

Health and Wealth: Two Sides of the Same Coin

Director of Public Health Annual Report 2025



Walsall Council



THE GUILDHALL

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Foreword

Health and prosperity are deeply connected. Good employment opportunities and a prosperous inclusive economy support good health outcomes, through a range of mechanisms, with good work increasingly seen by health professionals as an important health outcome in its own right. Health is also an economic asset, which is critical for allowing people to learn, work, care and contribute.



This year, the theme of my annual report is 'Health and Wealth: Two Sides of the Same Coin'. It aims to illustrate the relationship between health and prosperity, from both a "place" and "people" perspective, with employers and business being the glue that binds the two. The report focuses on two key areas where action in Walsall can deliver benefits for both health and the economy. Firstly, it considers how building a health-promoting local economy can be achieved by creating the right conditions for Walsall to flourish economically and improve health, promoting the growth of businesses that align with the borough's needs, and increasing local economic development and social value. Secondly, it addresses work and health, including the importance of good quality employment, supporting people into work, and how to create healthy workplaces.

By bringing these two elements of 'health' and 'wealth' together, thinking about how they interact, and our opportunities for positive action, we can strengthen both the wellbeing of our residents and the prosperity of the borough. This report celebrates the great work already under way and the green shoots of new opportunities, as well as looking to the future and where we can go further together to create a healthy, fair and prosperous borough.

Dr Nadia Inglis
Director of Public Health



Key Themes

- Creating the right place for Walsall
- Businesses to meet Walsall's needs
- Economic Development and the Walsall £

Key Themes

- Good work builds health, health builds the economy
- Supporting people into work
- Workplace health

Progress on Annual Report Recommendations for 2024: Healthy and Well: Adding Life to Years in Walsall

Creating an environment in which people can thrive

Recommendation	Action taken
Fully implement a Health in all Policies approach within the council and through wider partnerships – going beyond impact on health to maximising benefit to health and reducing inequality.	<ul style="list-style-type: none"> Equality and Health Impact assessment process now being used and under ongoing development in the council. Wider Determinants of Health training will be developed and rolled out to internal teams and partners. The training will support staff to understand how their role links to health outcomes for residents.
Design health into borough-wide regeneration programmes, housing, employment and education programmes.	<ul style="list-style-type: none"> Health considerations are being built into learning, employment and skills, economic and housing strategies for the borough. Regeneration programmes include development of health facilities, consideration of active public spaces and active travel, urban greening and development of creative industry infrastructure.
Develop a partnership approach to financial inclusion in the borough, to prevent and alleviate poverty, building wealth in an inclusive way in our communities.	<ul style="list-style-type: none"> A Walsall Council-led partnership group has been established to implement Walsall's financial inclusion strategy 'Financial Wellbeing in Walsall' (approved by Cabinet in December 2025) with a key priority of targeting the impacts of financial exclusion and reducing inequalities.
Act as leaders in the system to deliver policy change linked to advertising harmful products: tobacco, alcohol, food which is high in sugar, salt and fat, gambling and high carbon products.	<ul style="list-style-type: none"> Walsall Council maintains a strong advertising policy from the perspective of harmful products, and is seeing advertising revenue increase. Walsall's draft Local Plan includes a health and wellbeing focus, with policies that enable the Council to assess health impacts and manage specific categories of use for land/space in the borough.

Tobacco & Alcohol

Recommendation	Action taken
Create smokefree places to support Smokefree 2030 ambitions: outdoor areas around hospitals, schools, workplaces, public buildings, playgrounds, sports grounds and smoke-free homes.	<ul style="list-style-type: none"> Developed a workplace Tobacco champions offer to support local businesses to become smokefree, with plans for this to be rolled out Currently recruiting for a Smokefree Implementation Officer. Supported Black Country Healthcare Foundation Trust to develop and implement their Smokefree policy. The policy included the permitted use of regulated vapes as a stop smoking aid (whilst outdoors on site). Black Country Smokefree Generation Group is working with Acute Trusts regarding permitting the use of regulated vapes outdoors on smokefree sites.
Use licensing policy to minimise the risk of alcohol harm through assessing the need for a cumulative impact policy, including the implementation of this if required.	<ul style="list-style-type: none"> Public Health is working in partnership with colleagues from West Midlands Police, Walsall Council's Business Insights and Licensing teams to develop a Walsall Cumulative Impact Policy which is a tool designed to limit the growth and impact of licensed premises in problem areas across the borough.

Playing our part – Supporting people

Recommendation	Action taken
Build an understanding of the environment in which people live (access to good education, housing, employment, and their financial circumstances) into conversations about health and know where people can access support.	<ul style="list-style-type: none"> This work continues to evolve through the Walsall Together Partnership (including the current Neighbourhood Health programme) and the ongoing development of the Walsall Wellbeing directory.
Promote the use of and support access to public health, mental wellbeing and wider support services	<ul style="list-style-type: none"> Public Health services have been promoted throughout the year within the council and through our Walsall Together partnership.
Develop new partnerships and pathways with local support services, and join our local partnership groups for tobacco, alcohol/drugs and food.	<ul style="list-style-type: none"> Our partnership boards and networks continue to expand and evolve with regard to membership. For example, our Walsall Tobacco Control Steering Group has now established a provider tobacco/smoking forum.

Food and Movement

Recommendation	Action taken
Develop healthy high streets in our town centres through policy levers, incentivisation, planning and licensing processes, advocacy and collaboration.	<ul style="list-style-type: none"> The council is developing a Walsall Borough Local Plan (WBLP) to support the delivery of new homes, jobs, sustainable travel and has a strong health and wellbeing policy, which focuses on evidence-based management of the location and concentration of fast food outlets, gambling, alcohol, vape shop and pay day loan establishments etc., increases in community food growing space, with health impact assessments being required for larger developments and those which have an impact on public health. The policy also protects current health and community facilities and supports the provision of new or improved health facilities where needed. A new Cumulative Impact Policy (reference alcohol establishments) is being developed for the borough. Public Health have integrated clear food guidelines and healthy catering guidance within the draft/updated Walsall Street Trading policy.
Increase community access to and use of good quality green space in the borough, and other opportunities to increase physical activity.	<ul style="list-style-type: none"> Walsall Council and partners have been successful in a bid for Nature, Towns and Cities funding (£1m over 3 years) which looks to accelerate our work in this area.
Improve the food offer in a variety of settings including: council and NHS buildings, local food businesses, workplaces, and educational settings	<ul style="list-style-type: none"> Our Child and Family Healthy Eating programme (Food for Life) is working in 94 schools/early years settings and supporting provision of good food to over 19,000 children and young people, and looking to expand. Walsall's Food Plan was approved through the Health and Wellbeing Board in September 2025. Implementation is being overseen through the Food Partnership in Walsall, including provision of good food in other settings.

Monitoring our success

Recommendation	Action taken
<p>Use data and citizen insights to understand drivers of inequalities (e.g. differences linked to ethnicity, gender) linked to the key risk factors of ill-health, and to access, experience and outcomes of people accessing support services.</p>	<ul style="list-style-type: none"> As an example, work has been undertaken to understand where to focus efforts with regard to access to Healthy Child 24-month developmental checks, considering postcode, ethnicity, clinic locations, gender of child and access to previous checks. Parents have also been asked about barriers to attendance. Other examples include work undertaken re. experiences of people who are neurodivergent, men’s mental wellbeing etc. Additional work to understand access, experience and outcomes by demographic characteristics is planned across the Walsall Together partnership.
<p>Use data science techniques to model outcome trajectories linked with our ambitions, and to support operational work to meet these.</p>	<ul style="list-style-type: none"> Data science techniques were used to model outcome trajectories for smoking, obesity and alcohol-related outcomes linked to the DPH annual report in 2024. These techniques will continue be employed to monitor progress against these and other public health outcomes.



Introduction

The relationship between health and wealth is complex, being deeply rooted in the social, economic and environmental fabric of our places and communities. Understanding the connection is crucial for addressing health disparities and for developing effective, sustainable interventions.

This annual report considers creating the right environment for a prosperous, inclusive and health-promoting economy, as well as the interplay between work and health for individuals.

Building the Local Economy

Creating the Right Place for Walsall

What do we know about creating good places?

Creating an environment in which people can thrive is critical to preventing ill-health. Improving people's health also comes with a wealth of economic benefits (BMA, 2022).

Some of the most pressing health challenges, including, but not limited to, dietary related ill-health, mental ill-health, physical inactivity, social inequality and the needs of an ageing population, can all be affected by the quality and suitability of our built and natural environment. The places in which people live have a profound influence over the opportunities they have and the choices they can make.

NHS Confederation Research (2022) shows that health and economic prosperity are profoundly entwined and mutually strengthening. However, the positive link between economic growth and health is not automatic (BMA 2022). Unequal distribution of growth can exacerbate health disparities, and certain developments can also introduce new health challenges, or worsen existing ones, such as increasing non-communicable disease.

A strong local economy relies on more than business investment alone. People and employers are drawn to places that feel vibrant, safe and well connected, where homes, transport and public spaces support both daily life and long-term wellbeing. Creating the right place for Walsall means shaping neighbourhoods that encourage healthy living, fostering community pride and providing the infrastructure needed for businesses and residents to thrive.

What do we mean by place making?

Placemaking is about improving the quality of our environment and public spaces, to support our communities to thrive.

The Dahlgreen and Whitehead (1991) model maps out the social, economic, environmental and behavioural factors that can influence the health of a person (Figure 1). More recently, evidence shows that behavioural factors are often conditioned by the environment and other socio-economic factors (Argentieri et al 2025). At a local level, the Walsall Local Borough Plan (WLBP) will help to shape the local environment.



Figure 1. Dahlgreen and Whitehead (1991) wider determinants model

If our environment is conducive to making healthy choices and contributes to health and wellbeing, certain health conditions will be less likely to arise (Pinter-Wollman 2018). Examples include cardiovascular diseases, like heart disease and stroke, cancers, chronic respiratory diseases, such as asthma, and diabetes.

Several attempts have been made to estimate how the broader determinants of health influence our health (Figure 2).

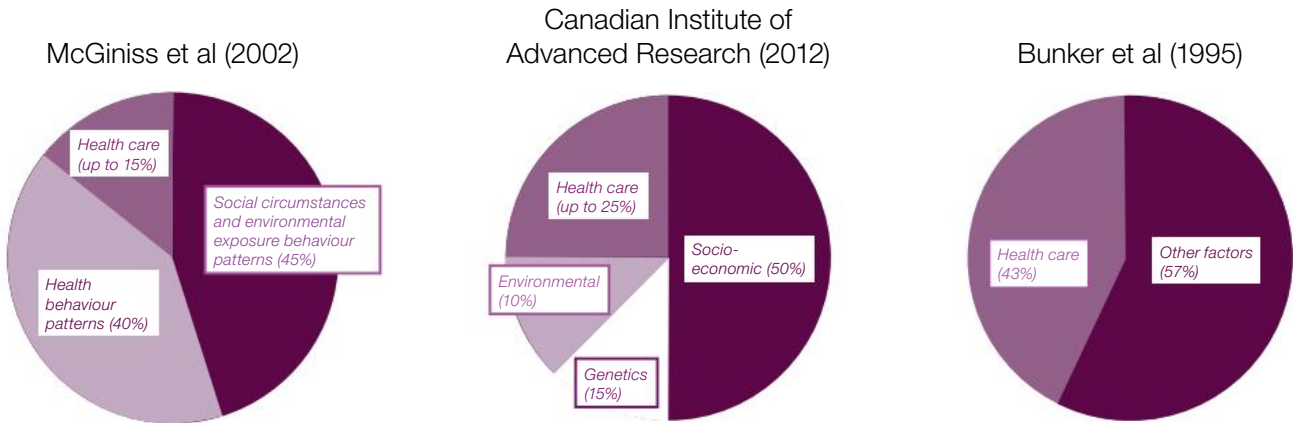


Figure 2. Estimating what contributes to improving health outcomes

Compared to the Dahlgren and Whitehead research, this helps demonstrate that upstream measures such as influencing and managing land use, deprivation, housing, employment and skills, are the most preventive (Pinter-Wollman 2018).

Place making and inequalities

Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health. Managing and regulating land use can improve the usage, access, and design of services and places, such as, but not limited to, retail, hot food, housing, transport, green space, health services and community facilities. If we get place making right, including having an equitable number of businesses in the borough that improve health rather than detract from our health, we can have an impact on reducing inequalities.



Walsall 2040

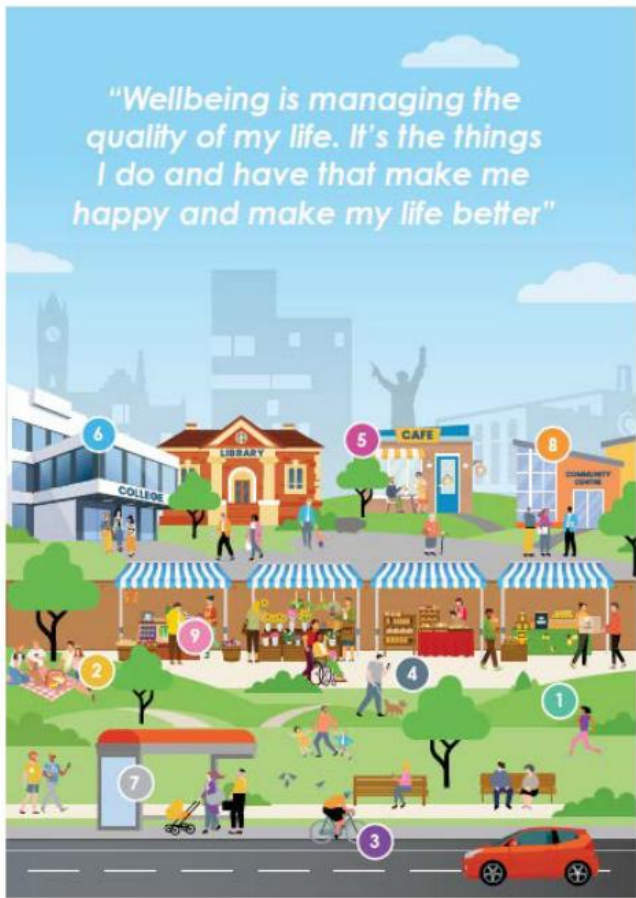
The ambition is for Walsall in 2040 to be the most improved borough in the region, and that Walsall will be a vibrant place where people are proud to live and residents in all neighbourhoods have the same life chances. This includes enabling residents to thrive and be healthy and well. The Walsall Borough Local Plan (WBLP) can support this strategy at a systemic level.

Evidence shows that important determinants of health, which can all be influenced by our environment, include the following (Pinter-Wollman 2018):

 <p>Income and financial security, including equitable access to education and employment opportunities</p>	 <p>Inclusive and safe environments</p>	 <p>Equitable access to high quality blue and green spaces</p>
 <p>Physical activity, including active travel</p>	 <p>Quality, suitable and affordable homes</p>	 <p>Good air quality and appropriately low-level noise environments</p>
 <p>Equitable access to community, cultural and/or other services including health</p>	 <p>Equitable access to transport links that are convenient, suitable and affordable</p>	 <p>Food environments</p>
 <p>Digital inclusion</p>	 <p>Reducing exposure to harmful and/or addictive behaviour</p>	 <p>Design that meets the needs of our communities, including reducing inequalities</p>

We know the main building blocks for good health

The findings from the We Are Walsall (WAW) 2040 consultation align with what the building blocks for good health are, along with what the academic literature tells us.



1 Health Being healthy in body and mind	2 Meaningful connections Having mutual and fulfilling bonds/relationships
3 Meaningful activity Engaging in activity we find stimulating and enjoyable	4 Digital Being able to use technological devices & access the internet
5 Where we live Being satisfied with the building and/or the area we live in	6 Education and training Developing the knowledge, skills and abilities we need and want
7 Access to transport Getting to the people we want to see and the places we want to go	8 Co-creation Having the freedom to shape our locality, so it positively influences our lives
9 Money Being able to pay for our basic needs and fund the lifestyle we want	 Walsall Together <small>Collaborating for a better community</small> The next section details how the fundamentals were used as the foundation for creation of the outcomes.

Source: Walsall Together. Walsall Wellbeing Outcomes Framework.



Priorities that make a town more appealing to visitors revolve around more activities for children and more retail (Figure 3).

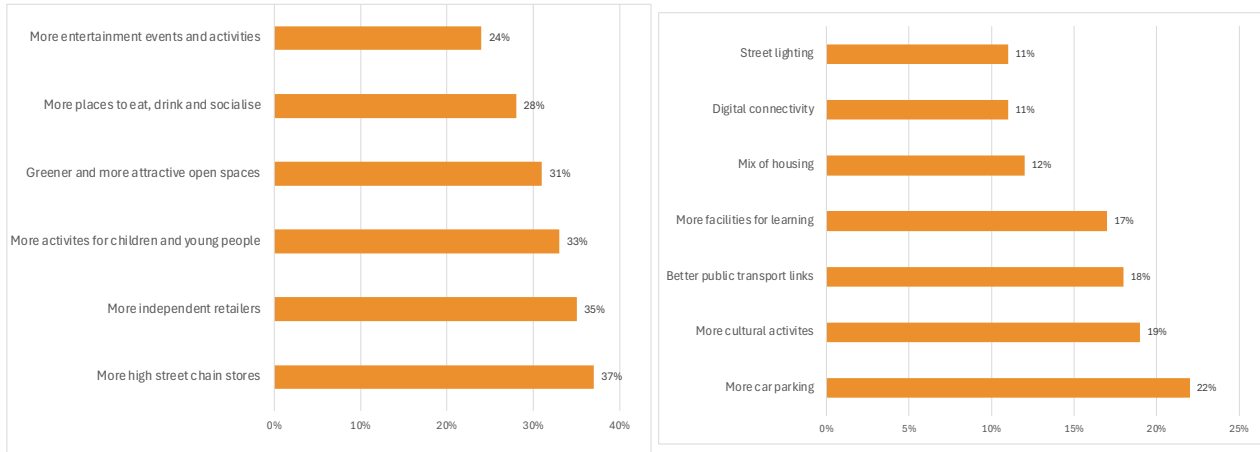


Figure 3. Priorities for making towns more appealing to visitors and towns most visited.

Some of the most important features for a good place to live are also considered to be most in need of improvement in some areas in Walsall (Figure 4).

