



Skills Balance Sheet

**Health & Social Care
2006**

Skills Balance Sheet: Health & Social Care 2006

Version 1.0

01 September 2006

Document Information

Title: Skills Balance Sheet: Health & Social Care 2006

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Publisher: Andy Phillips, andy.phillips@wmro.org

Date created: 2006-08-07

Status: Version 1.0

Identifier: E.g. 'http://www.wmro.org/path-to-download.pdf'
(Mandatory if applicable)

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1 Introduction

The purpose of the skills balance sheet is to review skills supply and demand for the health & social care sector in the West Midlands region. It aims to highlight how closely current education and training provision meets employers needs in the sector.

This report focuses on the demand for skills and includes:

- A review of the characteristics of the sector in terms of its key activities and occupations, the importance of small, medium sized and larger organisations, the profile of the workforce by gender, ethnicity and age and qualification attainment within the workforce
- Evidence of employer demand for skills in terms of recent trends and future prospects for employment growth by industry, occupation and sub-region
- Skill needs, gaps and shortages within the sector

A subsequent report, complementing this analysis will look at the supply of skills in terms of:

- LSC funded provision primarily within Further Education and apprenticeships
- Learning funded through other funding streams such as Train to Gain and Higher Education
- Training that is sourced and funded entirely by employers

Key Issues

Sector profile

The sector has expanded significantly in recent years reflecting significant public expenditure on health and social care services. However while the output and Gross Value Added of the West Midlands sector has increased considerably in recent years the rate of growth has lagged behind national trends.

Since 1999 other human health activities have seen the most significant growth in employment, in line with national trends.

More recently since 2003 social work activities with accommodation has seen the most significant employment growth, outstripping national trends. Within the region the Black Country has seen the most significant increase in employment.

The health & social care sector employs more than a quarter of a million people in the Region¹:

- More than 120,000 are employed in hospitals while a further 80,000 are employed in social care
- More than 80,000 people work in personal service occupations and a further 80,000 work in associate professional & technical occupations

Smaller organisations employing ten people or less dominate both the health and social care industries, accounting for more than half of the total.

Birmingham & Solihull, and Birmingham in particular, is a particularly important regional centre for the sector in terms of employment. In terms of the proportion of total employment accounted for the sector:

- Health is a particularly important component of the economy of Stoke-on-Trent
- Social care is a key component of the economy of Herefordshire

Women dominate employment in the sector. This is the case for all industries and for all age groups. Around half of women work part time.

¹ It should be noted that this figure also includes health & social care employment in the voluntary and community sector (which is not part of the combined Skills for Health SSC and Skills for Care SSC combined footprints and is therefore a slight over estimation)

The proportion of staff with a minority ethnic background is above average when compared with all sectors in the Region:

- A significantly higher proportion of male employees are from the Indian and Black African communities
- A significantly higher proportion of female employees are from Other White communities (for example Eastern Europe) and Black African communities
- The Pakistani and Bangladeshi communities are less well represented in the sector. It will be important, however, for organisations to increasingly look to target these communities in future recruitment. While the Region's overall minority ethnic population is expanding rapidly and represents a growing source of labour and skills, growth is being led by the Pakistani, Bangladeshi and other Asian communities.

A key priority for organisations in the sector is to provide employment opportunities for the local community and to look to reflect the diversity of the local population. In the Region's urban areas organisations employ significant numbers from minority ethnic communities.

The sector has an ageing workforce with a higher proportion of older people and a lower proportion of younger people than the average for all sectors in the Region. This is likely to lead increasing skill deficiencies as skilled and experience staff reach retirement age. While there is a need to consider the training and development needs of older people working in health & social care and how the valuable skills and experience of those leaving due to retirement can be retained and passed on to others, there is also a need to widen the appeal of employment opportunities in the sector to younger people.

The Region's health & social care workforce is relatively well qualified, with an above average proportion qualified to NVQ level 4 or above and the sector is one of the most 'knowledge intensive' in the Region in terms of the number and proportion of staff with higher level qualifications².

The Region's health & care organisations have a particularly good record of retaining and utilising graduates from West Midlands higher education institutions:

- Only those going into public sector services are more likely to access employment in the West Midlands than elsewhere in the country
- Only those going into manufacturing are more likely to access higher skilled jobs where they can use their skills and qualifications to the full

² Anecdotal evidence from sector employers suggest that the proportion may be higher than this in health, but much lower than this in social care

There are, however, more than 50,000 employees with low or no qualifications. With 35,500 qualified to below NVQ level 2 and under 20,000 with no qualifications. This is a particular issue given that legislation means that there is a requirement for all staff working in the sector to be qualified.

Demand

The sector is forecast to continue to expand rapidly in employment terms over the next decade, driven principally by increased public expenditure on health services. The main focus for employment opportunities will be personal service and associate professional & technical occupations.

This is expected to be paralleled by rising demand for staff qualified to NVQ level 3 and NVQ level 4 or 5 and a significant fall in the demand for staff with low or no qualifications.

In health there is also a growing demand for a more flexible workforce with a range of 'softer' generic skills in response to a growing emphasis on a patient centred approach. In social care the modernising agenda is creating a need for skills to manage cross service boundaries, deliver services in ever more diverse settings and provide a 'person centred' approach.

Many of the Region's health and social care organisations are struggling to address their growing skill needs, particularly for additional personal service staff, via recruitment from the labour market. The principal cause of recruitment problems is a perception that job opportunities may be associated with poor terms and conditions in certain occupations, leading to a lack of interest in working in the sector.

Skill gaps and deficiencies in the workforce can potentially inhibit organisational growth and development. While overall the proportion of health & social care staff not proficient in their role is below the average for all sectors the proportion is higher for those in personal service occupations. As already mentioned this occupation is the largest in the sector in terms of employment and is forecast to expand significantly in the future. Deficiencies relate to both job specific technical and 'softer' generic skills such as team working, problem solving, customer handling, IT and communication.

The single most important cause of skill deficiencies is a lack of experience among newly recruited staff and skill gaps are likely to worsen in the future as more and more older, more experienced staff retire.

Given the significant emerging skill needs in the sector, skill gaps and deficiencies in the workforce and the recruitment difficulties many organisations are facing, investment in training and workforce development is vital. Encouragingly, investment

in training and workforce development in the sector is well above the average for all sectors in the Region in terms of

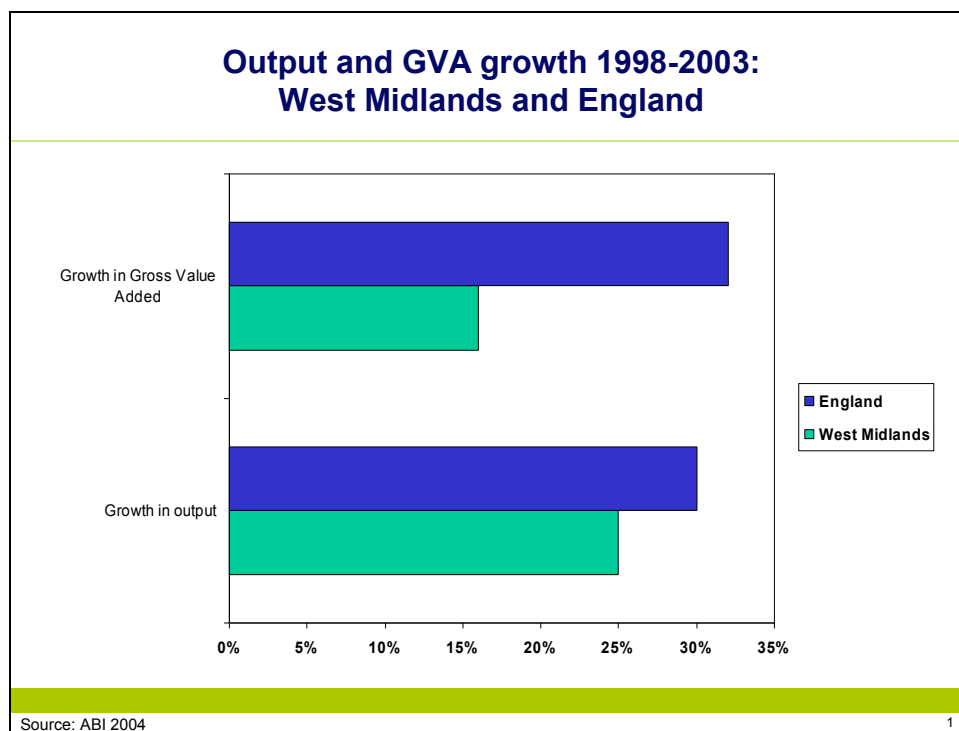
- The proportion of organisations arranging training for staff
- The proportion of organisations with a training plan and a designated training budget

However the proportion of staff receiving training varies significantly by occupation. While a particularly high proportion of managers and senior officials receive training, the proportion is much lower for personal service occupations, within which as already mentioned skill deficiencies are particularly significant and is even lower for key professional and associate professional occupations.

