic development in their local area.

The **Levelling Up White Paper**<sup>13</sup> recognises that the UK has larger geographical disparities than many other developed countries on multiple measures, including productivity, pay, educational attainment and health. It identifies 12 Levelling Up missions to boost productivity, pay, jobs and living standards and to improve education, skills and health.

9 GOV.UK. (2023c). Transforming Support: the Health and Disability White Paper. [online] Available at: <https://www.gov.uk/government/publications/transforming-support-the-health-and-disability-white-paper> [Accessed 13 May 2024].

10 GOV.UK. (2023a). Government Announces New Welfare Reforms to Help Thousands into Work. [online] Available at: <https://www.gov.uk/government/news/government-announces-new-welfare-reforms-to-help-thousands-into-work> [Accessed 13 May 2024].

11 GOV.UK. (2023b). *Hewitt Review: an Independent Review of Integrated Care Systems*. [online] Available at: <https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems> [Accessed 13 May 2024].

12 NHS (2019). NHS Long Term Plan. [online] NHS. Available at: <https://www.longtermplan.nhs.uk/> [Accessed 13 May 2024].

13 Department for Levelling Up, Housing and Communities (2022). *Levelling up the United Kingdom*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/levelling-up-the-united-kingdom> [Accessed 21 May 2024].

The UK Shared Prosperity Fund (UKSPF) provides investment for local areas to deliver on the Levelling Up agenda. In Cornwall and the Isles of Scilly the **Good Growth Investment Plan**<sup>14</sup> sets out an aim to ‘realise the potential of all our communities and all our residents and make our economy more resilient, more equal and more prosperous’.

The Plan notes that 26,000 (15%) of households in Cornwall and Isles of Scilly (England 13.8%) are economically inactive with ill health and caring responsibilities for some of these households. The workforce implications due to our rapidly ageing population are that more people as they age will have multiple health issues. Employers should adapt with occupational health support for those with long term conditions, and by taking a stronger role in prevention of poor health to maintain productivity. The plan recognises that reduced healthy life expectancy is strongly related to deprivation, meaning that because of disparities, communities may be excluded from the workforce. In addition, more health and social care staff will be needed to care for an ageing population and a prematurely ill health population.

In 2022, the **Island Futures Plan** for the Isles of Scilly focused on four areas : Delivering housing that meets community need; Accelerating transition to a low carbon economy; Improving transport connectivity; Supporting enterprise and skills development and Ensuring community infrastructure. A key labour market issue ‘.. there are significant challenges facing businesses across the board and most acutely in the hospitality sector. There is some evidence that businesses are raising wages and improving terms to attract staff, but the market is extremely challenging in the labour market UK-wide, making it more difficult than is typical to compete with mainland firms for staff. Difficulties reflect the ageing and retiring of staff on the island and lack of replacements’<sup>15</sup>

14 Cornwall Council and Council of Isles of Scilly (2022). *Good Growth Investment Plan for Cornwall and Isles of Scilly Implementation of UK Shared Prosperity Fund 2022-2025*. [online] Available at: <https://ciosgoodgrowth.com/wp-content/uploads/2022/08/Good-Growth-UK-Shared-Prosperity-Fund-Investment-Plan-WEB-1.pdf> [Accessed 13 May 2024].

15 Council of the Isles of Scilly (2022) *Island Futures* [online] Available at [https://www.scilly.gov.uk/sites/default/files/document/planning/20220704\\_CIOS-LEPIslandFutures.pdf](https://www.scilly.gov.uk/sites/default/files/document/planning/20220704_CIOS-LEPIslandFutures.pdf). [Accessed 13 May 2024].

## Good Work Charter

The Institute of Cornish Studies Social and Economic Research Unit has led the development of a Good Work Charter.

### Case Study 1: Good Work Charter

The purpose of developing a Good Work Charter is to cover fair pay, well-being and opportunities for learning. The Unit collaborates with various academic and community stakeholders to develop an evidence base, recommendations, and evaluate the effectiveness of socio-economic support strategies. Cornwall's position in the Good Work Monitor (86th out of 116 local authority areas) is ranked lowly.<sup>16</sup> The development of a Good Work Charter lays the foundation for improving employment standards, collaborating with local stakeholders and advocating for its adoption among businesses. It aims to elevate the quality of jobs, thereby contributing to better health outcomes and socio-economic resilience. The emphasis on creating secure, fulfilling employment conditions contributes to reducing health inequalities and improving the quality of life, demonstrating the intrinsic link between job quality and health.

<sup>16</sup> www.ifow.org. (2023). *Our work*. [online] Available at: <https://www.ifow.org/our-work> [Accessed 13 May 2024].

Locally, both the Cornwall and Isles of Scilly **Joint Health and Wellbeing Strategy** and the **Integrated Care Partnership (ICP)** Strategy recognise the importance of social and economic conditions to health and wellbeing. The Health and Wellbeing strategy focuses on the building blocks of health, including an inclusive community that promotes skills development and access to good work. The ICP Strategy recognises the role of the NHS as an Anchor institution, for employment opportunities for the local population, developing new approaches for supporting people to move back into work. The role of anchor institutions is covered in chapter 5.



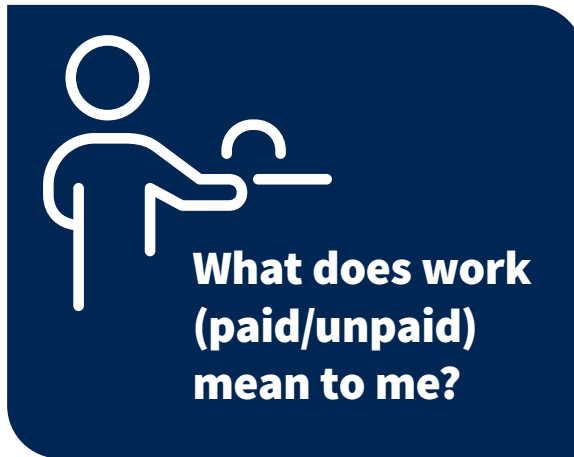


# Figure 2 : The value of good work

We asked people who work with supported employment to tell us what work means to them.

“ Being paid is very helpful to me, I enjoy the money coming in at the end of each month it helps me greatly, but more importantly gives me a sense of purpose. It’s incredible being paid makes to my everyday life! ”

Café Assistant PROPER JOB Café



“ Volunteering work means I get to meet new people and make some new friends and helps keep me busy’.

This client is isolated and lives alone in temporary accommodation (hotel room), so making community connections and having something to do is really important to him and his mental health. ”

PROPER JOB worker

“ Being part of a team has helped my confidence grow. ”  
(CHAMP, Healthy Cornwall)

“ She very much enjoys her job on the tills, she is doing an Apprenticeship for Management as well. I have noticed an improvement in her mood, she gets up earlier to go to work, she looks forward to work and feels valued as part of the team. It’s made such a difference to her. ”

Parent of a PROPER JOB worker employed at Tesco’s

“ Having a paid job would mean a lot, I would be happy and not so down and not to worry much. ”  
Job seeker working with PROPER JOB

“ I’ve always wanted to be active and doing things and volunteering is like going to work. I am happy to do paid work, let me! ”  
PROPER JOB worker

“ I felt proud when I used my own money to take my dad and brother to Lanhydrock and bought them both a cup of tea and a piece of cake. ”  
Café Assistant at the PROPER JOB Café

“ To me being a CHAMP means the world to me. My job gives me a sense of importance. Feeling like I have a purpose and that purpose is to be part of an inclusive, caring team. Providing services for people with autism and all learning disabilities is so important for equality, inclusion and diversity. Not many people with a learning disability have paid jobs so being paid for my dream job is great! ”  
CHAMP, Healthy Cornwall

“ Being a CHAMP means I work in a job that promotes equality, diversity and inclusion. It gives me a sense of purpose to be part of helping the local community of Cornwall. ”  
CHAMP, Healthy Cornwall

## Summary

Prevention is better than the cure and focusing on good work is the best preventative labour-market policy of all. People also value work for the sense of purpose it provides, which builds confidence and social connections.

The policy framework is changing and Government and NHS are likely to be more active in health and work. Local government and partnerships have a key role in translating policy into local action and tailoring effective interventions to meet needs of Cornwall and Isles of Scilly. This report aims to inform and support this discussion.

# Chapter 3 Employment, Health and Work – Why they are important

Good work helps people to live healthier and more independent lives. Disabled people and people with health conditions, whether these are physical or mental, are more likely to leave work than non-disabled people and are less likely than non-disabled people to return to work.<sup>17</sup> Generally, healthy employees are more productive, take less time off sick and can potentially extend their working life rather than retiring early due to ill health.

There are now nearly as many people in employment who report work-limiting conditions as there are inactive in the labour market (3.7 million and 3.9 million, respectively).<sup>18</sup> Cornwall and Isles of Scilly is similar at 33,400 and 36,000 respectively.<sup>19</sup>

As with other health inequalities, people in the poorest communities, and workers in unskilled occupations are more likely to experience long-term health conditions, compared to more affluent communities and skilled professionals.<sup>20</sup>

17 Waddell, G. and Burton, K. (2006). *IS WORK GOOD FOR YOUR HEALTH AND WELL-BEING?* [online] pp.1–257. Available at: <https://assets.publishing.service.gov.uk/media/5a7c41a540f0b62dffde0df7/hwwb-is-work-good-for-you.pdf> [Accessed 13 May 2024].

18 Atwell, S., Vriend, V., Rocks, C. and Finch, D. (2023). *What we know about the UK's working-age health challenge - The Health Foundation.* [online] [www.health.org.uk](http://www.health.org.uk). Available at: <https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge> [Accessed 13 May 2024].

19 Annual Population Survey, ONS Crown Copyright Reserved [Accessed Nomis 21 May 2024]

20 GOV.UK (2022). *Health Disparities and Health inequalities: Applying All Our Health.* [online] Gov.uk. Available at: <https://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health> [Accessed 13 May 2024].

## Cost to Health, Wellbeing and the Economy

The top three causes of long-term employee absence are mental ill health, musculoskeletal conditions, and work-related stress, these are often amenable to prevention. In the years leading up to COVID-19 pandemic, the rate of self-reported work limiting ill health was broadly unchanging. However, in 2020/21 work-related stress, depression or anxiety accounted for 50% of all work-related ill health.

There is a strong economic case for preventative action (see Chapter 2, page 6).



## Health and work cycle

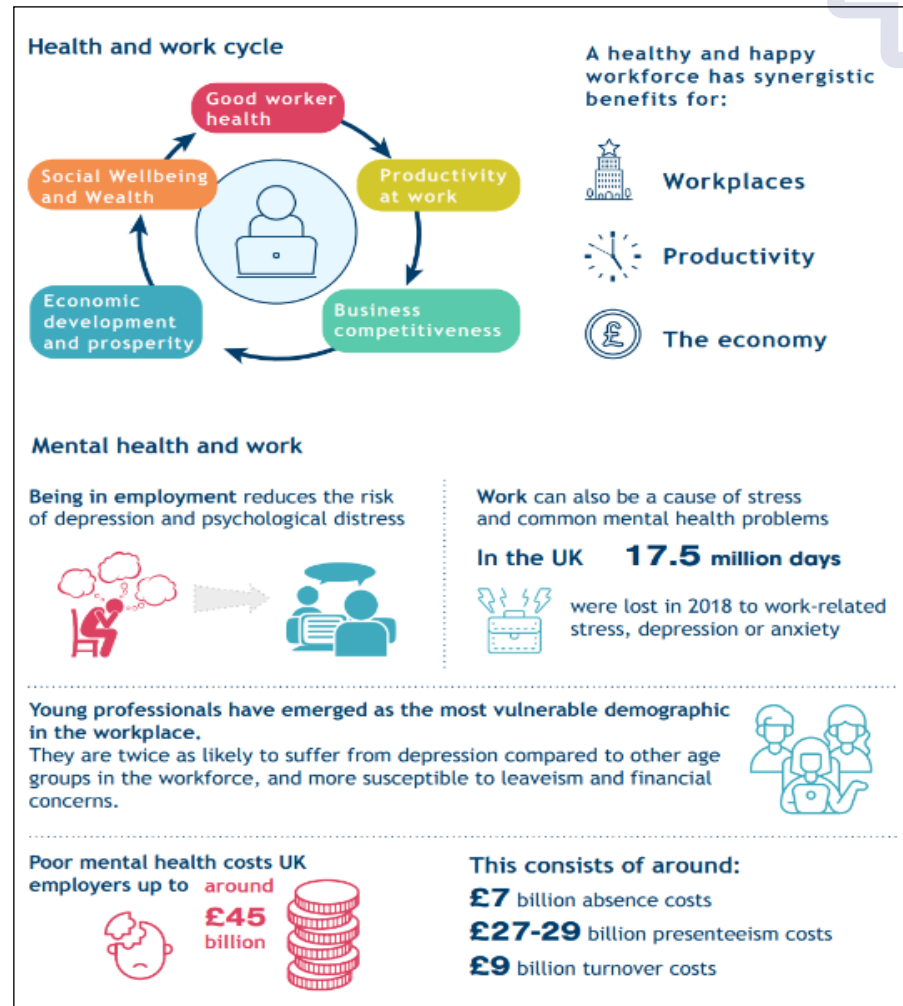
The graphic below shows the health and work cycle of both ‘good’ work and ‘bad’ work and the economic and wellbeing outcomes.

The increased work-limiting conditions has been driven by growth of reported mental ill health, particularly among younger workers (aged 16-34). Across the whole workforce, musculoskeletal and cardiovascular conditions remain the most common form of work-limiting health condition. The rate of work-limiting conditions has grown fastest among younger workers, doubling in just the past decade. This means a 16–34-year-old employed in 2023 is as likely to report a work-limiting condition as someone aged 45–54 years, 10 years ago.<sup>21</sup>

21. Atwell, S., Vriend, V., Rocks, C. and Finch, D. (2023b). What we know about the UK’s working-age health challenge - The Health Foundation. [online] www.health.org.uk. Available at: <https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge> [Accessed 13 May 2024].



Figure 3: Health and work cycle



## Employee Absence

Sickness absence is a high-level indicator of the way businesses support the health and wellbeing of their workforce. Nationally, the sickness absence rate - the percentage of working hours lost because of sickness or injury rose to 2.6% in 2022, an increase of 0.4 percentage points from 2021 and the highest it has been since 2004, when it was 2.7%. Noted that rates may be impacted by COVID-19 including the ending of furlough in September 2021.

In 2022, an estimated 185.6 million working days were lost because of sickness or injury in 2022, up by 47m working days pre-COVID-19 and this level was the highest since 2004, although the number of days lost per worker, at 5.7, was not.

The main reasons for sickness absence in 2022 were: minor illnesses (29.3%) followed by 'other' conditions at 23.8%, musculoskeletal problems at 10.5%, respiratory conditions at 8.3% and mental health conditions at 7.9%. Of the 186 million days of sickness absence taken in 2022, 58% were taken by those with long-term health conditions, despite this group forming only 31% of the employed population.<sup>22</sup>

Minor illnesses increased in 2022, nearly back to same proportion of occurrences as pre-COVID-19 levels. "Other" conditions (which includes COVID-19) has fallen to the second most common reason for occurrences of sickness absence, after being the top reason in 2021. Respiratory conditions overtook mental health conditions as the fourth most common reason for sickness absence in 2022, accounting for more than twice the proportion of occurrences they did before the pandemic.<sup>23</sup>

22 Atwell, S., Vriend, V., Rocks, C. and Finch, D. (2023c). What we know about the UK's working-age health challenge - The Health Foundation. [online] [www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge](https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge) [Accessed 13 May 2024].

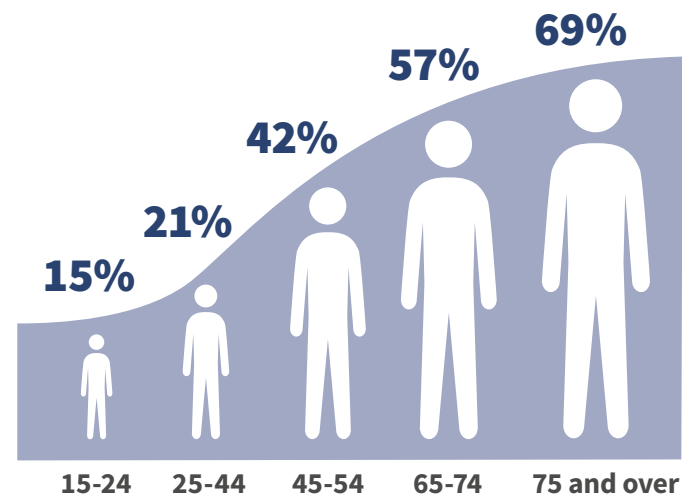
23 ONS (2023). Sickness Absence in the UK Labour Market - Office for National Statistics. [online] [www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2022](https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2022) [Accessed 13 May 2024].

## Health of the Working Age Population - Long Term Conditions

Around a third of working age people in the UK, that's nearly 12 million people, have at least one long-term health condition. This is expected to increase to 40% by 2030. 1 in 4 UK employees have reported having a physical health condition. The probability of having a health condition increases with age and the more health conditions a person has, the less likely they are to be in work. This provides greater challenges to employment as people age and develop more conditions.<sup>24</sup>

24 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60240-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60240-2/fulltext) Vol 380 p37-38 [Accessed ?]

**Figure 4: Long-term conditions and limiting long-term conditions are more prevalent in older people**



Source: [Health of the Working Age Population](#) | Publishing Service UK Government

## Long Term Condition - Musculoskeletal

Musculoskeletal (MSK) conditions are a group of conditions that affect the bones, joints, muscles and spine, and are a common cause of severe long-term pain and physical disability. MSK conditions remain the biggest cause of years lost to disability (YLDs), according to the Global Burden of Disease.<sup>25</sup> They impact significantly on people's ability to work and are the leading single cause of sickness absence in the UK.<sup>26</sup>

<sup>25</sup> IHME (2019). *Institute for Health Metrics and Evaluation*. [online] Institute for Health Metrics and Evaluation. Available at: <https://www.healthdata.org/> [Accessed 13 May 2024].

<sup>26</sup> <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket>



### Key Musculoskeletal facts <sup>27</sup>

- ✓ People with MSK conditions are less likely to be employed than people without one
- ✓ MSK conditions significantly limit mobility and dexterity, leading to early retirement from work, lower levels of well-being and reduced ability to participate in society
- ✓ The number of people with MSK conditions is rapidly increasing, due to population increases and ageing
- ✓ The disability associated with MSK conditions has been increasing and is projected to continue to increase in the next decades

<sup>27</sup> World Health Organization (2022). *Musculoskeletal health*. [online] Who.int. Available at: <https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions> [Accessed 13 May 2024]

**The number of people with MSK conditions is rapidly increasing, due to population increases and ageing**

## Case Study 2: Be MSK Aware

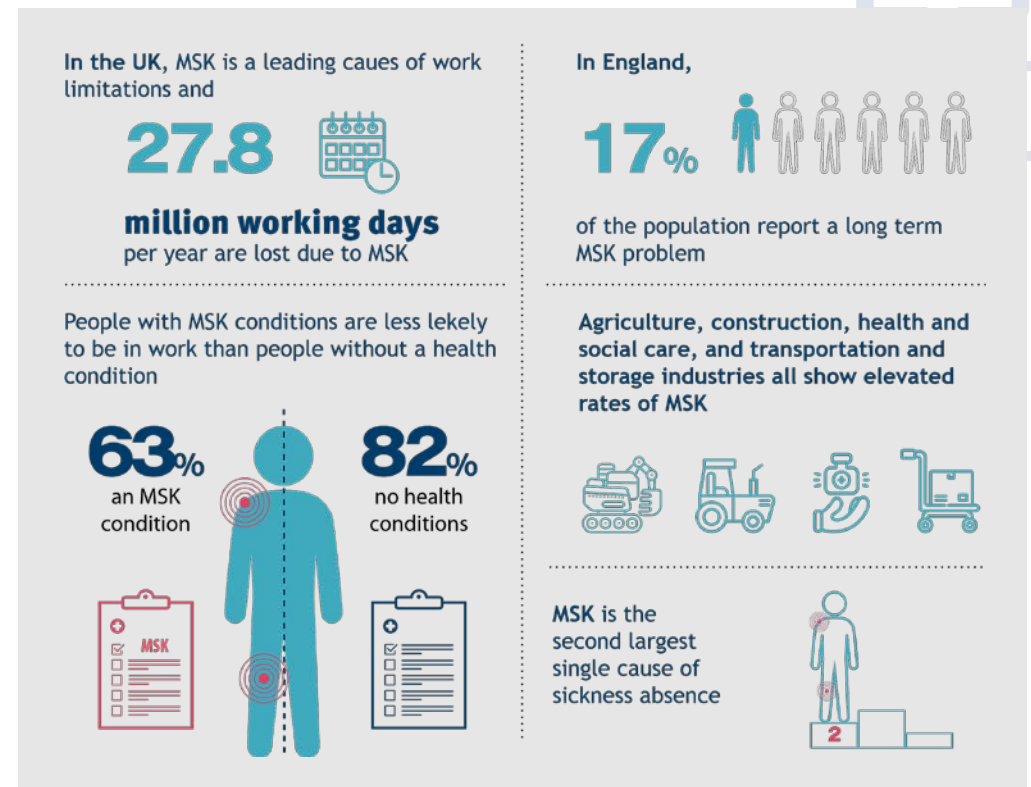
MSK Aware CIC brought together national experts in MSK health, health and safety, public health, occupational health and HR, including OHID, HSE, RoSPA along with employers and employees who together identified what employers and employees need to do to 'Be MSK aware' and support MSK health to enable people to remain in work. MSK Aware is supported by the Cornwall Arthritis Trust and The Inclusivity Project.