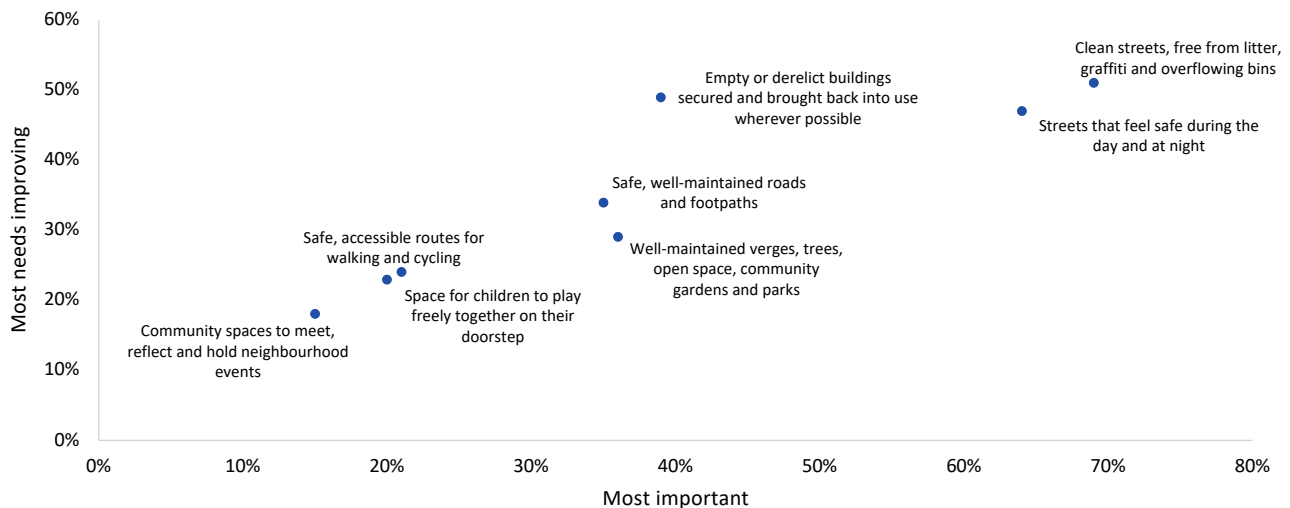


Figure 4. Features that are a good place to live

Environmental sustainability underpins every aspect of place making. Integrating green energy, biodiversity projects and climate adaptation measures protects health, enhances public spaces and ensures that Walsall remains resilient to future challenges. By investing in these elements, Walsall can become a place where people want to live and work, businesses choose to invest, and communities can grow healthier and more prosperous together.

Quality housing is central to the economic vision too. Affordable, energy-efficient homes in well maintained areas, close to green spaces and essential services, gives residents stability and improve health outcomes. Good housing also supports the local workforce, making Walsall more attractive to employers who want to recruit and retain local staff.

Better transport and connectivity are equally important. Reliable public transport, along with safe walking and cycling routes, link people with jobs, education and leisure opportunities whilst reducing congestion and air pollution. High speed broadband and modern digital services ensure that businesses and households can benefit from flexible working and access to new markets (Fraser et al 2022).

Regeneration

Revitalised town and district centres help create a sense of identity and belonging. A balanced mix of shops, cultural venues and community spaces encourages footfall, supports small businesses and provides places for social interaction. Parks, streets and shared public areas that are safe, inclusive and well-designed invite physical activity and community events, building stronger social ties. Significant regeneration activity, detailed later in this report, is under way in a number of our district urban centres across the borough, with a new Walsall Town Centre Framework approved by Cabinet in December 2025. The Framework has six strategic objectives, which were co-developed with stakeholders: vibrancy during the day and night, a mixed and balanced community, accessible to all, a place to be proud of (with links to wellbeing), a diversified town centre and a sustainable town centre.

Work and Walsall

It is estimated that on average, most people will spend a third of their life working. Suitable and good employment is one of the fundamental building blocks to good health that can also help facilitate and improve our local economy.

The role of the local planning authority

The National Planning Policy Framework (NPPF) states that planning policies and decisions should aim to achieve healthy, inclusive and safe places, together with allowing businesses to invest, expand and adapt, whilst supporting the health, social and cultural wellbeing of communities' health, social and cultural wellbeing.

Instead of focussing solely on economic growth to improve health, we must make sure that the design, infrastructure and contents of our urban, green and blue spaces are prioritised as they have a significant role in improving population health and therefore improving economic prosperity.

The NPPF helps local planning authorities develop their own Local Plans. It sets out a vision and a framework for the future development of an area, such as addressing needs and opportunities in relation to the economy, housing, community facilities and infrastructure, as well as providing a basis for safeguarding the environment, adapting to climate change and securing good design.

Commercial determinants of health

Commercial determinants of health (CDoH) are private sector activities that have an impact on public health, either positively or negatively, and the enabling political economic systems and norms (WHO 2025).

The Lancet series proposes 'a broad definition of the commercial determinants of health as: the systems, practices, and pathways through which commercial actors drive health and equity' (Gilmore et al 2023).

Although these definitions are different, the definitions recognise 3 key points:

1. the positive and negative impacts of commercial actors
2. that there are a range of ways in which these impacts happen, and;
3. the fact that organisations and individuals don't act in isolation - this is also about a wider system that can enable health benefits or health harms.



Non-communicable diseases such as cancer, cardiovascular disease, chronic respiratory disease, and diabetes, are the leading cause of death and poor health both globally and in the UK. Estimates suggest commercial determinants contribute substantially to deaths and premature deaths (Gilmore et al 2023). This is because exposure to health-harming products, such as tobacco, alcohol, gambling products, high fat, salt and sugar foods, can cause and contribute to non-communicable diseases.

The biggest preventable risk factors for ill-health and mortality in Walsall are: tobacco, dietary risks, high alcohol use and low physical activity (Figure 5). As outlined in the Director of Public Health’s annual report in 2024, these remain largely unchanged since 1990.

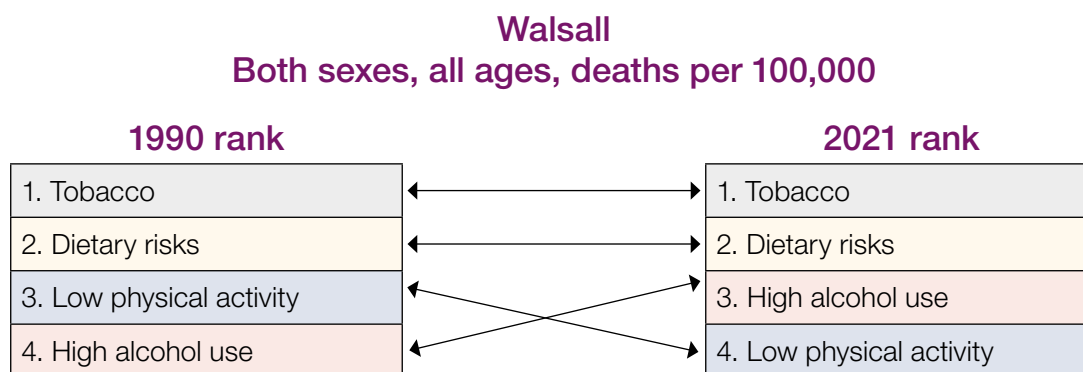


Figure 5. The largest preventable risk factors as defined by deaths per 100,00 for ill-health and mortality in Walsall, over time, all ages and all people.

When we are surrounded by fast-food outlets, advertising for unhealthy foods, and healthy options are both limited and expensive, it is much harder to eat well. The costs of this are significant (Figure 6).

	NHS Cost (£)	Social Care Cost (£)	Wider Economic Cost
Smoking	10.7m	73.6m	127m productivity loss, 1.8m fines
Obesity	28m (modelled from UK figures)	32m + 17m in welfare payments	
Alcohol	23.7m	17.7m	87.7m crime and disorder, 20.1m wider economy

Figure 6. Estimated annual costs associated with smoking, obesity and alcohol in Walsall.

Whilst not all fast food is unhealthy, it can be high in calories, saturated fats and salt, as well as being low in fibre. Where we live and work influences the food that we eat, our weight and our health. By having a multi-pronged planning approach to restrict new fast-food outlets leads to a significant reduction in the density and proportion of such outlets (Brown et al 2022). There is a growing body of evidence on the association between exposure to fast food outlets and obesity (Pineda et al 2024). There is a clear link between deprivation and the number of takeaways in an area, with the poorest areas having far more takeaways than the most affluent areas. Prevalence of child overweight and obesity rises with deprivation, whilst fruit and vegetable consumption falls (Tedstone 2016).

Compared to the England average, Walsall has a proportionally higher number of fast food outlets; having 389 fast food takeaways. Fast food outlets are associated with selling foods high in calories, fat, sugar and salt.

In Walsall, almost one in four children aged five are living with overweight or obesity, and a quarter of children in this age group have tooth decay (PHE Fingertips, 2025). The borough is among the areas in England with the highest levels of childhood obesity. These challenges continue into adulthood, with 75% of residents living with excess weight or obesity (PHE Fingertips, 2025). Additionally, 12% of residents are living with Type 2 diabetes (Food Foundation, 2025), placing Walsall seventh highest out of 151 local authorities.

Linked to the above, a strong health and wellbeing policy is proposed in Walsall’s Draft Local Plan, which is looking at restriction of fast-food takeaways, and particularly in areas where there is evidence that there would be an adverse impact on public health.

Celebrating success



- Walsall is in the middle of a £1.5 billion regeneration programme, supported by major government funding streams. In the town centre, significant progress has been made on projects like the Connected Gateway scheme, which seeks to improve connections between the bus station and train station, as well as the new Adult Learning Centre (bringing over 800 learners into the town centre), a Digital Skills hub, and the Active Public Space project (which will enhance public areas, add a new canal bridge and green spaces). In addition, development of community spaces, including a town centre Youth Hub, and the Saddlers Centre redevelopment is under way.
- Regeneration programmes are also under development in Willenhall, Darlaston and Blakenall. The latter two schemes will be developed and managed with the involvement of community groups and neighbourhood boards, with funding being available over a 10-year period. The Bloxwich Launchpad to support local start-ups and small businesses, has also recently gone live.
- The council is developing a Walsall Borough Local Plan (WBLP) to support the delivery of new homes, jobs, sustainable travel and has a strong proposed health and wellbeing policy. This focuses on evidence-based management of the location and concentration of fast food outlets, gambling, alcohol, vape shop and pay day loan establishments etc., increasing community food growing space, and requiring health impact assessments for larger developments and those which have an impact on public health. The policy also proposed to protect current health and community facilities and supports the provision of new or improved health facilities where needed.
- Health considerations have been built into Walsall's local learning, employment and skills strategy, housing strategy and forthcoming economic strategy.

Recommendations



- Continue to embed a health in all policies approach to decision-making amongst all partners, with consideration of the wider determinants and commercial determinants of health.
- Ensure delivery of the health-related aspects of Walsall's learning, employment and skills, housing, financial inclusion and emerging economic strategies, as well as those related to the Local Plan and Licensing policy, linking up health and wider programmes where appropriate.



Businesses to meet Walsall's needs

What do we know about attracting the right businesses for Walsall?

Attracting the right mix of businesses is essential for building a thriving, inclusive economy that supports health and wellbeing across Walsall. The goal is not only to bring in new employers but to ensure that the industries and enterprises that settle here provide secure jobs, fair wages, opportunities for local people to develop their skills, and sell products or services that are not damaging to our health and wellbeing.

A well-balanced business base also strengthens the resilience of the local economy, reducing reliance on a single sector and helping Walsall adapt to future challenges. Supporting those who are, or wish to become, self-employed is also important.

Walsall's Learning, Employment and Skills Strategy and forthcoming economic strategy aligns to the following priorities for attracting and supporting the right businesses:



Quality employment: Encouraging businesses that offer stable work, good pay, and safe conditions to improve long-term health outcomes.



Skills development: Working with employers who invest in training, apprenticeships, and career progression so that residents can gain the qualifications needed for emerging industries.



Sustainable growth: Targeting sectors such as green energy, digital technology, health and social care, and advanced manufacturing, which can drive economic growth while aligning with environmental and health goals.



Local supply chains: Supporting businesses that source goods and services locally, keeping money circulating within Walsall and strengthening the wider community.



Inclusive opportunities: Prioritising enterprises that offer jobs accessible to a diverse workforce, including young people, older workers, and those with disabilities or long-term health conditions.



Health promoting businesses: companies that support and improve the physical and mental wellbeing of their employees and/or customers.

The nature of work is set to change radically in the near future – with growing automation of existing jobs and changes in the types of jobs available. This is likely to cause disruption to many workers but could also present opportunities if higher-quality roles are created. It's important to ensure that the right businesses for Walsall are created, and that we encourage and support the right skills for these jobs. The Council and its partners have bold ambitions for Walsall and have published their Learning, Employment and Skills Strategy to help assist in their vision. The Employment and Skills Board is to support the Walsall Economic Forum in delivery of their agreed aims and objectives.

National and local governments, and the partners they work with, can make conscious choices about the type of economy they promote. The choices they make will materially affect long-term health outcomes for their population, and whether truly inclusive economies are created.

Local economic development activities aim to shape economies through different means, i.e. promoting the growth of particular types of business, reducing proliferation of certain businesses/uses, supporting people into work or addressing gaps in workforce skills. Therefore, it is important to bring economic development and public health strategies together, as is being done in Walsall, so that health outcomes can become a core objective of economic development work.

In 2023, 38.5% of businesses in Walsall survived after the first 5 years of trading, compared to 38.3% in England. Walsall has a higher business survival rate compared with the West Midlands and West Midlands Combined Authority (Figure 7).

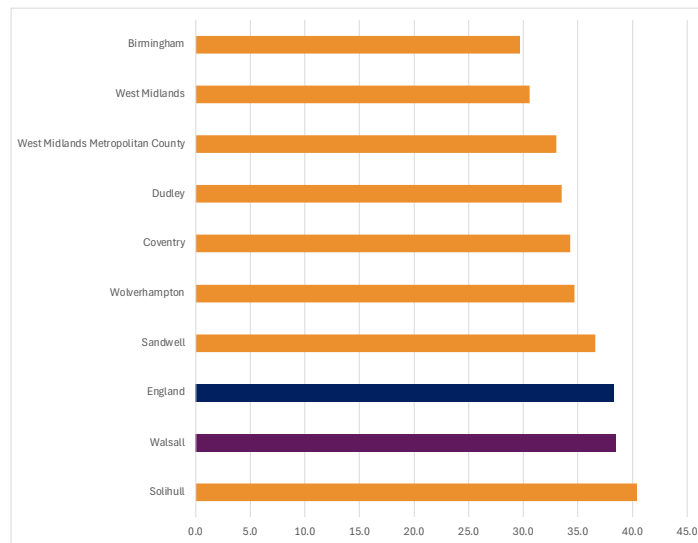


Figure 7. 5-year business survival rate by area, 2023

Lower research and development investment prevents businesses from growing. UK Research and Innovation (UKRI) spend per person is £2 in Walsall, versus a UK average of £107 per year. UKRI spend in Walsall needs to increase by £30.2 million per year to match the UK per person rate, supporting business Research and Development and innovation.

The number of businesses and the presence of high-growth businesses (businesses with an average growth in employment of greater than 20% per year over a three-year period) show the strength and dynamism of the local economy. A larger business base provides jobs, services, and opportunities while high-growth firms can drive innovation, higher wages and long-term economic resilience.

In the latest year the number of active enterprises per 10,000 population dropped locally, regionally and nationally (Figure 8). For Walsall to reach the regional average would require an additional 1,516 active enterprises, and to reach the national average, an additional 3,191 enterprises.

There are lower numbers of high growth enterprises in Walsall (Figure 9), when looking at the number per 100,000 population compared to regional and national averages. To reach the regional average, Walsall requires an additional 14 high-growth enterprises and to reach the national average, an additional 31 high-growth enterprises.

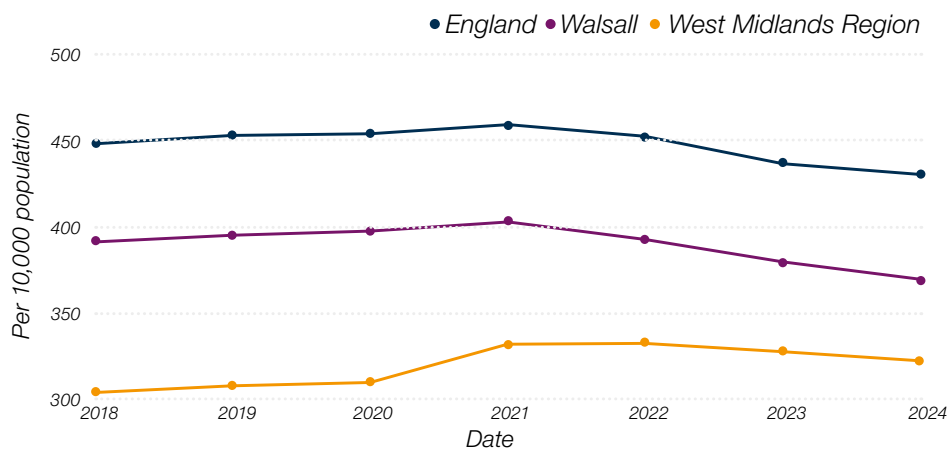


Figure 8. Active enterprises per 10,000 population for Walsall, England and West Midlands, over time

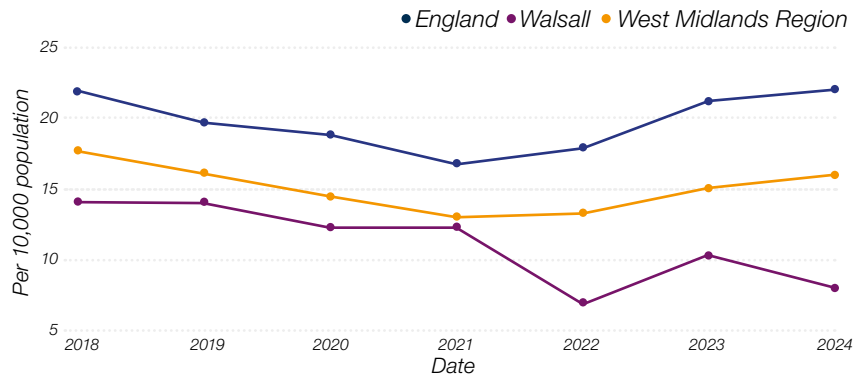


Figure 9. High-growth enterprises per 100,000 population for Walsall, England and West Midlands, over time

A local economy grows when it increases the amount of goods and services it produces. GVA is a way of measuring this output. GVA is defined as the value of the goods and services produced minus the value of the intermediate inputs that were used to produce those goods and services. It can be calculated for firms, industries, local and national economies.

Gross value added (GVA) is an economic productivity metric that measures the contribution of a producer, industry, sector or region to an economy.

