



Annex M to Tamar Toll application objection evidence:

DEPRIVATION IN SOUTH-EAST CORNWALL

The [2019 Index of Multiple Deprivation](#) (IMD) reveals that south-east Cornwall, like other parts of the county, faces significant challenges in terms of deprivation compared to the rest of England. Cornwall has 17 neighbourhoods in the top 10% most deprived areas in England, indicating severe levels of deprivation in various aspects such as income. ([Cornwall Council](#))

Cornwall's overall deprivation ranking in England stands at 83 out of 137 local authority areas. Whilst some neighbourhoods have shown improvements, Cornwall still grapples with substantial socio-economic challenges.

Specifically, south-east Cornwall's deprivation is worse in several key indices compared to the rest of England:

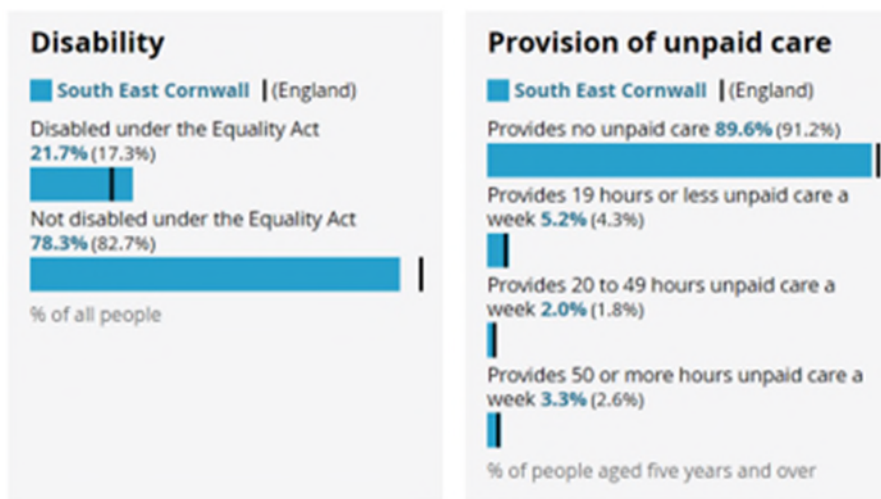
1. **Income Deprivation:** Many households in south-east Cornwall struggle with low-income levels, affecting their overall quality of life.
2. **Employment:** There is a significant lack of job opportunities, contributing to high unemployment rates. Even where there are job opportunities, the pay is below the national average. All of this drives migration to Plymouth and its surrounding industrial areas for employment.
3. **Education, Skills, and Training:** Educational attainment and skill levels are lower than the national average, impacting long-term economic prospects. Anyone looking to attend a grammar school has to travel to Plymouth as there are none in Cornwall. Plus, anyone looking to pursue further education beyond A level, again has to look to Plymouth for the nearest opportunities, such as City College, Plymouth university, Marjon etc.
4. **Health and Disability:** Poor health outcomes and higher disability rates are prevalent, putting additional strain on local health services ([Cornwall Council](#)) ([Cornish studies resources](#)). The majority of the population living in south-east Cornwall fall within the 55 – 75 age range and due to the lack of facilities available in this area of Cornwall, they rely heavily on primary care from the NHS in Devon.

These indices reflect a complex interplay of factors contributing to the region's overall deprivation, highlighting the need for targeted interventions and support to improve living conditions and economic opportunities for residents of south-east Cornwall.