MSK Aware CIC evolved from work by the Bone and Joint Research Group at Royal Cornwall Hospital and is recognised nationally for its expertise. 'RoSPA engaged with the MSK Aware programme to assist in the development of key messages and actions to help employers and employees understand MSK health. Our members here in the UK and wider world have benefitted from hearing first-hand about the importance of being MSK Aware and the benefits of creating the right workplace conditions for people to thrive'. RoSPA (Royal Society for Prevention of Accidents).

## Musculoskeletal conditions and work

MSK conditions can affect people across the life course. There are also economic advantages through prevention, early diagnosis and treatment so that people can continue to be in work, live in good health, remain independent and connected to one's community. This reduces the pressure on health, social care and been unable to work.

Figure 5: Musculoskeletal and work

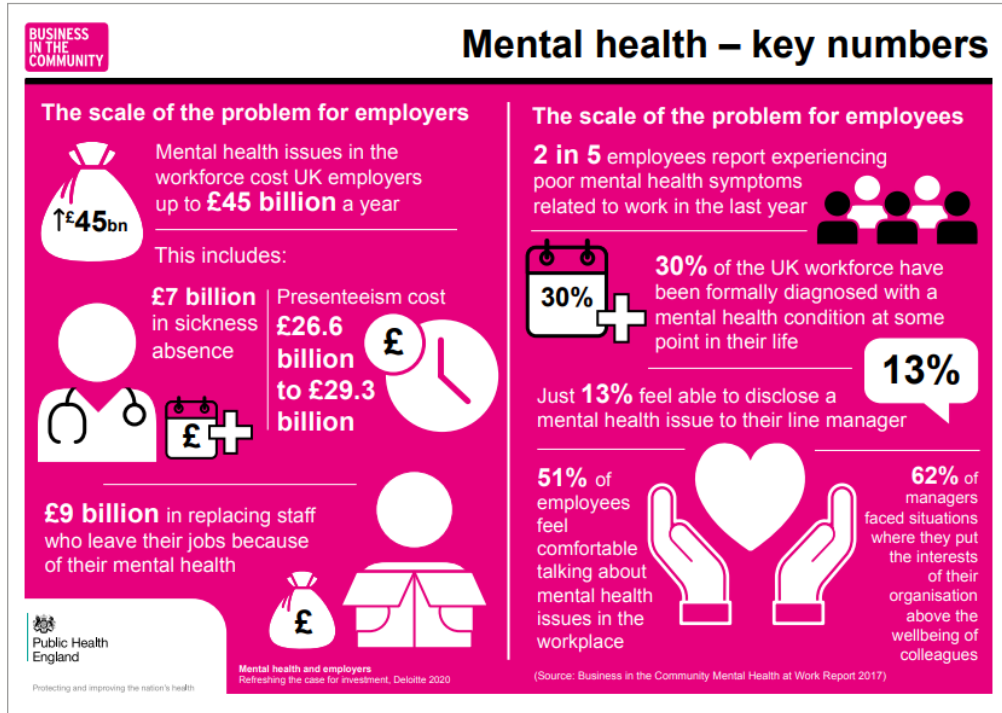


## Mental Health

Around 1 in 4 people will experience a mental health problem at some point in their life and they are a leading cause of sickness absence in the UK.<sup>28</sup> Whilst work can contribute to good health and wellbeing, it can equally exacerbate a pre-existing condition or lead to new mental health problems. Employers can make an important contribution to the health and wellbeing of people by recognising the part they play in creating environments that support mental health. The key issues relating to mental health in the workplace are summarised by PHE in figure 5. There are potential longer-term implications. A persistent employment and earnings

<sup>28</sup> ONS (2023). *Sickness Absence in the UK Labour Market* - Office for National Statistics. [online] [www.ons.gov.uk](https://www.ons.gov.uk). Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2022> [Accessed 13 May 2024].

Figure 6: Mental health - key numbers



gap remains between those who report work-limiting conditions and those who do not. There is a ‘health pay gap’ for full-time workers of £2.50 per hour, which means that people with a work-limiting health condition on average earn 15% less per hour.<sup>29</sup> Given the age profile of mental health conditions is skewed towards younger workers, more workers with work-limiting health conditions in the formative early parts of their careers could have a knock-on effect on their future pay and progression prospects. It could also increase the risk of future instances of work-limiting health conditions later in their career, particularly given the recurring and variable nature of mental health conditions.<sup>30</sup>

<sup>29</sup> <https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge> [Accessed ?]

<sup>30</sup> Atwell, S., Vriend, V., Rocks, C. and Finch, D. (2023). What we know about the UK’s working-age health challenge - The Health Foundation. [online] [www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge](https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge) [Accessed 13 May 2024].

## Insecure and changing work patterns

Overall, there are more people are in employment and unemployment has decreased. However, new employment has often been in low-paid, unskilled, self-employed, short term or zero hours contract jobs, which have seen a steady growth. Rates of pay have not increased in line with costs and notably, more people in poverty are now in work than out of work.<sup>31</sup> Unemployment and job insecurity are associated with harm to health and rising mortality.<sup>32</sup>

In 2023, the overall proportion of workers in England in insecure jobs has grown to 10.6% of the workforce (3.5million); 2.3% of the workforce were on zero-hour contracts and 1.5% worked through an agency. In addition, 3% were self-employed in vulnerable sectors. All of these are likely to much higher in Cornwall and the Isles of Scilly, affecting over 35,500 people.<sup>33</sup> There has also been a shift to different working patterns, including working from home.

A recent study found that there was mixed evidence of the impact of home working on health depending on individual circumstances. The working environment depended on how much space there was at home, the available equipment and on how much control workers had over their day. People on higher incomes often enjoyed home working more, but those with more responsibilities at home such as childcare or housework – often women and those living alone – tended to be more stressed. Homeworking also has an impact on diet with studies reporting increase consumption of good and bad food types but found significant increases in weight gain and sedentary behaviour.<sup>34</sup>

<sup>31</sup> Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison, J. (2020). Health equity in England: The Marmot review 10 years on. [online] The Health Foundation. Available at: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on> [Accessed 13 May 2024]

<sup>32</sup> Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison, J. (2020). Health equity in England: The Marmot review 10 years on. [online] The Health Foundation. Available at: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on> [Accessed 13 May 2024]

<sup>33</sup> [www.health.org.uk](https://www.health.org.uk). (2024c). Percentage of Employees in Insecure Work by region/nation, sex, age, Ethnicity and Income - the Health Foundation. [online] Available at: <https://www.health.org.uk/evidence-hub/work/job-security/percentage-of-employees-in-involuntary-insecure-work-by-region-sex-age-ethnicity-income> [Accessed 18 Jun. 2024].

<sup>34</sup> Hall, C.E., Brooks, S.K., Mills, F., Greenberg, N. and Weston, D. (2023). Experiences of Working from home: Umbrella Review. *Journal of Occupational Health*, [online] 66(1). Hall, C.E., Brooks, S.K., Mills, F., Greenberg, N. and Weston, D. (2023). Experiences of Working from home: Umbrella Review. *Journal of Occupational Health*, [online] 66(1). doi <https://academic.oup.com/joh/article/66/1/uiad013/7473692>



## Summary

Overall, more people than ever are in work and more people in work have health conditions. It is well established that good work helps people to live healthier and more independent lives. Disabled people and people with health conditions, whether these are physical or mental, are more likely to leave work than non-disabled people and are less likely to return to work. Precarious work and low paid work could create future issues for the workforce, the economy and healthcare demand.

# Chapter 4 Employment in Cornwall and Isles of Scilly

This Chapter provides information about the work and health trends in Cornwall and Isles of Scilly and how they compare to other areas.

Further information and profiles can be found at [www.cornwall.gov.uk/jsna](http://www.cornwall.gov.uk/jsna)

## Key messages

### Part Time Work

Cornwall and Isles of Scilly have a higher rate of part time workers than the South West or England. Whilst part-time work may offer higher life satisfaction and flexibility around other commitments such as caring for some, for others it represents career constraints or lower living standards and wages, raising inequality for others. It may also mask the lack of suitable full-time opportunities or inability to work full-time due to health issues.

### Ageing Workforce Opportunities

With the ever-changing landscape of our workforce, and the growth in our older population, the need for a successful inter-generational workforce is more important now than ever. There is a higher proportion of people retired under 65 than nationally, this means there is a wealth of skills and experience locally that with the right conditions and opportunities may be encouraged to return to work. We also have lower levels of people aged 65+ in work than nationally suggesting that job opportunities for older workers may not be available. Creating an all-inclusive and age-friendly workplace of all ages can deliver benefits to both the employer and the employees.

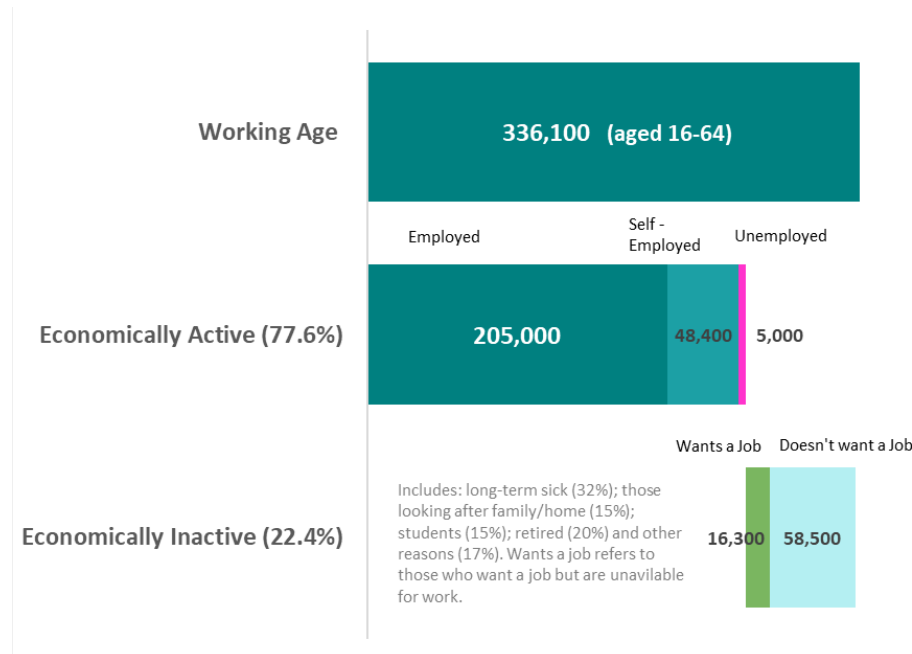
### Employment

Prior to the pandemic the general trend in disability employment was positive with strong growth in the number and rate of disabled people in employment and a narrowing of the gap between the rate of disabled and non-disabled people in employment. However, the pandemic has brought a reversal of this trend across Cornwall and the Isles of Scilly which is at odds with trend nationally and across the South West. Whilst the numbers in employment with a disability have increased this hasn't kept pace with the increasing population with disabilities.

To mitigate against widening employment inequalities for this cohort there will need to be more of a targeted approach to inclusive workplaces and recruitment practices i.e. support for those with a disability start their own business, help for small/ medium business owners whose employees have a disability, and also help small/ medium business owners ensure their business – whether traditional or digital – is accessible to everyone.

## Figure 7: Overall Labour Market Supply

Supply in the labour market is defined as the availability of people and skills that can fill the roles demanded by employers.



Source: NOMIS Annual Population Survey (Jan 2023-Dec 2023) and ONS Mid-Year Estimates 2022.

As is the case with the population of the UK, Cornwall and the Isles of Scilly's population is ageing, and it is projected to continue to age. Whilst the UK is predicted to reach 1 in 4 being over the age of 65 by 2050, the Cornwall and the Isles of Scilly population already has 1 in 4 aged 65+ and as such consideration of the implications to our economy are key. Whilst the older age population is set to grow the working age population is set to shrink proportionally.

## Figure 8 : Working Age and Ageing Population

	2022	2027	2034
65+	147,200	167,462	194,142
% of total pop.	25.6%	27.3%	30.2%
16-64	336,100	347,610	356,574
% of total pop.	58.2%	56.8%	54.9%

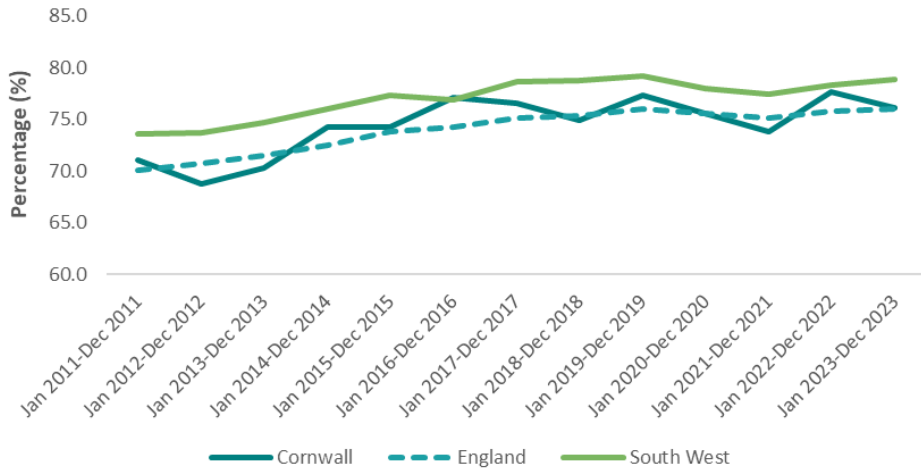
Source: Cornwall Council Population Projections 2024, EDGE Analytics.

## Patterns of economic activity

The employment rate is made up of those currently working or self-employed. The employment rate across Cornwall and Isles of Scilly in the year ending Dec 2023 was **76.1%**. This is lower than those aged 16 to 64 years who were in employment across the South West (**78.8%**) and in line with England rates (76.0%).

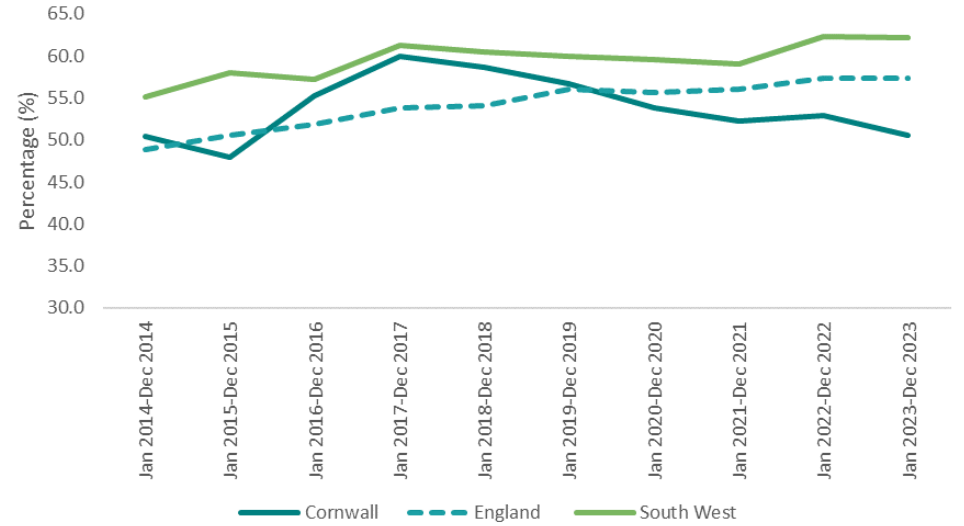
The chart below shows the employment rate for Cornwall and the Isles of Scilly over the last 10 years. Whilst rates have grown across Cornwall and the Isles of Scilly over this period, it can be seen that rates are more volatile and are consistently lower than the South West as a whole.

**Figure 9: Employment rate - age 16-64 in Cornwall and Isles of Scilly**



The overall employment rate is however, not representative for all, with significantly lower rates for those who are work limiting disabled or identified as disabled under the Equality Act. 50.5% who are disabled under the Equality Act are in employment across Cornwall and the Isles of Scilly (Jan-Dec23) compared to 57.3% across England and 62.1% across the South West. Trends for Cornwall and Isles of Scilly are at odds with patterns across the South West and Nationally with a decreasing proportion of people with disability in employment. Cornwall has had a lower rate since 2020 and this gap is increasing.

**Figure 10: Equality Act Core or Work Limiting Disabled (aged 16-64), Cornwall**



The latest data from the Annual Population Survey (Jan 2023-Dec 2023) shows that people aged 16-64 in Cornwall and the Isles of Scilly were:

- Less likely to be a full-time employee** than other people in the South West or in England.
- Less likely to be unemployed** - essentially those actively seeking employment but currently not in a job - is around 1.5% of those economically active across Cornwall and the Isles of Scilly. This is half the rate across England (3.0%) and slightly lower than the South West (2.1%)
- Less likely to be in employment once 65 or over** - 9.6% (15,200 people) aged 65+ are in employment (6.6% employees and 3.0% self-employed) across Cornwall and the Isles of Scilly compared to 11.8% in England and 12.6% across the South West

**Less likely to be in employment if work limiting disabled or identified as disabled under the Equality Act** - Trends for Cornwall and Isles of Scilly are at odds with patterns across the South West and Nationally with a decreasing proportion of people with disability in employment. Cornwall has had a lower rate since 2020 and this gap is increasing.

**More likely to be self-employed** - 14.5% of workers in Cornwall and the Isles of Scilly are self-employed, compared to 9.5% nationally.

**More likely to be economically inactive due to retirement** – 20.2% of all economically inactivity across Cornwall and the Isles of Scilly is due to retirement compared to 13.3% across England and 16.8% across the South West

**More likely to be economically inactive due to Long Term Sickness** - 32% of all economically inactivity across Cornwall and the Isles of Scilly is due to Long Term Sickness. This is a higher proportion than both England (26.3%) the South West (26.2%)

**More Likely to work more than 48 hours per week** than the South West or England. This may be related to levels of self-employment.