2 Sector Profile

2.1 Performance of the sector

The sector has expanded significantly in recent years reflecting significant public expenditure on health and social care services, along with investment in research and development by private sector health companies and investment within the NHS, which is often privately funded. However while the output and Gross Value Added of the West Midlands sector has increased considerably in recent years the rate of growth has lagged behind national trends.

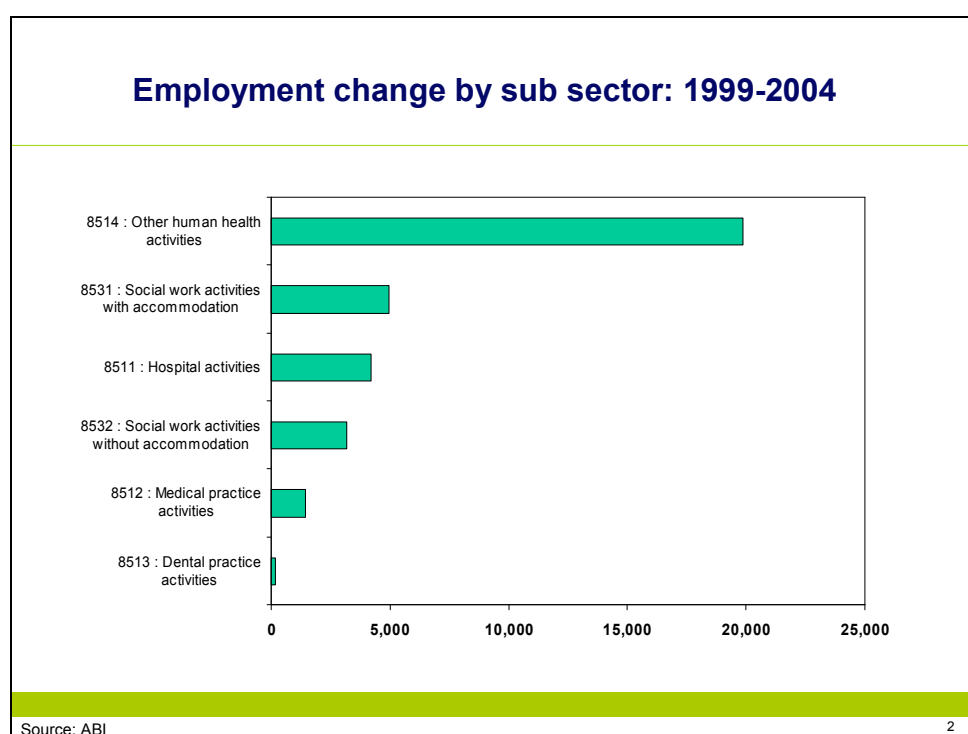


Key Fact:
Despite significant expansion, the sector has lagged behind national trends

2.1.1 Recent employment trends by industry

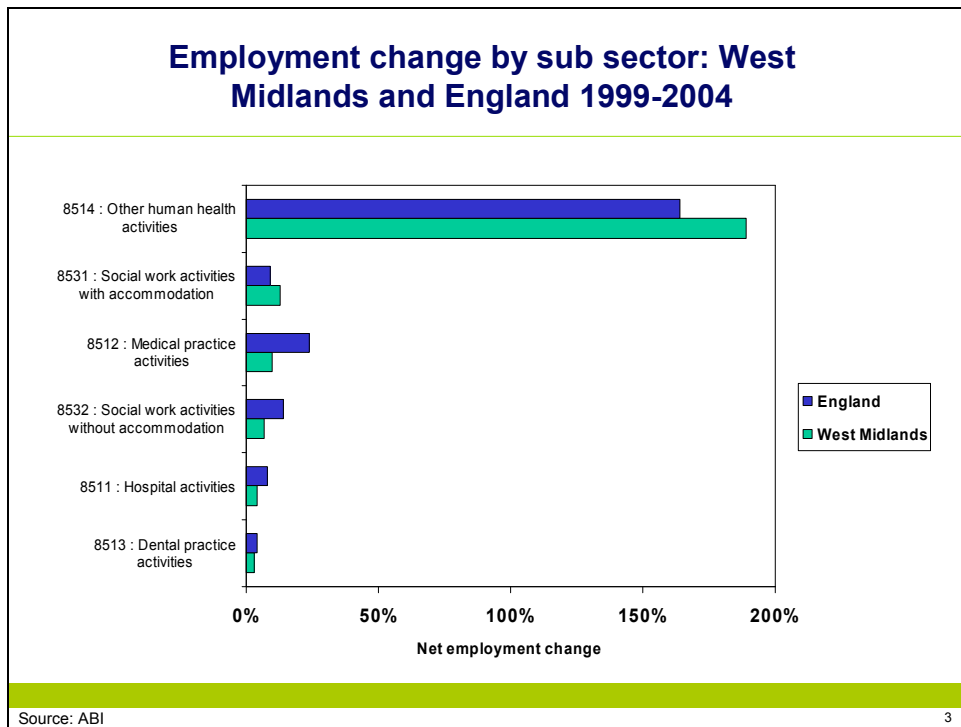
Since 1999 other human health activities has seen the most significant growth in employment;

- Over a 5 year period, employment in other human health activities³ has increased by 20,000 (which include the ambulance service, blood banks, chiropodists, chiropractors, osteopaths, occupational therapists, physiotherapists, speech therapists, psychiatrics services, family planning, maternity and midwifery services, radiographers and community & school health services and clinics)
- This represents growth of nearly 200% which compares with growth of more than 160% in England as a whole