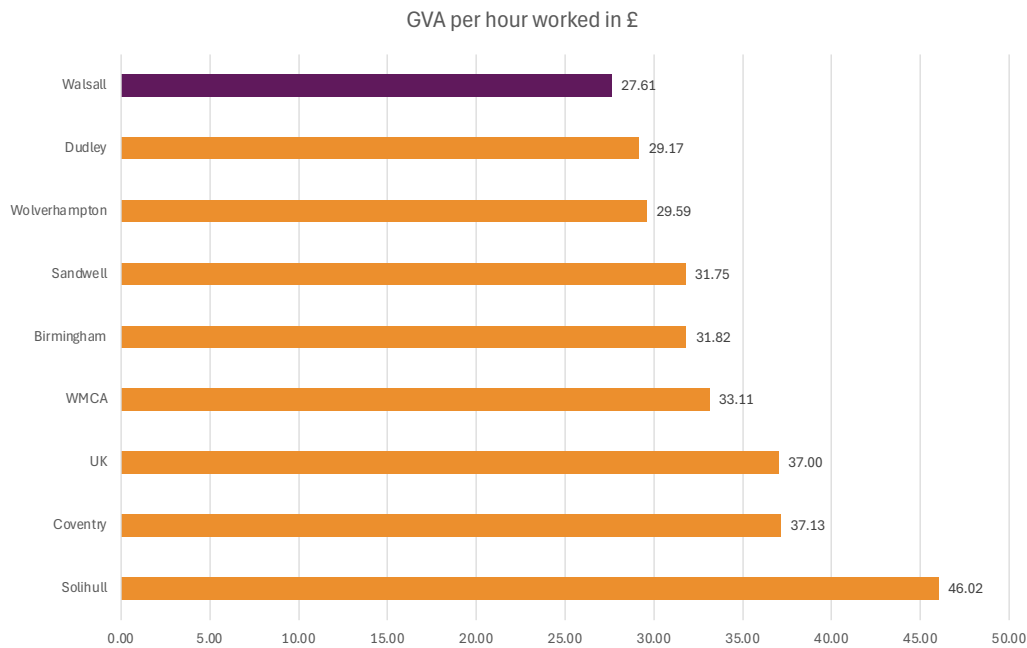


Figure 10. The Gross Value Added (GVA) per hour worked, in £, by area. Office for National Statistics, 2021

Over time, GVA has increased, although the rate of change is lower for Walsall compared to England and West Midlands. COVID-19 exacerbated the declining GVA per head figures in Walsall. Whilst there has been a recovery, in the latest year the growth rate was slower than nationally or regionally. Walsall’s GVA per head remains significantly below the regional and national average currently (Figure 11).

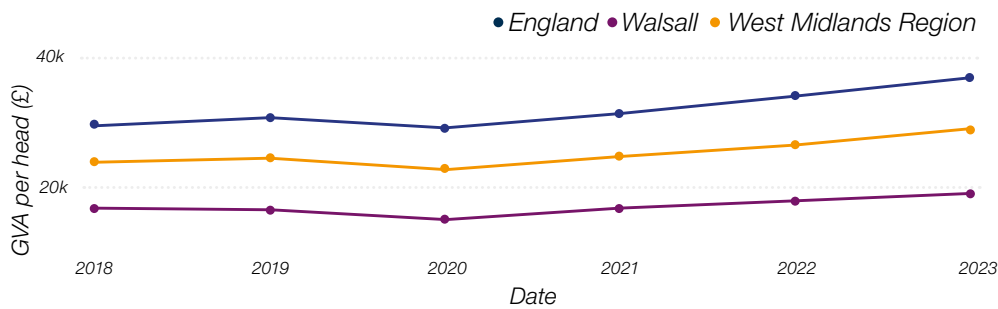


Figure 11. Gross Value Added (GVA) per head, in £, for Walsall, England and West Midlands, over time

Sector	GVA	Jobs	Businesses
Advanced Manufacturing	£770m	13,125	885
Building Technologies	£458m	4,800	1,250
Business Services	£1,730m	18,090	2,285
Environmental Technologies	£160m	1,395	45
Health & Wellbeing	£552m	14,125	450
Public Sector inc. Education	£654m	14,500	215
Retail	£640m	18,500	1,665
Transport Technologies	£409m	8,250	865
Visitor Economy	£136m	6,975	650
Total	£5,506m	99,760	8,310

Key:

- GREEN** Walsall has a greater share of GVA, jobs or businesses in the sector compared to the national average.
- AMBER** there is an equal share
- RED** there is a smaller share

Figure 12. Gross Value Added (GVA), Jobs and Businesses by Job Sector for Walsall

The above charts show that we need more businesses to create economic activity which allows Walsall to reach its full potential, and that we need more high growth innovative activity to increase productivity. Walsall's economy is also more reliant on traditionally lower productivity sectors, defined as sectors in which at least 30% of all jobs pay below the low pay threshold (less than 60% median household income), such as retail, transportation, accommodation and food services, with considerably lower proportions of higher productivity sector activity such as business services (i.e. IT, finance, marketing, consulting and HR). In higher growth clusters of strength (interconnected companies and suppliers with a competitive advantage and superior rates of growth), such as manufacturing, issues such as energy and other costs have dampened productivity in recent years. However, future growth opportunities exist.

The following table (Table 1) shows the different sizes of businesses compared to other Black Country authorities, the West Midlands Combined Authority, West Midlands Region, and the UK. Figure 13 shows the businesses by size for Walsall.

% of Total	Micro Business (0 to 9)	Small Business (10 to 49)	Medium Business (50 to 249)	Large Business (+250)
Walsall	7,440 (88.7%)	755 (9.0%)	150 (1.8%)	40 (0.5%)
Black Country	32,315 (88.2%)	3,545 (9.7%)	640 (1.7%)	155 (0.4%)
WMCA	82,060 (88.7%)	8,515 (9.2%)	1,525 (1.6%)	460 (0.5%)
West Midlands Region	192,150 (88.9%)	19,570 (9.1%)	3,450 (1.6%)	975 (0.5%)
UK	2,437,850 (89.1%)	241,185 (8.8%)	44,170 (1.6%)	11,415 (0.5%)

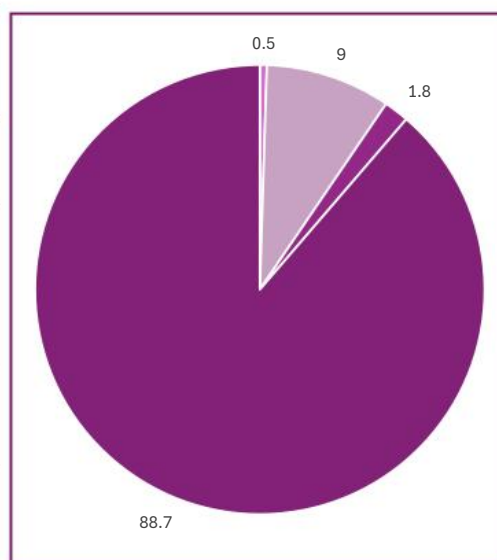


Table 1. Different sizes of businesses by location, March 2025, The Economic Intelligence Unit

Figure 13. Percentages of distribution of businesses by size for Walsall, March 2025, from figures shown in the table

Celebrating success



- Major employment sites are also being developed, such as SPARK—a 620,000 square foot manufacturing and logistics hub located right by junctions 9 and 10 of the M6, sitting in the heart of the Midlands — and Total Park at Bentley Lane, an industrial and logistics development that will provide over 422,000 square feet of premium employment space across three units. Improvements to key transport corridors, including our proposed new rail stations at Willenhall and Darlaston will ensure that regeneration benefits are widely shared across the borough.
- Walsall Borough Economic Forum (WBEF) continues to serve as a key platform for collaboration between strategic businesses and the public sector, ensuring that the borough’s economic priorities are shaped by local insight and ambition. The Council is on track to engage with 426 businesses, with an increasing emphasis on supporting high growth enterprises. The Walsall High-Growth Programme provides the expertise, resources, and guidance needed to navigate this exciting journey. Since July 2024 there have been over 157 small and medium enterprises (SME) supported and over 93 Business support referrals.
- As part of the WMCA’s response to the ‘Get Britain Working’ White Paper, Walsall is delivering the Youth Trailblazer programme. This programme is aimed at reducing economic inactivity among 18- to 21-year-olds and focuses on paid work placements and transition support for those at risk of becoming NEET (Not in Education or Employment or Training). Since its launch in 2012, Walsall Works has helped 3,500 young people, with 50% securing employment and apprenticeship opportunities.
- As part of our ongoing regeneration programme across the borough, external funding is being used to modernise our markets further in Willenhall, Bloxwich and Walsall Town Centre, reflecting the growth of use of market stalls which have grown to 10,428 stalls let in 2024/25, an increase of 24% since 2023/24.

Recommendations



- Develop the opportunity for the council and wider partners to work with local businesses to strategically and operationally support work and health outcomes, including among small and medium enterprises and self-employed individuals.



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Economic Development and the Walsall Pound (£)

What do we know about economic development in Walsall?

Health and the economy

People's economic circumstances are shaped by their income, as well as their health, whether they have a job and the type of work they do. The COVID-19 pandemic brought issues of job security and the crucial link between the economy and health to the fore, e.g. the disproportionate impact on people in lower paid, insecure roles, who were unable to work from home.

Inequality in wealth distribution has increased over the last decade nationally. This is because of a lengthy economic shock of the 2008 financial crisis, characterised by recession and then a slow restoration of living standards, with sustained weak productivity growth and stagnation of wages, alongside austerity policies, with little improvement in average household incomes in the UK over the last 10 years (Naik et al 2020). Poverty remains a challenge, with overall levels staying the same for more than 15 years, with a fifth of the UK population living below the poverty line (after housing costs). In Walsall, 36.0% of children are living in relative low-income families (0-15 years), which is significantly higher than the national value of 21.8%. Focusing on ensuring children have the best start in life, and enhancing support for early years development and learning, are critical for Walsall's future and are key areas of focus for partners across the borough

Low household income and lack of wealth can cause insecurity, stress, lack of material resources, unaffordability of healthy products and services, and more. All of which have measurable consequences for people's health outcomes. In contrast, high income or existing wealth provides financial security, access to good housing and healthy food, education opportunities and other factors likely to promote good health (Naik et al 2020). The future of Walsall is being shaped by a vision of inclusive growth. Inclusive growth places every neighbourhood and community at the heart of regeneration to ensure that new investment creates healthier, more vibrant neighbourhoods, where everyone can access high-quality homes, secure good jobs, and enjoy a strong sense of belonging, to ensure that the places and spaces we inhabit become better places to live, work, and thrive (Draft Walsall Housing Strategy 2025).

“ Good population health is essential for sustainable economic growth ”
BMA 2022



What do we know about social value in Walsall?

Social Value

'Keeping the pound local' refers to strategies that promote local economies by spending money within a local community, which can be strengthened by local social capital, or the networks of trust and cooperation among residents and businesses that foster a sense of shared identity and mutual support. Neighbourhoods with high social capital tend to better support local businesses and entrepreneurship (Local Trust 2025). Community centres, parks and other places that provide space for people to meet, engage and build relationships and trust, help strengthen this social capital, resulting in improved social outcomes and a more resilient local economy (Local Trust 2025).

Social value is the value an organisation contributes to society beyond an operational profit, or in the context of procurement, beyond the direct benefit of providing their service. It can be generated from within an organisation or from the wider supply chain so that communities benefit directly. It is underpinned by the Public Services (Social Value) Act 2012, which compels public authorities in England and Wales to secure wider economic, social and environmental benefits for their areas when commissioning services. The Act encourages the consideration of wider benefits beyond cost, such as job creation, local sourcing, apprenticeship programmes and environmental sustainability. Public Procurement is changing further, with the Procurement Act 2023 (passed on 24 February 2025) aiming to improve and streamline the way procurement is done, and benefit prospective suppliers of all sizes, particularly small businesses, start-ups and social enterprises.

Walsall Council is supporting social capital where social value is built into its contracts, as well as a much wider social value agenda, which is supported by partners across the borough. There is some good activity in relation to apprenticeships both within the council and among partners, including our local anchor organisations, but there is significant opportunity for us to do more, including how we monitor the social value we receive.

Case Study: Walsall Women's Health Hubs

Walsall Together received £68K from the Integrated Care Board (ICB) to create a women's health hub, initially focused on specific health problems such as heavy menstrual bleeding and menopause. Locally the scope was widened to reach women who rarely engage with services.

Working with Walsall Community Network and One Walsall, and supported by a GP lead, we spoke to over 250 women about what matters to their health. They highlighted the importance of a balanced diet, exercise, friends and family, mental and physical health and strong support networks. Barriers included time pressures, stress, lack of understanding and not feeling heard.

As a result of this engagement, we have:

- Distributed period and continence products through schools and community organisations
- Commissioned a theatre group to amplify women's voices
- Delivered self-help menopause sessions
- Started women's groups in community libraries.



Strategies to keep more money in Walsall include supporting independent retailers, promoting local supply chains, and encouraging larger organisations to source goods and services from within the borough. Community initiatives such as local markets/supermarkets can also support local spending.

Case Study: Swift Academy – Connecting Nature, Community and Wellbeing in Walsall

The RSPB's West Midlands Swift Academy, funded by Natural England, delivers a creative, nature-based programme for communities in Walsall and Birmingham. It forms part of the wider Purple Horizons Nature Recovery Project, which aims to restore nature and strengthen people's connection to the ancient heathland between Sutton Park and Cannock Chase.

The RSPB provides 'train the trainer' sessions to community organisations, enabling them to run their own Swift-themed physical activity, outdoor play and creative arts sessions. These activities help people learn about and protect Swifts—an iconic urban bird that has declined by over 60% in the UK. Sessions are fun, inclusive and active, using games, challenges and arts activities to encourage movement, curiosity and shared learning.

In Walsall, delivery through trusted partners such as Walsall FC Foundation and Walsall College embeds nature engagement into everyday community settings. A standout session with Walsall FC Foundation used Swift-themed football activities to connect local identity, physical activity and nature learning. The programme is ongoing, with the next phase focused on creating lasting environmental and community impact, including:

Corporate Social Responsibility (CSR)

- Installing Swift nest boxes to support population recovery
- Creating wildflower areas to boost insects and biodiversity
- Offering volunteering opportunities through the RSPB Swift Champions network

By combining health, wellbeing, physical activity and environmental action, the Swift Academy delivers strong social value—promoting healthier people, stronger communities and long term nature recovery in Walsall.



CSR is about the impact an organisation makes on society, the environment and the economy. By practicing CSR, also called Corporate citizenship, companies are aware of how they impact, and how they can generate a positive impact on economic, social and environmental outcomes.

Case Study: Green and Open Space Corporate Social Responsibility Programme

Our Healthy Spaces Corporate Social Responsibility (CSR) programme brings local businesses and communities together to improve parks, allotments and green spaces. In its first year, it added a value of £26,500, with 300 volunteers giving over 900 hours. Today, 32 businesses are on board, and the programme keeps growing.

Volunteers have transformed spaces across Walsall – restoring allotments for SEN students, refurbishing sports facilities, painting community areas, dredging waterways, installing accessible fishing pegs, planting wildflowers and creating sensory paths and nature pools for schools and community groups. These projects boost wellbeing and strengthen community connections.

Looking ahead, we want to make volunteering easy and rewarding, offering more opportunities for businesses and encouraging council staff to use their volunteer days. Our vision is simple: connect businesses, empower communities and create a greener Walsall.



Earnings

In Walsall, there is a higher proportion of children living in relative low income households and people in low paid employment when compared to the West Midlands and the UK, and lower monthly pay levels (Figure 14).

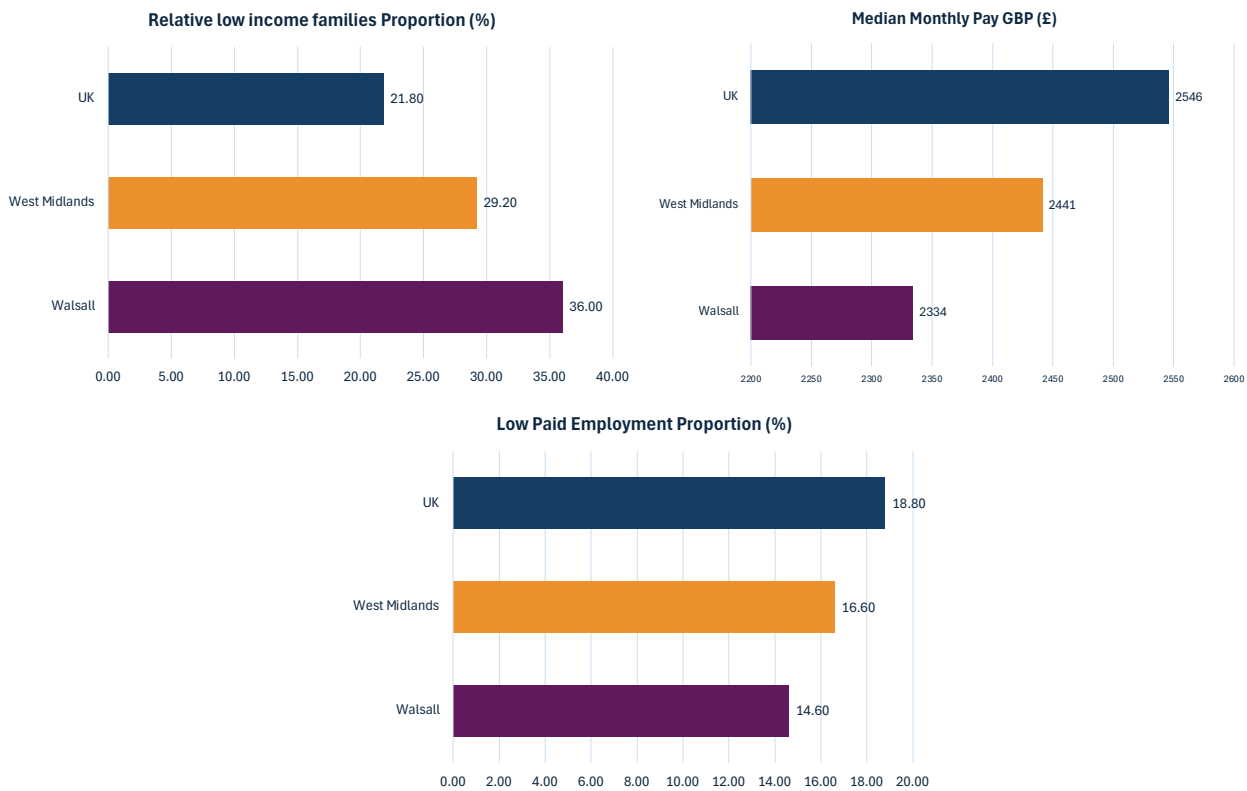


Figure 14. Proportion of children living in relative low income households; The Median Monthly pay in £ and the proportion of people in low paid employment for Walsall, West Midlands and UK (2025)

People experiencing the highest levels of income deprivation have the lowest life expectancy (Figure 15).