South East Cornwall

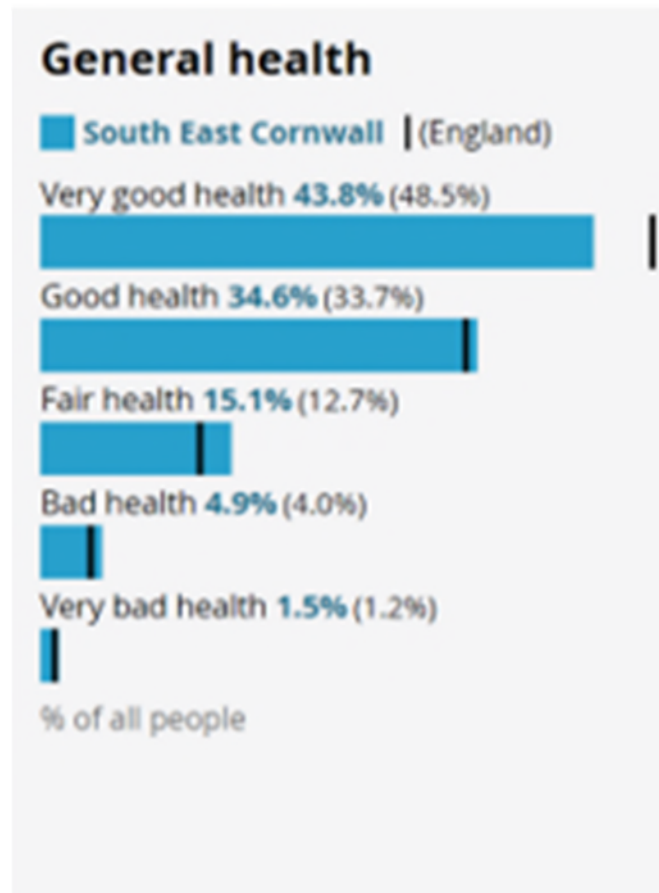


According to the Office of National Statistics, the number of people aged 65 to 74 rose by 16000 between 2011 and 2021, an increase of 25.9%. south-east Cornwall has a significantly higher population over the age of 55+ than the rest of England.



- 4.4% more people in south-east Cornwall are classed as disabled under the Equality Act than the rest of England.
- Nationally, around 10% of the population are unpaid carers ([Carers Week](#)). In south-east Cornwall 1.6% more people provide unpaid care than in England as a whole. If this percentage is applied to its adult population of 71,510 (numbers from the [Office of National Statistics](#)) then statistically this means there are 8,295 unpaid carers in south-east Cornwall (with 2536 of those in Saltash, PL12).

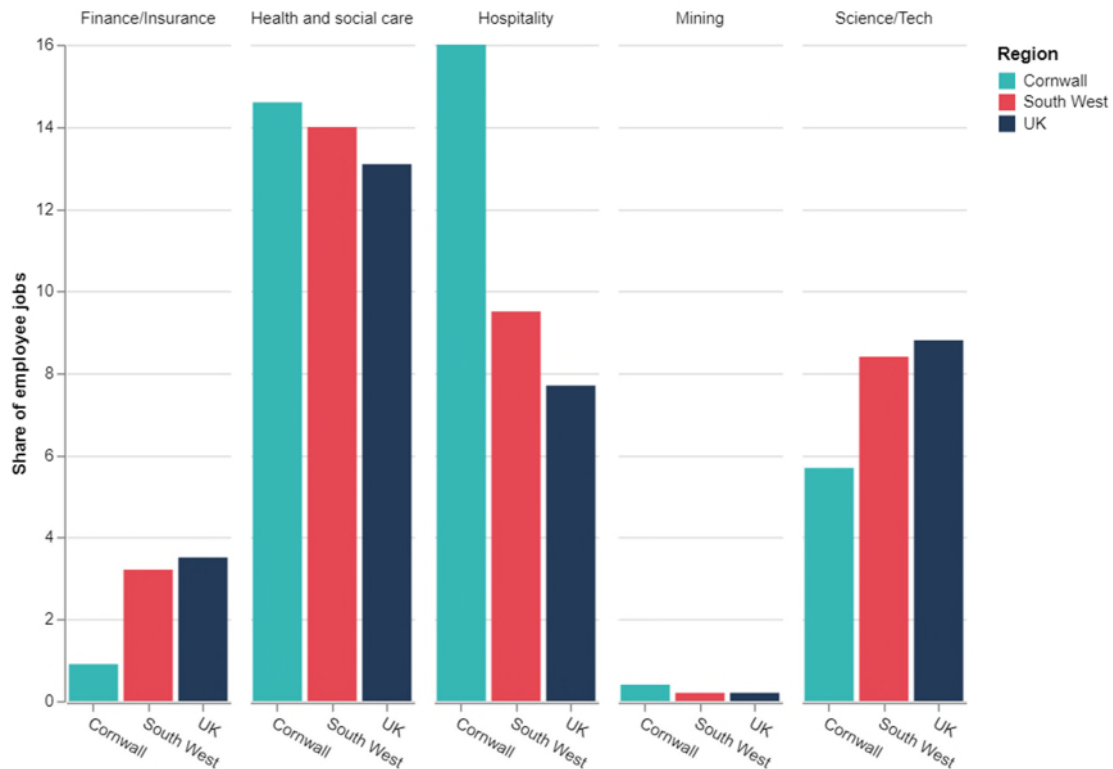
Unpaid carers in South East Cornwall, including Saltash, face challenges similar to those across the UK, such as financial strain, mental and physical health impacts, and a lack of sufficient support services ([Carers Trust](#)) ([Carers Week](#)). The specific issue of the toll costs on the Tamar Crossings further exacerbates financial pressures for carers in this area, distinguishing their experience from those in regions without such expenses.



The health of neighbourhoods significantly affects the ability of individuals to work and ultimately, their levels of income and, in particular, their disposable income.

- 1.2% more people in south-east Cornwall classed themselves to be in bad/very bad health compared to the rest of England.