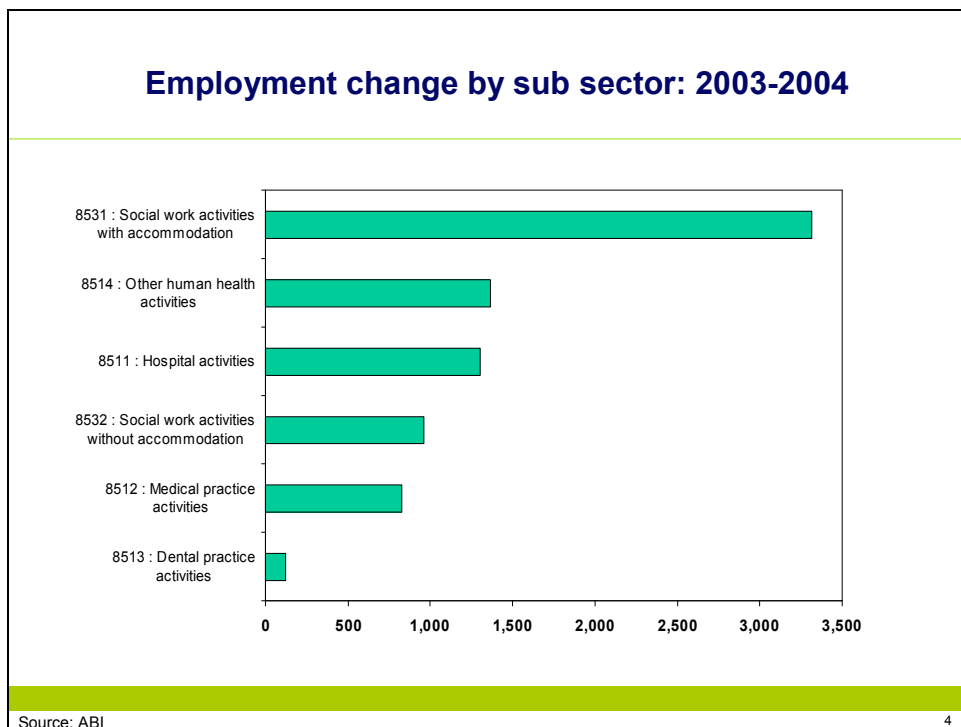


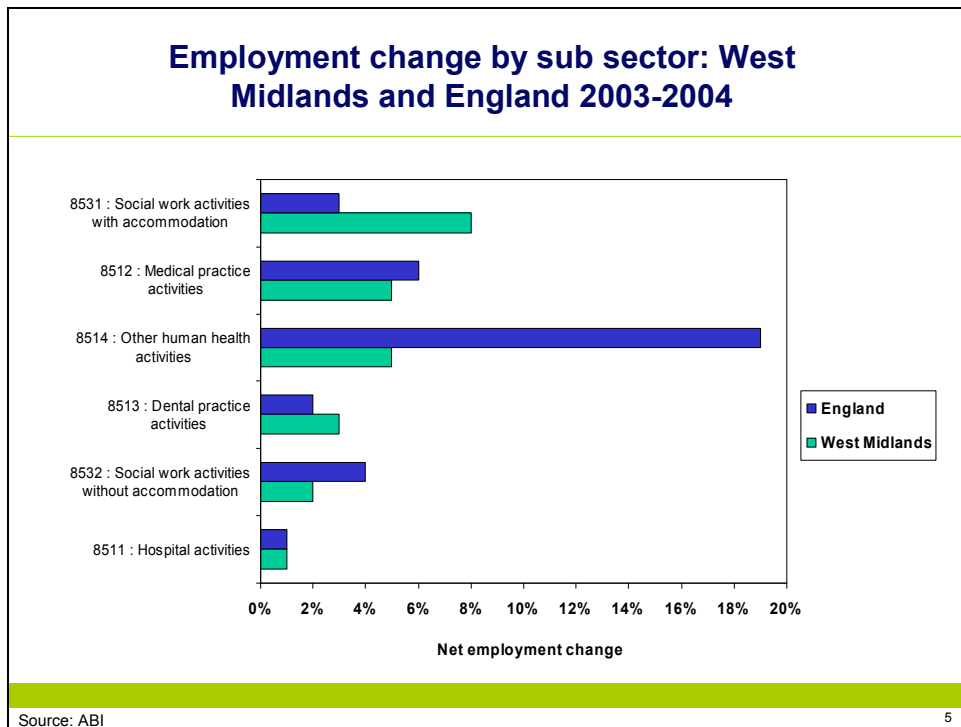
³ This category includes a range of primary care activities

⁴ This chart represents growth between 1999-2004 and not size



More recently since 2003 social work activities with accommodation has seen the most significant employment growth. There has been a net increase in employment of nearly 3,500 with the rate of growth outstripping national trends.





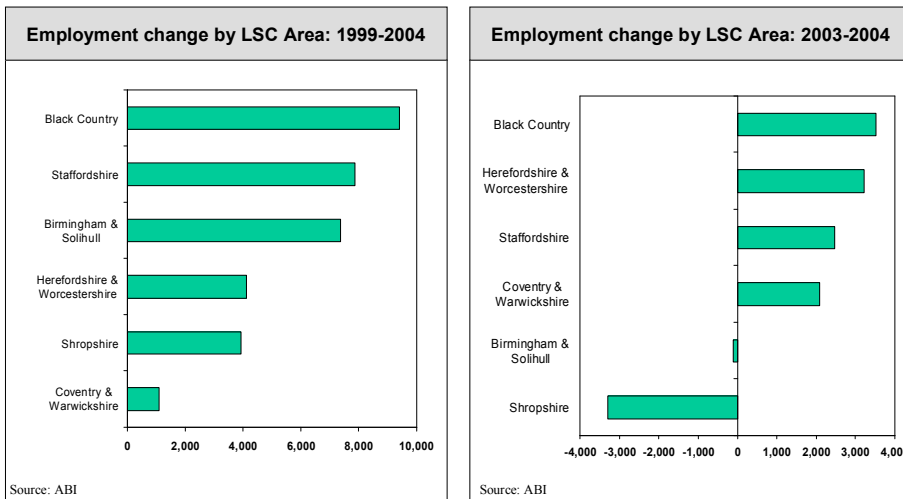
2.1.2 Recent employment trends by sub-region

Within the region the Black Country has seen the most significant increase in employment. Employment has increased by nearly 10,000 since 1999 and by more than 3,500 since 2003.

Staffordshire and Birmingham & Solihull have also seen considerable increases in employment, between 7,000 and 8,000 since 1999

It is notable however, that Shropshire has seen a net loss of more than 3,000 jobs. Budgetary issues and problems within Health Authorities, which have been the subject of significant coverage in the press in recent months, may lead to further falls in employment across the region.

Employment change in the Health & Social Care sector by LSC Area



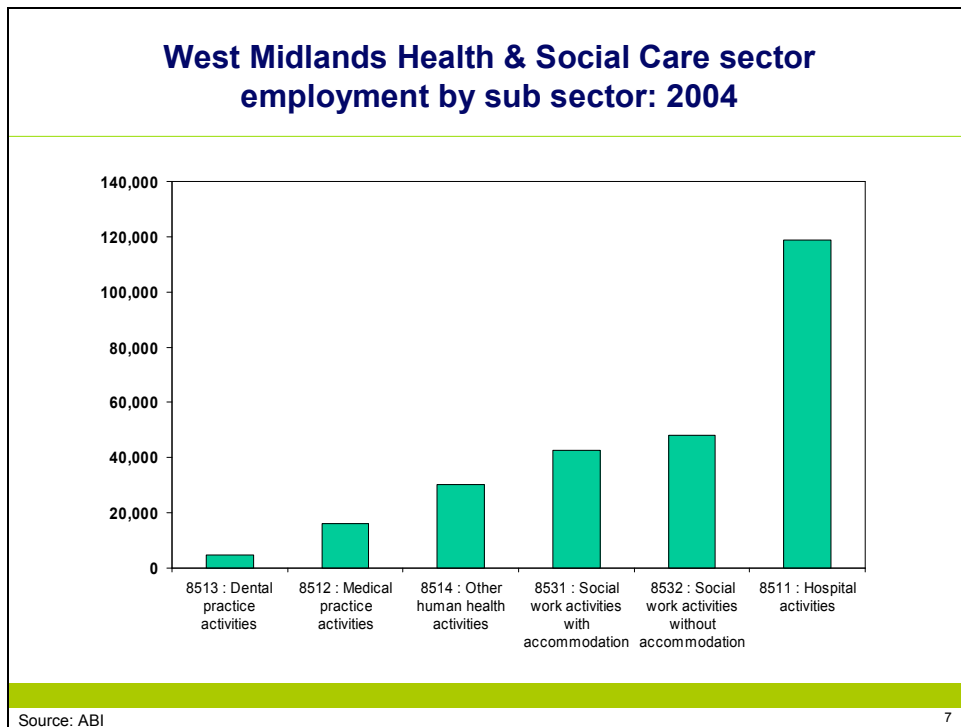
Key Fact:
The Black Country has seen the largest increase in employment

2.2 Employment by sub sector

The health & social care sector employs more than a quarter of a million people in the Region, of this 90% is in the public sector and a further 10% is in the private sector:

- More than 118,000 are employed in **hospital activities** (which includes accident and emergency services, general hospitals, children's hospitals, specialist hospitals, dental, eye, ear, nose and throat hospitals, hospices, infirmary, medical consultants, gynaecologists, radiologists and rehabilitation hospitals)
- A further 90,000 are employed in **social work activities**⁵ (social work activities *with accommodation* includes children's homes & hostels, homes for the disabled, the elderly, the mentally ill and the homeless, local authority welfare services and social or residential homes and social work activities *without accommodation*, includes adoption activities, citizens advice bureaux, social services departments, child day care activities, day centres for the elderly, the physically and the mentally ill, refugee camps, marriage and family guidance and social workers)
- Just under 30,500 work in other **human health activities** (which include the ambulance service, blood banks, chiropodists, chiropractors, osteopaths, occupational therapists, physiotherapists, speech therapists, psychiatric services, family planning, maternity and midwifery services, radiographers and community & school health services and clinics)
- Over 16,000 in **medical practice activities** (which incorporates doctors, doctors receptionists, specialists, family doctor service, general medical consultants and practitioners, physicians and surgeons, psychiatrists, physiologists, mental health specialists and private consultant clinics)
- Just under 5,000 work in dental practice activities