**Figure 11: Comparison of Employment and Economically Inactive**

Economic activity (Jan 2023 – Dec 2023)	Cornwall and Isles of Scilly		South West	England
	Count	Percentage	Percentage	Percentage
<b>In Employment (16-64)</b>				
Part-time employees	83,400	32.8%	23.4%	26.1%
Full-time employees	169,500	66.7%	76.5%	73.7%
<b>Economically Active (16-64)</b>				
Employees	205,000	61.4%	66.3%	67.3%
Self-employed	48,400	14.5%	9.5%	11.4%
Unemployed	5,000	1.5%	3.0%	2.1%
<b>Economically Inactive (16-64)</b>				
Inactive - Retired	15,100	20.2%	13.3%	16.8%
Inactive - Looking after home or family	11,300	15.1%	19.7%	15.7%
Inactive - Long term sick or disabled	23,700	31.7%	26.3%	26.2%

\*Please note figures shown may not sum due to rounding and statistical controls  
Source: NOMIS, Annual Population Survey (Jan 2023 – Dec 2023)

## Patterns of economic inactivity

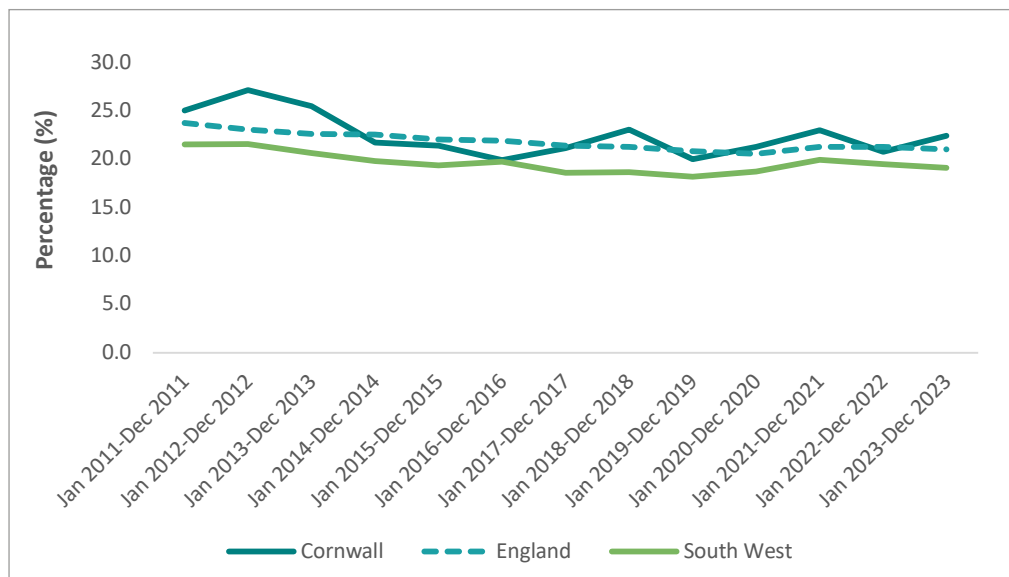
Economic inactivity is a key issue affecting not only our own economy but the economy nationally. Around 74,800 people are currently estimated to be economically inactive (defined as people of working age not currently looking for work or unable to start work in the next two week period) across Cornwall and the Isles of Scilly. This equated to 22.4% of all those aged 16-64 compared to 21% across England and 19.1% across the South West.

Across Cornwall and the Isles of Scilly economic inactivity has increased compared

to the previous year. Around 67,900 people (20.7%) were economically inactive (year ending December 2022) meaning an additional 6,900 people became economically inactive between Jan 2023 and Dec 2023.

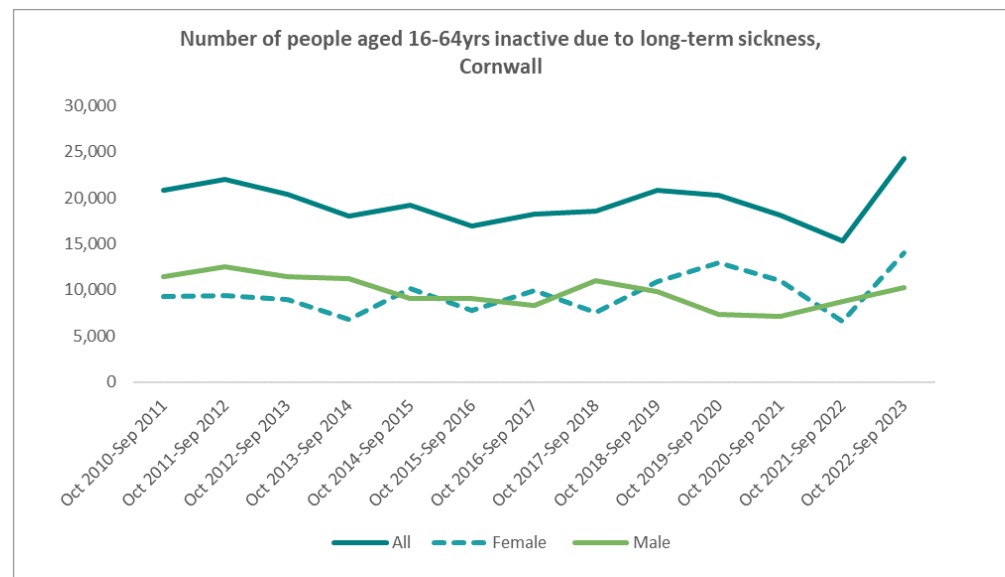
Both nationally and locally there has been an increase in those on long-term sick

**Figure 12: Economic Inactivity rate - All age 16-64 in Cornwall and the Isles of Scilly, South West and England 2011-2023**



and/or dependent on health-related benefits. Supporting people who are not working due to health conditions is a priority nationally, and locally. Whilst both males and female demographic groups have shown an increase in economic inactivity over the last 12 months due to long term sickness, the rate of increase among women is higher.

**Figure 13: Number of people aged 16-64 inactive due to long-term sickness**



## Employment types and sectors in Cornwall and the Isles of Scilly

Nearly, 3 in every 10 people in employment across Cornwall (30.5%) and more than 1 in 5 across the Isles of Scilly (23.5%)<sup>35</sup>, are in employed in public administration which include defence, local authorities, education and the NHS. The second largest sector for Cornwall and largest for Isles of Scilly is distribution, hotels and restaurants, which includes retail, wholesale, transportation and storage accommodation and food (restaurants, pubs and take-away).

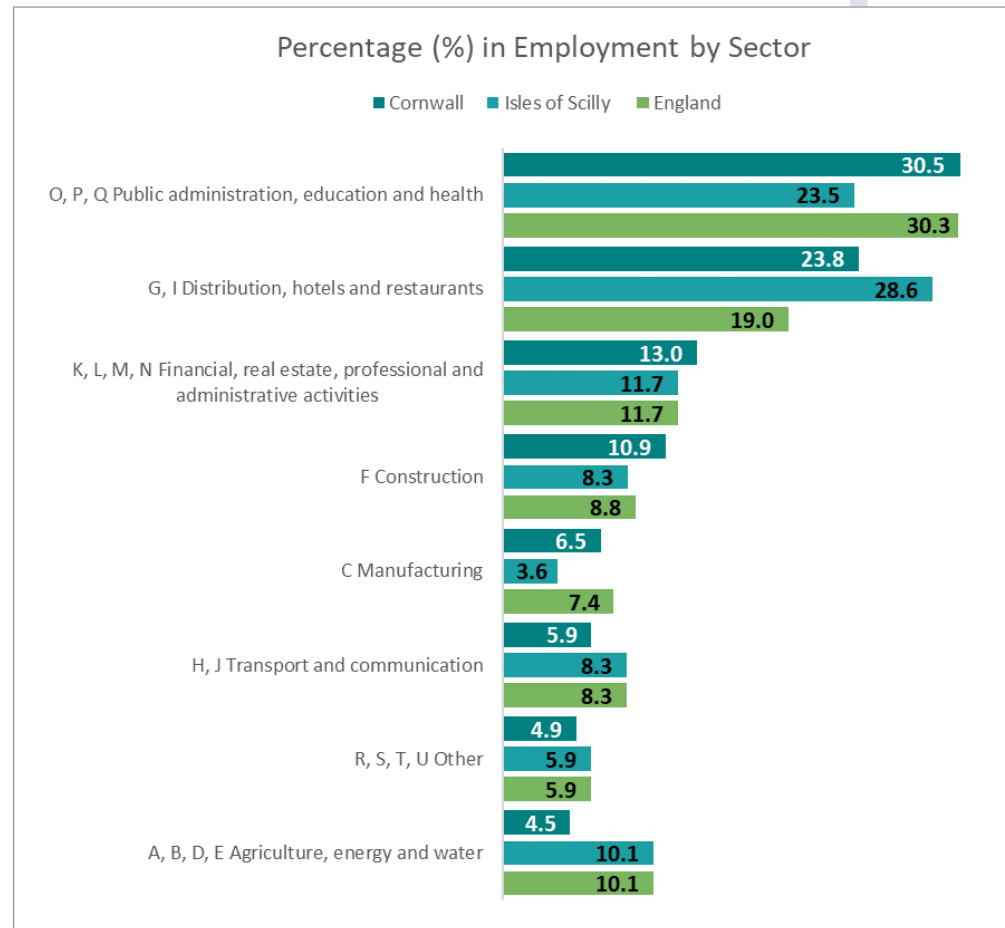
Source: 2021 Census, ONS

Once the public sector is excluded, the type of businesses in Cornwall and Isles of Scilly is heavily weighted to Small and Medium Enterprises (SMEs). SMEs make up 99.8% of private sector employment across Cornwall and the Isles of Scilly.

35 NOMIS, All usual residents aged 16 years and over in employment the week before the census, 2021 Census [accessed 14/06/2024]



Figure 14: Employment % by Sector



Source: 2021 Census, ONS

Figure 15 : Breakdown by size of business

Size of Business	Number of Businesses	Percentage
Micro (0-9)	22620	88.5%
Small (10-49)	2545	10.0%
Medium (50 – 249)	320	1.3%
Large	45	0.2%

## Employment in Cornwall and Isles of Scilly (based on Gross Value Added GVA)

Gross Value Added (GVA) represents the value of goods and services produced in an area, industry or sector of an economy. Locally, the economy’s GVA shows that there is higher value and activity in the property (19.6% versus UK 12.6%), wholesale, retail and motors (12.3%, UK 10.6%), health and social work (10%, UK 8.4%), construction (9.5%, UK 5.9%), accommodation and food (6%, UK 2.4%) and public administration and defence sectors (6.7%, UK 5.2%). There is lower GVA in the professional, scientific and technical (3.9%, UK 7.7%), financial and insurance (1.3%, UK 8.9%), information and communication (1.8%, UK 6.5%) and education sectors (5.4%, UK 6.3%)<sup>36</sup>.

The top 20 businesses with Headquarters in Cornwall and Isles of Scilly, excluding public sector (Local Authority, NHS, Government etc) by number of employees are<sup>37</sup>:

36 <https://platform.beahurst.com/company>, [Accessed 19 April 2024].

37 <https://platform.beahurst.com/company>, [Accessed 19 April 2024].

Figure 16 : Top 20 Employers with headquarters in Cornwall and Isles of Scilly

Company name	Top-Level Sectors	Turnover	Number of Employees
St Austell Brewery	Industrials, Leisure and Entertainment	£209,153,000	1546
Seasalt	Industrials, Retail	£96,486,000	1029
Pendennis Shipyard	Industrials	£72,777,000	499
Goonvean	Business and Professional Services, Industrials, Retail	£64,874,000	498
The Cornish Bakery	Leisure and Entertainment, Retail	£23,672,000	496
Watergate Bay Hotel	Leisure and Entertainment	£17,806,000	479
Porthia Group	Personal services	£17,158,000	460
Bott	Industrials	£52,870,000	458
Happy Days Nurseries	Personal services	£13,080,000	444
Swallowcourt	Leisure and Entertainment, Personal services	£13,149,000	382
Fred Champion	Built environment and infrastructure, Business and Professional Services	£74,123,000	333
Nettleton Holdings	Leisure and Entertainment	£16,022,000	330
Steve Hoskin Construction	Built environment and infrastructure	£67,728,000	325
MJL Contractors	Built environment and infrastructure, Business and Professional Services	£81,395,000	301
Provenance Brands	Business and Professional Services, Industrials	£18,317,000	292
HUBBOX	Leisure and Entertainment	£14,880,000	277
Cornwall Group	Industrials	£25,830,000	271
Merlin Cinemas	Leisure and Entertainment	£8,083,000	267
Trewithen Dairy	Agriculture, Forestry and Fishing, Industrials	£95,882,000	263
Green Light PBS	Leisure and Entertainment, Personal services	£10,660,000	258
Conway Bailey Transport	Transportation operators	£36,381,000	257
Warren's Bakery	Industrials, Leisure and Entertainment	£12,496,000	236
Finisterre	Craft industries, Industrials, Retail	£23,937,000	129

## Employment and health conditions in the working age population (16-64)

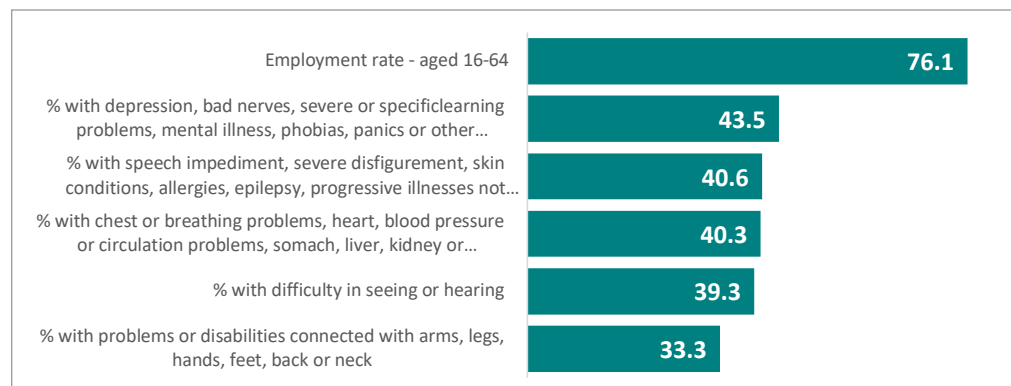
**Over 224,000 people in employment across Cornwall have 1 or more health conditions, this equates to 63.6% in employment compared to 76.1% across the whole population.** Just over half of people with a long term health condition (51%) are economically inactive, but many disabled people including people with long term health conditions want to work, and could do so with the right support. When looking at specific groups of conditions it can be seen that those with **Musculoskeletal experience some of the highest levels of employment inequality being half as likely to be in employment than the general population (1 in 3 people aged 16-64 with MSK).** Across the other groups of conditions such as mental health, sensory loss etc. only 2 in 5 people with those conditions aged 16-64 are in employment.

The majority of long term health conditions are acquired in adulthood, and in an ageing population this is an issue that is likely to worsen unless substantial and coordinated efforts and investment is made in preventative services.





**Figure 17 : Employment rate of population aged 16-64 by health conditions (Cornwall 2023)**



When looking at short term absence from work Mental Health and MSK are the two leading causes of absence. Healthcare professionals issue fit notes to people to provide evidence of the advice they have given about their fitness for work. They record details of the functional effects of their patient’s condition so the patient and their employer can consider ways to help them return to work. There were 369,483 Fit Notes issued in Cornwall and Isles of Scilly over the 4-year period between Dec 2019 and Dec 2023 and of those where codes were available, mental health was cited on 36.6% and musculoskeletal conditions on 15.7%.<sup>38</sup>

Only 6% of adults receiving secondary mental health services and care planning are in paid employment and only 2.7% of people who are in receipt of long-term support for a learning disability are in paid employment<sup>39</sup>. The employment rates in Cornwall for people with learning disabilities and for people with severe mental health conditions are significantly worse than both the South West and England.

38 NHS Digital, Fit Notes Issues by GP Practices, England, April 2019 to December 2023: CSV (Fit notes with diagnosis by Sub ICB location) <https://digital.nhs.uk/data-and-information/publications/statistical/fit-notes-issued-by-gp-practices/december-2023#resources>

39 [fingertips.phe.org.uk](https://fingertips.phe.org.uk). (n.d.). Public Health Outcomes Framework - Data - OHID. [online] Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000041/pat/6/par/E12000009/ati/302/are/E06000052/yr/3/cid/4/tbm/1> [Accessed 14 May 2022]

**Figure 18 : Employment and Health data**

Indicator	Period*	Cornwall	South West	England
Percentage of people in employment	2022/23	76.1%	78.4%	75.7%
Sickness absence: the percentage of employees who had at least one day off in the previous week	2019/21	1.8%	1.7%	1.8%
Sickness absence: the percentage of working days lost due to sickness absence	2019/21	0.8%	0.9%	1.0%
The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)	2022/23	63.6%	69.4%	65.3%
Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	2022/23	13.5	9.0	10.4
The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)	2022/23	2.7%	5.5%	4.8%
Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate	2022/23	74.4	72.9	70.9
The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69)	2020/21	6.0%	11.0%	9.0%
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	2020/21	68.9	66.7	66.1

Significantly better than the England average
Not significantly different to the England average
Significantly worse than the England average

\* The data is the most recent available from the Public Health Outcomes Framework

## Adult Care Workforce Strategy for the Independent Care Sector<sup>40</sup>

A recent study of the independent care sector workforce in Cornwall found that the workforce is under significant pressure, key factors being post pandemic burnout and the work intensification created by high vacancy rates and turnover. These are reflected in higher-than-average sickness absence rates. Whilst many of the actions in the strategy will serve to improve this situation, direct forms of support are also required. The case study outlines support for health and social care employees.

<sup>40</sup> Atkinson, C., Willocks, K., Baloyo, M.J. and Black, P. (2024). Cornwall's adult social care workforce strategy. [online] Available at: <https://www.proudtocarecornwall.org.uk/wp-content/uploads/2024/07/Cornwalls-adult-social-care-workforce-strategy.pdf> [Accessed 23 Jul. 2024].



### Case Study 3: Kernow Workforce Wellbeing Hub

Launched in Cornwall in February 2022 the Kernow Workforce Wellbeing Hub (KWWH) has provided health and social care staff with rapid access to assessment and local evidence-based mental health services and support. The KWWH offer, hosted by Cornwall Partnership Foundation Trust, is independent, confidential and free of charge, providing psychologically informed mental health and wellbeing services, tailored to the needs of the local staff population.

The KWWH has evolved beyond the immediate problems created by COVID-19-19 to address pre-existing systemic issues, including staff retention and turnover, sickness levels, workforce wellbeing, suicide risk and staff burnout. The offer is responsive and preventative, individual and team, organisational and system support.

As part of the KWWH preventative strategy and efforts to reduce the stigma around discussing mental health the KWWH has been able to develop some psychology informed online groups and workshops. The most recent of these has been a four session 'Acceptance and Commitment therapy in the workplace', skills groups open to all health and social care workers. 75% of those who provided feedback shared an increase on the Warwick-Edinburgh Mental Well-being Scale following the group, and 94% of participants that shared feedback would recommend this group to colleagues.



# Conclusion

There are more people economically inactive due to long term sickness or early retirement, and more who are self employed and working part time. Cornwall and Isles of Scilly employers are predominantly made up of 25,000 small and micro businesses. However, public administration and healthcare are the largest employers through local authorities, education, colleges and universities and the NHS. There is a large gap in employment for those with a learning disability or mental health.



# Chapter 5 The Role of Anchor Institutions

## What are Anchor Institutions?

Anchor institutions are large organisations that influence the health and wellbeing of local communities simply by being present, but they can have an even greater impact on the wider factors that make us healthy by choosing to invest in and work with others locally and responsibly. All businesses and organisations, large or small can take action to improve the health and well-being of their staff. The larger the organisation, the greater the potential to impact on health inequalities.

Anchor institutions have traditionally been seen as public sector organisations, such as health care services, local authorities and universities, due to their size and social purpose. They have the capacity to influence the wellbeing of their populations through their roles as employers, purchasers, and providers of services meaning they are connected to and invest in the long-term health and development of their areas. They can use their assets and resources to enhance social and economic conditions.

Due to the significance of the public sector in Cornwall and Isles of Scilly it has the potential to have a powerful effect on health and health inequalities.

**Anchor institutions are large organisations that influence the health and wellbeing of local communities simply by being present**



## The potential to impact health inequalities

Anchor institutions are well positioned to use their assets and resources to benefit the communities around them to improve health and reduce health inequalities. Health inequalities are not caused by one single issue, but by a complex mix of environmental, social and commercial factors as detailed in the 2023 Director of Public Health report.<sup>41</sup> Around 40% of health is determined by socioeconomic factors such as income, employment and education. Anchor institutions have the potential to impact on some of the key social determinants of health which drive health inequalities.