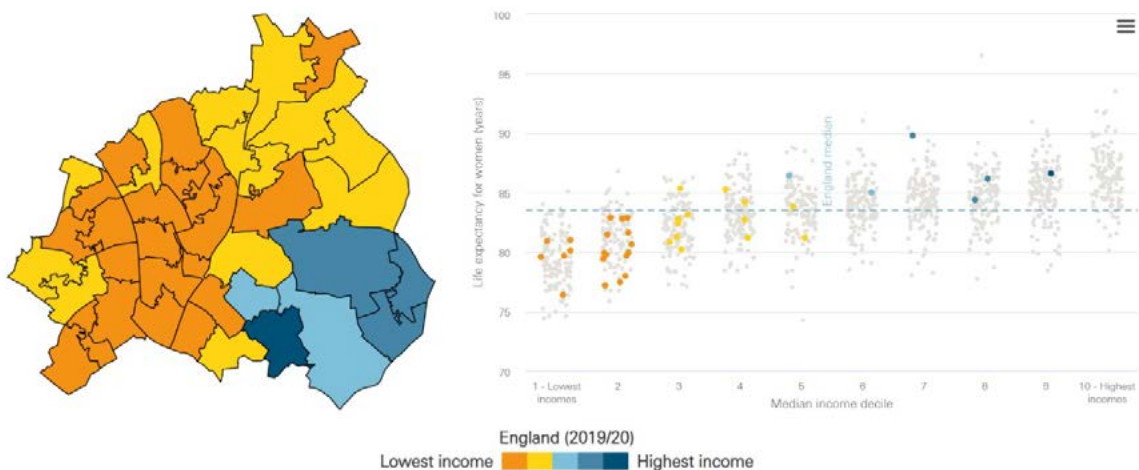


Figure 15. Median income by life expectancy: neighbourhoods (MSOAs) in Walsall

Workplace and resident earnings highlight the balance between what jobs in an area pay and what local people actually earn. If workplace earnings are higher than resident earnings, it may suggest that many well-paid jobs are taken by in-commuters, while local people face barriers such as skills gaps or limited access to opportunities. Conversely, if resident earnings are higher, people may be commuting elsewhere for better jobs. In Walsall in 2024, resident earnings were about £1000 lower than workplace earnings.

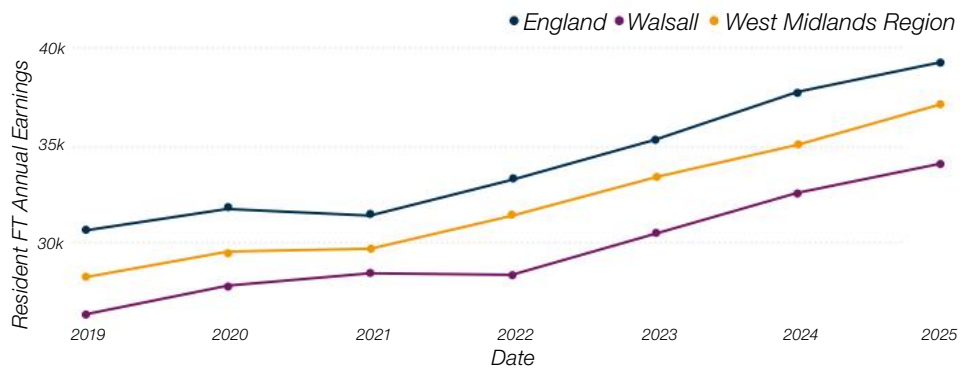


Figure 16. Workplace full-time gross median annual earnings (£) by place and over time

Walsall's workplace annual gross earnings growth:

- Recovered in 2023 as the increase was double that of the regional and national growth
- There was further growth experienced in 2024 and 2025, albeit at a slower rate between 2024 and 2025.
- Walsall currently lags behind the region by £1,357 and the national average by £4,049.



Celebrating success



- Walsall Connected continued into its third year in 2025, building on the successful collaboration between Walsall Council and local community partners. Co-designed with Bloxwich Community Partnership, Walsall Connected offers face-to-face digital upskilling, general support, signposting and access to first-line Council services. It is a network of 29 strategically accessible sites, manned by trained staff and volunteers. The model invests in local community organisations, allowing them to expand their social impact. Over the last 3 years, Walsall Connected have had over 41,000 resident interactions, distributed over 1500 digital devices, and supported health initiatives such as Healthy Start and promotion of Be Well Walsall services. 69% of users feel confident to “self-serve” following support and 97% of surveyed residents say they would recommend the service to others.

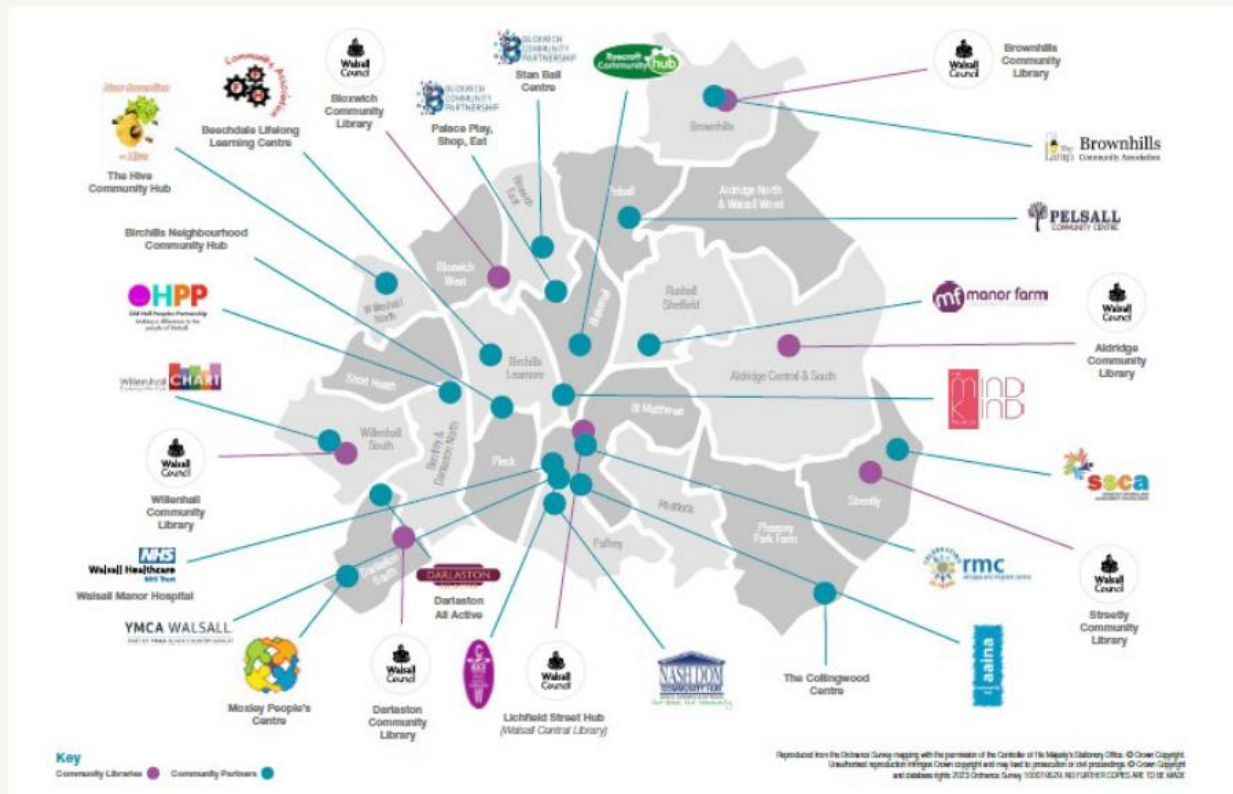


Figure 17. Map of Walsall Connected Centres

- The Resilient Communities Locality Model (RCLL) has transformed support for the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Walsall. By moving away from a centralised approach, the model now funds four locality-based organisations, each led by Locality Leads who provide tailored guidance, training, and funding advice. This has resulted in better governance, and more successful funding bids for over 600 groups, with more than 40 accessing advice monthly. Between April 2023 and March 2025 £2,000,000 of funding has come into Walsall through support provided by the locality leads. The sector’s impact has grown since the COVID-19 pandemic, with its voice now present at strategic boards and partnerships, and a stronger focus on continuous improvement and trust within local communities.

Recommendations



- Encourage social value policy development and monitoring in the council and among partners, extending social value to encompass health outcomes, as well as focusing on building apprenticeships and routes into local careers.
- Take a partnership approach to corporate social responsibility (CSR) work across the borough, to involve health and wider partners, building on current green space CSR activities.

Work and Health

Good Work Builds Health, Health Builds the Economy

What do we know about good work and health in Walsall?

Good work is defined as having a safe and secure job with good working hours and conditions, supportive management, and opportunities for training and development (Public Health England 2019).

Employment is one of the most important determinants of health. Good work provides income, structure, social contact and a sense of purpose, all of which are protective for physical and mental wellbeing. As such, our jobs and workplaces have a large impact on our health and wellbeing. Employment can impact both directly and indirectly on individuals, their family and their community. 31% of children under 16 in Walsall live in low-income households. Work and health-related worklessness are important public health issues, both at local and national levels.

However, the quality of employment is critical as ‘good employment’ delivers much more than just a strong economy. Secure, fairly paid, safe and supportive jobs are linked with improved life expectancy, lower rates of depression, better general health and protection against social exclusion. Keeping us healthy, mentally and physically, enables us to be economically independent, giving us more choices and opportunities to fulfil our other ambitions in life.

Conversely, unemployment is bad for health and wellbeing and is strongly associated with higher prevalence of illness and mortality, including debilitating long-term illness, cardiovascular disease, poor mental health, suicide and health-harming behaviours. Jobs that are insecure, poorly paid or unsafe can be as damaging as unemployment, contributing to stress, anxiety and musculoskeletal problems (WHO 2024).

Low-quality work significantly harms health, with factors such as job insecurity, low job satisfaction, low job autonomy and poor wellbeing being more than twice as likely to lead to fair or poor self-reported health and wellbeing compared to good-quality work (The Health Foundation 2025). Persistent exposure to low-quality work can cause chronic stress, which worsens mental and physical health. This negative impact is unequally distributed, disproportionately affecting younger adults and minority groups, and is linked to financial insecurity and broader social inequalities (The Health Foundation 2025).

Promoting access to ‘good work’ is therefore central to improving health outcomes and reducing inequalities (Figure 18). Further, addressing and removing health-related barriers to work requires collaborative work between partners from across the private, public and third sectors at both national and local level.

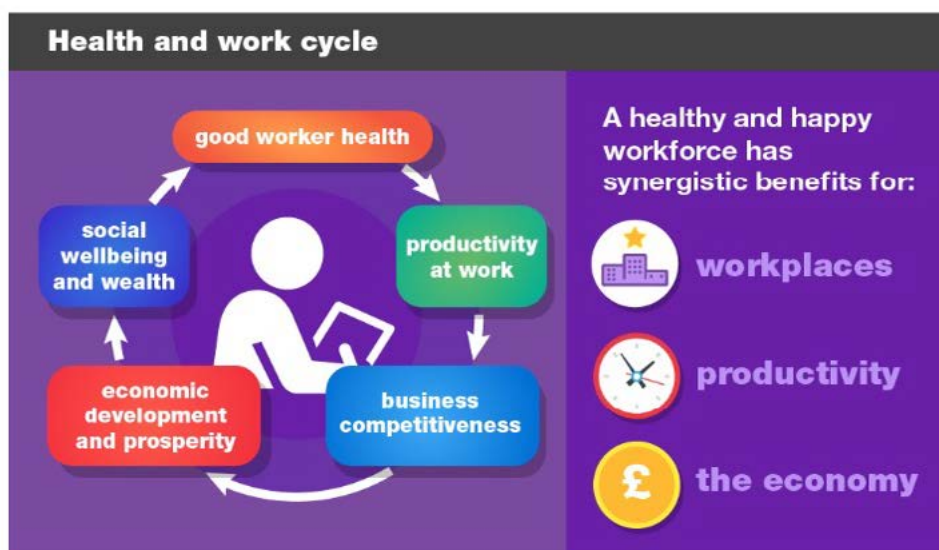


Figure 18. Health and Work Cycle. Source: <https://www.who.int/publications/i/item/who-healthy-workplace-framework-and-model>

Good quality work is one of the key building blocks of health and wellbeing, not only from an economic standpoint but also in terms of quality of life (Figure 19). Good work means:

- i. being paid a fair wage for what you do (earnings)
- ii. positive working conditions (such as safety, robust training and development, autonomy, strong line management, proactive support for mental health and wellbeing)
- iii. having a sense of stability and security (such as regular hours).

Arguably a 4th dimension, “health-promoting workplace” could be added to this model to highlight the importance of being proactive in the workplace in promoting and creating an environment in which physical and mental health and wellbeing is supported and improved.

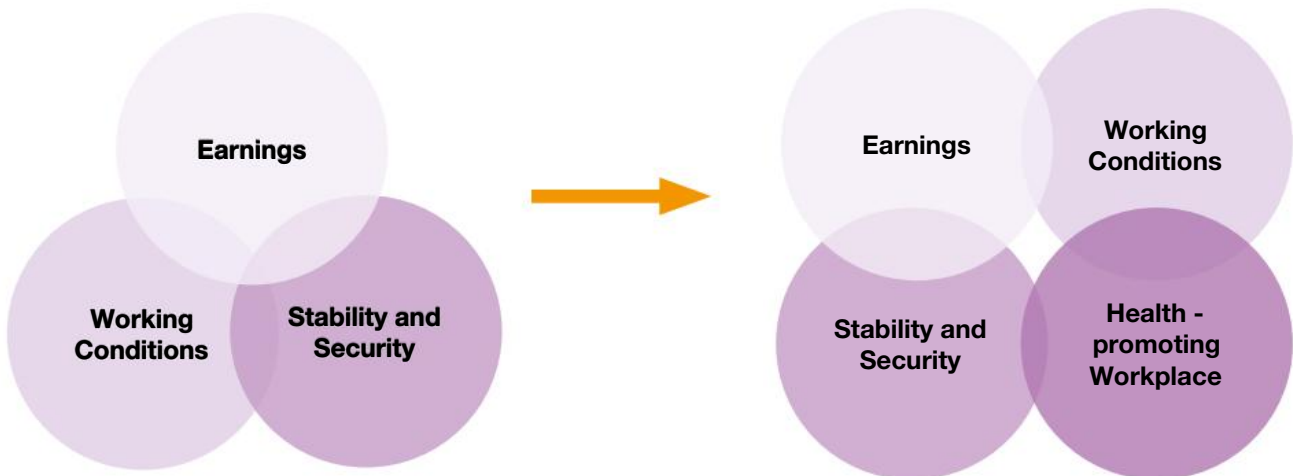


Figure 19. The three dimensions of good quality work by Sehnbruch et al 2024.

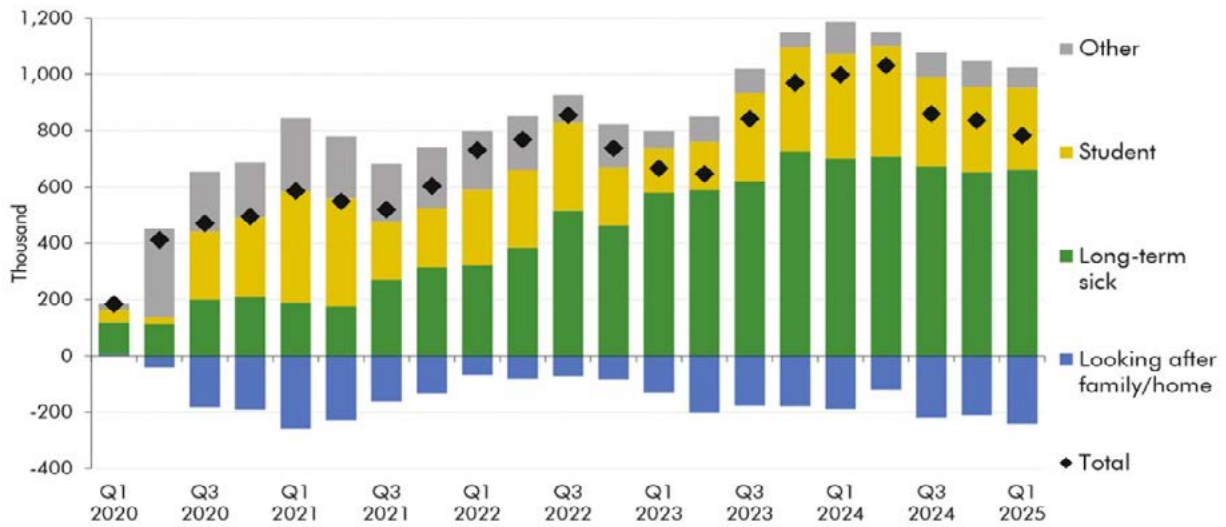
Health builds the economy

The benefits of a healthy workforce are evident. Good health is not simply an output of a fair and thriving economy. It is a vital input into a strong economy (Nair et al 2020). Healthy staff are more productive, take less time off sick and do not necessarily need to retire early. Having an unhealthy workforce negatively impacts our economy and society due to:

- Lost productivity
- A reduction in income tax receipts
- Increases in long-term sickness
- Increased informal caregiving
- Increased healthcare costs

“ The health of the population is a key determinant of the economic and fiscal outlook. It was a source of one of the largest short-term fiscal shocks, in the form of the COVID-10 pandemic. It has been an important source of medium-term fiscal pressures, in particular due to rising health-related inactivity. And it is one of the largest long-term fiscal risks, with rising health spending being the single most important driver of the projected increase in government debt over the next 50 years. ”

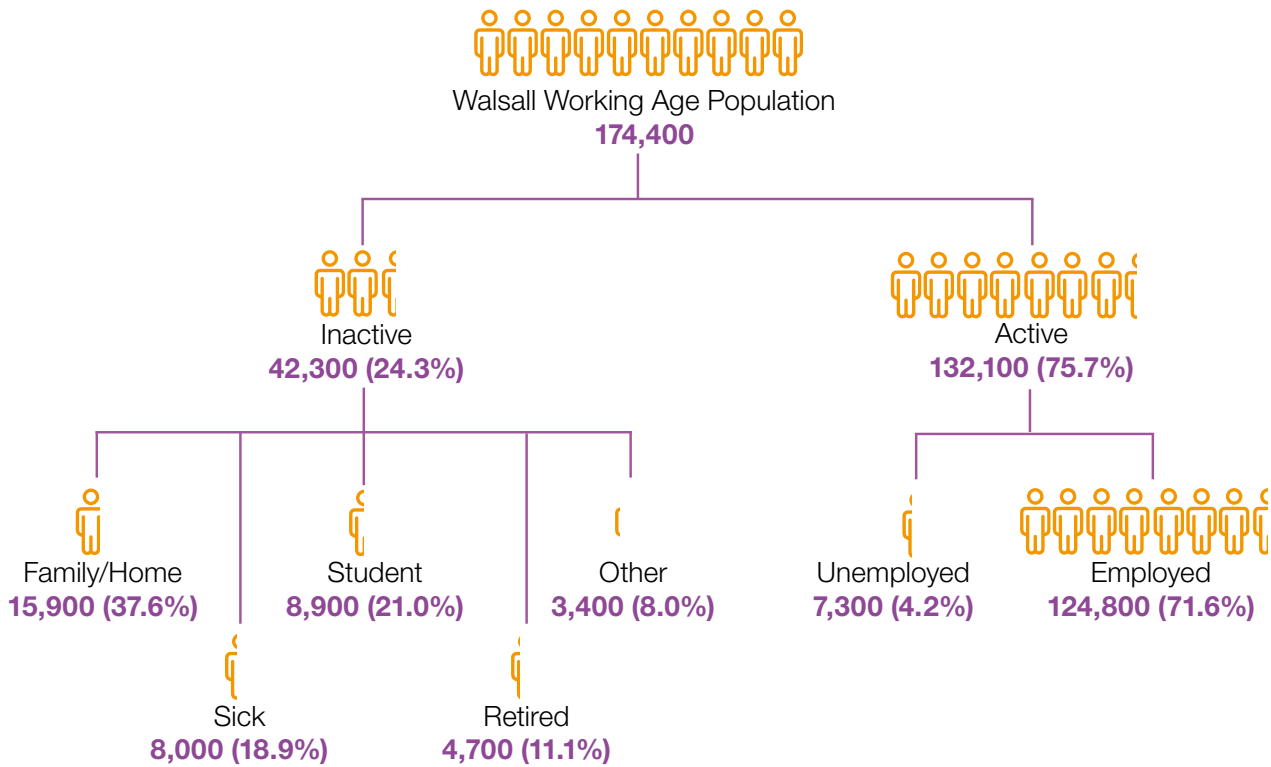
Fiscal risks and sustainability – July 2025 - Office for Budget Responsibility



Note: Changes are shown relative to December-February 2020 - the pre-pandemic low-point for the 16-64 year-old inactivity rate
 Figure 20. Health related inactivity in the UK: Change since 2020.