⁵ Anecdotal evidence from sector employers suggests that employment in social work activities may be up to 20% greater than this. The Annual Business Inquiry excludes organisations not registered for VAT, which are numerous in the sector

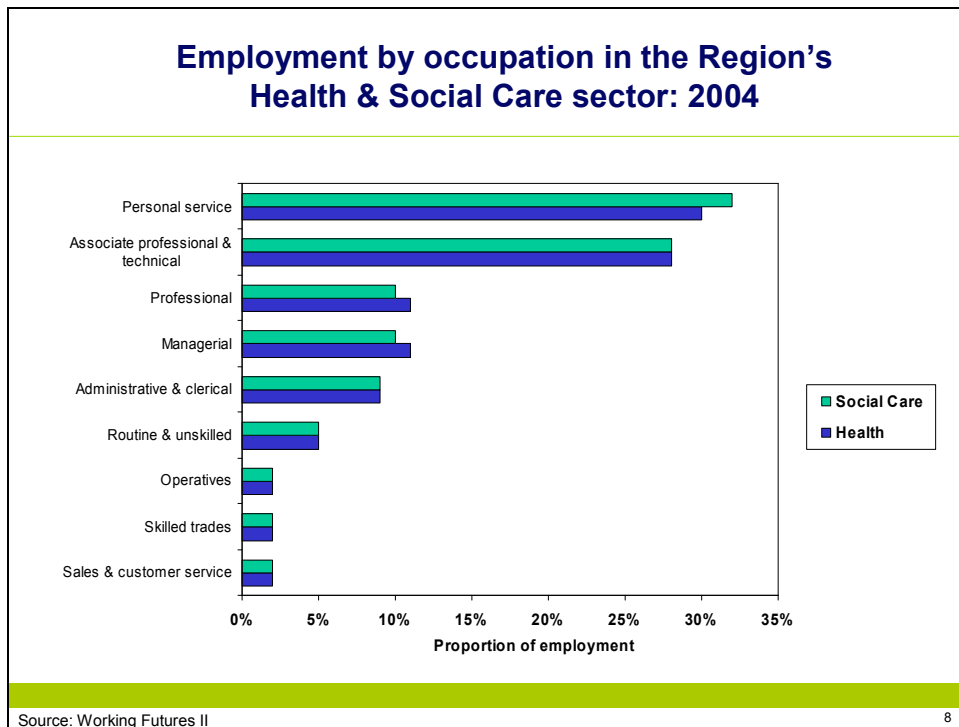


The Region's health and social care industries are dominated by:

- Personal service occupations** (such as nursing auxiliaries and assistants, ambulance staff, dental assistants, residential wardens, care assistants, early years workers, childminders, playgroup leaders and educational assistants) which employ some 52,000 people in health (30% of the total) and 31,000 people in social care (32% of the total)
- Associate professional & technical occupations**⁶ (such as nurses, midwives, paramedics, medical radiographers, chiropodists, dispensing opticians, pharmaceutical dispensers, medical and dental technicians, physiotherapists, occupational, speech and language therapists, and youth, community and welfare officers) which employ some 50,000 people in health (28% of the total) and 27,000 people in social care (28% of the total)

Key Fact:
46% of health & social care employees are employed in hospital activities

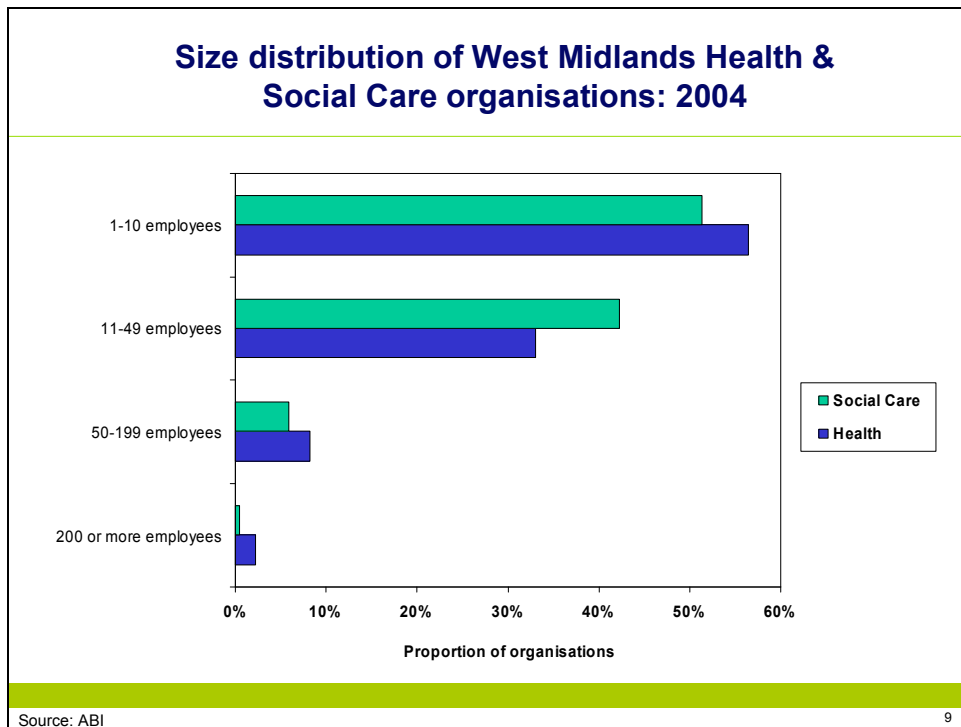
⁶ While the Standard Occupational Classification categorises these occupations as 'associate professional', they are often regarded as professional occupations in the workforce



2.3 Employers by sizeband

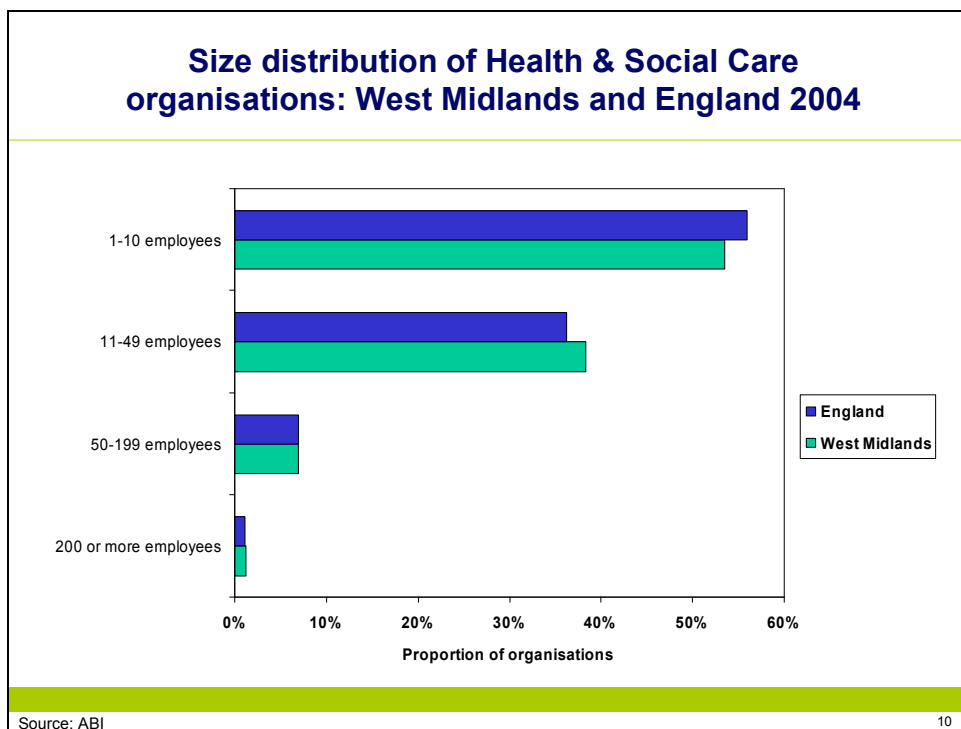
Smaller organisations dominate both the health and social care industries;

- 56% of health and 51% of social care organisations in the Region employ 10 employees or less
- 33% of health and 42% of social care organisations in the Region employ 11-49 employees
- less than 3% of health & social care organisations employ 200 or more employees