Anchor institutions, have potential to work collectively to close the gap in health inequalities. By bringing together local partners to tackle structural inequality, anchor institutions can play a central role in contributing to the wider determinants of health in Cornwall and Isles of Scilly, the NHS and Cornwall Council have a combined budget of nearly £3bn in 2023/24, the majority of which is spent in local suppliers and businesses by employees and through contracts.

## Opportunities for health care organisations

In the UK, the NHS is an employer of 1.4 million people, with an annual budget of £165 billion. The health service can create social value in local communities. NHS organisations can act as anchor institutions in their local communities and can positively influence the social, economic and environmental conditions in an area to support healthy and prosperous people and communities. Decision makers can maximise the contribution the NHS makes to the wider determinants of health – the social, economic and environmental conditions that shape good health.<sup>42</sup>

41 Public Health, C.C. (2023). *Director of Public Health Annual Report - Cornwall Council*. [online] [www.cornwall.gov.uk](https://www.cornwall.gov.uk). Available at: <https://www.cornwall.gov.uk/health-and-social-care/public-health/public-health-annual-report/> [Accessed 13 May 2024].

42 CLES (2017). *What Is an Anchor institution? | CLES*. [online] [cles.org.uk](https://cles.org.uk). Available at: <https://cles.org.uk/what-is-community-wealth-building/what-is-an-anchor-institution/> [Accessed 13 May 2024].

The NHS Long Term Plan<sup>43</sup> and NHS People Plan<sup>44</sup> both outlined ambitions for the NHS to create new opportunities for people from more deprived areas to enter employment within the health sector by expanding apprenticeships, providing routes into employment for volunteers and working more closely with schools, colleges and universities. Creating new opportunities for local employment could bring benefits for people most at risk of the negative health effects of long-term unemployment, while also helping the NHS address workforce shortages.

Health and care organisations acting as anchor institutions can have a positive impact on local communities in two main areas: the local economy and the environment. Both these areas have the potential to improve the health of individuals and communities, which is the main objective for organisations acting as anchor institutions in health and care.<sup>45</sup>

The NHS Tayside Anchor Strategy in Scotland is an example of an approach to intentionally improve the health and wellbeing of everyone – in Scotland with a particular focus on ensuring that it is done equitably.<sup>46</sup>

## Business Anchors

The mutual benefits of a healthy workforce and thriving economy to businesses and individuals has been covered in Chapter 3. Private businesses have acted as anchors in their communities such as Great Western Railway (Swindon)<sup>47</sup> with its healthcare facilities (a forerunner to the NHS) or Holman Compari (Camborne) with their sports grounds and facilities for their employees. However, it is noted that in Cornwall, of the 24,825 firms, 99.8 are SMEs/88.8% micro businesses, employing fewer than 10 employees.

43 NHS (2019). *NHS Long Term Plan*. [online] NHS. Available at: <https://www.longtermplan.nhs.uk/> [Accessed 13 May 2024].

44 NHS England (2020). *NHS England» We Are the NHS: People Plan for 2020/21 – Action for Us All*. [online] [www.england.nhs.uk](https://www.england.nhs.uk). Available at: <https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/> [Accessed 21 May 2024].

45 Maquire, D. (2021). *Insight and Analysis | Our Work*. [online] The King's Fund. Available at: <https://www.kingsfund.org.uk/insight-and-analysis?topic=determinants-of-health> [Accessed 13 May 2024].

46 NHS Tayside Anchor Strategy. (2023). Available at: [https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET\\_SECURE\\_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod\\_371657](https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_371657) [Accessed 13 May 2024].

47 Bollen, J. (2020). *The NHS and the Railway*. [online] Network Rail. Available at: <https://www.networkrail.co.uk/stories/the-nhs-and-the-railway> [Accessed 13 May 2024].

## Voluntary Sector Anchors

The King's Fund<sup>48</sup> highlights that the definition of an anchor institution is not limited to public sector organisations. There are many voluntary and community sector organisations that hold a significant interest in the long-term development and health of their local areas. Organisations such as the National Trust or the South West Coastal Path Association could be considered as Anchor Institutions. They are system leaders and have significant influence on health and wellbeing for leisure and being active.

## How Strong is Your Anchor? A Measurement Toolkit for Health Anchors

Anchor institution approaches provide a new way for healthcare organisations to improve community health, wealth and wellbeing. Measuring the impact of anchor action can be challenging. Cornwall and Isles of Scilly could use the UCL Partners Anchor Measurement Toolkit. This provides guidance and support to local health anchors and their partners, helping them to capture their activity and impact<sup>49</sup>

48 Maquire, D. (2021). Insight and Analysis | Our Work. [online] The King's Fund. Available at: <https://www.kingsfund.org.uk/insight-and-analysis?topic=determinants-of-health> [Accessed 13 May 2024].

49 Allen, M. (n.d.). *How strong is your anchor?* [online] Health Anchors Learning Network. Available at: <https://haln.org.uk/blog/uclp-measurement-toolkit> [Accessed 13 May 2024].

**Anchor institution approaches provide a new way for healthcare organisations to improve community health, wealth and wellbeing.**

## How can Anchor Institutions have an impact on work and health?

It is widely recognised that there are five key areas that can help anchor institutions to plan and deliver for the local community:

- 1 Employment, including recruitment and workforce.**
- 2 Buying goods and services**
- 3 Environmental sustainability**
- 4 Use of buildings and capital**
- 5 Partnership working.**

For example, encouraging active travel as a means of getting to work improves employee health, but also has a positive impact on the environment.

In treating employment opportunities as a tool for tackling inequalities, Anchor organisations – can tap into communities' strengths and assets including targeting employment and training opportunities toward marginalised groups of people. The Dorset case study below demonstrates the roles an Anchor organisation can do to lead change in its area.



## Case Study 4: Anchor institution (Dorset)

Dorset Council signed the care leavers covenant<sup>50</sup> to become a 'care leaver friendly employer' offering guaranteed interviews to care leavers and provides routes into employment for young people. This demonstrates how an Anchor organisation can use its presence and reputation to improve work and health opportunities. The outcomes were:

- Dorset County Hospital has offered 46 six month placements across departments for young people (aged 16 to 24) through Government's Kickstart Scheme. 90% of the first cohort found employment within the NHS or with another local employer.
- Supporting staff wellbeing and retaining workforce by investing in staff wellbeing and supporting their workforce's resilience through programmes of activities and cultural change, e.g. 'Our Dorset' 'Here for Each Other – Enhanced Staff Wellbeing Service'
- Providing inclusive employment for marginalised groups of people
- University Hospitals Dorset (UHD) is a Disability Confident employer that signed up to the Armed Forces covenant and they support members of the armed forces to start new careers.

<sup>50</sup> Department for Education (2018). *Major New Scheme Launched to Support Young People Leaving Care*. [online] GOV.UK. Available at: <https://www.gov.uk/government/news/major-new-scheme-launched-to-support-young-people-leaving-care> [Accessed 13 May 2024].



# Conclusion

This is a broad overview of how anchor institutions in health and care can work in partnership with other organisations. Currently, there are examples of local authorities, health and care organisations and educational institutions working as anchor institutions. By using recruitment practices, buying power, and their assets in local places anchor institutions can take action on key causes of poor health and reduce inequalities.



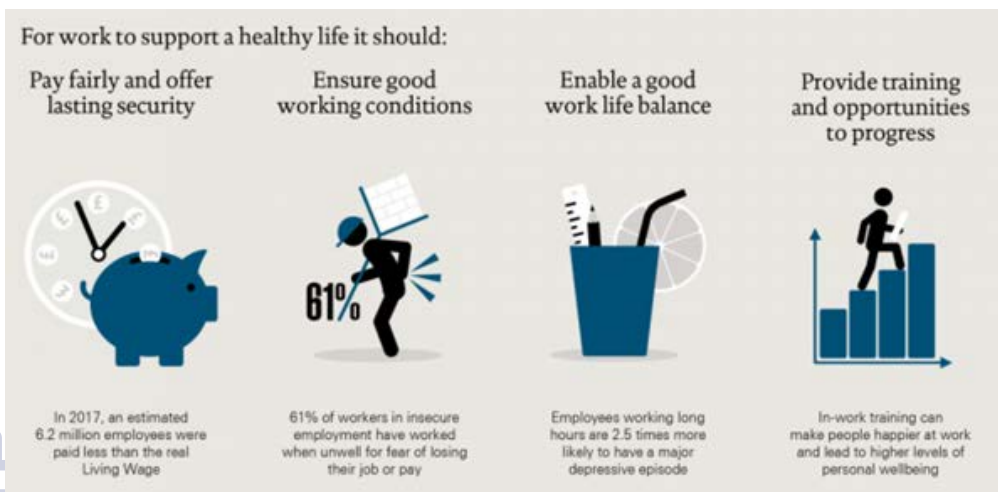


# Chapter 6 Barriers to Good Work

The preceding chapters have outlined the complex relationship between work and health. Access to health-promoting, good quality work is not equal. In general terms, people with disabilities, those from black, Asian and minority ethnic backgrounds, people with poorer parents, women, and lone parents are all less likely to be in well paid professional employment.

In general, the lower an individual's socioeconomic position, the poorer their health. This is known as the social gradient in health. Therefore, well paid work allows individuals to move up the socioeconomic spectrum, improving access to good quality housing, education, food, care and allowing more opportunity for socialisation and leisure, all of which are beneficial to health. Good quality work protects against social exclusion, which in turn leads to better health. Conversely no work, or poorer working conditions, can pose a risk to health and wellbeing.

**Figure 19 : The Health Foundation how work could support a healthy life<sup>51</sup>**



51 Williams, R. (2018). How Is Work Good for Our health? | the Health Foundation. [online] The Health Foundation. Available at: <https://www.health.org.uk/infographic/how-is-work-good-for-our-health> [Accessed 13 May 2024].

## Ethnicity

In the 2021 census, there were significant variations in the unemployment rate in the UK between the 19 ethnic groups recorded, ranging from 4.7% to 14.3%. Unemployment is lowest in those identifying in a white ethnic group and highest in those from Bangladeshi, Black and traveller ethnic groups. Analysis from The Centre for Social Justice shows disparity between the median hourly pay of ethnic minority workers and White British workers<sup>52</sup>. This disparity is higher for ethnic minorities born outside of the UK but is nonetheless significant for ethnic minorities born in the UK. Some ethnic groups are also more likely to be on a zero-hours contract, and to have to work at short notice. They're also more likely to be in casual work or self-employed.

## Age

Cornwall and Isles of Scilly has a much older age profile compared to England, with more than a quarter (26%) of the county's population aged 65 or over.

Although the working age typically refers to those under 65 years, state pension age varies by year of birth. People receiving their state pension for the first time in 2022 will be 66, born in 1956, and by 2039 the state pension age will have risen to 68 years. The number of older men and women in employment has been increasing since the 1990s.

Extending working life into older age may be beneficial for overall health and physical health, particularly for people in high quality, high reward jobs who can reduce their hours to work part time. However, working in low quality or low reward jobs appears to have a negative effect on the health and wellbeing of older workers.

Longer, more flexible working lives, coupled with changes in technology and working practice necessitates individual training and skill development throughout the working career, to ensure that older adults continue to have access to high

52 CSJJ8513-Ethnicity-Poverty-Report-FINAL.pdf (centreforsocialjustice.org.uk) [Accessed ?]

quality, health promoting jobs<sup>53</sup> This, combined with an increasing average age of our population, means that retaining people in work as they age is increasingly important for employers. Older people can bring specific skills to the workplace.<sup>54</sup>

## Childcare

Affordable childcare enables people to work; increase their hours or take on new opportunities; move out of poverty and improve families’ and children’s long-term life chances. High quality early years provision can generate sustained and significant improvements on children’s outcomes reducing disparities in later life. Good quality provision ensures that parents and carers can feel confident to access childcare. A mixed early years and childcare market can ensure there is flexibility to meet the needs of children and their families. Local authorities have an essential role in getting this right.<sup>55</sup>

The existing system of early years childcare and education is the result of different, disjointed policy announcements made over time with no clear strategic direction. This has led to a convoluted offer where some of the most vulnerable families, who may benefit most from early education and childcare, are left without access to funded entitlements.

It is essential that the early years system enables parents and carers to work. The Office for Budget Responsibility (OBR) estimates that by 2027-28 the expansion will enable an additional 60,000 people to enter employment and work an average of around 16 hours a week. All of the changes together will result in an impact of 0.2 per cent on GDP. While access to affordable childcare is important for all families, it is of particular benefit for those on the lowest incomes, the most disadvantaged children, women and single-parent families.

In Cornwall, an audit of current staffing and needs has been completed, combined with promotional events with businesses, colleges and media campaigns. Cornwall Council has worked with Job Centre Work Coaches, for them to promote careers

<sup>53</sup> Government Office for Science (2016). *Future of an Ageing Population*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/future-of-an-ageing-population> [Accessed 21 May 2024].

<sup>54</sup> Government Office for Science (2016). *Future of an Ageing Population*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/future-of-an-ageing-population> [Accessed 21 May 2024].

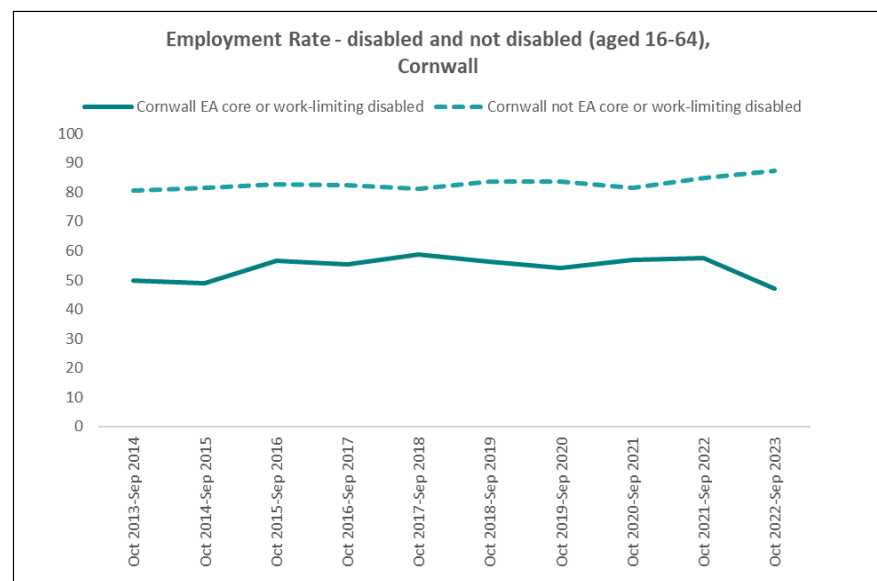
<sup>55</sup> Local Government Association (2023). *Early Education and childcare: Changes and Challenges for the Future* | Local Government Association. [online] [www.local.gov.uk](http://www.local.gov.uk). Available at: <https://www.local.gov.uk/publications/early-education-and-childcare-changes-and-challenges-future> [Accessed 13 May 2024].

in childcare and supported existing childminders with business advice to expand provision.

## Disability

Under the Equality Act 2010 a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Only 63.3% of working age people with a physical or mental long term health condition are in employment compared to 77.1% of the total working age population in Cornwall. Only 6% of adults receiving secondary mental health services and care planning are in paid employment and only 2.7% of people who are in receipt of long term support for a learning disability are in paid employment. The Act protects people with a disability from discrimination in work and when applying for a job. It also requires employers to make reasonable adjustments to remove the barriers related to someone’s disability. This can be challenging for some employers, and small and microbusinesses may benefit from support to gain the confidence and expertise to implement this.

**Figure 20: Disability and Employment Rate 2013-2023**



## Case Study 5: Disability, retaining skilled employees and adaptation

iSight Cornwall explained that as “An employer the last thing you want is to have an employee’s wellbeing suffer or even lose them entirely so the fact that we have been able to adapt his working conditions and offer him a job aide meaning Dom has been able to remain in work and we continue to benefit from his skills and expertise is fantastic and the best outcome for everyone.” Chief Executive iSight Cornwall

Dominic explains that due to complications with his health as a child, he’s lived with sight loss for most of his life. ‘Until recently, I maintained some sight and was able to experience school and university with my peers, and with some adaptations came to work for iSightCornwall in my early twenties. Today my work involves supporting clients in person at the Centre in Truro, on the phone, at community events and in people’s homes across Cornwall.

Unfortunately, in 2023 I had to deal with a sudden and significant change to my life when I lost the rest of my sight overnight. This affected everything from my wellbeing, my hobbies and potentially my ability to do the job that I love. Thankfully, I was able to use the Government’s Access to Work scheme to access adaptations, which have meant I can continue to work and, in some areas, do more than I could before. I have had fully funded technology and software which allows me to continue to access our databases and information in work. I even have devices which can read documents and letters aloud for me.



The scheme funds transport so I can get around the county and continue to offer my expertise to those who may have home-based devices, or to those who are unable to travel to our offices. And perhaps the biggest bonus has been a fully funded job aide who supports me

in my day-to-day tasks; they guide me around new locations which has enabled me to continue home visits, attend events and even represent the charity at a national tech conference with companies such as Microsoft and Google. They help me during appointments with any issue which may require sight and they are able to assist me with essential tasks around the office such as using the touch screen on the printer or identifying the correct paperwork for each device.

From having a job aide to even the smallest of adaptations around the office, I’ve been able to stay in my role and even improve some elements of my workspace, which is something I’m very grateful for’.

## Poverty

The chance of having a job that either positively or negatively impacts our health is not evenly distributed across society; good quality (health protective) jobs are concentrated at the upper end of the social gradient, and conversely jobs which are harmful to health are more frequent at the lower end of the social gradient

Poverty has long-term implications for children's 'life chances' and health in adulthood. Unemployment and low-paid work have negative health impacts. Social mobility is less likely to occur in many coastal towns, due to higher rates of unemployment and poverty, low incomes, lower rates of home ownership, and lower levels of educational attainment in these places.

## Transport

19% of unemployed people have turned down a job or decided not to apply for a job due to transport-related problems.<sup>56</sup> 17.3% of households in Cornwall don't have access to a car. Public transport is often not available to very rural communities. Many people unable to afford to live in the communities where they work (particularly in the coastal hospitality businesses) so they are reliant on public transport to get to work. However, for some shift workers public transport is not an option. For example, healthcare workers are restricted in their travel choices with shifts that start and end outside the times of public transport.

Transport is the largest single cost for millions of households, after housing costs. Cornwall has taken significant strides to reduce the cost of bus transport with the introduction of the Bus Fares Pilot and single trips capped at £2. In rural areas, average weekly spend was £114 per week on transport, compared to urban at £76 per week<sup>57</sup>. Please note that this is based on 2020 data, so precedes the rapid rise in energy and fuel costs areas only to housing costs.

<sup>56</sup> [www.health.org.uk](https://www.health.org.uk/evidence-hub/transport). (2021). *Transport | the Health Foundation*. [online] Available at: <https://www.health.org.uk/evidence-hub/transport> [Accessed 13 May 2024].

<sup>57</sup> Rural Cost of Living. (2022). Available at: <https://rsnonline.org.uk/images/publications/rural-cost-of-living.pdf> [Accessed 21 May 2024].



The quality of the transport infrastructure and the adequacy of transport services directly affect health by, for example, enabling active modes of travel (such as walking and cycling) that have health benefits, or reducing road accidents and harmful emissions. But wider, indirect impacts on health include enabling people to get to work, school, hospital and fresh food shops, as well as social events and leisure activities – aspects of life that are important for good physical and mental health.

A study looking at the links between employment and the quality of the transport network shows that employment rates are negatively correlated with public transport travel times, even after controlling for car availability and socioeconomic variation. This suggests that more investment to improve transport services and reduce journey times could result in better employment opportunities.<sup>58</sup>

58 Mihaylova, N. (2021). *How Transport Offers a Route to Better Health* | the Health Foundation. [online] www.health.org.uk. Available at: <https://www.health.org.uk/publications/long-reads/how-transport-offers-a-route-to-better-health> [Accessed 14 May 2024].