The labour market In Walsall and trends over time

The labour market in Walsall is divided into two main groups: the 'Active' and the 'Inactive'. The Active population consists of all people who are either in employment or are unemployed. The economically inactive group includes people of working age who are not in employment because they are not actively seeking work or are unavailable to work (Figure 21).



Note: does not add up to 100% as some numbers are suppressed and not available

Figure 21. The Labour Market in Walsall – January – December 2024.
 ONS Crown Copyright Reserved [from Nomis on 19 January 2026]

In Walsall, 7.5% of people (aged 16-64) in employment are self employed, compared with 10.2% in the West Midlands Combined Authority area, 10.8% in the West Midlands and 12.2% for Great Britain (data from Oct 2024 - Sep 2025).

After two years of strong growth, the latest figures (for 2024) show a drop in Walsall’s employment rate, reflecting national trends. To reach the national average of 75.6% would require an additional 6,986 working age residents in Walsall to be in employment (Figure 22).

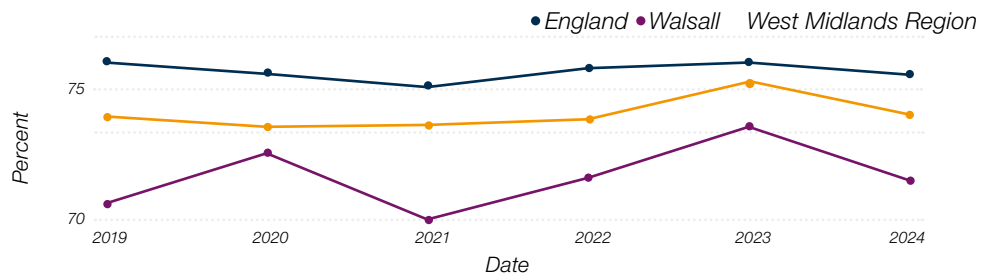


Figure 22. Employment rate (aged 16-64 years) by place and over time

There has been a recent increase in economic inactivity at a local, regional and national level, returning to 2019 levels (Figure 23). In Walsall, of those economically inactive, 37.7% were looking after family or their home, and this reason also had the highest annual increase. Notably, people who are economically inactive due to long-term sickness has significantly dropped.

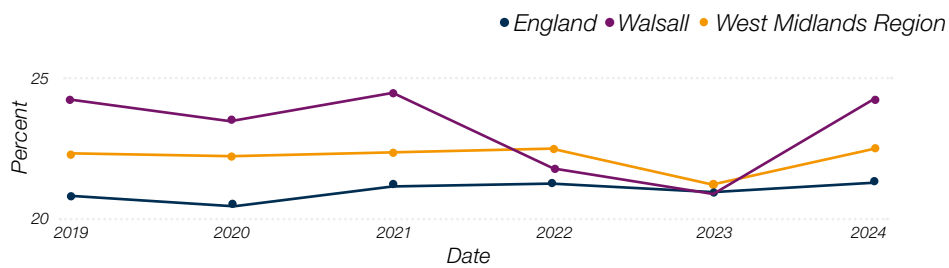


Figure 23. Economically inactive (aged 16-64 years) by place and over time

Previously, the proportion of workless households (households where nobody in the household of working age is in employment) in Walsall had consistently been above the regional and national average. Although, in the latest available time period, a substantial drop is shown for Walsall, meaning for the first time the proportion was below the regional and national average (Figure 24).

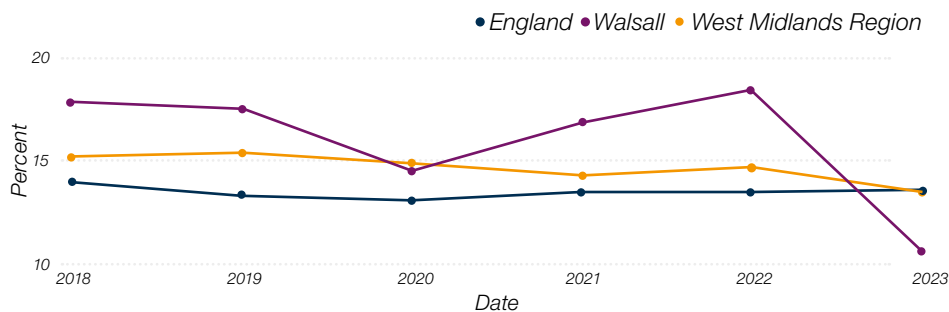


Figure 24. Workless households by place and over time

The latest data shows 3.7% (109,000 people) of people aged 16 and over are on zero-hours contracts in the West Midlands region, and 3.4% (1.2 million people) at UK level (Figure 25). This has increased by 3.8% (+4,000 people) in the West Midlands and 1.25% (+131,000 people) in the UK over the previous year. This data is only available at UK and regional level. Note that zero-hours contract work is seen as similar in nature to the gig economy, i.e. where people are paid per task (“gig”) such as food or goods delivery, taxi services, retail, cleaning, care, accountancy, IT, construction and many more. There are no available robust local, regional or national data for Walsall which highlight the scale of the gig economy in the borough, nor regarding people who may be being paid cash in hand.

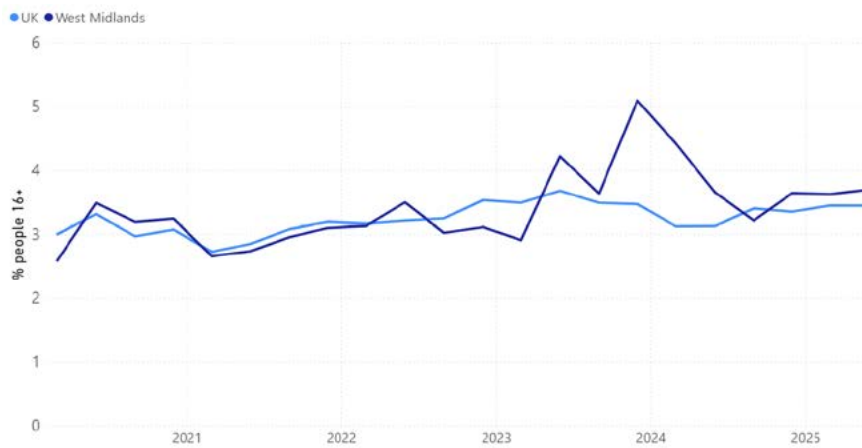


Figure 25. Percentage of people aged 16 years and over on zero-hours contracts by place and over time. Source: Labour Force Survey

The latest estimates of the number and proportion of UK employee jobs with hourly pay below the living wage, as defined by the living wage foundation, is 14.6% for the UK (4.4 million). The figure is higher for West Midlands Combined Authority, being 16.6% of the total (405,000). For Walsall, the figure is even higher, being 18.8% of the total (17,000) (The Black Country Economic Intelligence Unit).

Youth Claimants (aged 16-24)

Walsall youth claimant rates are joint fifth highest in the UK (2025). Provisional estimates show Walsall had 2,465 youth claimants in November 2025, an increase of 115 (+4.9%) claimants since November 2024. The number of youth claimants as percentage of residents aged 16–24 years old was 8.0% compared to 4.5% for the UK in November 2025. Ward analysis for the Black Country shows that Walsall had two of the highest wards. The wards that had the highest number of youth claimants as a percentage of residents aged 16 – 24 years old in November 2025 were East Park (Wolverhampton) at 13.8%, Blakenall (Walsall) at 12.5% and Birchills Leamore (Walsall) at 11.5%.

In contrast it also had two of the lowest - the lowest number of claimants as a percentage of residents aged 16–24 years old in November 2025 were in Streetly (Walsall) at 1.9%, Aldridge Central & South (Walsall) at 2.9% and Halesowen South (Dudley) at 3.0% (Figure 26).

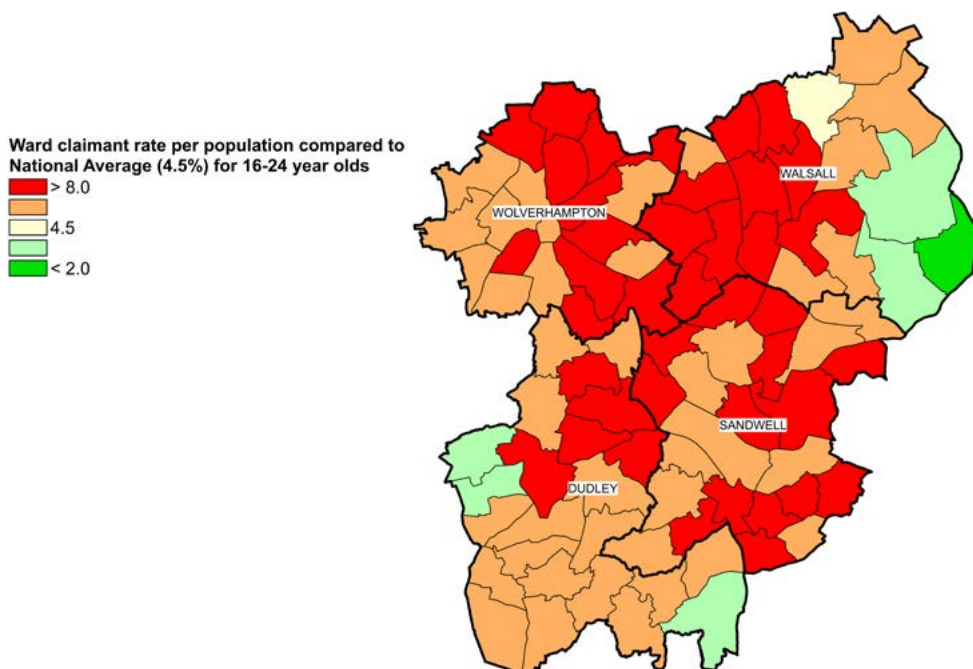


Figure 26. Ward claimant rate per population for Walsall compared to National Average (4.5%) for 16-24 year olds, November 2025. Source: ONS/DWP

Celebrating success



- West Midlands Works is the region's plan, published in November 2025 to reduce economic inactivity and close employment gaps by building a healthier, more inclusive economy. It has specific ambitions to embed employment support in NHS pathways, and ensure employment support services also benefit from pathways into health services. It also plans to increase the reach of the West Midlands "Thrive at Work" workplace wellbeing programme.
- Walsall Works is the Council's programme to support residents into good jobs and training. It offers friendly, personalised help for people of working age to find employment, apprenticeships, work placements, education, training and other opportunities that boost their wellbeing. Of 2,313 clients supported over 20 months 656 were supported into employment, of which 628 were into paid employment (non-apprenticeship) outcomes in that time, along with 28 apprenticeships. There were also 457 education and training outcomes.
- The Shared Prosperity Fund supported economically inactive residents by delivering services in community venues across our most deprived neighbourhoods. It operated in 20 locations across the borough, with some activity which is ongoing. The Restart Scheme, which ceased in July 2025, provided intensive support to Universal Credit claimants to support them into sustained work. Ongoing support for exited participants was provided through the general Walsall Works service. Walsall Council supported 796 people, 353 of whom have progressed into a new job and 216 have reached the sustained earning target (total earnings) of £4,759. The programme helped overcome a range of health and wellbeing issues and upskilled hundreds of people to increase their employability, complete valuable training courses and improve their future prospects.
- The Council's workplace Health and Safety Team, consisting of one Environmental Health Officer and one Health and Safety Officer, delivers a statutory enforcement service across local workplaces. This includes inspections, responding to complaints, and investigating workplace accidents and incidents. In 2025, the team effectively managed 96 complaints and enquiries alongside 104 accident notifications. It is currently progressing several serious and complex criminal investigations, including cases involving unlicensed asbestos removal, lead exposure, and a fatal workplace incident. Despite a demanding workload, which is supported by the Environmental Health team, the team continues to prioritise high-risk and high-impact activity. While reactive demands have limited the scope for proactive work, the team has maintained a focus on public protection. In addition, it administers the registration of skin-piercing activities, such as tattooing and body piercing, processing 73 applications in 2025 with a clear emphasis on infection prevention. Looking ahead, proposed government changes to introduce a new licensing regime for non-cosmetic procedures will further extend the team's role in safeguarding public health.

Case Study: Walsall Council's Customer Engagement Team

Client A approached the employability support team at Willenhall Library, stating they had taken early retirement but felt socially isolated and bored without work. They were looking for work that was less challenging than their previous time as a train driver, so the Council's employment service conducted some careers information, advice and guidance sessions which established that they would be a good fit to work in security. The help provided included:

- Creating a new CV and assistance with job searching
- Mock interviews
- Funding for transport and appropriate work clothing

This assistance paid off; Client A secured an interview with a local business as a security guard and was offered the role immediately. Client A credits the service and the officer responsible for helping to boost their confidence and giving them the opportunity to work again, something they thought impossible until now. They have also stated that they are now in a better financial position and have a wider social circle, which has helped improve their mental wellbeing.

Recommendations

- Work to embed employment support into developing neighbourhood health plans and wider health services in Walsall, promoting "work as a health outcome", and as part of building "prevention" as well as "treatment" plans for patients across the health economy.
- Support the work of Environmental Health teams with regard to the Health and Safety offer to businesses, taking the opportunity to address capacity constraints and enhance the work further



Supporting People into Work

What do we know about supporting people into work in Walsall?

Long-term health conditions can affect the kinds, or the amount of work people can do. Around 20% of working age people in England, 8.2 million, report having a long-term health condition that restricts their ability to work. This figure increased from 6 million to 8.2 million (of working age) over the last ten years.

The latest data (as of June 2024-June 2025) shows there were 46,600 people in Walsall aged 16-64 with work-limiting health conditions, or 26.6% of the working age population. This is compared to 8.2 million people across the UK (20.0% of the working age population), and 20.3% in the West Midlands.

Over time, the number of people who have work limiting health conditions has increased in Walsall, from 30,100 in the year July 2014-June 2015, to 46,600 in the year June 2024-June 2025. This is an increase of 54.8%, compared to an increase of 37.0% across the UK and 42% in the West Midlands during this period (Figure 27).

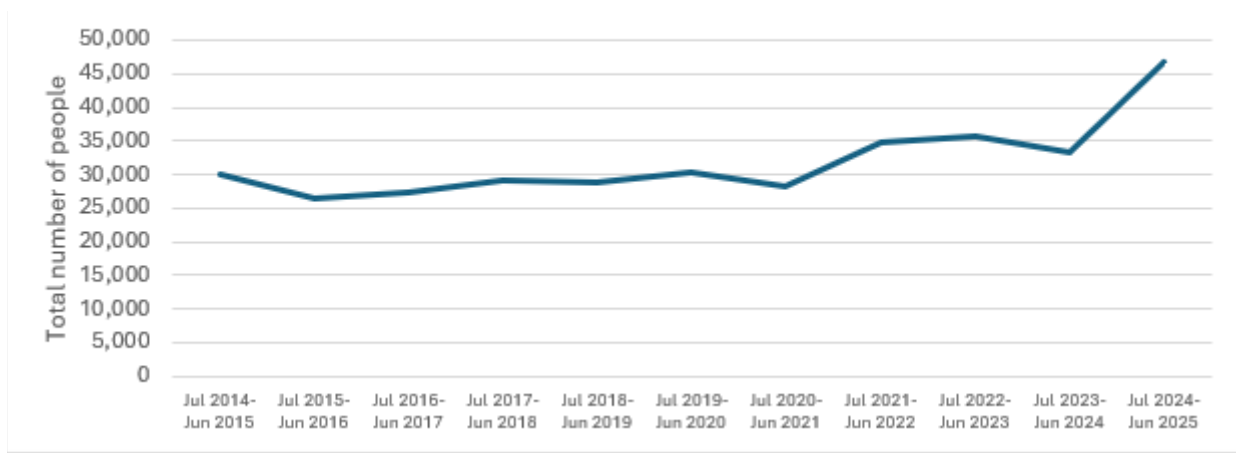


Figure 27. Number of people with work-limiting health conditions in Walsall, over time. Source: ONS, Annual Population Survey - Disability (EA) core level by economic activity, October 2025

It is estimated that 300,000 people leave the workforce each year due to work-limiting health conditions, with individuals from this group being almost three times less likely to return to employment compared to those in good health. Consequently, it is essential for preventative measures to be put into place, and increased support from government and employers to help people stay in or return to employment (The Health Foundation Oct 2024).

Whilst 16% of people aged 16-34 years reported a work-limiting health condition, this increases to 27% of people aged 50-64 years. However, the proportion of people reporting health conditions has been rising across all age groups, including 16-34-year-olds.

Of the 8.2 million people aged 16-64 with a work-limiting condition, 48.7% were economically inactive (neither in work nor actively seeking work). Of those economically inactive, 65% cited long-term sickness or disability as the main reason they were economically inactive. Other factors contributing to inactivity included caring responsibilities, being a student and early retirement. Overall, 4.25% were unemployed. This means they were actively seeking and available for work but unable to find a job (The Health Foundation 2024).

Poor health has an impact on individuals, their families and the wider economy, through economic inactivity, sickness absence, and healthcare service costs. It's not just the health impact of health conditions but also the financial impact and the impact on the economy.

Musculoskeletal (MSK) and mental health conditions are the most common work-limiting health conditions reported by working-age people, both in and out of work.

Case Study: Client B's WorkWell Success Story

Client B joined WorkWell in June 2025 seeking support to return to employment after being out of work for six months. He had lost his previous job, due to health issues and felt discouraged about finding suitable work quickly, especially given his experience with an unsupportive employer.

Client B was clear that he wanted to work, but he also knew he needed to find an employer who would understand and support his health and wellbeing needs. He manages a long-term health condition requiring insulin injections, and he also experiences periods of depression. These concerns had affected his confidence about returning to work.

During our initial meetings, we reviewed Client B's CV and worked together to create a more professional version. We supported him with confidence-building, set clear goals and developed an action plan to help him prepare for and secure full-time employment, which he worked hard to accomplish.

Within just three weeks, Client B successfully secured a full-time role working 39 hours a week. Importantly, he felt confident discussing his health support needs with his new employer, who reassured him about providing the flexibility and understanding he might need. Client B enjoys his new job and particularly enjoys finishing early on Fridays and having the weekends free to spend with his children. He also joined a swimming club in Walsall Wood!