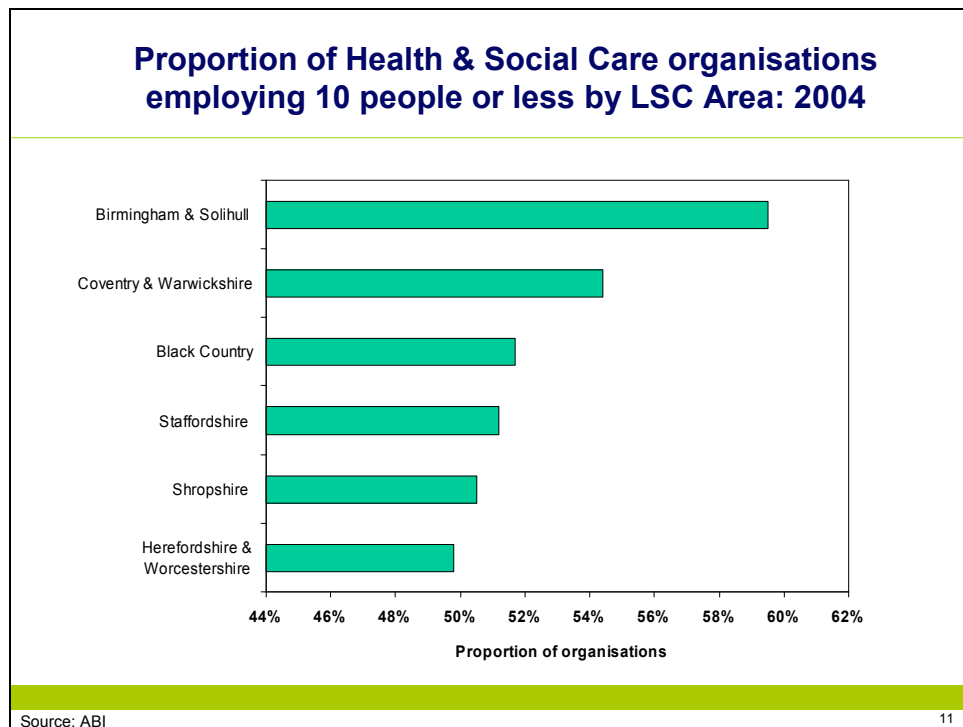


As such the size structure of the sector is very similar to England as a whole;

- 54% of health & social care organisations in the West Midlands employ 10 or less workers
- 56% of England health & social care organisations in England employ 10 or less workers



Birmingham & Solihull has a particular concentration of small organisations in the health & social care sector, with nearly 60% employing 10 or less workers.

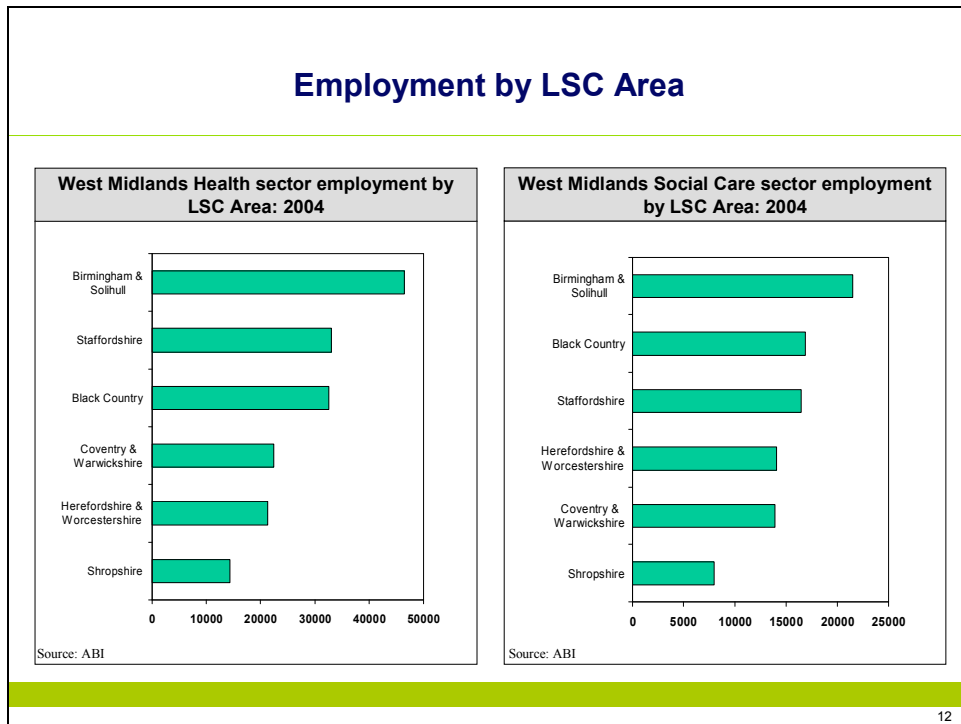


2.3.1 Geographical 'hot spots'

Birmingham & Solihull is a particularly important regional centre for the health & social care sector in terms of employment;

- Nearly 46,500 employees in the health sector work in Birmingham & Solihull
- Staffordshire and the Black Country have 33,000 and 32,000 employees respectively in the health sector
- Nearly 21,500 employees in the social care sector work in Birmingham & Solihull
- The Black Country employs nearly 17,000 workers in the social care sector and Staffordshire just under 16,500

Employment by LSC Area



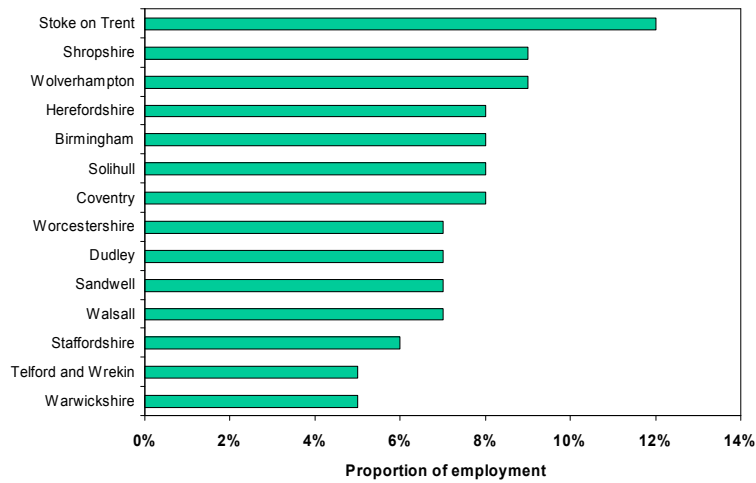
In terms of the sector's importance to the local economy in different parts of the Region:

- The health sub-sector accounts for some 12% of employment in Stoke on Trent but only 5% of employment in Telford & Wrekin and Warwickshire
- The social care sub-sector accounts for 6% of employment in Herefordshire but only 3% of employment in Coventry, Solihull, Wolverhampton and Telford & Wrekin

Key Fact:

There is a particular concentration of employment in the health & social care sector

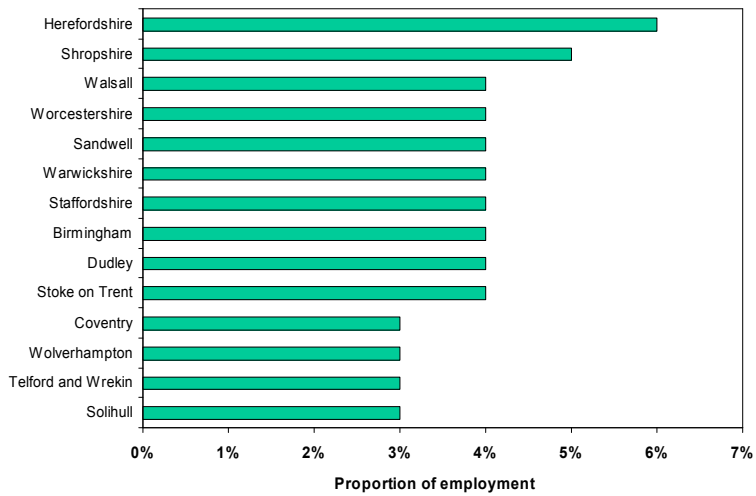
Health sector employment as percentage of total employment: 2004