## Trauma

Trauma and abuse has a direct impact on the individual concerned and on their household or support network. This can cause disruption to their employment and ability to maintain working. £316m in economic output is lost each year in the UK through absence related to domestic abuse and, note, that this is likely to be grossly underestimated as the cause of absence will often be hidden.<sup>59</sup> The average loss of earnings per female victim is £5,800 per year.<sup>60</sup> 75% of people experiencing domestic abuse are harassed by their abusers while at work. This affects presenteeism and productivity and may also impact on employees who are trying to support their colleague. Mental health of children can also be hugely disruptive to working parents. School refusal, ill-health, child safety and a range of other issues can impact on parents' ability to attend work, to be on time and to be fully present when in work. Providing an open, informed workplace with strong, well communicated policies and routes to access support will help employers to recruit and retain staff and build a happy, effective and productive workforce.

The impact of children's mental health on working parents is detailed and CLEAR Cornwall has considerable experience of supporting both children and adults. More detailed research is in the Mind Forward Alliance toolkit.<sup>61</sup>

59 www.farrer.co.uk. (2021). Domestic Abuse in the workplace: an Emerging Issue in Employment Law. [online] Available at: <https://www.farrer.co.uk/news-and-insights/domestic-abuse-in-the-workplace-an-emerging-issue-in-employment-law/> [Accessed 16 May 2024].

60 www.farrer.co.uk. (2021). Domestic Abuse in the workplace: an Emerging Issue in Employment Law. [online] Available at: <https://www.farrer.co.uk/news-and-insights/domestic-abuse-in-the-workplace-an-emerging-issue-in-employment-law/> [Accessed 16 May 2024].

61 mindforwardalliance.uk. (2023). Impact of children's Mental Health on Working Parents. [online] Available at: <https://mindforwardalliance.uk/Resources/Parents-Toolkit/Impact-of-childrens-mental-health-on-working-parents> [Accessed 16 May 2024].

**75% of people experiencing domestic abuse are harassed by their abusers while at work.**

## Case Study 6: Individual Placement and Support (IPS), We are With You

The aim of IPS is to sustain employment by providing support alongside clinical treatment for substance use. It works by integrating employment specialists within treatment services to work with individuals during their recovery journey to find sustained employment, and once found, provide ongoing in-work support for both the individual and the employer. It provides employers with a wider pool of applicants with a more diverse range of skills and increases understanding and awareness to reduce stigma around those who use substances.

Since the project went live it has supported over 100 people into work and many more towards employment, which in turn has supported their recovery journey. They have also worked with a range of employers, who may have been reluctant to employ individuals going through treatment, increasing the diversity of the workplace and changing perceptions.

**Simon's experience** – I have worked all of my adult life in the hospitality industry but had been out of work for over a year, before that I had been unable to keep a job because of my personal issues. I knew I didn't want to go back to the hospitality industry because of the lifestyle that comes with it. I thought looking at an office based job would be a good idea and the IPS worker asked me to look into what transferable skills I have already gained from previous roles that would help me progress



into a different career. I thought that starting at an apprenticeship level would be a good idea after previously looking at some vacancies, which she also agreed was a good plan.

I recently moved out of the rehab centre I was in, to a supported living accommodation and I was unsure how this would affect how we would move forward. I applied for business administration apprenticeships vacancies and I now have an interview coming up for a place within the NHS.



# Conclusion

There are many barriers to accessing work, particularly good quality work. Those barriers may also cluster together, for example a person with a disability may have difficulty in accessing transport or someone impacted by trauma may additionally experience poverty. Employers may gain significant benefit in recruiting a diverse workforce with a wide range of backgrounds and experience, but some employers may need support to achieve this.



# Chapter 7 Isles of Scilly - housing and transport for a sustainable workforce

The Isles of Scilly has specific issues in terms of health and work. Based 28 miles off the coast of Cornwall, the Isles of Scilly is a small community of around 2,200 people located on five inhabited islands. This is a unique environment to live and work in. The population increases significantly during summer months with tourists and seasonal workers.

There is work available on the Isles of Scilly with residents often having more than one job and some running small businesses. Much of the work is low paid. The cost of living is higher on Scilly than the mainland, with goods often double the mainland prices. Rents are also often very high and quality of housing is not always good.

Scilly has one of the most rapidly ageing populations in the country. The current proportion of the population aged over 65 or older is equivalent to the projected figures for England and Wales in 2059. 25.8% of the population is age 65 or over. This is roughly the same percentage as Japan which is recognised as having the highest proportion of older people in the world. It is projected that the 25.8% will rise to 29.5% in 10 years' time and 32.3% in 2036. 14% of the population have life limiting long-term illness. The islands population is not only ageing, but also declining in numbers. Service delivery is challenging and proportionately more costly given the geographic isolation, dispersion of individual inhabited island communities, the very low Council Tax and Business Rates base, an ageing population and some of the lowest wages in the UK.

It is vital to provide appropriate affordable housing for key workers in order to support the population, continue to deliver services and remain as independent as possible. However, the ability to recruit and retain workers is hampered by the shortage of permanent, secure, appropriate homes that are affordable. For example, in recent years, education and health and social care have recruited employees, but the successful applicants cannot find anywhere suitable to live for themselves and their families. Recruitment is expensive, with the risk of failing to convert an offer

to appointment and retention. Furthermore, pay in hospitality can be more than health and care pays which adds to the pressures. This has even more significance with the confirmation that funding is in place for the new health and care facilities adjacent to St Mary's hospital.

## Transport

To support health and work, it is essential to have a resilient, reliable and affordable transport system both inter island and to the mainland. The replacement of the Scillonian ferry to the mainland is underway, allowing a focus on other related transport matters. The Council of the Isles of Scilly is working closely with Government to develop permanent solutions which include long term concessionary fares scheme for essential employees and health visits to/from the mainland. It is vital to develop an approach to address the housing challenges and address the hidden homelessness and the higher costs of buying, renting and staying warm. A fairer funding system is essential reduce disparities for residents on the Islands and for their health and work opportunities.





# Conclusion

It is vital to develop an approach to address the housing challenges and address the hidden homelessness and the higher costs of buying, renting and staying warm. A fairer funding system is essential to reduce disparities for residents on the Islands and for their health and work opportunities.

# Chapter 8 New Approaches to Work and Health

## National Approach

The government has recognised the increasing challenge of economic inactivity due to long term sickness and has prioritised the need for increased labour force participation. It therefore allocated funding in the Spring 2023 budget to increase labour force participation for a range of work and health initiatives including

- ❑ Musculoskeletal (MSK) Health - scaling up community MSK hubs in England so more people can access treatment and free digital support tools. Introduce employment advisors into MSK services.
- ❑ Mental Health - expanding the Individual Placement Support (IPS) scheme in England which supports people with severe mental illness into employment.
- ❑ Cardiovascular Disease (CVD) - digitalise the NHS Health Check in England to identify cardiovascular conditions earlier, resulting in improved health outcomes.
- ❑ WorkWell Partnership Programme (WWPP) - Integrated work and health support for disabled people and people with health conditions who want help to start, stay or succeed in work. A locally led programme, bringing together the NHS, local authorities and jobcentres.
- ❑ Universal Support - Introducing a new supported employment programme for disabled people and people with long-term health conditions in England and Wales, matching participants with open market jobs and funding support and training.

There has also been a consultation, Occupational Health: Working Better seeking views on proposals aimed at increasing employer use of Occupational Health Services, including the introduction of a national 'health at work' standard to help provide a baseline for quality occupational health provision.

In April 2024, the Government announced plans to reform the benefits system with the aim of supporting more people back into work. The Green Paper, Modernising Support for Independent Living includes proposals on:

**Benefit eligibility** – a proposal that anyone who has been on benefits for a year and doesn't meet the conditions set by their Work Coach - including accepting available work - will have their unemployment claim terminated and benefits withdrawn.

**Work Capability Assessments** - may be replaced with a new system tailored to provide personalised employment support, to help disabled people and those with health conditions to achieve their potential.

**Review of the Fit Note Process** – the aim is to focus on what individuals can do with appropriate support, rather than focusing on what they cannot do. Changes may involve transferring the responsibility for issuing Fit Notes from primary care towards specialist work and health professionals. The government has initiated a call for evidence on this, seeking input from those affected, healthcare professionals, and employers on how to enhance support for individuals with health conditions.

## Local context

Cornwall and Isles of Scilly has a history of successful projects aimed at increasing employment opportunities for those with health conditions and disabilities. There has also been collaboration with local universities to evaluate the impact of these. Examples include the Beacon Project (Economic Inclusion) (2018 to 2020) and the University of Exeter Inclusivity Project (2019 to 2023).

Ten years of European Social Funded (ESF) employability interventions in Cornwall have created significant employability support capacity. However, despite this investment, Cornwall and Isles of Scilly continues to have a higher percentage of people who are economically inactive with a long-term health condition or illness compared to the Southwest and England.

There is a recognition that when the funding for programmes comes to an end there is a risk that the learning from these will be lost. It is also recognised that there needs to be more co-ordination of projects and more effective linkage with the health system and within this there should be more access to support for people with health conditions and disabilities who are at risk of falling out of the workforce. This is particularly relevant in Cornwall and Isles of Scilly due to the older workforce.

A Healthy Workplace service has run in Cornwall and Isles of Scilly for over 10 years. The service engages a wide range of employers and supports them to become a more health promoting environment. The service was updated to reflect needs identified by employers. This includes training for staff on health and wellbeing issues, individual NHS health checks and virtual lifestyle assessments.

## Case Study 7: Healthy Cornwall Workforce and Training Team

The team’s outreach healthcheck practitioners deliver free NHS healthchecks/assessments to public, voluntary and private sector organisations with a targeted approach to routine and manual employees. The team’s Wellbeing & Public Health Trainers deliver mental health focussed training and workplace health, an ageing workforce with health challenges likely to present within the workplace. The purpose is to make workforces aware of the benefits of improving their mental and physical health as well as train more workplace health champions for both mental and physical health. A better informed workforce, regarding their age and risk factors, is vital to show what changes can be made to improve health.

**Ten years of European Social Funded (ESF) employability interventions and Government funding in Cornwall and Isles of Scilly have created significant employability support capacity.**



## Work and Health Strategy Development

Cornwall and Isles of Scilly was only the second area funded by the Government's Work and Health Unit to develop and integrated work and health strategy. The development process engaged stakeholder groups in two workshops and a survey. Stakeholders drawn from multiple systems including health, local authority, providers of services, education and training providers, employers, employment delivery support and voluntary sector.

The draft strategy sets out a vision to create the right environment where everyone can have the opportunity to lead fulfilling working lives, achieve their potential, and live well.

### Four key strategic priorities were identified:

- 1 To create a good place to work for everyone.**
- 2 Ensure the right support is in place for the individual to prepare for work.**
- 3 Provide early intervention and the right support for people to stay in work.**
- 4 Collaborate in true partnership to help all our people to get into and stay in work**

## Healthy ageing

In line with the Chief Medical Officer's 2023 report, Health in an Ageing Society, there is a need locally to respond to an ageing demographic. This includes an ageing workforce, particularly in the health and care sector. As part of the local work and health strategy, we aim to promote the value of older workers and encourage employers to retain their older staff. We will also promote opportunities for older people to engage in volunteering, as this provides many of the health benefits of paid work but often with greater flexibility.

## Carbon Neutral Cornwall

The transition to a Carbon Neutral Cornwall requires low carbon energy generation and also a reduction in overall energy use. This could create significant new skilled, well-paid, long-term employment opportunities, globally the transition to clean energy is expected to generate 10.3 million net new jobs by 2030.<sup>62</sup> In Cornwall and the Isles of Scilly there are opportunities in solar power, offshore and onshore wind power, improving grid infrastructure and improving energy efficiency of buildings. Achieving the transition to a greener economy will require people with skills in the new technologies. As part of an overall just transition, it is important to provide training for local people to benefit from these new opportunities. Cornwall Council, Carbon Neutral Cornwall and Inclusion Cornwall are working together to deliver inclusive growth and carbon equality.

## WorkWell

In May 2024, Cornwall and Isles of Scilly was confirmed as one of 15 areas in England to be a pilot for the Government's WorkWell programme. This aims to offer people with a health condition or disability a single assessment and gateway into both local employment support and health services. To help people manage their conditions and to identify workplace adjustments or support that would enable them to stay in work or return sooner, particularly mental health and MSK conditions.<sup>63</sup>

62 Wallach, O. (2022). How Many Jobs Could the Clean Energy Transition create? [online] World Economic Forum. Available at: <https://www.weforum.org/agenda/2022/03/the-clean-energy-employment-shift-by-2030/> [Accessed 14 May 2024].

63 GOV.UK. (2024a). *New £64 Million Plan to Help People Stay in Work*. [online] Available at: <https://www.gov.uk/government/news/new-64-million-plan-to-help-people-stay-in-work> [Accessed 14 May 2024]

# Conclusion

Supported by new national policy and funding, Cornwall and the Isles of Scilly has an opportunity to build on its experience from EU and UK Government funded interventions to develop a strong offer to workplaces, the existing workforce and those who would like to get into work, to ensure good work supports good health.

# Chapter 9 Recommendations

## Building a healthy workforce

1. Encourage more investment in staff health and wellbeing, including access to occupational health services, particularly among SMEs, who find it more difficult to fund such services.
2. Develop a Good Work Charter as part of the Growth Strategy to provide a framework for action to shape a fairer future of better work.
3. Build on the Work Well Vanguard and other employability schemes to support people to remain in work or return to employment.

## Tackling health inequalities and addressing the root causes of economic inactivity

4. Large anchor organisations including local authorities, NHS providers, universities and colleges should work collectively to address workforce shortages and improve recruitment from people who are currently economically inactive, with a focus on the areas and groups most excluded.
5. Both Cornwall and the Isles of Scilly should establish Work and Health partnerships, including employer and business networks, which join up and support people with disabilities and health problems to access training and employment.
6. As an increasing number of 16–34-year olds report a work-limiting condition, particularly mental ill health, this should be a local priority for understanding, engagement and preventative action.

7. Seek to address low pay and inequality in Cornwall and the Isles of Scilly through adoption of the Real Living Wage, and seek to go further in asking government to:
  - I. Extend the National Living Wage to all employees of any age, replacing the National Minimum Wage that applies to workers aged 16-20;
  - II. Using devolution to offer Cornwall as a pilot for basic stable income to address long term, entrenched poverty;
  - III. Seek to close the 'health pay gap' for full-time workers of £2.50 per hour, which means that people with a work-limiting health condition on average earn 15% less per hour.

## Increase investment in public health, prevention and fair funding of local services

8. Increase awareness of positive benefits of movement and physical activity for musculoskeletal health and positive mental health in workplaces and employees.
9. Support Council of Isles of Scilly's proposals with Government to create a resilient, reliable and affordable transport system that will sustain and improve health and work opportunities.

## Delivering population-level interventions and policies

10. Increase the availability and affordability of childcare including for children with special education needs and/or disabilities and work with colleges and private apprenticeship providers to promote this type of work as a route into employment.
11. Develop our understanding of the causes and effects of transport poverty and how to improve health and wellbeing and work opportunities through accessible and affordable transport.
12. Support employers to develop more inclusive, flexible and age-friendly workplace policies to retain and attract an older workforce with skills and experience to local opportunities.

# Chapter 10 Annual Report 2023-2024 update

## Strategic and partnership opportunities:

1. All partners should **adopt a Health in all policies approach** that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. Councils and other public bodies should require that financial and business planning has regard for this evidence on health inequalities and should report annually on specific groups affected by their decisions.
2. The Joint Health and Wellbeing Board for Cornwall and the Isles of Scilly should **review the Health and Wellbeing Strategy** (2020) in light of this update on health inequalities by the end of 23/24. This should include development of a specific delivery plan to tackle inequalities in health with clear accountability, resourcing and governance arrangements.
3. **Engage actively in the South West Marmot Region approach** to develop a health equity system involving regional authorities, NHS, local authorities, business and economic sector and voluntary and community sector. This will include 'making the case' tools and a common indicator set.

The DPH Annual report was presented to a wide range of organisations and partners. This has enabled more people to better understand the key drivers of health inequalities and how we understand them. The findings of the report were welcomed by Cornwall Council Cabinet and NHS Integrated Care Board, and both agreed the need to have regard to the findings in relation to their financial and business planning. Cornwall Council is reviewing their Cornwall Development and Decision Wheel impact assessment framework to ensure health impacts are made clear.

The financial planning for organisations is challenging in the current financial climate for public services. However there has been positive action including levelling up funding targeted at areas of highest need, and ICB funding allocation to the three Integrated Care Areas (ICAs) to address health inequalities.

A review of JHWBB strategy implementation and progress was completed in May 2024. This included board and stakeholder surveys and interviews, a review of implementation and drafting of a JHWB outcome framework. It will provide recommendations to the JHWB in July 2024. Alongside this the metrics for the Integrated Care Strategy have been reviewed and include measures of health inequalities at both the overarching and programme level. This will allow closer monitoring of delivery against the outcomes and facilitate more objective monitoring of progress in addressing inequalities.

The DPH is a member of the SW Marmot Region steering group. The regional work has raised the profile of Health Inequalities and the role of anchor institutions across the system. It is currently focussed on 3 areas of collaboration: work and health; early years education, and educational materials. Working collaboratively with other areas in the Southwest will help residents in Cornwall through sharing knowledge and using collective resources to help address shared challenges and issues seen not only in Cornwall but other areas in the region.

**The financial planning for organisations is challenging in the current financial climate for public services.**

## Give every child the best start in life:

4. There should be a **greater focus on reducing inequalities in maternal health and early years** development as this best life stage to improve future health. Whilst support is needed for all families and young people, it needs to be proportionately greater in more deprived areas, educational settings and groups identified in this report to ensure fairness and wellbeing for future generations.



In the last year there has been a range of new programmes focussed on reducing inequalities in maternal and early years health:

- A range of oral health promotion schemes have commenced including: by health visitors for all babies; a supervised toothbrushing scheme for children aged 3-5 years old when attending eligible Early Years (EY) sites located in six of Cornwall's most deprived areas; a school age oral health promotion programme where schools in the more deprived areas with highest tooth decay have been targeted.
- Public Health actively engages with the multi-agency steering group EHPIC (Empowering Healthy Pregnancy in Cornwall) and a core focus of this collaborative is actively tackling health inequalities experienced during pregnancy.
- Healthy Cornwall provide an increasing range of health promotion support during pregnancy and the early years to meet the needs of families who may be more vulnerable to health inequalities.

- Cornwall's Family Hub and Start for Life offer enables increased support for child health and development (e.g. parent-infant relationships, infant feeding, home learning environment). A core requirement of the funding is ensuring that families can readily access universal support alongside targeted and specialist services that are agile to the needs of the local population.
- Public Health commissioned Home-Start Kernow to deliver three new parent support groups for parents of children under 5, to increase the geographical availability and accessibility of the existing provision for families facing the most disadvantage in Cornwall.

**There should be a greater focus on reducing inequalities in maternal health and early years development**



## Ensure a healthy standard of living, fair work and good employment for all:

5. A sustainable and fair economy should focus on creating well-being for all. The employment and skills strategy, and adult education should increase opportunities for those in the most deprived communities in Cornwall and Isles of Scilly. In addition, the Councils and economic partners should develop a policy approach which explicitly outlines how an inclusive economy **will be achieved for our most excluded groups**.

Cornwall Council has put skills, retraining and job creation at the centre of its strategic thinking with the publication of its Labour Market and Skills Strategy recognising that talent is everywhere, but opportunity is not. The strategy for investment of Shared Prosperity Fund also aims to put skills as the heart of investment decisions. The Council's vision is: 'to grow the economy, build on its assets and provide everyone with the opportunity to access good quality jobs, whilst setting a course for a decarbonised and sustainable future for business, for people and for our environment'.