The types of jobs in south-east Cornwall also affects income levels. There are sectoral differences between Cornwall and the Southwest region, as well as the rest of the UK. Figure 1 highlights that compared with the rest of the country, people in Cornwall are more likely to work in either hospitality or health and social care. They are rarely employed in high-value, high-salary professions such as finance, insurance or science and technology.



Source: ONS Figure 1

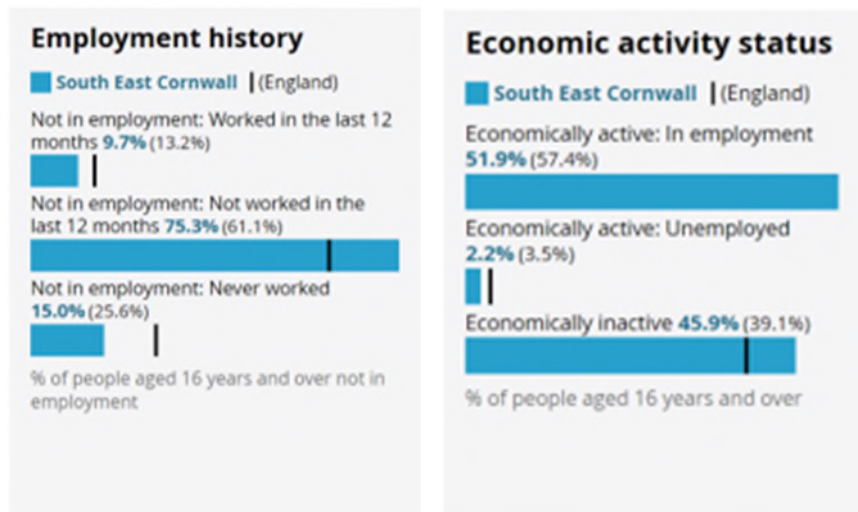
This sectoral breakdown also has an effect on pay. Workers in Cornwall are typically paid less than the Southwest regional or UK average.

- A typical full-time worker in Cornwall and the Isles of Scilly earns just 89% of the regional average and 84% of the national average in terms of weekly pay (see Table 1).

Table 1: Regional weekly pay (Cornwall compared with the Southwest region and the UK)

Gross weekly pay (average)	Cornwall and the Isles of Scilly	Southwest	UK
Full-time workers	£493.80	£558.40	£587.10
Men	£516.50	£584.30	£622.90
Women	£450.70	£506.50	£544.30

Source: [ONS](#)



- 6.8% more people in south-east Cornwall are economically inactive compared to England
- 14.2% more people in south-east Cornwall were not in employment and had not worked in the last 12 months
- 5% less people in south-east Cornwall work full time than in England



According to Cornwall Council's [Economy Monitoring Monthly Update](#) (EMMU) September 2023 (hyperlink is for the latest currently available)

- 10% of Cornwall's over 16 population is on Universal credit.
- Cornwall is above its pre covid figures and rising. This is due to the cost of living crisis.
- 13.8% of households in Cornwall are workless
- September 2023 saw the first fall in the number of VAT and/or PAYE registered businesses since 2011.



Health Care:

The communities of south-east and north Cornwall are heavily reliant on Derriford hospital for regular hospital and A&E services. There is no other hospital providing comparable services closer than Treliske in Truro or the Royal Devon & Exeter in Exeter. Treliske is 52 miles and The Royal Devon & Exeter 62 miles (if avoiding the bridge) from the two Cornish communities nearest the bridge and ferry (Saltash and Torpoint). The distance comparisons at points a, b & c below are from the centre of each mentioned bridge.

- a) This is unlike the Humber Bridge where the communities on the South Side of it can rely on Grimsby's Diana Princess of Wales Hospital for these services (28 miles and circa 30 minutes from the bridge) On the North side (amongst others) there is Hull Royal Infirmary, a mere 8 miles from the bridge.
- b) Unlike the Mersey Gateway Bridge and Silver Jubilee Bridge in Merseyside. Residents of Runcorn can use Halton General hospital (2.5 miles from the Mersey Gateway Bridge) on the South Side of the crossings. Residents of Widnes can use Warrington General hospital 7.6 miles away on the North side.
- c) And unlike Dartford and Thurrock which each have their own local major hospitals. Dartford is serviced by Darent Valley Hospital, 3.5 miles away on the Dartford side of the crossing, Thurrock is serviced by Thurrock Community Hospital, 5 miles away on the other side.

Conclusion:

South-east Cornwall suffers more from Deprivation than most other regions of England; yet as the evidence presented at Annexes C, D and L to this objection evidence demonstrates, residents of south-east Cornwall are being charged £3.5 million annually to cross the Tamar to access not only employment, but also a significant proportion of their essential healthcare. This is unlike other regions of England that feature a major tolled crossing but have a major hospital available on both sides of the crossing.