He is looking forward to receiving his first payslip this week and was happy to share his experience in case it might encourage others in a similar situation to seek support and know that returning to work is possible with the right help.



Musculoskeletal (MSK) conditions

Work-related MSK conditions cover a wide range of short- and long-term health conditions affecting the joints, bones, muscles, tendons and nerves, often caused by repetitive motions, awkward postures, forceful movements and prolonged work. Different types of MSK conditions have different causes. Some MSK conditions result from injury and repetition of certain movements, especially those associated with working practices, or desk-based work. Being a healthy weight and physically active are important protective factors. Employers have a duty to protect workers from musculoskeletal illness risks, which involves assessing ergonomic hazards and implementing preventative measures. Industries with the most reported incidents of MSK conditions are agriculture, construction, health and social care and transport and logistics.

The current direction from the Health and Safety Executive (HSE) is to focus on:

1. MSK conditions in the residential care home sector focusing on the lack of effective management of MSK condition risks arising from moving and handling of persons.
2. Manual handling in High Volume Warehousing/Distribution focusing on the lack of effective management of manual handling risks.

People with musculoskeletal conditions are much less likely to be in employment than those who do not have the condition. The employment rate for people with musculoskeletal conditions and classed as disabled was 57.5% in 2022/23, compared to 75.7% for the whole population aged 16-64 years.

Almost a quarter (22.7%) of the adult population (aged 16 years and above) in Walsall reports a long-term musculoskeletal condition which is significantly higher than England (17.9%) and is one of the highest when compared with other authorities in the West Midlands Combined Authority (Figure 28).

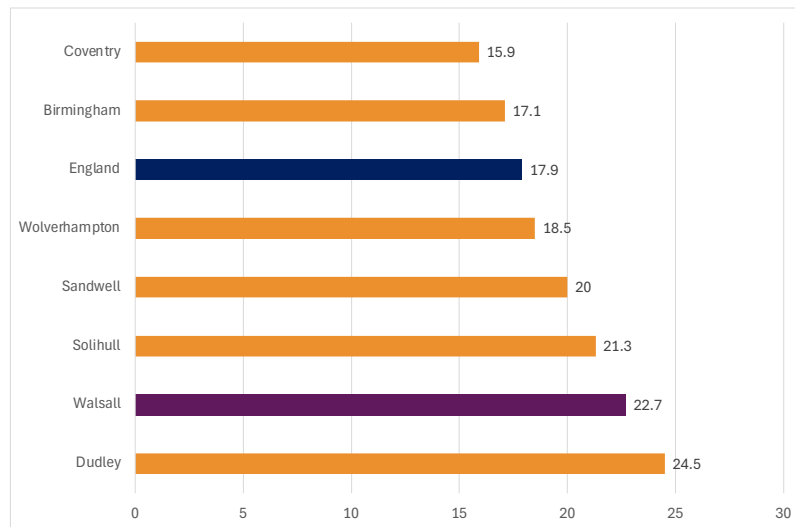


Figure 28. Percentage of population reporting a long-term musculoskeletal (MSK) condition 2024 by area

The same pattern emerges when reporting at least two long-term conditions, where at least one is MSK related (Figure 29).

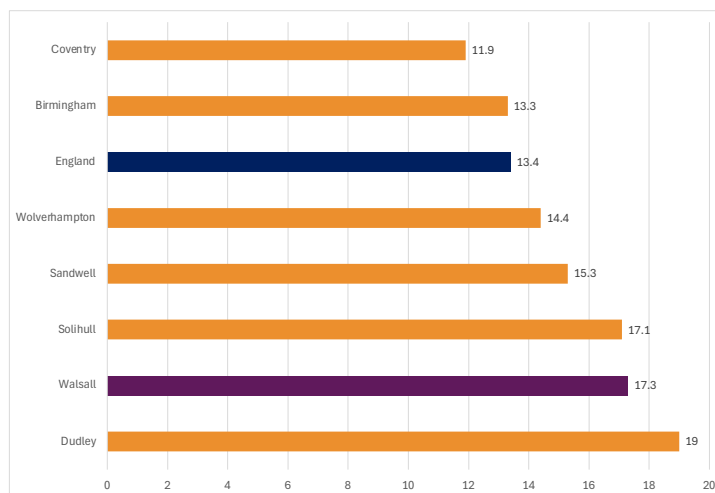


Figure 29. Percentage reporting a long term MSK condition, and at least one other long-term condition, in West Midlands Combined Authority and England

Over time, long-term conditions, where at least one of them is MSK, have increased. Prevalence is higher for Walsall, when compared with West Midlands Combined Authority and England levels (Figure 30).

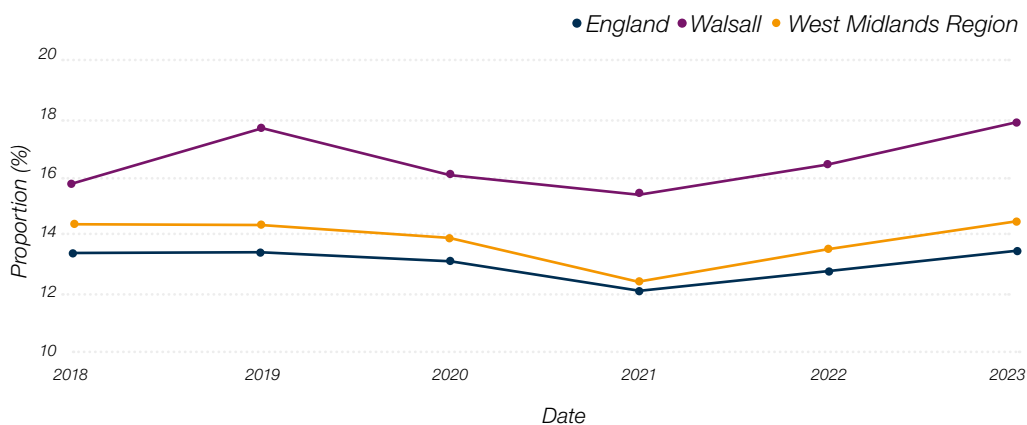


Figure 30. Trend in the percentage reporting at least two long-term conditions, at least one of which is MSK related, over time for Walsall and England

Businesses can, and should, reduce the risk of MSK conditions and must do something if you have a MSK condition caused or made worse by work. A holistic approach that addresses physical, organisational and psychosocial factors is essential. This can be done by:



Implementing preventative strategies



Providing appropriate workstation equipment



Providing affordable and nutritious food and drink offerings



Promoting physical fitness



Improving ergonomics (assess individual workstations and the broader work environment)



Providing comprehensive training, especially on safe practices and lifting



Creating a supportive health and safety culture including the scheduling of regular breaks and the rotation of employees through different tasks to prevent prolonged, repetitive motions in the same muscle group

Case Study: Client C's success story

Reason for Support:

Client C left school with strong qualifications but faced significant physical challenges that affected mobility, balance, and overall health. Client C suffered from a genetic condition that causes severe pain and sickness, making tasks that require physical exertion or prolonged concentration impossible to complete. This made it difficult to sustain education, training or employment and resulted in a loss of confidence. Client C discovered the Manor Farm WorkWell project through social media and decided to give it a try.

Support Received:

Client C discussed in depth with the Work and Health Coach what might be possible in terms of gaining further education and building towards a career, recognising that traditional learning environments would be difficult to manage. A practical solution was quickly identified - a distance learning course in Game Development, a subject Client C was deeply passionate about. Various options were explored, and the ideal course was selected to meet Client C's needs as well as flexibility to learn at their own pace.

Client C received support to ensure they were claiming the correct welfare benefits. They were also guided through Job Search techniques so they can continue to identify job vacancies independently. The Health and Work Coach sourced details of social groups that provide a forum for people with similar conditions to talk and support each other.

Outcome:

Client C enrolled on the course and is now gaining the vital skills needed to build a career from home, something that once felt completely out of reach. With renewed confidence and a clear sense of direction, Client C now believes a sustainable career and future are genuinely achievable.



A systematic review exploring absence from work has shown that the proportion of people with back pain returning to work was 68.2%, 85.6% and 93.3% at up to 1 month, 1–6 months and more than 6 months, respectively. The estimated 31.8% not back at work at 1 month are at a crucial point for intervention to prevent long term work absence (Wynne-Jones et al 2013). The longer a person is off work, the likelihood of a return to work rapidly falls and risk of worklessness increases.

Mental health

Mental health and employment have a complex, two-way relationship. Whilst poor mental health can be a barrier to employment, work can also be a source of stress. However, employment is generally beneficial for mental wellbeing. In the UK, mental health conditions significantly contribute to sickness absence, with employers legally required to make reasonable adjustments for employees with mental health related disabilities under the Equality Act 2010. Both employers and employees can take steps to foster a mentally healthy work environment through open communication, support plans and accessible resources.

Good work is good for mental health. Poor working environments, including discrimination and inequality, excessive workloads, low job control and job insecurity pose a risk to mental health. More than one in five people aged 16-64 years (22.6%) now have a common mental health condition, a 20% increase since 2014 (Mental Health Foundation 2025). People with work-limiting mental health conditions are half as likely to be in work compared with people with no health conditions, although higher qualifications can reduce this gap (The Health Foundation 2025).

Unemployment worsens mental health and gaining employment can improve mental health, even for people with the most serious mental illnesses. Supported employment is an evidence-based intervention that can help many people with mental health disabilities to succeed in integrated, competitive employment. Employment creates self-reliance and leads to other valued outcomes, including self-confidence, the respect of others, personal income and community integration (Drake and Wallach 2020).

Businesses can, and should promote positive mental health by striving to:



Create a culture of openness



Recognise the work/life balance



Set realistic job demands



Give employees a say in how they work



Provide employees with support (e.g. training, appraisals)



Encourage good relationships



Make the job role clear



Manage and communicate change in the organisation



Provide suitable equipment and resources

Walsall has a significantly higher prevalence of common mental disorders for the population aged 16 years and over (19.4%) compared with England (16.9%) and is the fourth highest in the West Midlands Combined Authority Area (Figure 31; 2017)

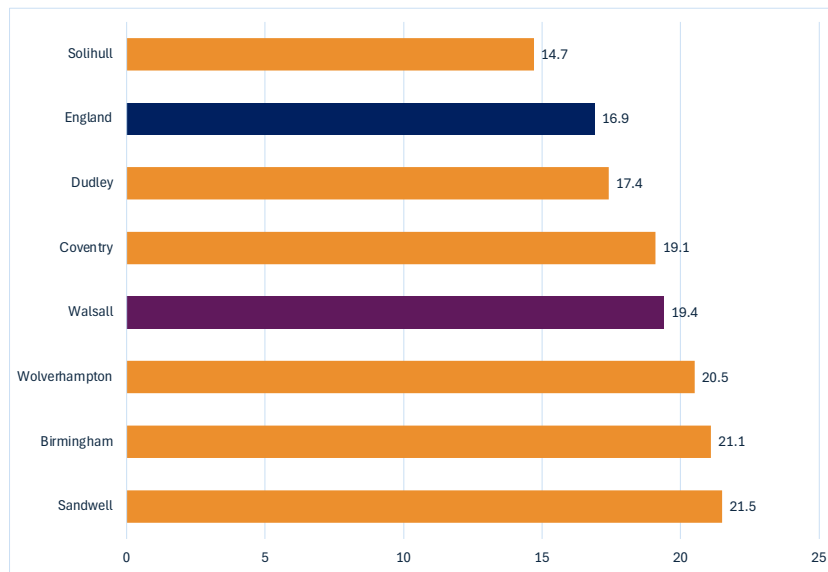


Figure 31. Estimated prevalence of common mental disorders for the population aged 16 years and over (2017) by place.

Having an organisational culture that centres around the mental health and wellbeing of the workforce helps to build trust and fosters a more positive work environment, with higher employee engagement and job satisfaction. This can have a positive impact on talent retention and attraction and build resilience among the workforce, as well as boost brand recognition. Many employees now expect more support from their employer to support their mental wellbeing. There is also a growing acceptance and use of digital mental health support by employees.

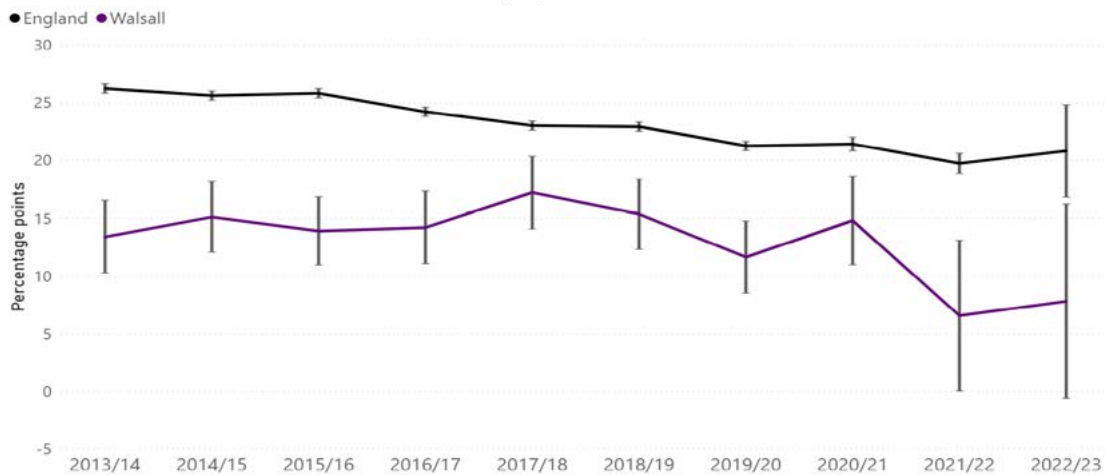


Figure 32. Gap in employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate, by place and over time.

Case Study: Client D's success story

Reason for Support:

Client D had been without stable employment for 15 years. This led to financial struggles, low confidence, lack of motivation and depression. As a result, Client D would rarely leave the house or engage in social or community activities.

Client D realised they needed a change after seeing an advert for the WorkWell programme. Wanting to rebuild confidence and find stability, they reached out for help and self-referred into the service.

Support Received:

Client D worked closely with their Health & Work Coach to set realistic goals, create a new CV, and search for jobs. They received specialist support for their mental health challenges, including referral to Talking Therapies (professional support for issues such as anxiety, stress and depression) and access to wellbeing walks and mindfulness sessions. Food vouchers were also provided to help relieve some of the financial struggles. They received help improving their digital skills through a basic course and were supported (provided with basic equipment) to facilitate their learning journey. Through this personalised support, Client D regained confidence and motivation.

Outcome:

Client D completed the digital course and secured employment providing cleaning services. They now feel proud and confident and enjoy their job. They are in the process of completing a college-based art course on two evenings of the week with the aim to pursue their longer-term passion of becoming self-employed working in the art industry.



Disabilities

People with disabilities (as defined by government as all people with a long-term health problem or disability that limits their day-to-day activities) face unfair employment challenges, compared to people without disabilities. From 2013 to the end of 2018, the general trend in employment for people with disabilities was positive. There had been strong growth in the number and rate of people with disabilities in employment and a narrowing of the disability employment gap. The pandemic initially reversed these trends with year-on-year changes showing a fall in the disability employment rate and a widening of the disability employment gap in 2020. The latest quarterly data for April to June 2024 shows that since the same quarter in 2023, the disability employment rate has increased by 0.2 percentage points (not statistically significant) and the disability employment gap decreased by 0.3 percentage points (not statistically significant) (Department for Work and Pensions 2025).

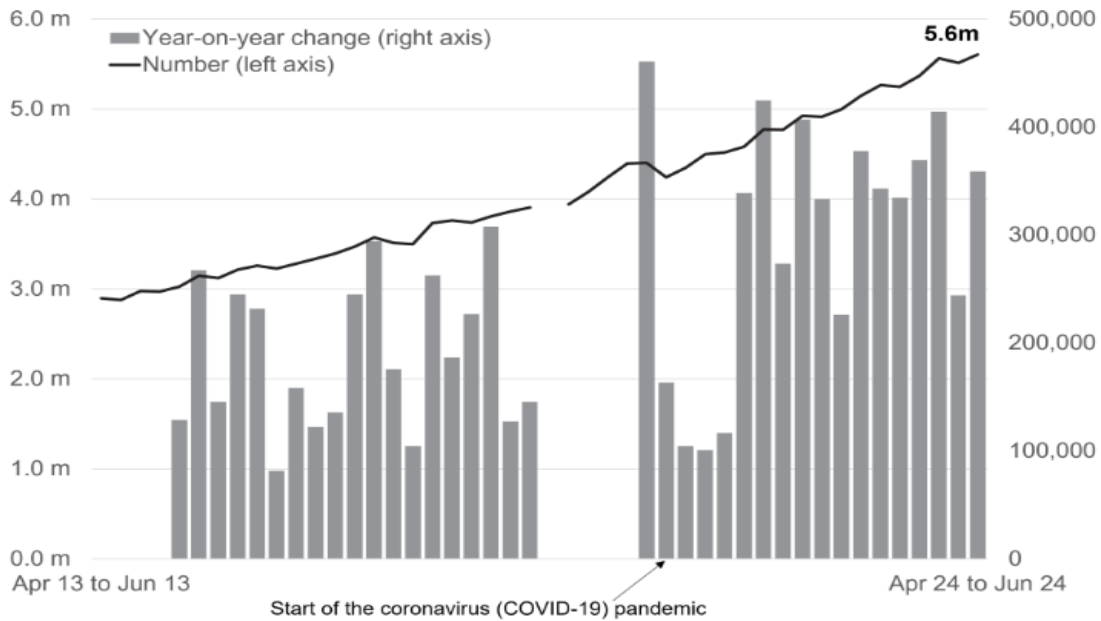


Figure 33. Number of disabled people in employment and year on year change, people aged 16 to 64, UK, April to June 2013 and April to June 2024. Source: Labour Force Survey

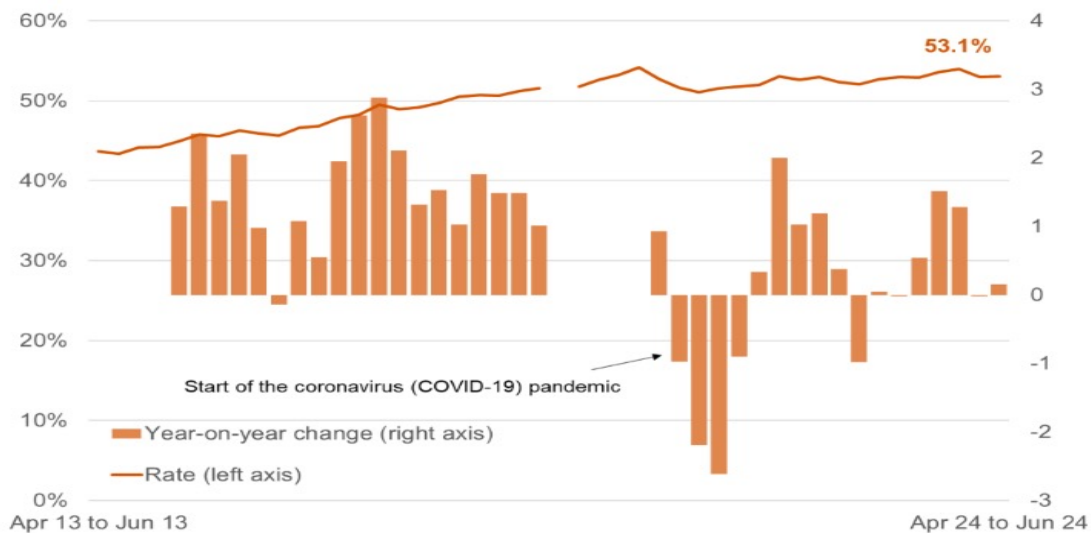


Figure 34. Disability employment rate and year on year changes, people aged 16 to 64, UK, April to June 2013 and April to June 2024. Source: Labour Force Survey.