The Employability and Skills Programmes that the Council directly commissions ensure organisations are working with people who are further from the labour market. The programmes target these individuals and more deprived areas, working in partnership with specialist providers to design and deliver tailored support, training and employment outcomes.

This approach will be further developed over the coming year through a new Good Growth Strategy for Cornwall.

The Isles of Scilly have an Island Futures Strategic Economic Strategy (2022) which aims to reduce barriers to employment and the workplace, develop opportunities to diversify and delivering skilled and well-paid employment opportunities.

**A sustainable and fair economy should focus on creating well-being for all**



6. Support a movement for Cornwall to **become a Living Wage Foundation Place** promoting Living Wage accreditation to address in work poverty. This will require collaboration between leaders and local anchor institutions to create and action group, understand low pay in Cornwall and develop a Low Pay Action Plan.

In the October 2023 the annual Challenge Poverty Week was organised by Cornwall Independent Poverty Forum, Truro and Newquay Food Banks, End Hunger Cornwall, Cornwall Council and Cornwall Voluntary Sector Forum. Key members shared their commitment to taking collective action for a Real Living Wage for Cornwall and supporting a movement for Cornwall. Cornwall Council, Cornwall Chamber of Commerce and the Federation of Small Business (FSB), endorsed the proposal for a Cornwall-wide campaign from a local authority and business perspective.

In Cornwall and IOS (2023), 28.4% of all employees are paid below the Real Living Wage, compared to 20.2% for the UK (reduced from 39% in Cornwall, and 24% UK in 2021).

Cornwall Council pays employees a real living wage, and in its contracts, growth funding and commissioning actively commit providers to also pay the real living wage.

## Create and develop healthy and sustainable places and communities:

7. We should all seek to **change attitudes, systems and behaviours** that perpetuate discrimination and disadvantage. Collectively we should all be knowledgeable and confident in equality, diversity and inclusion matters. Our provision of services and facilities need to be accessible to all, which includes better consideration of geographical, physical, communication and digital access and barriers.

The effects of discrimination and importance of equality, diversity and inclusion have been raised through this report with partners in Cornwall. It is widely accepted that this is an issue which needs to be addressed and partners are committed to ensuring that appropriate policies are in place and that training and support is made available to staff working in organisations in Cornwall.

**We should all seek to change attitudes, systems and behaviours that perpetuate discrimination and disadvantage.**

8. Councils should consider new solutions to **address the inequity driven by the second home housing market** to improve access to affordable, secure and good quality housing in Cornwall and Isles of Scilly. New housing is only part of the solution, and we need to better use existing stock, and improve its warmth and quality to meet housing need, reduce homelessness and improve health.

The issue of lack of accessible and affordable housing in Cornwall continues to be a significant driver of housing inequity for residents and the ability to recruit the workforce needed for health and social care services in Cornwall. The introduction of 100% council tax increase on 2nd homes in Cornwall is planned to come into force in March 2025. While this will bring much needed income to provide services for residents, it is difficult to foresee how much impact this will make on the housing and rental market to increase availability of housing for lower income residents.

Health services targeted at the homeless population in Cornwall have been expanded in the last year to respond to the increased demand caused by the rise in homelessness, and the harm this causes to people health.

9. Use the opportunity of devolution and Cornwall and Isles of Scilly place leadership **to explore and apply evidence based policy decisions and market interventions which can reduce health inequality.** These might include innovative approaches to tobacco, alcohol or foods by learning from devolved nations and challenging national policies which are exacerbating local inequalities.

Cornwall agreed a Level 2 Devolution deal in November 2023. Though this agreement limited devolution of more powers to Cornwall Council have been achieved, including adult education and skills budget. As part of the deal the following was agreed in relation to health and wellbeing:

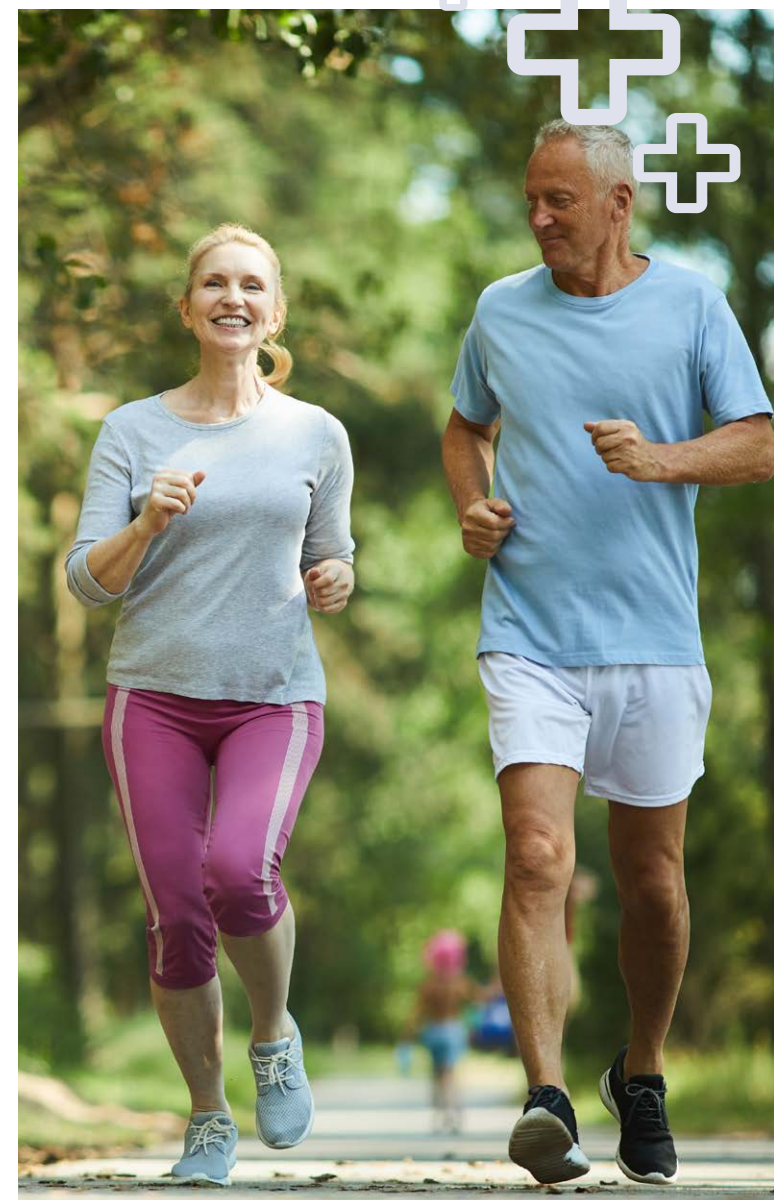
#### Healthy places collaboration to improve health and wellbeing<sup>64</sup>

**‘Cornwall Council and the government will collaborate to accelerate the vision for Cornwall to be a leading global healthy place. Cornwall has many of the ingredients in place to start well, live well and age well with all the benefits of the natural environment, active lifestyles and community strengths. The additional investment through this deal in employment and skills will contribute a health gain for those living in Cornwall and targeted at those with poorest health.**

**The government recognises Cornwall’s innovation record and that this could provide a foundation for testing new public health approaches. The government will work with Cornwall Council to leverage further opportunities to reduce rural and coastal health disparities and deliver on Levelling up missions 7 and 8. This approach will jointly tackle the complex health issues of our times, including childhood obesity and healthy ageing, by working with Cornwall Council to support local action on expanding access to green space, increasing physical activity, and shaping a healthier and more sustainable food environment for all to enjoy.’**

This provides the opportunity to adopt a public health and evidence-based approach to addressing health inequalities and for Cornwall Council to create a healthier environment to address health inequalities as outlined in the 2023 DPH annual report.

In 2023 the Council was awarded funding to establish a Health Determinants Research Collaboration (HDRC). This funding over the next five years will be to work in collaboration with the academic partners and communities in Cornwall to develop research capacity and a culture of research and supporting the use of evidence in local policy and decision making to address the wider determinants of health inequalities.



<sup>64</sup> Cornwall devolution deal (Kevambos Digresennans Kernow) 2023 - GOV.UK ([www.gov.uk](http://www.gov.uk))

## Understand and engage with our communities:

**10.** Commit to working together in a coordinated way to develop **a better understanding of community voices, lived experiences** and stories from different sections of our residents to inform and help design our approach to tackling health inequalities and understanding of health need.

- There has been active expansion of engagement and including the voices of people with lived experience in the NHS Integrated Care Board. This has been achieved through investment in the voluntary and community sectors, an enhanced team, production of a communication and engagement strategy and vignettes used in the Board meetings.
- In public health the new HDRC research collaborative will involve communities in the development of research priorities, in designing research and developing research skills. Central to achieving this, a Citizen's Research Group (CRG) is being founded to create the platform and space to achieve better engagement with communities and will be led by Cornwall Voluntary Sector Forum to ensure there is clear collaboration to work with and for communities to better engage and understand how we develop partnership with communities and residents.
- Public Health is also working with Transport to link health to travel through the Active Travel Social Prescribing Pilot (£844k funding from Active Travel England). This co-designed pilot includes a ATSP Fund to support community-based projects designed to meet locally identified need.

**11.** Ensure local engagement structures such as **Community Area Partnerships** of elected members, **and Integrated Care Areas are aware of health inequalities** and can address area based inequality via their working including investment of levelling up or Shared Prosperity Funds.

- Community Areas Partnerships have played a key role in the allocation of levelling up funds according to the need in their partnership areas. Most of the partnerships have prioritised health and wellbeing as a key outcome and have a potentially greater role in area-based approaches to tackling health inequalities. Over £167m of Shared prosperity funds have been allocated across Cornwall, using the principles of good growth to 'level up'.
- NHS Integrated Care Area leaders have adopted tackling health inequalities as a priority with a focus on the most disadvantaged areas in the worse 10% of the national indices of multiple deprivation within each area.
- The ICB Integrated Care Area Committee (a formal committee of the ICB) has oversight of local NHS health inequalities work, for example, updates on progress and evaluation of the community health and wellbeing workers are going to the Committee. In addition, the ICB have through the use of a section 256 agreement transferred funds to Public Health to develop and commission a range of services to address health inequalities over three years on their behalf.

**12. Establish an annual Public Health Lecture** aimed at sharing knowledge on key health issues, bringing together the general public, our public sector and voluntary sector partners, community groups and our academic partners who have an interest in medicine and public health. This should begin with an outline of local health inequalities.

Throughout the year the Director of Public Health and the Public Health team have delivered presentations and workshops which have outlined the key issues outlined in the 2023 annual report and the complexity of health inequalities. These presentations have helped in increasing awareness and understanding of the key areas of inequalities and stimulated more demand for inequalities intelligence and for support and input from the public health team by partners to better understand how to address inequalities.

The positive response from the various partners and boards has shown that people in Cornwall are keen to learn more about this issue and how to better understand intelligence available or where we need to develop gaps in knowledge.

The DPH is currently developing the first annual lecture to be presented in 2024 to continue developing new channels to engage and inform both residents and partners about public health issues that matter to Cornwall.

## Strengthen the role and impact of ill health prevention:

- 13.** The integrated care system should agree a coordinated and **long term joint investment in prevention**, with a focus on those groups identified in this report as at risk of health inequalities in Cornwall and the Isles of Scilly across all ages. This should include a focus on the illnesses that lead to early deaths and reduced quality of life such as circulatory diseases, cancer, and respiratory diseases. All Trusts and Primary Care Networks should have a plan to address health inequalities.

While it is widely accepted that we need to invest more in long term investment in prevention, the ongoing financial pressures have to be acknowledged as creating a challenging environment to achieve this ambition. Despite this there has been positive collaboration in shorter term investment through the NHS Section 256 funding for health inequalities for three years and the jointly commissioned People in Mind programme seeks to prevent mental ill health and suicide throughout its' 5-year term. The DPH will continue to advocate and work with partners to achieve a more long-term approach to funding the inequalities agenda.

The Council have been successful in securing external grant funding through various means including;

- The Cornwall devolution deal
- Funding through NIHR and research funding
- Housing upgrade and retrofit work for people in fuel poverty (HUG 2)

Public health will continue to work with colleagues and partners to identify and bid for funding and grants to address health inequalities and provide access to resources and innovation that are not funded through existing channels.

**In addition, work has begun to develop an ICS prevention framework. This will help develop a consistent approach to prevention using an approach to:**

- **PREVENT** long term illness through health interventions and early diagnosis of illness,
- **REDUCE** the impact of illness in people with long term conditions and
- **DELAY** the onset and impact of serious illness which reduces healthy life expectancy and early death.

- 14.** All sectors should strive to ensure that **the data used for inequality monitoring are reliable**, of high-quality, and comparable across settings and over time to measure progress. This inequality data should be routinely reported to Boards alongside performance reports, and under the Equality Act 2010, but should be accompanied **with regular deep dive reporting** into specific topics or equality groups.

This is an area of ongoing development and investment including:

- Recognition that data collection should include reliable socio-demographic information across all partners.
- Cornwall Council EDI strategy has committed to improving inequalities data.
- CIOS Integrated Care Board has also committed to improving data to identify inequalities, and NHS Trust have significantly improved their equalities monitoring.
- Both the Joint Health and Wellbeing Board and Integrated Care Partnership are working with partners to improve the monitoring of inequalities to support their work.
- Cornwall Council has developed metrics for the Outcome Delivery Board relating to inequalities.
- The ICB have been investing in new dashboards and intelligence for use by practices and health organisations to directly access and understand the health inequalities of their patients.



# Vital statistics

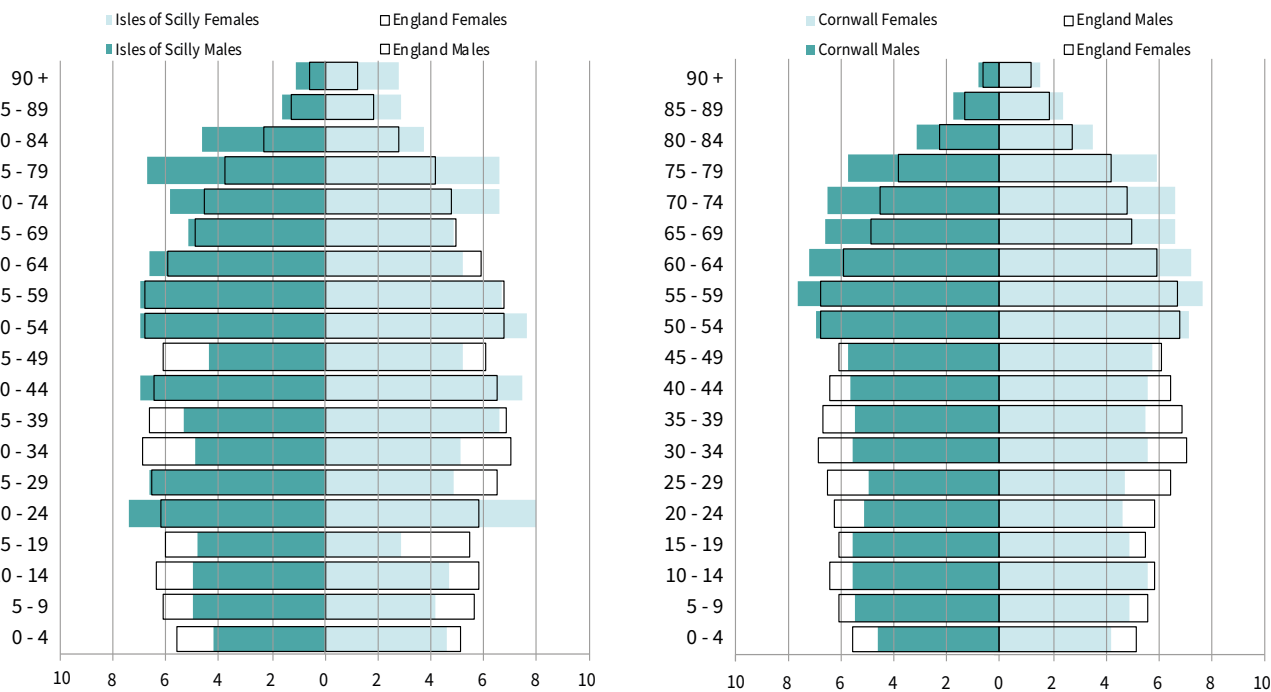


# Estimates of population

The population of Cornwall and the Isles of Scilly is estimated to be 574,281 people. Cornwall is the largest unitary authority in England (572,010) whilst the Isles of Scilly at 2,271 is the smallest. Both however, fall within the lowest 20% of authorities for population density with Cornwall at 161 people per square kilometre (2021) and the Isles of Scilly 129 people per square kilometre.

Population pyramids for both Cornwall and the Isles of Scilly (2021 Mid Year Estimates) are set out in the charts below compared against the profile for England. Both Cornwall and the Isles of Scilly have an older age profile; the median age of people living in Cornwall (2020) was 48 years old (Isles of Scilly 49 years), compared to 40 years in England and Wales.

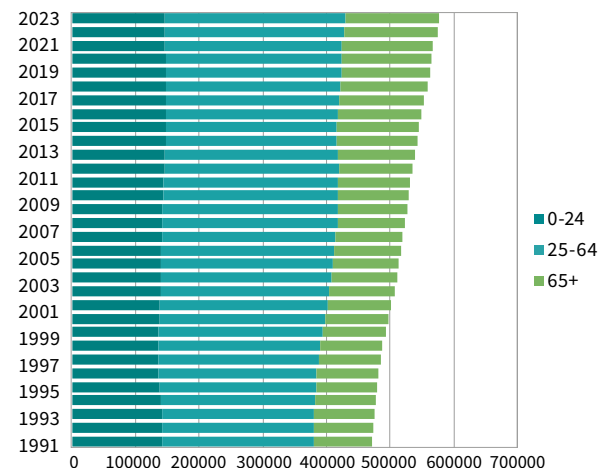
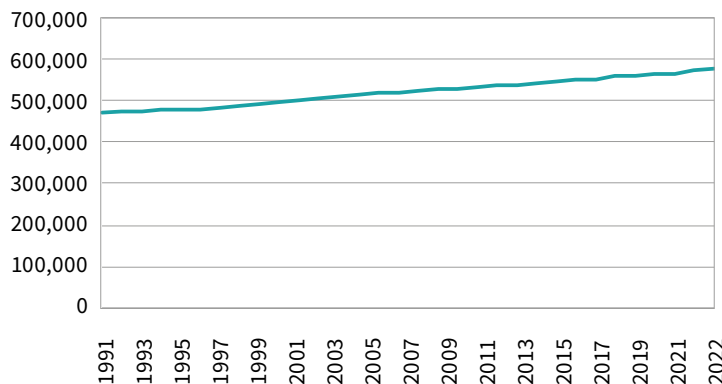
### Population pyramids for Cornwall and the Isles of Scilly compared to England



# Population trends

Since 1991 the population of Cornwall and the Isles of Scilly has increased from 471,549 to 572,010, an increase of 21%. The 65+ age group has increased by over 50%, whilst the 0-24 by 6% and 25-64 by 18%.