Source: ABI

13

Social Care sector employment as percentage of total employment: 2004



Source: ABI

14

Key Fact:
Social care is a key source of employment in Shropshire & Herefordshire

2.4 Characteristics of the workforce

2.4.1 Gender

Women dominate employment in all age groups in the health & social care sector⁷;

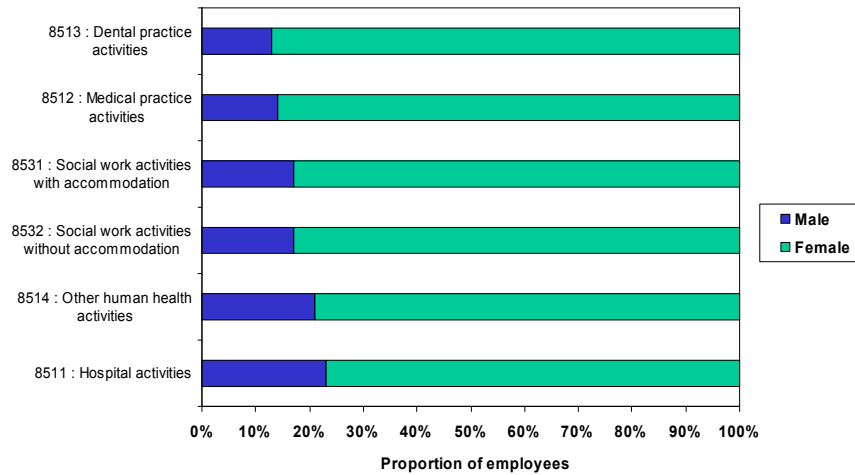
- There are nearly 92,000 females aged 45 + employed in the health & social care sector compared to 28,000 men in the same age category
- In the age category, 35-44 there are nearly 74,500 females and 13,000 men employed in the sector
- There are less younger females and males employed in the sector, but for 16-34 year olds the ratio between females to males is still over 5:1

Females dominate all sub sectors and around half of females in the sector work part time;

- In medical practice activities, nearly 6,000 females work full time (45% of the total) and just over 8,000 females work part time (55% of the total)
- In hospital activities, nearly 47,000 females work full time (52% of the total) and just over 44,000 females work part time (48% of the total)
- As a whole, health & social care sector, 98,500 females work full time (47% of the total) and 110,000 females work part time (53% of the total)

⁷ The relatively small size of the Labour Force Survey, which provides the base data, means that only analysis for the health & social care sector as a whole can be presented

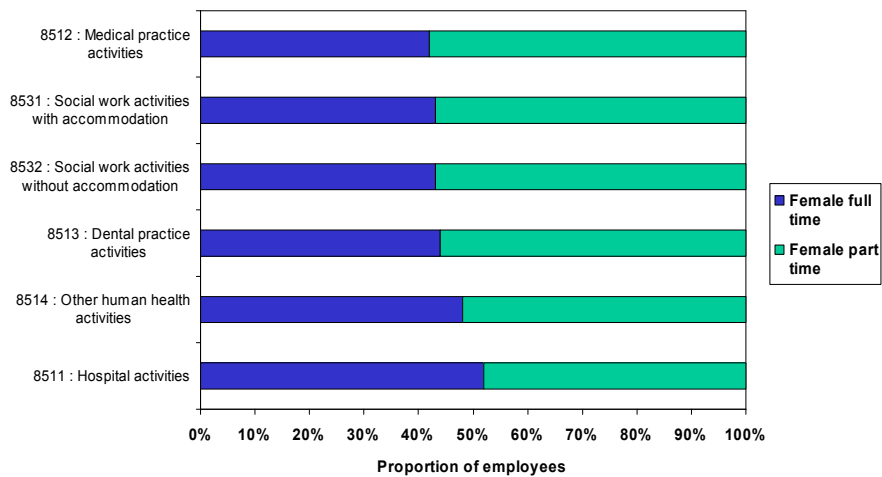
West Midlands Health & Social Care sector employment by industry and gender



Source: ABI 2004

15

Female employment by status in the West Midlands Health & Social Care sector



Source: ABI 2004

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Key Fact:

Females dominate all industries in the health & social care sector

2.4.2 Ethnicity

The health & social care sector is a key employer of particular black and minority ethnic groups⁸;

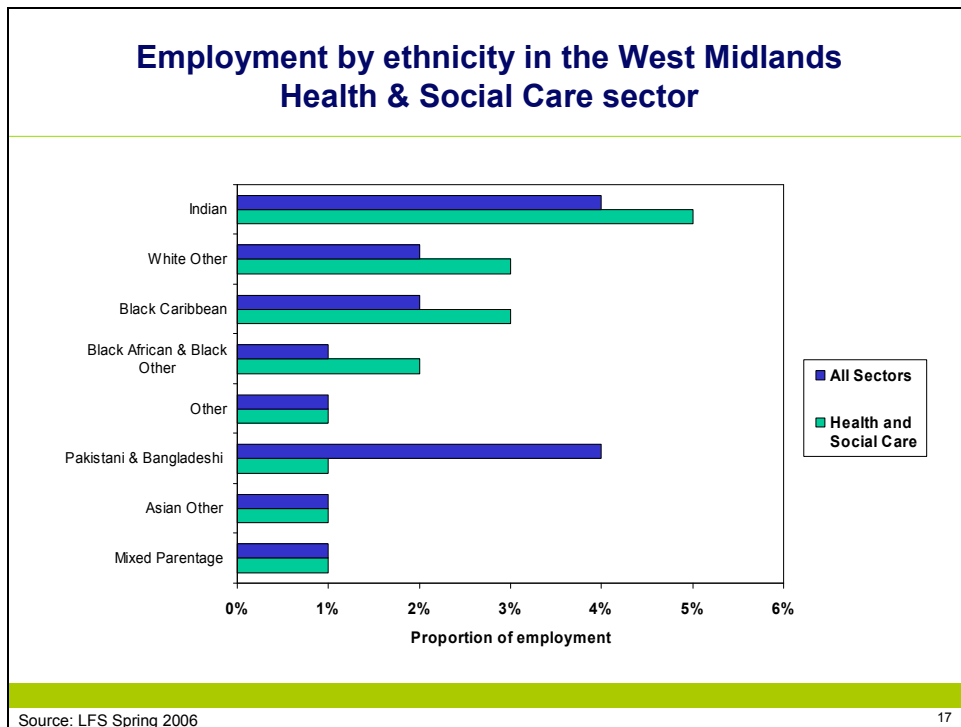
- Nearly 13,500 (5% of the total) health & social care sector employees are from the Indian community, which compares to 4% for all sectors of the economy
- White Other communities (which includes people with an Irish background and migrant workers from Eastern European countries) have just under 8,500 (3% of the total) employees in the sector, compared to 2% for all sectors
- Over 7,500 (3% of the total) health & social care sector employees are from the Black Caribbean community, which compares to 2% for all sectors
- 2% of staff are from Black African and Black Other communities which compares with 1% for all sectors
- In contrast, the proportion of Pakistani & Bangladeshi employees in the health & social care sector (1% of the total) is significantly lower compared to all sectors (4% of the total). It will be important, however, for organisations to increasingly look to target these communities in future recruitment. While the Region's overall minority ethnic population is expanding rapidly and represents a growing source of labour and skills, growth is being led by the Pakistani, Bangladeshi and other Asian communities⁹.