There were 5.6 million people with a disability in employment in the UK in Quarter 2 2024, an increase of 360,000 on the previous year. The increasing number of people with disability in employment is associated with rising disability prevalence.

Did you know?

- Nearly 1 in 4 of the working age population are defined as having a disability
- The number of people reporting a long-term health condition and the number having a disability continues to rise
- The increase in disability prevalence is associated with an increase in people reporting mental health conditions and 'other health problems or disabilities'

Inequalities exist

The disability gap is wider for:

- Males
- Older (50 to 64 years) people (Note, employment rates lowest for 16-17 year olds)
- People with no qualifications
- People living in social housing
- People not living in a couple
- People who are in the 'White' ethnic group. (Note: people from ethnic minority communities have lowest employment rates)

People with disability are more likely to be economically inactive and more likely to be in lower paid roles, furthering inequality. However, they are more likely than people without a disability to want a job and, with the right support, could be in employment (Department for Work and Pensions 2025).

Businesses have a role in attracting and hiring staff with disabilities. Businesses need to work to reduce bias in recruitment processes and find ways to attract a more diverse workforce by reducing barriers. Businesses can support people with disabilities by:



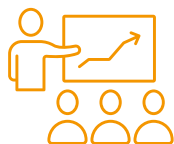
Improving physical accessibility (ramps, wide aisles)



Providing alternative formats for information (braille, audio)



Offering flexible work options and reasonable adjustments



Promoting a culture of inclusion through staff training



Openly communicating their commitment to disability inclusion, such as by joining the Disability Confident Scheme.

When looking at the 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 (Figure 35), Walsall fares reasonably well, although a gradual increase means that it remains just below the national average (not significantly different). It is important to note that the overall gap, both nationally and locally, is large.

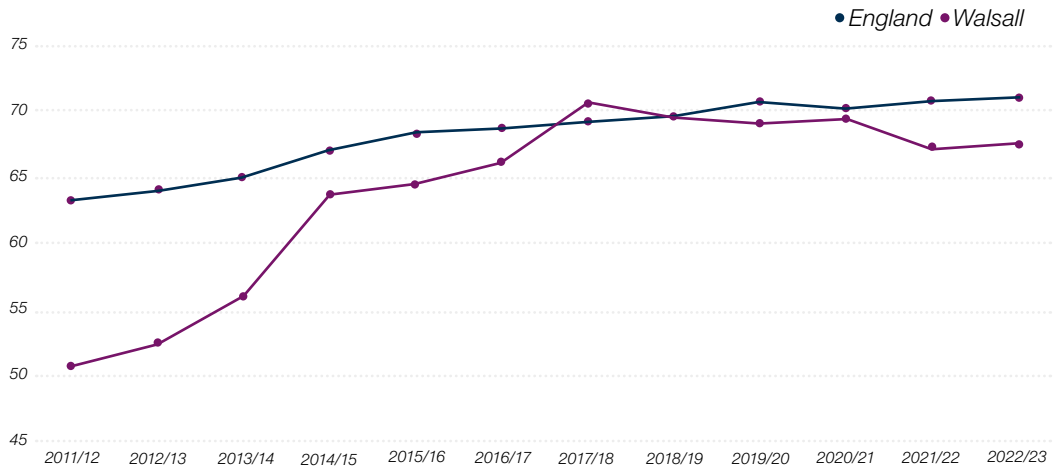


Figure 35. The gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18-64 years) and the overall employment rate, over time. Source: Fingertips

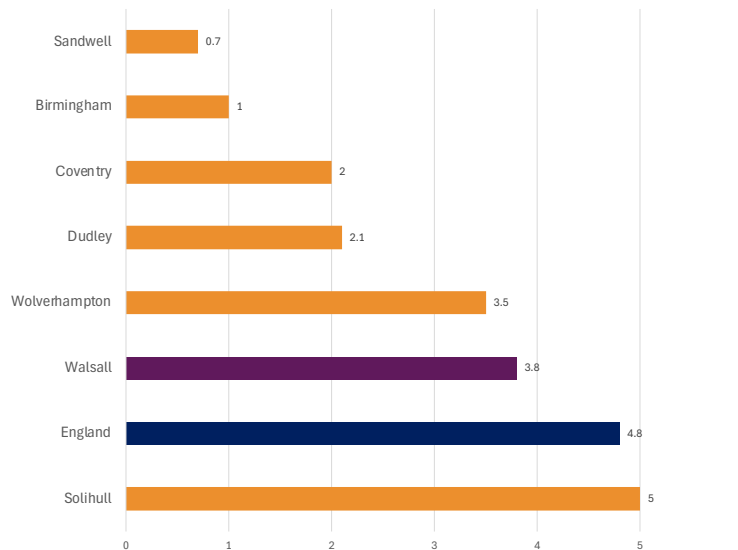


Figure 36. Percentage of the population who are in receipt of long-term support for a learning disability that are in paid employment (18-64 years), in the West Midlands (2022/23).

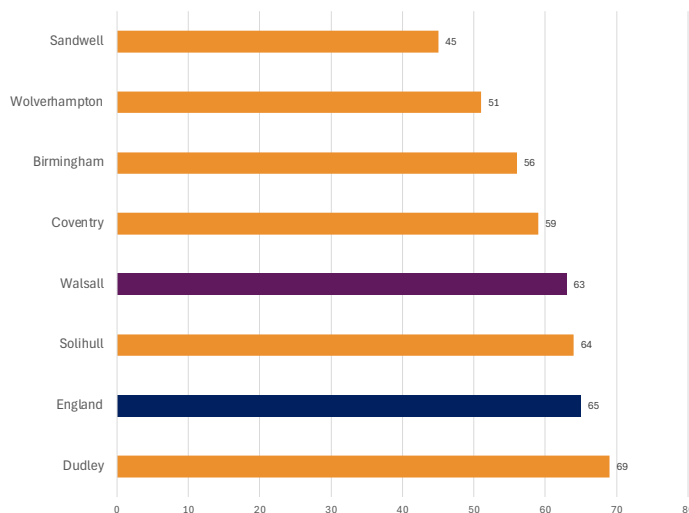


Figure 37. Percentage of the population with a physical or mental long term health condition in employment (aged 16-64 years), 2022/23

Case Study: Client E's success story

Client E faced significant barriers to employment due to a speech impediment, which greatly affected his confidence. After being turned down for a role at a bike/car store and repair centre, on the basis that customers might not understand him, he felt disheartened and uncertain about his future.

Client E worked with a disability employment advisor from the Department of Work and Pensions (DWP) to rebuild his confidence and explore suitable career options. With growing self-belief, Client E trained for and successfully gained his Security Industry Authority (SIA) licence, aiming to work in the security sector. Unfortunately, Client E's health later declined, and he began experiencing epileptic fits, preventing him from pursuing a career in security.

Refocusing on Client E's strengths and interests, his assigned disability employment advisor supported him to find alternative opportunities. Client E expressed a love of books, so his case worker arranged a work experience placement at a small library. Client E quickly adapted, demonstrating commitment and enthusiasm. His efforts impressed the team, and the placement soon developed into a paid position.

Through ongoing encouragement and tailored support, Client E overcame multiple challenges and achieved meaningful employment in a role that suited his interests and abilities.



Digital Exclusion

In today's digital world, having basic digital literacy skills has become a fundamental requirement to thrive in everyday life. Digital literacy involves the ability to access, evaluate and communicate information using technology. It's no longer enough to know how to send an email or browse the internet. To stand out in the job market, acquire new life and work skills, and adapt to the ever-changing digital environment, one needs to be digitally literate.

Digital literacy helps people succeed in the job market by providing them with the necessary skills to access and use online tools. Employers are looking for applicants who can use digital tools, navigate the internet and use social media platforms for marketing and communication.

Economics play a crucial role in digital literacy, influencing access to and use of technology. At the individual level, socio-economic status can affect a person's exposure to technology and how often they use it.

Digital exclusion is the inability to access online products or to use simple forms of digital technology. This disproportionately affects vulnerable people, low-income groups, older people and marginalised communities, creating a strong correlation between digital and social exclusion.

Local stakeholders interviewed for the Learning and Work Institute (Evans et al 2024) research believed that digital exclusion and a lack of soft skills and functional literacy were barriers to finding work for at least 30% of the adult population of Walsall, a view supported by a range of local and national data including the Census 2021.

There are a range of ways in which health, care and housing organisations are working to reduce digital exclusion in Walsall: providing devices, building digital skills and confidence, working with community assets to provide digital skills training, use of assistive technologies (e.g. echo show) and creating instructional videos. Our digital approach is one of the priorities of the current Health and Wellbeing Strategy and is recognised as a wider determinant of health.

Case Study: Client F's success story

Client F was referred to WorkWell for employment support, seeking guidance to get back into work. They also connected with Digital Divide to build their digital skills and improve their job search capabilities.

During their initial digital sessions, it became clear that Client F only had access to a mobile phone, making it challenging to search and apply for jobs effectively. With this in mind, we supported them in obtaining a laptop provided by the local council, ensuring they had the right tools to continue their progress.

With access to a laptop and one-to-one digital guidance, Client F began actively applying for jobs. One of our Health & Work Coaches helped them with an application for a cleaner position at a local care home. Not long after this, Client F attended a Digital Divide appointment excited to share that they'd been invited for an interview.

In preparation, an advisor worked with Client F to build their confidence: practicing interview questions, researching the company, and discussing relevant topics such as COSHH. This was all done using their newly acquired laptop, helping them to become more comfortable with digital tools in the process.

Client F attended the interview — and was offered the job. Before starting, they completed their mandatory e-learning training using the same laptop, demonstrating their growing digital confidence and independence.

Client F is now in work and enjoying their new role, with the right support and resources helping to make a lasting change.



Employment and deprivation, ethnicity and gender

People in areas of higher deprivation face significant disadvantages in employment, experiencing lower employment rates, and higher unemployment, often due to factors such as poor health, disability or caring responsibilities. This exclusion from the labour market contributes to and is exacerbated by other forms of deprivation, creating a cycle where limited job opportunities and precarious employment opportunities negatively impact living standards, health and overall life chances.

Healthy life expectancy is higher on average in local authorities with higher employment or lower economic inactivity. Walsall, being a borough of high deprivation, has a lower healthy life expectancy (56.2 years for men and 55.1 years for women), than the West Midlands (60.3 years for men and 60.0 years for women) and national averages (61.5 years for men and 61.9% for women). Walsall has a lower employment rate (71.5%) compared to the West Midlands (74.0%) and national averages (75.6%) and higher than average economic inactivity (24.3%) compared with the West Midlands (23%) and England (21.3%).

The UK unemployment rate was 5.1% in July to September 2025. The rate was 4.3% for people from a White ethnic background compared to 8.8% for people from minority ethnic backgrounds, although there was substantial variation between different ethnic minority groups. The gap between the unemployment rate for people from a White ethnic group and people from all other ethnic groups was 4.5 percentage points.

The gender pay gap (GPG) is defined as the difference between median hourly earnings (excluding overtime) of men and women as a proportion of men's median hourly earnings (excluding overtime). It's a measure across all jobs, not of the difference in pay between men and women for doing the same job.

Nationally, the gender pay gap has continued to narrow, falling by over a quarter in the past decade. The gap also reflects the caring roles that women are more likely to undertake. In April 2025, the gap

for full-time employees was 6.9%, down slightly from 7.1% in April 2024. Despite this progress, men working full time earned more than women across all major occupational groups. The gap remains wider for employees aged 40 and over, for higher-paid roles, and as women’s representation in higher-paying occupations declines with age. In April 2025, the full time gender pay gap was also higher in every English region compared with Wales, Scotland and Northern Ireland.

The gender pay gap was in general lower for Walsall residents since 2015 through to 2022 compared with the UK, England and West Midlands Region. However, since this time the trend has reversed and now the gender pay gap is higher for Walsall compared with the UK, England and West Midlands Region (Figure 38).

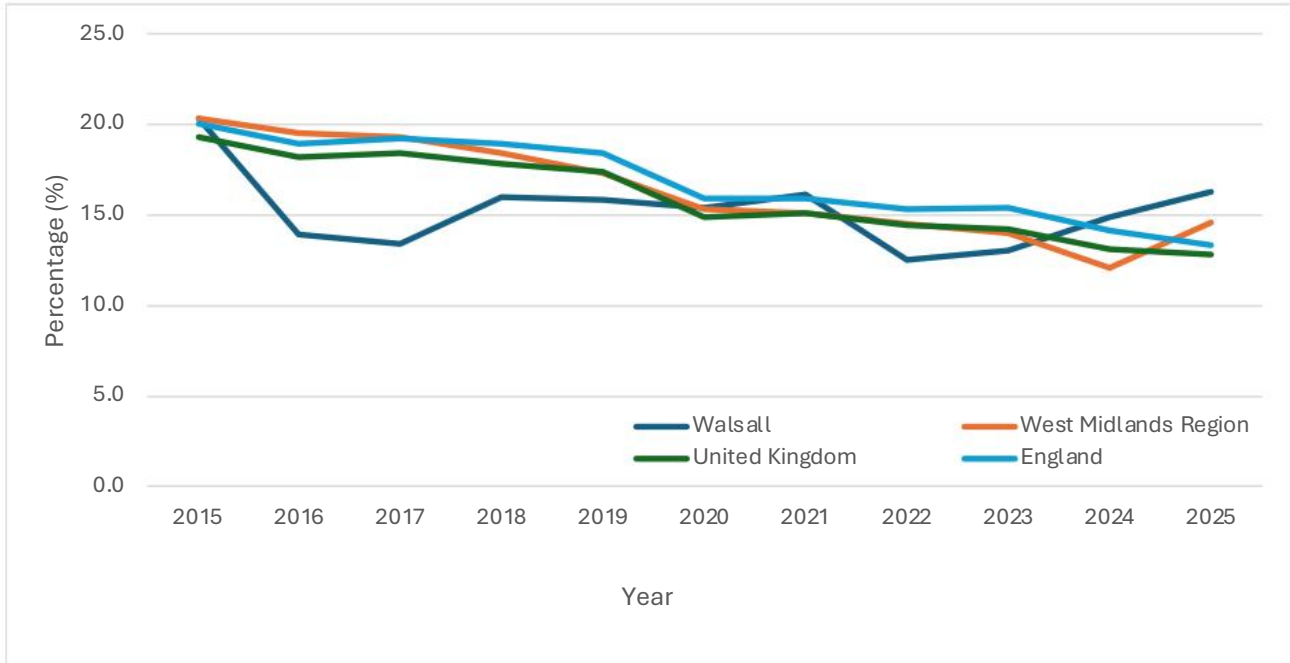


Figure 38. The gender pay gap, difference between men’s and women’s hourly earnings as a percentage of men’s earnings, by place, over time



Celebrating success



Walsall Together partners (NHS, Children and Adult Social Care, Public Health, Housing, Community and Voluntary Sector) and wider borough partners, including the Department for Work and Pensions (DWP), are supporting the 10-year Health Plan commitments to support people with health conditions, and other vulnerable groups through employment programmes. A number of these are outlined below, alongside the work of the council's workplace Health and Safety team:

- WorkWell helps residents with health conditions/disabilities to stay in, return to, or find work. Delivered in partnership across the system, the programme offers tailored assessments, personalised action plans and links to wider support such as debt advice, alongside guidance for employers. Launched nationally in 2023, the Black Country is one of only 15 pilot areas delivering WorkWell. The £3.7 million programme is led locally by Black County Healthcare NHS Foundation Trust with support from councils and voluntary sector partners. Since October 2024, WorkWell has received over 2,000 referrals with 1,150 people engaging in the programme; 64% from our most deprived areas. Walsall residents make up 239 participants and 70 people across the Black Country have already moved into sustained employment. Local partners include Walsall Works, Manor Farm and Walsall Healthcare Trust. A successful GP fit note pilot run in Blakenall and Harden practices is now being rolled out across the borough.
- Drug and alcohol services Individual Placement and Support Programme (IPS): beginning in October 2023, The Beacon, the public health commissioned drug and alcohol treatment and recovery service, receives annual grant funding from the Office for Health Improvement and Disparities (OHID) to deliver the IPS programme that helps people in drug and alcohol treatment recovery services to find paid job opportunities; the IPS team work with individuals and their employer to help them thrive in their new role. So far, the programme has supported 135 service users, of which 36 have successfully been placed into employment. The IPS programme operates with zero exclusion criteria, and people can be referred at any stage of their treatment. If individuals are not yet ready for employment, IPS will signpost them to other services—such as Walsall College or Walsall Works—and will re-engage with them if they choose to return for IPS support after accessing those services. Some people are not placed into employment due to the complexity of their recovery journey. Those who are not yet placed continue working with their recovery coordinator and are re-referred to IPS when they feel ready.
- Work 4 Health was co-created with people who were long-term unemployed and designed in partnership with Walsall Housing Group (whg) (social landlord who provide affordable homes for rent, shared ownership and sale across the Midlands) and Walsall Healthcare NHS Foundation Trust, with input from the DWP and Walsall College. The group of partners created a model which would address the issues of demand and supply within the NHS workforce. This opportunity of change was created by filling vacancies reported at the hospital with unemployed people living in social housing nearby. The programme has supported 174 local people into good work and careers in the local hospital, 5 unemployed individuals have been offered Maternity Assistant Apprenticeships, 10 are preparing for NHS SWAP Assessments. 58% of individuals supported were from ethnic minority communities, 82% were previously unemployed and the programme, which has delivered £2.5m in social value, has seen 70% retention rates in employment. The whg community champion model has been central to the programme's success.
- The DWP supports residents with health conditions, disabilities, or barriers to work to access meaningful, sustainable employment. The Disability Employment Advisory team provide tailored support through community-based initiatives including: employment advice sessions at the Bilal Academy in Palfrey with multilingual staff, outreach at West Park Hospital and Headway for individuals recovering from neurological conditions, partnership work with Walsall Works at Ryecroft Hub to build confidence and employability skills, and supporting volunteering work

across the borough. Other programmes include the 50's and over Health and Wellbeing Course at Walsall Arboretum and collaborations with organisations such as Metaminds, focusing on physical activity, mindfulness, and social connection to support recovery, improve resilience, and enhance readiness for work. Additional joint initiatives include: Be Well Walsall's presence in job centres for Stoptober, adult weight management, NHS Health Checks, and wellbeing advice, collaboration with LEAP, an energy support provider helping residents on low incomes reduce fuel poverty and improve home energy efficiency, and a partnership with Bloxwich Launchpad, a community hub that supports residents with form-filling, business start-ups, and employability. Collaborative efforts are also underway to strengthen connections with local housing providers, homelessness and asylum seeker services, and substance misuse programmes to address complex, overlapping inequalities that affect residents' ability to work and thrive.