### Population trends of Cornwall and the Isles of Scilly

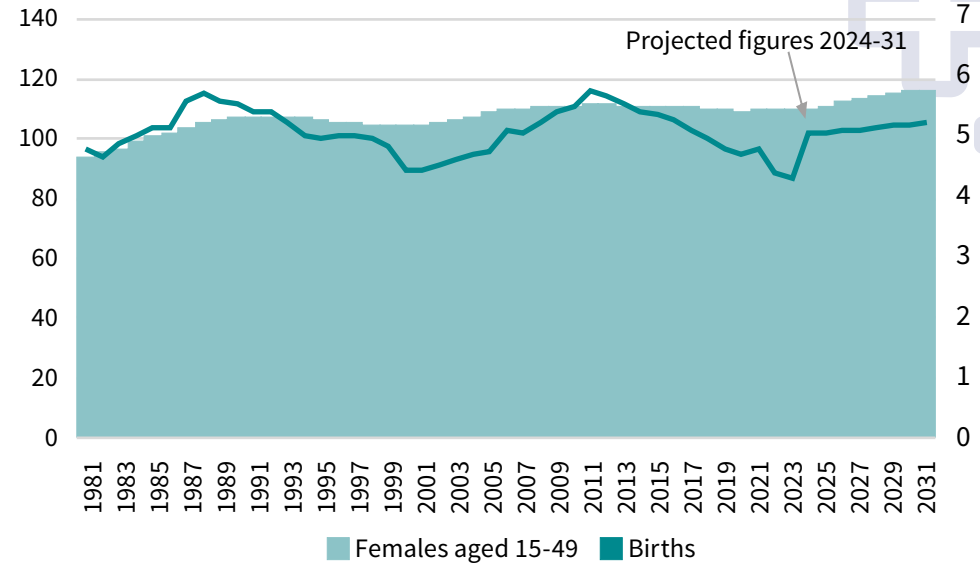
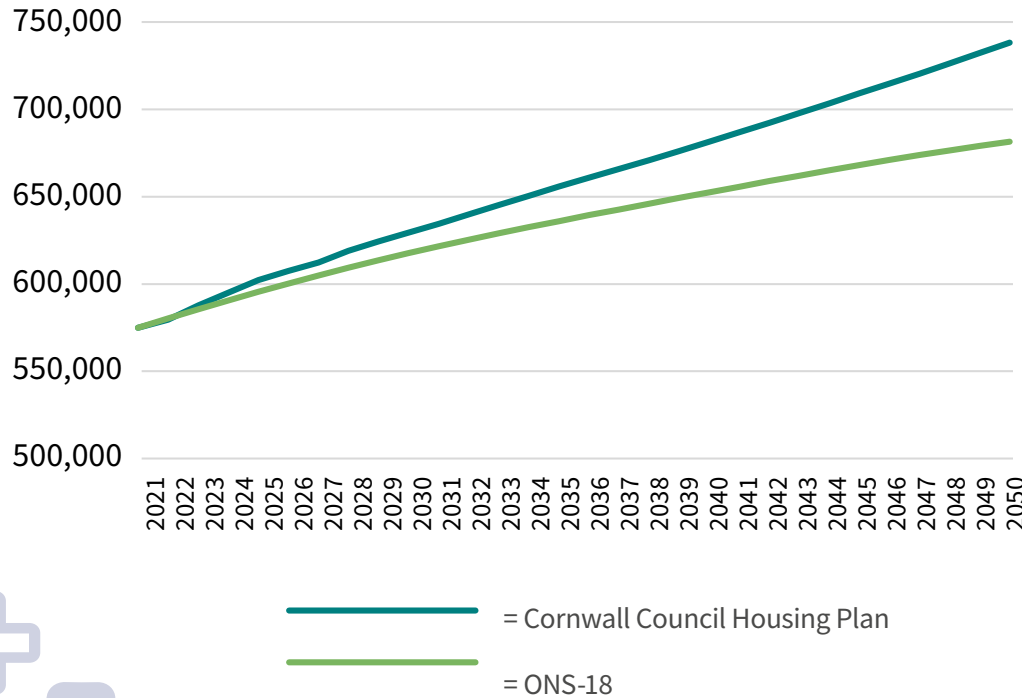


## Population projections

There is a predicted population growth of between 14.1% and 19.5% (depending on the projection scenario) between 2021-41 across Cornwall and the Isles of Scilly. Population projections show that the population in Cornwall will continue to have an older profile than that of England over this period.

### Projected live births by maternal age

#### Population projections for Cornwall and the Isles of Scilly

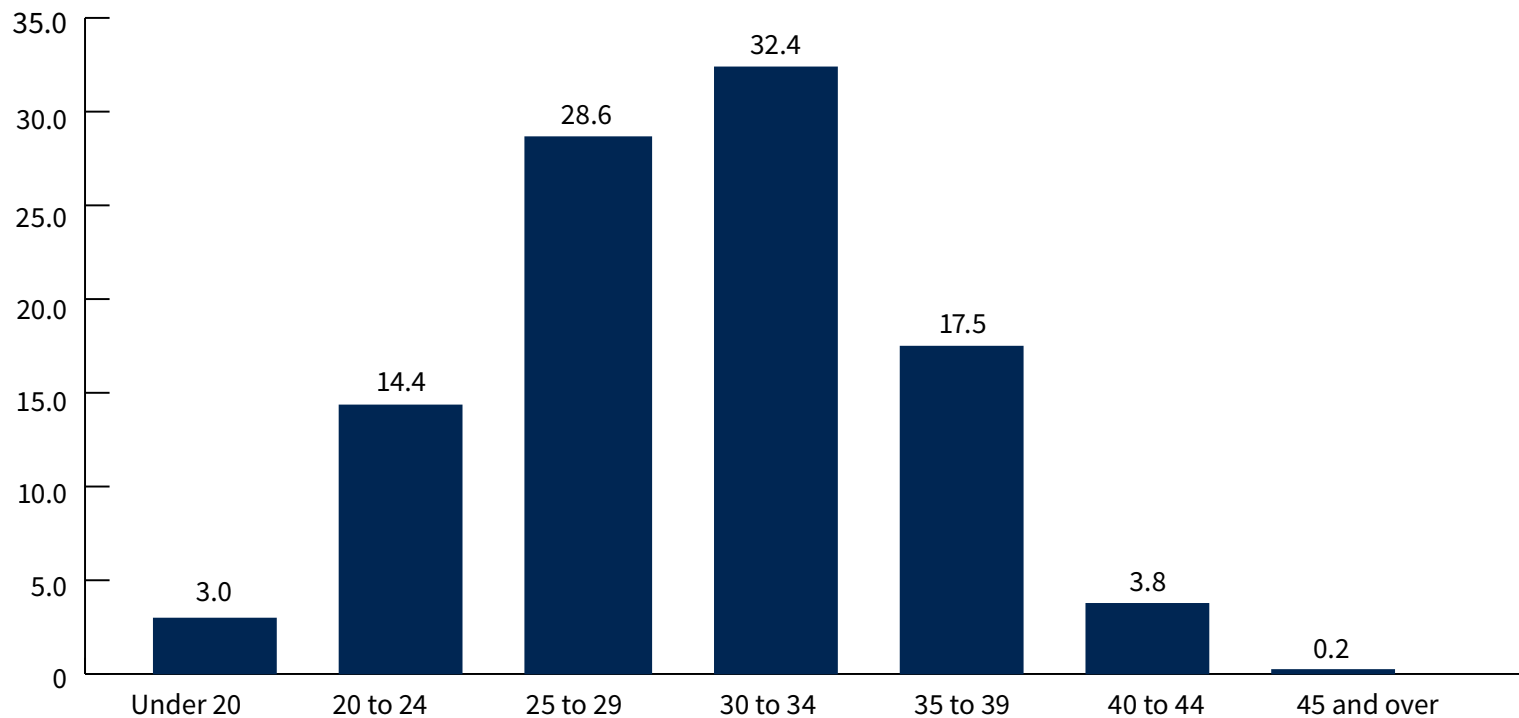


### Live births by maternal age in Cornwall and the Isles of Scilly 2018-2022

Age of mother	2015	2016	2017	2018	2019	2020	2021	2022	2023
Under 20	204	190	176	169	145	133	122	136	
20 to 24	952	946	858	823	734	671	616	584	
25 to 29	1,635	1,558	1,574	1,427	1,404	1,392	1,357	1,219	
30 to 34	1,598	1,554	1,551	1,548	1,543	1,526	1,648	1,456	
35 to 39	804	863	795	850	812	830	880	801	
40 to 44	204	188	191	172	182	170	200	189	
45 and over	15	13	17	11	8	7	10	19	
unknown not stated	-	-	-	-	-	-	1	21	
<b>Total</b>	<b>5,412</b>	<b>5,312</b>	<b>5,162</b>	<b>5,000</b>	<b>4,828</b>	<b>4,729</b>	<b>4,834</b>	<b>4,404</b>	



### Age of mother % of all births in Cornwall and Isles of Scilly (2018-2022)



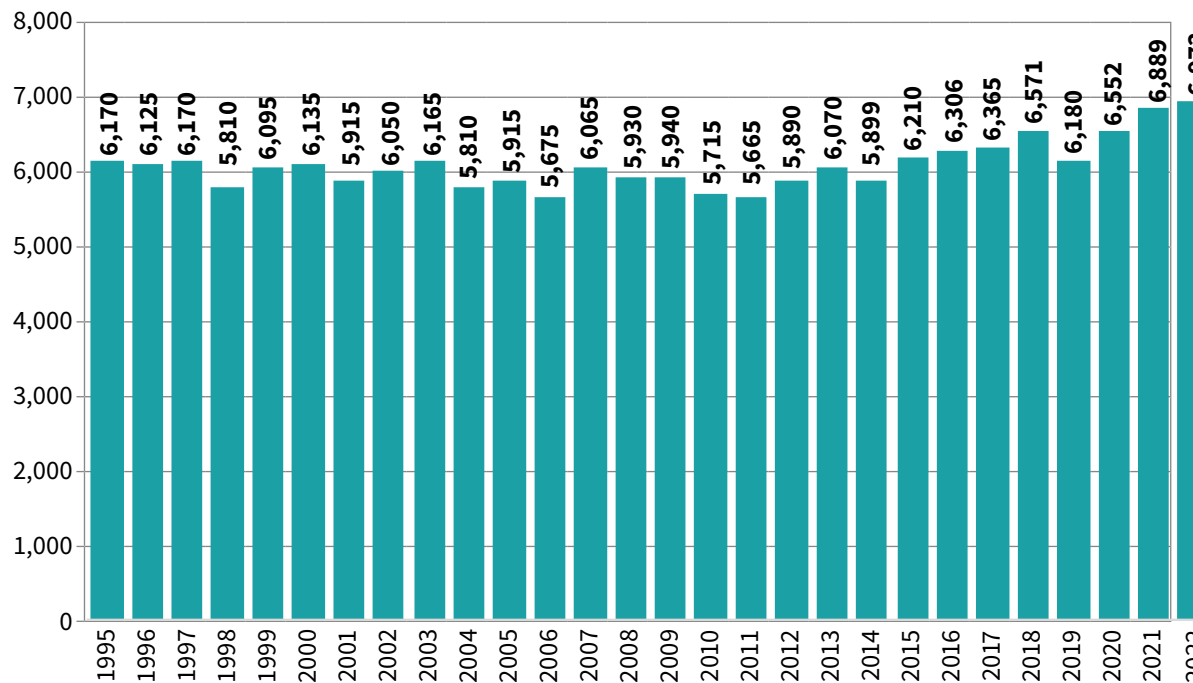
### Live births, stillbirths, and infant deaths (2022)

Name	Geography	Number of live births	Total Fertility Rate (TFR)	Number of stillbirths	Stillbirth rate (stillbirths per 1,000 live births and stillbirths)
England	Country	577,046	1.49	2,276	3.9
South West	Region	48,947	1.40	143	2.9
Cornwall and Isles of Scilly	Unitary Authority	4,456	1.45	18	4.0

## Deaths

In 2021, there were 6,889 deaths registered in Cornwall and the Isles of Scilly, this is a significant reduction and the lowest for four years. However, when taking the age and size of the population into account, death rates have remained more or less stable since 2013.

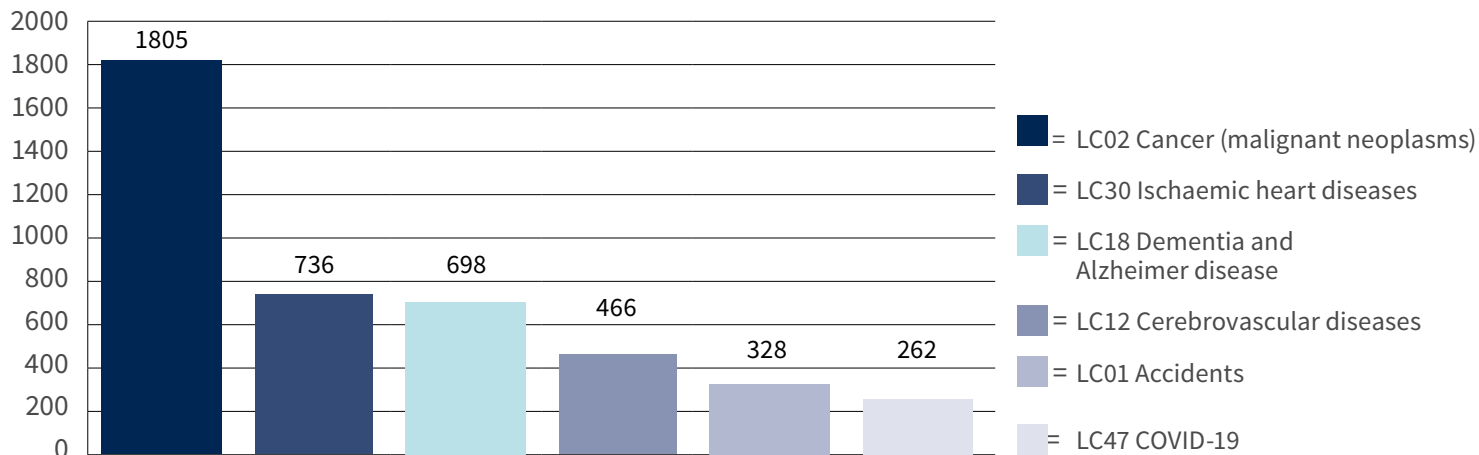
Cornwall and Isles of Scilly annual deaths (1995-2022)



## Deaths from selected causes

In 2021, there were 6,865 registered deaths for Cornwall and Isles of Scilly. Most of these deaths (4,291 or 62.5%) were caused by; cancers (1,839, 26.8%), diseases of the circulatory system (1,794, 26.1%), and diseases of the respiratory system (658, 9.6%). Disease of the circulatory system includes deaths from cardiovascular diseases such as coronary heart disease, stroke and heart failure.

Number of deaths from the top 5 leading causes in Cornwall and Isles of Scilly (2021)

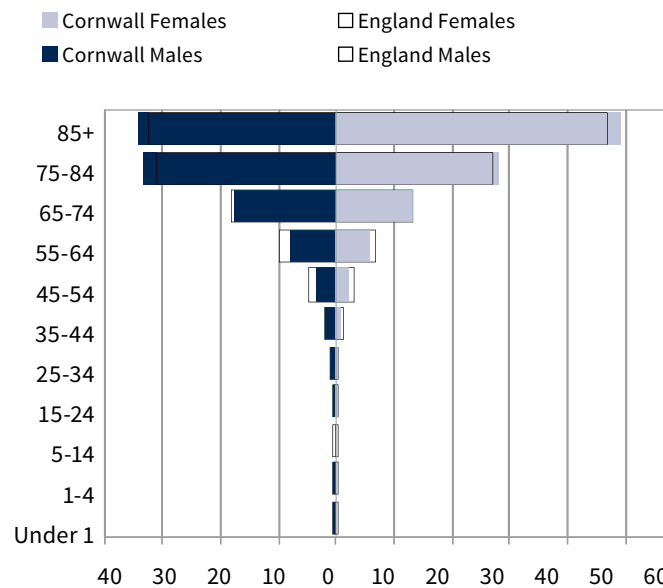


Cause of death	1 to 4	5 to 14	15 to 34	35 to 64	65 to 74	75 +	All
A00-R99,U00-Y89 All causes, all ages	6	5	69	766	1,068	5,021	6,948
LC01 Accidents	0	0	29	51	22	228	328
LC01a Accidental drowning and submersion	0	0	0	0	0	0	5
LC01b Accidental falls	0	0	0	6	6	203	223
LC01c Accidental poisoning	0	0	15	23	5	0	40
LC01d Accidental threats to breathing	0	0	0	0	0	0	6
LC01e Land transport accidents	0	0	5	5	0	0	23
LC01f Non-intentional firearm discharge	0	0	0	0	0	0	0
LC02 Cancer (malignant neoplasms)	0	0	0	261	470	1,069	1,805
LC02a Malignant neoplasm of bladder	0	0	0	5	14	49	68
LC02b Malignant neoplasm of brain	0	0	0	21	18	18	59
LC02c Malignant neoplasm of colon, sigmoid, rectum and anus	0	0	0	31	41	114	188
LC02d Malignant neoplasm of gallbladder and other parts of biliary tract	0	0	0	0	0	10	12
LC02e Malignant neoplasm of kidney, except renal pelvis	0	0	0	5	12	15	36
LC02f Malignant neoplasm of larynx	0	0	0	0	5	0	5
LC02g Malignant neoplasm of liver and intrahepatic bile ducts	0	0	0	0	22	29	58
LC02h Malignant neoplasm of oesophagus	0	0	0	15	26	51	90
LC02i Malignant neoplasm of ovary	0	0	0	7	19	20	50
LC02j Malignant neoplasm of pancreas	0	0	0	16	32	66	115
LC02k Malignant neoplasm of prostate	0	0	0	0	25	120	148
LC02l Malignant neoplasm of stomach	0	0	0	5	13	15	35
LC02m Malignant neoplasm of trachea, bronchus and lung	0	0	0	56	108	166	331
LC02n Malignant neoplasm of uterus	0	0	0	5	10	20	38
LC02o Malignant neoplasms of bone and articular cartilage	0	0	0	0	0	5	5
LC02p Malignant neoplasm of breast	0	0	0	20	21	65	104
LC02q Malignant neoplasms, stated or presumed to be primary of lymphoid, haematopoietic and related tissue	0	0	0	10	40	104	156
LC02r Melanoma and other malignant neoplasms of skin	0	0	0	5	10	32	48
LC03 Acute respiratory diseases other than influenza and pneumonia	0	0	0	0	0	69	71
LC12 Cerebrovascular diseases	0	0	0	22	41	401	466
LC14 Chronic lower respiratory diseases	0	0	0	28	60	206	293
LC16 Cirrhosis and other diseases of liver	0	0	0	42	31	23	95
LC18 Dementia and Alzheimer disease	0	0	0	5	21	674	698
LC19 Diabetes	0	0	0	10	16	62	87
LC28 Influenza and pneumonia	0	0	0	12	24	248	286
LC30 Ischaemic heart diseases	0	0	0	101	133	501	736
LC40 Septicaemia	0	0	0	0	5	53	60
LC41 Suicide and injury/poisoning of undetermined intent	0	0	26	51	5	5	86
LC47 COVID-19	0	0	0	22	26	215	262

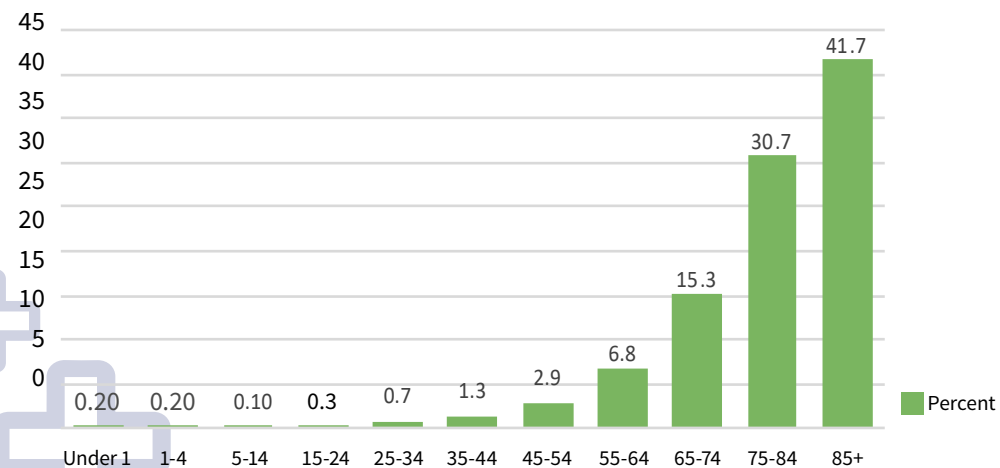
# Deaths by age group and sex

Number of deaths by age group and sex in Cornwall and Isles of Scilly (2022)

	Males	Females
Under 1	12	-
1-4	5	-
5-14	-	-
15-24	16	5
25-34	31	15
35-44	65	25
45-54	118	81
55-64	276	201
65-74	618	450
75-84	1,182	956
85+	1,208	1,695
<b>Total</b>	<b>3,536</b>	<b>3,436</b>



Percentage of deaths per broad age group in Cornwall and Isles of Scilly (2022)



# Indices of Multiple Deprivation (2019)

The Indices of Multiple Deprivation is an important tool for identifying the most deprived areas in England. They are used by national and local organisations to identify places for prioritising resources and more effective targeting of funding.