Key Fact:

The proportion of Pakistani & Bangladeshi employees in the health & social care sector is significantly lower compared to all sectors

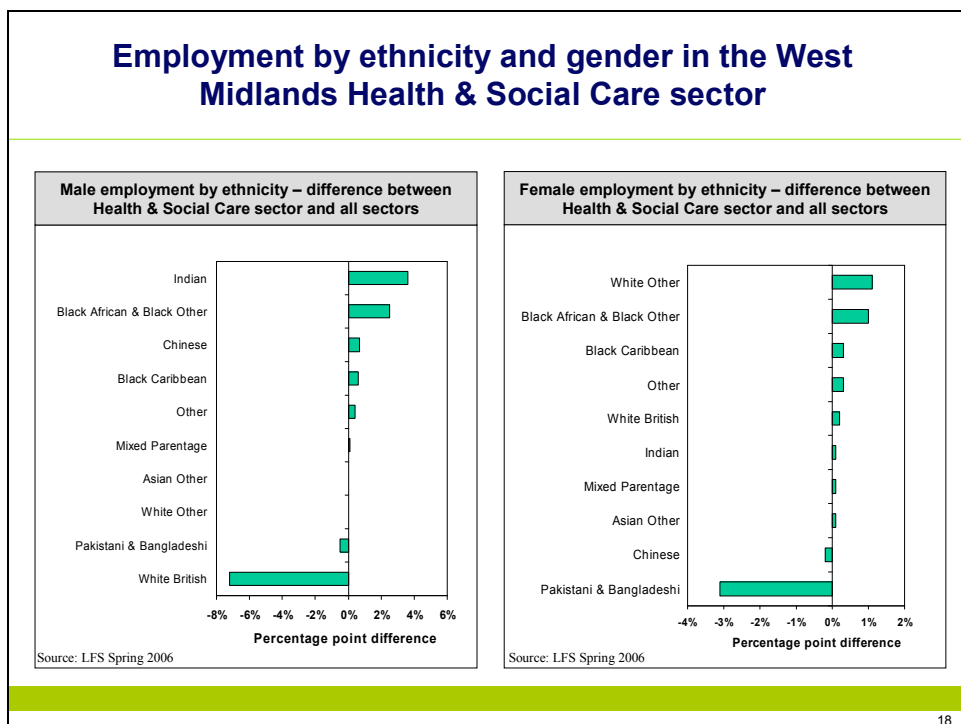
⁸ Black and minority ethnic groups are those from an ethnic background other than white British. Different surveys use slightly different ethnic categories. For the purposes of clarity, and because some groups represent small numbers of people, we have combined some groups together in our analysis. For full list of categories see Appendix Two

⁹ For further details see the 2005 Regional Skills Assessment produced by WMRO on behalf of the West Midlands Regional Skills Partnership



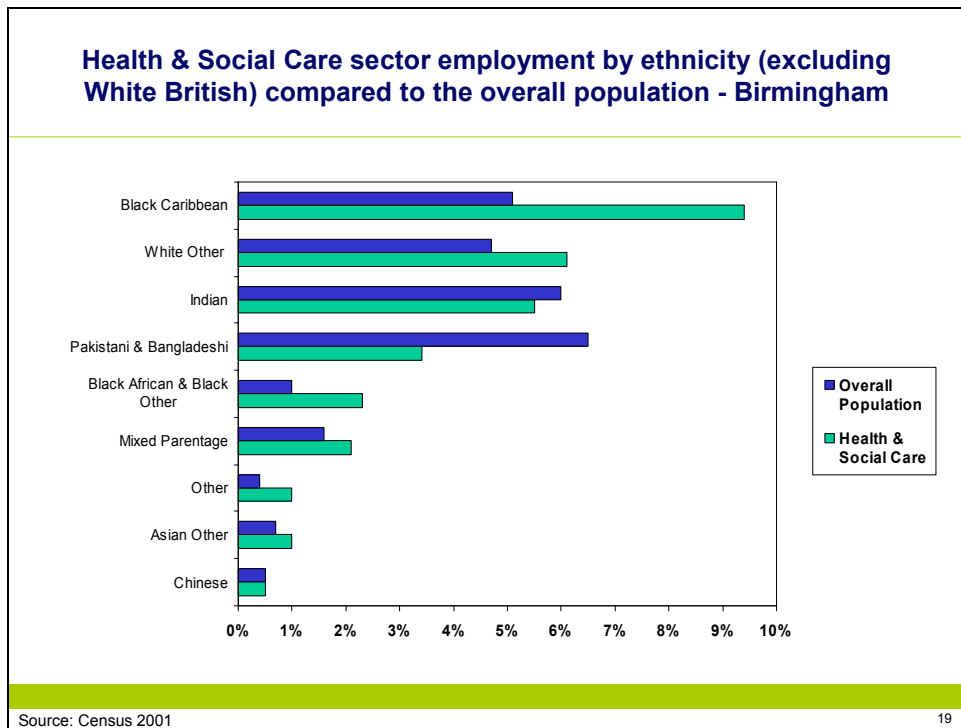
The representation of black and minority ethnic groups differs by gender;

- In comparison to all sectors, health & social care organisations employ 4% more Indian males and 2.5% more males from Black African and Black Other communities.
- A significantly higher proportion of female employees are from White Other and Black African & Black Other communities



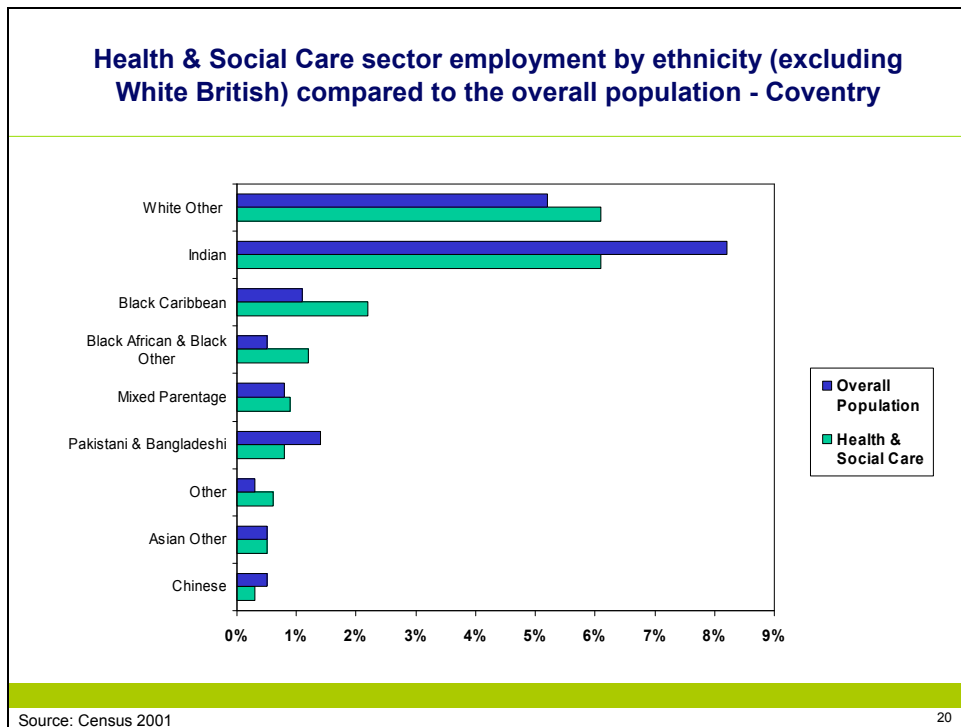
Black and minority ethnic communities (with the exception of the Pakistani & Bangladeshi community) are particularly well represented in the workforce among health and social care organisations in urban areas of the Region, who are looking to reflect the diversity of the local population.

Birmingham is a major source of health & social care employment within the Region and over 4,000 people from the Black Caribbean community are employed in the sector (9% of the total) which is nearly double the community’s share of the overall population. White other communities (6% of the workforce) and the Indian community (5.5% of the workforce) are also well represented.



In Coventry the representation of ‘White Other’ communities in the health & social care workforce is greater than in the population as a whole. While the Indian community is also well represented, its share of the sector’s workforce is below that of the overall population.

Key Fact:
The Black Caribbean community is strongly represented in the sector in Birmingham



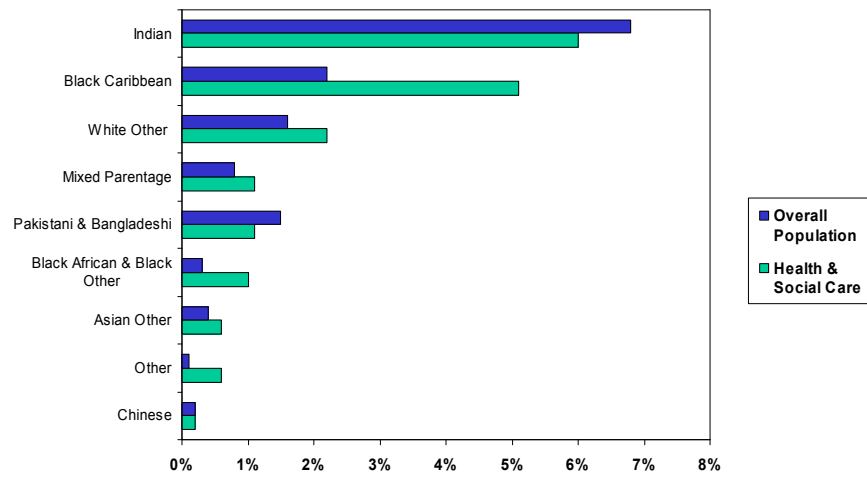
The Black Country (which consists of Dudley, Sandwell, Walsall and Wolverhampton) sees a similar pattern to Birmingham;

- Indian communities are particularly well represented in Walsall¹⁰
- Black Caribbean communities are particularly well represented in Sandwell.
- The proportion of people from White Other communities in the health & social care sector is also greater than the share of the overall population.