- The Council's workplace Health and Safety Team, consisting of one Environmental Health Officer and one Health and Safety Officer, delivers a statutory enforcement service across local workplaces. This includes inspections, responding to complaints, and investigating workplace accidents and incidents. In 2025, the team effectively managed 96 complaints and enquiries alongside 104 accident notifications. It is currently progressing several serious and complex criminal investigations, including cases involving unlicensed asbestos removal, lead exposure, and a fatal workplace incident. Despite a demanding workload, which is supported by the Environmental Health team, the team continues to prioritise high-risk and high-impact activity. While reactive demands have limited the scope for proactive work, the team has maintained a focus on public protection. In addition, it administers the registration of skin-piercing activities, such as tattooing and body piercing, processing 73 applications in 2025 with a clear emphasis on infection prevention. Looking ahead, proposed government changes to introduce a new licensing regime for non-cosmetic procedures will further extend the team's role in safeguarding public health.

Recommendations

- Use opportunities locally and regionally to streamline the range of work and health offers available, in terms of who and how people access the programmes, e.g. WorkWell, Individual Placement Support etc., as well as how providers work together
- Enhance the access of Work and Health and wider employment support providers to appropriate health service links and programmes
- Consider significant inequalities in employment rates (including digital, gender, age, ethnic and deprivation) as part of programme work, linking to wider health programmes
- Receive, interrogate and improve routine local and national data which integrates work and health metrics to better understand changing trends and nuances such as intersectionality





Workplace Health

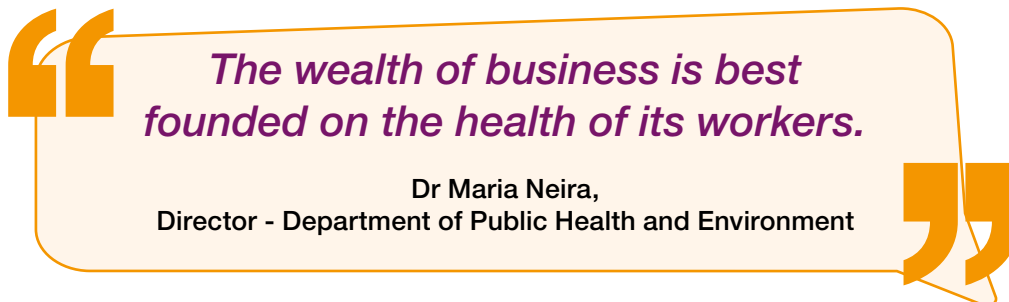
What do we know about workplace health in Walsall?

The definition of a healthy workplace by the World Health Organization (2010) is:

One in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of all workers and the sustainability of the workplace by considering the following, based on identified needs:

- health and safety concerns in the physical work environment
- health, safety and wellbeing concerns in the psychosocial work environment, including organisation of work and workplace culture
- personal health resources in the workplace
- ways of participating in the community to improve the health of workers, their families and other members of the community.

Most adults spend many of their waking hours at work, often around 8 hours a day, which can equate to nearly half their waking life, making it vital for health and wellbeing. The health of the workforce affects both employers and employees; high sickness absence, presenteeism, and staff turnover lower productivity and raise costs, while poor mental health alone causes millions of lost workdays in the UK. In contrast, investing in employee health boosts performance, retention, and morale. The workplace is both a risk—where conditions can harm health—and an opportunity to support and enhance wellbeing.



Most of the UK population is in the working-age group. Some occupy more than one job to make ends meet. The national working population is increasingly adopting sedentary lifestyles, working behind computer screens, sitting at desks, staying in sitting positions most of the time, or standing in the same position for a long duration, especially workers in the service and manufacturing sectors.

Working conditions vary from the service sector to the manufacturing sector, yet sedentary lifestyles, stress in the workplace and unhealthy behaviours are common to many sectors.

Workplace health means employers protecting and promoting employees' physical and mental wellbeing. It includes managing safety risks, supporting ill staff, and providing the right environment to support mental wellbeing and healthy behaviours. A healthy workforce boosts productivity, performance, and financial results.

Why have a healthy workplace?

Firstly, it's the right thing to do. Creating a healthy workplace that promotes mental/physical health, safety and wellbeing of workers is a moral imperative (Burton 2010).

Secondly, it's the smart thing to do. Private and non-profit organisations and institutions are in business to be successful at achieving their missions. All workplaces require workers to achieve their goals, and there is a strong business case to be made for ensuring that workers are mentally and physically healthy through health protection and promotion. The figure below (Figure 39) summarises the evidence for the business case (Burton 2010). There is a wealth of data demonstrating that in the long term, the most successful and competitive companies are those that have the best health and safety records, and the most physically and mentally healthy and satisfied workers (Burton 2010).

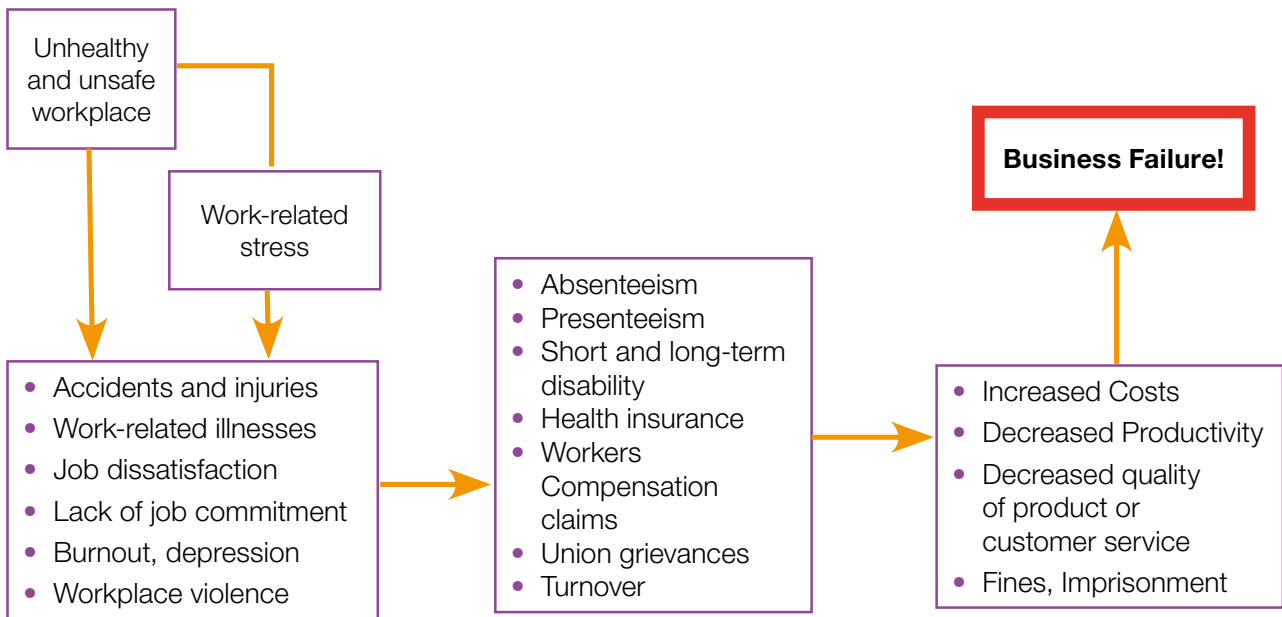


Figure 39. The business case for a healthy and safe workplace
Source: Burton 2010

Thirdly, it's the legal thing to do. Most countries have some legislation requiring, at a minimum, that employers protect workers from hazards in the workplace that could cause injury or illness. Many have much more extensive and sophisticated regulations. So complying with the law, and thus avoiding fines or imprisonment for employers, directors and sometimes even workers, is another reason for paying attention to the health, safety and wellbeing of workers (Burton 2010).

The [Health and Safety at Work Act 1974 \(HSWA\)](#) is the main legislation in Great Britain that provides the legal framework for workplace health, safety, and welfare. It places a general duty on employers to ensure the health, safety, and welfare of their employees, and anyone else affected by their work, "so far as is reasonably practicable". The Act also places responsibilities on employees to take reasonable care of their own health and safety and to cooperate with their employer.

Menopause

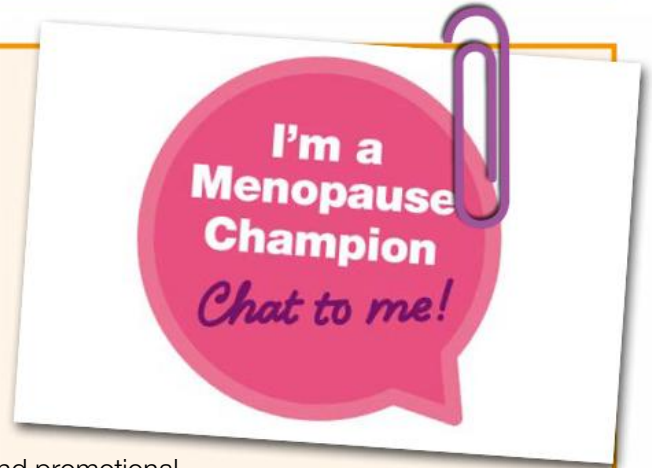
Menopause can significantly affect productivity and wellbeing at work due to symptoms like fatigue, concentration and mood changes, leading some women to reduce hours or leave jobs. Employers can help by creating an open, supportive culture, offering flexible working and adjustments, and understanding legal protections under sex, age, and disability discrimination laws. Employees should feel able to discuss their experiences, request risk assessments, and use occupational health or external support services.

Menopausal women are the fastest-growing group in the workforce, making open discussion increasingly important (NHS inform 2025). According to the Faculty of Occupational Medicine, almost 8 out of 10 menopausal women are in work (NHS England). The menopause has three stages—perimenopause, menopause, and post-menopause—and may also occur early or medically. These experiences can be complex, so employers should handle them sensitively to help staff remain confident and effective (ACAS 2025).

In 2024–25, Brownhills Community Association and One Walsall led engagement with local women about health and wellbeing. Many raised menopause-related challenges, especially in employment, sharing stories of leaving work, reduced hours, or discrimination. Visible symptoms like hot flushes were better understood by employers than less visible issues such as mental health challenges or pain. Next steps include self-help and drop-in support for women, including employment guidance. Some women experiencing menopause who were engaged with have never worked and may now wish to explore volunteering or paid roles with confidence-building support. National organisations such as Menopause Friendly support employers to become more menopause-aware.

Case Study: Menopause Support – Walsall Council

Walsall Council offers extensive awareness activities to educate and support staff at all levels in the organisation to create an inclusive environment for all to thrive. The Council offers training, bitesize sessions and runs menopause campaigns throughout the year. They promote menopause awareness in the workplace through posters and banners displayed in different council locations, a menopause leaflet on several menopause topics and promotional materials like pens, booklets and stress balls, that are shared at different staff events. Menopause champions are trained to offer support to staff and managers around menopause and signpost them for additional help. They have menopause badges that they wear on their lanyards and have on their email signature so staff can reach out to them for support. A list of Menopause Champions and Mental Health First Aiders is shared on the Council’s intranet , so staff have access to support.



The option to have health checks at works provides better opportunities for all the staff to use. Now a days work/life balance can be hectic for people and a lot are unable to get their health checks or discuss any health issues with their medical practitioners. However, having the option to do this at work opens more flexibility for all. It’s a great service and I would encourage more organisations to take up this support.

AF Blakemore



Celebrating success

- Walsall Council is dedicated to fostering the physical and mental wellbeing of all employees. The Organisational Development team has a dedicated Health and Wellbeing Trainer who has implemented a comprehensive range of programmes to support staff wellbeing. The team provide training, aimed at all staff, as well as specific training for managers. Initiatives include financial fitness sessions (a group of FINWELL champions is currently being established, who are Mental Health First Aid (MHFA) trained), physical and emotional wellbeing support, e.g. in partnership with Be Well Walsall (wellbeing service provider including stop smoking, weight management and NHS Health Checks), and Birmingham MIND (suicide and mental health awareness sessions). Staff have access to trained Mental Health First Aiders and an Employee Assistance Programme (EAP) that offers 24/7 “in-the-moment” counselling or six structured sessions, as well as coaching and leadership development opportunities. Internal training sessions are delivered on topics such as managing your emotions, emotional intelligence and developing resilience. A number of Men’s Mental Health Champions have also been trained. Part of the core offer for managers includes the ‘Managing and Improving Positive Mental Health in the Workplace’ training, including access to a wellbeing toolkit to support managers in their interactions with staff.
- The above is set in the context of supportive council policies and practices, including a newly launched approach to Continuous Improvement Conversations with staff, which includes a wellbeing check-in. The Council’s Transgender & Non-Binary Equality, Neurodiversity, Family Friendly and Smoke Free policies help to create a safe and welcoming workspace for all staff.
- The Walsall Workplace NHS health Check (NHSHC) Pilot (funded by Department of Health and Social Care) was launched in Autumn 2024 to improve early detection and prevention of cardiovascular disease (CVD) among adults working in the borough. The pilot, delivered by Be Well Walsall, targeted 13 workplaces across the public, third and private sectors, offering on-site NHS Health Checks to employees aged 30–74 who did not have CVD and had not had an NHSHC in the last 5 years. A total of 472 checks were completed during the 9-month pilot period. 319 were aged 40-74 and 26.6% of these were referred to their GP for clinical follow up. 153 were aged 30-39 (32%). 256 (80.3%) had at least 1 health risk identified, with 24% being referred to their GP for clinical follow up. Feedback has been overwhelmingly positive, with many employers offering to host NHS Health Checks on an ongoing basis. The pilot also provided the opportunity to promote wider health and wellbeing support (e.g. mental wellbeing, musculoskeletal, weight management). Be Well Walsall are currently summarising the learning from this project and other relevant insight (e.g. An evaluation of workplace health and wellbeing support in Walsall small and medium sized enterprises (SMEs) - NIHR Public Health Interventions Responsive Studies Teams (PHIRST), to develop a revised local workplace health and wellbeing offer.



Recommendations

- Support collaboration between organisational development (OD) teams across the public sector and within our local anchor organisations, with a view to sharing knowledge and ideas and enhancing our collective offer to staff.
- Review workplace health programmes, e.g. Thrive at Work, and consider the offer for small and medium enterprises (SME), focusing on both mental and physical wellbeing
- Local businesses to increase support for staff health and wellbeing. This may include developing relevant policies and programmes in line with best practice (e.g. working towards Thrive at Work Programme accreditation/alternatives) or accessing local workplace health and wellbeing support through Be Well Walsall.



Recommendations at a Glance

Building the Local Economy - Creating the Right Place for Walsall

- Continue to embed a health in all policies approach to decision-making amongst all partners, with consideration of the wider determinants and commercial determinants of health.
- Ensure delivery of the health-related aspects of Walsall's learning, employment and skills, housing, financial inclusion and emerging economic strategies, as well as those related to the Local Plan and Licensing policy, linking up health and wider programmes where appropriate

Work and Health - Good work builds health, Health builds the economy

- Work to embed employment support into developing neighbourhood health plans and wider health services in Walsall, promoting "work as a health outcome", and as part of building "prevention" as well as "treatment" plans for patients across the health economy.
- Support the work of Environmental Health teams with regard to the Health and Safety offer to businesses, taking the opportunity to address capacity constraints and enhance the work further

Economic Development and the Walsall Pound (£)

- Encourage social value policy development and monitoring in the council and among partners, extending social value to encompass health outcomes, as well as focusing on building apprenticeships and routes into local careers.
- Take a partnership approach to corporate social responsibility (CSR) work across the borough, to involve health and wider partners, building on current green space CSR activities.

Businesses to meet Walsall's needs

- Develop the opportunity for the council and wider partners to work with local businesses to strategically and operationally support work and health outcomes, including among small and medium enterprises and self-employed individuals.

Workplace health

- Support collaboration between organisational development (OD) teams across the public sector and within our local anchor organisations, with a view to sharing knowledge and ideas and enhancing our collective offer to staff.
- Review workplace health programmes, e.g. Thrive at Work, and consider the offer for small and medium enterprises (SME), prioritise mental as well as physical wellbeing
- Local businesses to increase support for staff's health and wellbeing. This may include developing relevant policies and programmes in line with best practice (e.g. working towards Thrive at Work Programme accreditation/alternatives) or accessing local workplace health and wellbeing support through Be Well Walsall.

Supporting people into work

- Use opportunities locally and regionally to streamline the range of work and health offers available, in terms of who and how people access the programmes, e.g. WorkWell, Individual Placement Support etc., as well as how providers work together
- Enhance the access of Work and Health and wider employment support providers to appropriate health service links and programmes
- Consider significant inequalities in employment rates (including digital, gender, age, ethnic and deprivation) as part of programme work, linking to wider health programmes
- Receive, interrogate and improve routine local and national data which integrates work and health metrics to better understand changing trends and nuances such as intersectionality

Walsall Public Health and Wider Support Services - a life course guide

For support and access to voluntary and community sector services, search or [visit the Walsall Wellbeing Directory](#)

For council services [visit the Walsall Council website](#), contact 01922 650000 or [visit your local Walsall Connected hub](#) for help to get online

Health Visiting Service for 0-5s
01922 603074

HENRY - healthy eating programme for families (0-12 years)
www.henry.org.uk

Walsall Family Hubs
www.walsallfamilyhubs.co.uk



Infancy and early years

Be Well Walsall - wellbeing, stop smoking, weight and NHS health checks | 01922 444044

Quit with Bella - 0800 772 3872 or email walsallstopsmoking@nhs.net

The Beacon - Change Grow Live (alcohol and drug services) | 01922 669840

Walsall Integrated Sexual Health (WiSH) | 01922 270400

Mental Health and Wellbeing
Black Country Healthcare NHS Foundation Trust
Walsall Council's wellbeing web pages

Aquarius Gambling support | 0300 456 4293



Young adulthood

NHS immunisations and screening

Pregnancy

NHS Healthy Start - help to buy healthy food and milk (0-4 years)
www.healthystart.nhs.uk

Walsall Health in Pregnancy
01922 423252

Stop Smoking in Pregnancy
01922 270477



Childhood & adolescence

Black Country Moving - physical activity finder
blackcountrymoving.activityfinder.net

GroHealth (12-18 years)
grohealthcom/walsall

POP Walsall
<https://popwalsall.co.uk/>

Teenage Pregnancy Service
01922 602330



Schools

A*STARS
Active Travel for school children | 01922 654680

Food for Life Walsall
Children and Families Healthy Eating Programme

School Nursing
01922 423349



Older adulthood

Making Connections Walsall
loneliness and isolation support

NHS Health Checks
For 40-74 year olds with no pre-existing conditions



Many services can be accessed by residents across the different age groups

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