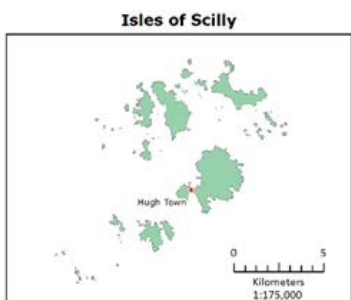
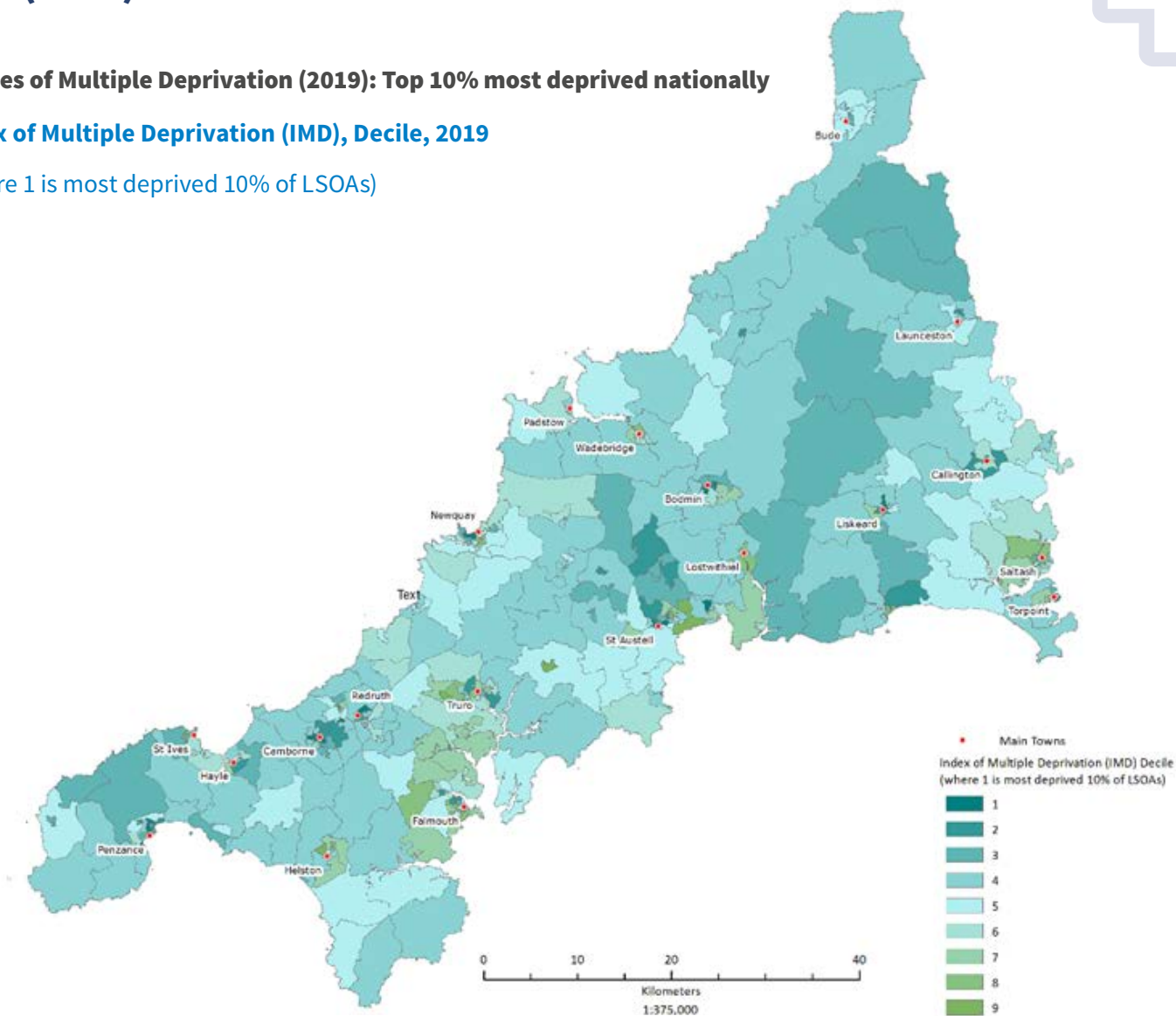
The indices measure a number of factors (income, employment, health, education, barriers to services, the environment and crime) which, when combined, provide small-area measures of relative deprivation.

The latest figures (2019) identify 17 neighbourhoods (LSOAs) across Cornwall as being within the top 10% most deprived areas in England. 16 of these 17 neighbourhoods were also present in the top 10% in 2015.

## Indices of Multiple Deprivation (2019): Top 10% most deprived nationally

### Index of Multiple Deprivation (IMD), Decile, 2019

(where 1 is most deprived 10% of LSOAs)



# References

Allen, M. (n.d.). How strong is your anchor? [online] Health Anchors Learning Network. Available at: <https://haln.org.uk/blog/uclp-measurement-toolkit> [Accessed 13 May 2024].

Atkinson, C., Willocks, K., Baloyo, M.J. and Black, P. (2024). Cornwall's adult social care workforce strategy. [online] Available at: <https://www.proudtocarecornwall.org.uk/wp-content/uploads/2024/07/Cornwalls-adult-social-care-workforce-strategy.pdf> [Accessed 23 Jul. 2024].

Atwell, S., Vriend, V., Rocks, C. and Finch, D. (2023). What we know about the UK's working-age health challenge - The Health Foundation. [online] [www.health.org.uk](http://www.health.org.uk). Available at: <https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge> [Accessed 13 May 2024].

Barnett, K., Mercer, S.W., Norbury, M., Watt, G., Wyke, S. and Guthrie, B. (2012). Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *The Lancet*, [online] 380(9836), pp.37-43. doi:[https://doi.org/10.1016/S0140-6736\(12\)60240-2](https://doi.org/10.1016/S0140-6736(12)60240-2).

Bollen, J. (2020). The NHS and the Railway. [online] Network Rail. Available at: <https://www.networkrail.co.uk/stories/the-nhs-and-the-railway> [Accessed 13 May 2024].

Business in the Community (2020). Mental health toolkit for employers. [online] Available at: <https://www.bitc.org.uk/wp-content/uploads/2021/01/bitc-wellbeing-toolkit-mentalhealthforemployers-Jan2020.pdf> [Accessed 13 May 2024].

CLES (2017). What is an Anchor institution? | CLES. [online] [cles.org.uk](http://cles.org.uk). Available at: <https://cles.org.uk/what-is-community-wealth-building/what-is-an-anchor-institution/> [Accessed 13 May 2024].

Cornwall Council and Council of Isles of Scilly (2022). Good Growth Investment Plan for Cornwall and Isles of Scilly Implementation of UK Shared Prosperity Fund 2022-2025. [online] Available at: <https://ciosgoodgrowth.com/wp-content/uploads/2022/08/Good-Growth-UK-Shared-Prosperity-Fund-Investment-Plan-WEB-1.pdf> [Accessed 13 May 2024].

Department for Education (2018). Major New Scheme Launched to Support Young People Leaving Care. [online] GOV.UK. Available at: <https://www.gov.uk/government/news/major-new-scheme-launched-to-support-young-people-leaving-care> [Accessed 13 May 2024].

Department for Levelling Up, Housing and Communities (2022). Levelling up the United Kingdom. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/levelling-up-the-united-kingdom> [Accessed 21 May 2024].

Department of Health and Social care (2024). Government Plans to Tackle Obesity in England - Department of Health and Social Care Media Centre. [online] [healthmedia.blog.gov.uk](http://healthmedia.blog.gov.uk). Available at: <https://healthmedia.blog.gov.uk/2023/06/07/government-plans-to-tackle-obesity-in-england/> [Accessed 21 May 2024].

fingertips.phe.org.uk. (2024). Local Authority Health Profiles - Data - OHID. [online] Available at: <https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/ati/302/are/E06000052> [Accessed 13 May 2024].

fingertips.phe.org.uk. (n.d.). Public Health Outcomes Framework - Data - OHID. [online] Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000041/pat/6/par/E12000009/ati/302/are/E06000052/yr/3/cid/4/tbm/1> [Accessed 14 May 2024].

Goettler, A., Grosse, A. and Sonntag, D. (2017). Productivity Loss Due to Overweight and obesity: a Systematic Review of Indirect Costs. *BMJ Open*, 7(10), p.e014632. doi:<https://doi.org/10.1136/bmjopen-2016-014632>.

GOV.UK (2022). Health Disparities and Health inequalities: Applying All Our Health. [online] Gov. uk. Available at: <https://www.gov.uk/government/publications/health-disparities-and-health-inequalities-applying-all-our-health/health-disparities-and-health-inequalities-applying-all-our-health> [Accessed 13 May 2024].

GOV.UK. (2023a). Government Announces New Welfare Reforms to Help Thousands into Work. [online] Available at: <https://www.gov.uk/government/news/government-announces-new-welfare-reforms-to-help-thousands-into-work> [Accessed 13 May 2024].

GOV.UK. (2023b). Hewitt Review: an Independent Review of Integrated Care Systems. [online] Available at: <https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems> [Accessed 13 May 2024].

GOV.UK. (2023c). Transforming Support: the Health and Disability White Paper. [online] Available at: <https://www.gov.uk/government/publications/transforming-support-the-health-and-disability-white-paper> [Accessed 13 May 2024].

GOV.UK. (2024a). New £64 Million Plan to Help People Stay in Work. [online] Available at: <https://www.gov.uk/government/news/new-64-million-plan-to-help-people-stay-in-work> [Accessed 14 May 2024].

GOV.UK. (2024b). Partnerships for People and Place: Guidance and Advice for Officials Working on place-based Policymaking. [online] Available at: <https://www.gov.uk/government/publications/partnerships-for-people-and-place-guidance-and-advice-for-officials-working-on-place-based-policymaking/partnerships-for-people-and-place-guidance-and-advice-for-officials-working-on-place-based-policymaking> [Accessed 14 May 2024].

GOV.UK. (2024c). PM to Overhaul Benefits System and Tackle Britain's 'sick Note culture' in Welfare Reform Speech. [online] Available at: <https://www.gov.uk/government/news/pm-to-overhaul-benefits-system-and-tackle-britains-sick-note-culture-in-welfare-reform-speech> [Accessed 13 May 2024].

Government Office for Science (2016). Future of an Ageing Population. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/future-of-an-ageing-population> [Accessed 21 May 2024].

Hall, C.E., Brooks, S.K., Mills, F., Greenberg, N. and Weston, D. (2023). Experiences of Working from home: Umbrella Review. Journal of Occupational Health, [online] 66(1). doi <https://academic.oup.com/joh/article/66/1/uiad013/7473692> [Accessed 18 June 2024].

IHME (2019). Institute for Health Metrics and Evaluation. [online] Institute for Health Metrics and Evaluation. Available at: <https://www.healthdata.org/> [Accessed 13 May 2024].

Limited (<http://www.arkom.co.uk>), A. (2024a). A Vision for the Public’s Health. [online] Faculty of Public Health. Available at: <https://www.fph.org.uk/policy-advocacy/what-we-think/a-vision-for-the-publics-health/> [Accessed 17 May 2024].

Limited (<http://www.arkom.co.uk>), A. (2024b). A Vision for the Public’s Health. [online] Faculty of Public Health. Available at: <https://www.fph.org.uk/policy-advocacy/what-we-think/a-vision-for-the-publics-health/> [Accessed 21 May 2024].

Lives, H.W. (2024a). What is good work and what makes good work. [online] [www.healthyworkinglives.scot](http://www.healthyworkinglives.scot). Available at: <https://www.healthyworkinglives.scot/workplace-guidance/fair-treatment/good-and-fair-work/what-is-good-work-and-what-makes-good-work/> [Accessed 13 May 2024].

Lives, H.W. (2024b). What is good work and what makes good work. [online] [www.healthyworkinglives.scot](http://www.healthyworkinglives.scot). Available at: [https://www.healthyworkinglives.scot/workplace-guidance/fair-treatment/good-and-fair-work/what-is-good-work-and-what-makes-good-work](https://www.healthyworkinglives.scot/workplace-guidance/fair-treatment/good-and-fair-work/what-is-good-work-and-what-makes-good-work/) [Accessed 13 May 2024].

Local Government Association (2023). Early Education and childcare: Changes and Challenges for the Future | Local Government Association. [online] [www.local.gov.uk](http://www.local.gov.uk). Available at: <https://www.local.gov.uk/publications/early-education-and-childcare-changes-and-challenges-future> [Accessed 13 May 2024].

Maquire, D. (2021). Insight and Analysis | Our Work. [online] The King’s Fund. Available at: <https://www.kingsfund.org.uk/insight-and-analysis?topic=determinants-of-health> [Accessed 13 May 2024].

Marmot, M., Allen, J., Boyce, T., Goldblatt, P. and Morrison, J. (2020). Health equity in England: The Marmot review 10 years on. [online] The Health Foundation. Available at: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on> [Accessed 13 May 2024].

Mihaylova, N. (2021). How Transport Offers a Route to Better Health | the Health Foundation. [online] [www.health.org.uk](http://www.health.org.uk). Available at: <https://www.health.org.uk/publications/long-reads/how-transport-offers-a-route-to-better-health> [Accessed 14 May 2024].

[mindforwardalliance.uk](http://mindforwardalliance.uk). (2023). Impact of children’s Mental Health on Working Parents. [online] Available at: <https://mindforwardalliance.uk/Resources/Parents-Toolkit/Impact-of-childrens-mental-health-on-working-parents> [Accessed 16 May 2024].

NHS (2019). NHS Long Term Plan. [online] NHS. Available at: <https://www.longtermplan.nhs.uk/> [Accessed 13 May 2024].

NHS England (2020). NHS England» We Are the NHS: People Plan for 2020/21 – Action for Us All. [online] [www.england.nhs.uk](http://www.england.nhs.uk). Available at: <https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/> [Accessed 21 May 2024].

NHS Tayside Anchor Strategy. (2023). Available at: [https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET\\_SECURE\\_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod\\_371657](https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_371657) [Accessed 13 May 2024].

Office for National Statistics (2019). Sickness Absence in the UK Labour Market - Office for National Statistics. [online] [ons.gov.uk](http://ons.gov.uk). Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket> [Accessed 13 May 2024].

ONS (2023). Sickness Absence in the UK Labour Market - Office for National Statistics. [online] [www.ons.gov.uk](http://www.ons.gov.uk). Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2022> [Accessed 13 May 2024].

Public Health England (2019a). Health matters: Health and Work. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work> [Accessed 13 May 2024].

Public Health England (2019b). Health matters: Health and Work. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work> [Accessed 14 May 2024].

Public Health, C.C. (2021). Information Classification: CONTROLLED CORNWALL AND ISLES OF SCILLY POPULATION HEALTH PROFILE 2021-22. [online] Available at: [https://www.cornwall.gov.uk/media/lcgv1r/population-health-summary\\_web-nov21accessible.pdf](https://www.cornwall.gov.uk/media/lcgv1r/population-health-summary_web-nov21accessible.pdf) [Accessed 13 May 2024].

Public Health, C.C. (2023). Director of Public Health Annual Report - Cornwall Council. [online] [www.cornwall.gov.uk](http://www.cornwall.gov.uk). Available at: <https://www.cornwall.gov.uk/health-and-social-care/public-health/public-health-annual-report/> [Accessed 13 May 2024].

[publichealthscotland.scot](http://publichealthscotland.scot). (2024BC). Transport poverty: a Public Health Issue - Transport poverty: a Public Health Issue - Publications - Public Health Scotland. [online] Available at: <https://publichealthscotland.scot/publications/transport-poverty-a-public-health-issue/transport-poverty-a-public-health-issue/> [Accessed 13 May 2024].

Rural Cost of Living. (2022). Available at: <https://rsnonline.org.uk/images/publications/rural-cost-of-living.pdf> [Accessed 21 May 2024].

Waddell, G. and Burton, K. (2006). IS WORK GOOD FOR YOUR HEALTH AND WELL-BEING? [online] pp.1–257. Available at: <https://assets.publishing.service.gov.uk/media/5a7c41a540f0b62dffde0df7/hwwb-is-work-good-for-you.pdf> [Accessed 13 May 2024].

Wallach, O. (2022). How Many Jobs Could the Clean Energy Transition create? [online] World Economic Forum. Available at: <https://www.weforum.org/agenda/2022/03/the-clean-energy-employment-shift-by-2030/> [Accessed 14 May 2024].

Whitty, C. (2021). Chief Medical Officer's Annual Report 2021 Health in Coastal Communities - Summary and Recommendations. [online] Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1005217/cmo-annual\\_report-2021-health-in-coastal-communities-summary-and-recommendations-accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005217/cmo-annual_report-2021-health-in-coastal-communities-summary-and-recommendations-accessible.pdf) [Accessed 14 May 2024].

Williams, R. (2018). How Is Work Good for Our health? | the Health Foundation. [online] The Health Foundation. Available at: <https://www.health.org.uk/infographic/how-is-work-good-for-our-health> [Accessed 13 May 2024].

World Health Organization (2022). Musculoskeletal health. [online] Who.int. Available at: <https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions> [Accessed 13 May 2024].

www.farrer.co.uk. (2021). Domestic Abuse in the workplace: an Emerging Issue in Employment Law. [online] Available at: <https://www.farrer.co.uk/news-and-insights/domestic-abuse-in-the-workplace-an-emerging-issue-in-employment-law/> [Accessed 16 May 2024].

www.health.org.uk. (2021). Transport | the Health Foundation. [online] Available at: <https://www.health.org.uk/evidence-hub/transport> [Accessed 13 May 2024].

www.health.org.uk. (2022). Trends in Low Job Quality - the Health Foundation. [online] Available at: <https://www.health.org.uk/evidence-hub/work/job-quality/trends-in-low-job-quality> [Accessed 14 May 2024].

www.health.org.uk. (2023). What We Know about the UK's working-age Health Challenge - the Health Foundation. [online] Available at: <https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge> [Accessed 13 May 2024].

www.health.org.uk. (2024a). Local Authority Dashboard | the Health Foundation. [online] Available at: <https://www.health.org.uk/evidence-hub/local-authority-dashboard> [Accessed 13 May 2024].

www.health.org.uk. (2024b). Local Authority Dashboard | the Health Foundation. [online] Available at: <https://www.health.org.uk/evidence-hub/local-authority-dashboard> [Accessed 13 May 2024].

www.health.org.uk. (2024c). Percentage of Employees in Insecure Work by region/nation, sex, age, Ethnicity and Income - the Health Foundation. [online] Available at: <https://www.health.org.uk/evidence-hub/work/job-security/percentage-of-employees-in-involuntary-insecure-work-by-region-sex-age-ethnicity-income> [Accessed 18 Jun. 2024].

www.health.org.uk. (2024d). Percentage of employees in insecure work by region/nation, sex, age, ethnicity and income - The Health Foundation. [online] Available at: <https://www.health.org.uk/evidence-hub/work/job-security/percentage-of-employees-in-involuntary-insecure-work-by-region-sex-age-ethnicity-income>. [Accessed 18 Jun. 2024].

www.ifow.org. (2023). Our work. [online] Available at: <https://www.ifow.org/our-work> [Accessed 13 May 2024].

www.local.gov.uk. (2021). Inclusive Economies and Healthy futures: Supporting place-based Action to Reduce Health Inequalities | Local Government Association. [online] Available at: <https://www.local.gov.uk/publications/inclusive-economies-and-healthy-futures-supporting-place-based-action-reduce-health> [Accessed 13 May 2024].

www.portsunlightvillage.com. (n.d.). Port Sunlight Welcome and Introduction to Port Sunlight. [online] Available at: <https://www.portsunlightvillage.com/about-port-sunlight/> [Accessed 13 May 2024].







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