Key Fact:
The White Other and Indian communities are strongly represented in the sector in Coventry

¹⁰ For further detailed evidence see the dataset that accompanies this report

Health & Social Care sector employment by ethnicity (excluding White British) compared to the overall population – Black Country



Source: Census 2001

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Key Fact:

Over 40% of the sector in the West Midlands is aged over 45 while less than 10% is aged 24

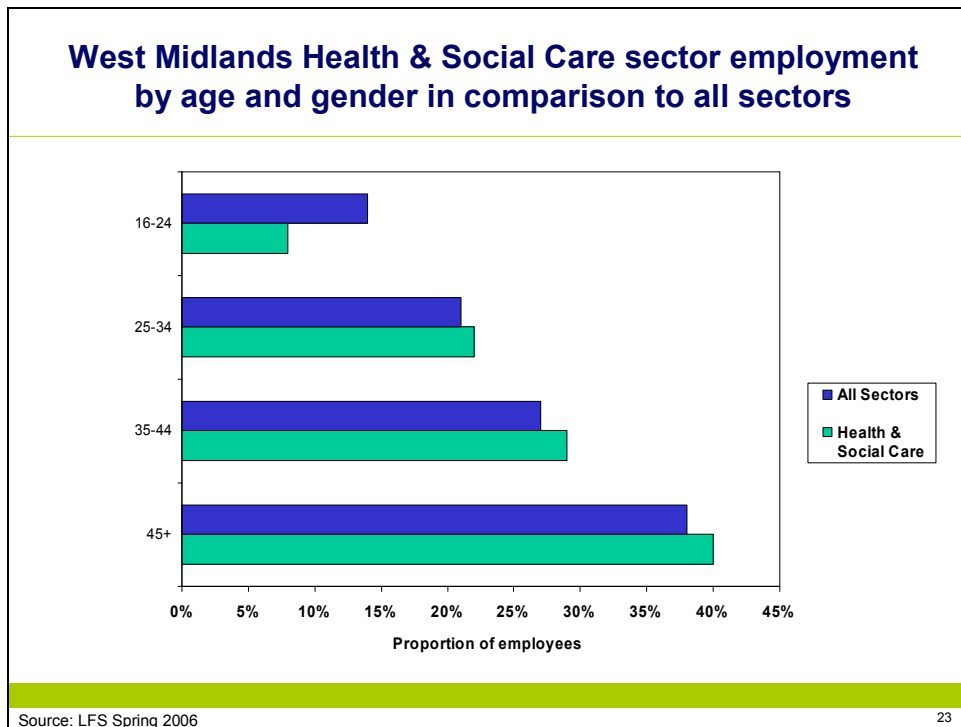
2.4.3 Age

The health & social care sector has an ageing workforce with a higher proportion of older people and a lower proportion of younger people than the average for all sectors in the West Midlands. The retirement of significant numbers of people, who take their considerable skills and experience with them, is one of the reasons for the huge replacement demand, and represents a key risk factor for the sector.

Over 120,000 people aged 45+ are employed in the sector which compares with just over 24,000 aged 16-24, and there is a need to widen the appeal of employment opportunities in the sector to younger people. A range of key issues which restrict recruitment of younger people need to be addressed;

- Legislation means that under 18's are not permitted to provide unsupervised personal care
- Under 18's are taken on via apprenticeships and work experience replacements, but many employers lack capacity to provide the required supervision.





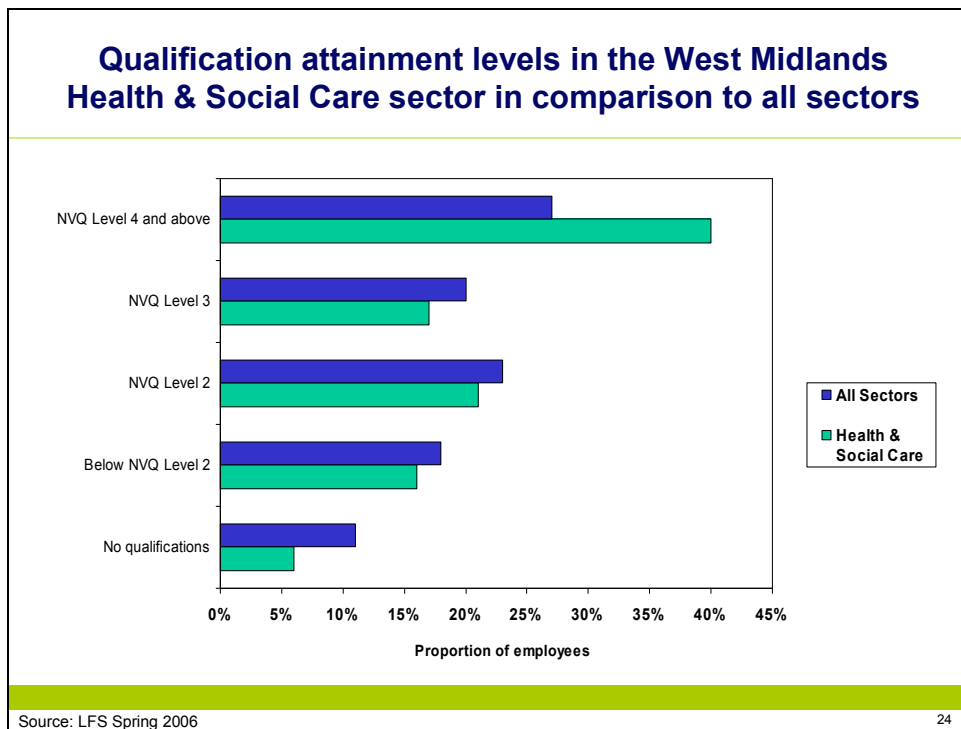
2.5 Qualification levels in the workforce

The Region's health & social care workforce is relatively well qualified, with an above average proportion qualified to NVQ level 4 or above;

- In the health & social care sector some 40% of staff are qualified to NVQ level 4 or above¹¹, which compares with 27% across all sectors
- The sector is one of the most 'knowledge intensive' in the Region in terms of the number and proportion of staff with higher level qualifications
- The Region's health & care organisations have a particularly good record of retaining and utilising graduates from West Midlands higher education institutions.
 - Only those going into public sector services are more likely to access employment in the West Midlands than elsewhere in the country
 - Only those going into manufacturing are more likely to access higher skilled jobs where they can use their skills and qualifications to the full

¹¹ Anecdotal evidence from sector employers suggest that the proportion may be higher than this in health, but much lower than this in social care

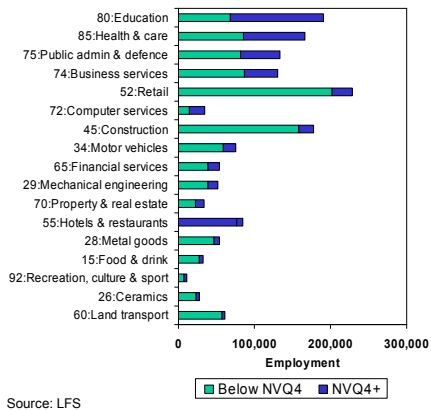
- There are links with the Region’s emerging medical technologies cluster and there is potential for the West Midlands to develop as a key ‘hub’ for this activity, in terms of both development of products and services and a pool of skills and talent
- There are, however, more than 50,000 employees with low or no qualifications with 35,500 qualified to below NVQ level 2 and under 20,000 with no qualifications. This is a particular issue given that legislation means that there is a requirement for all staff working in the sector to be qualified.



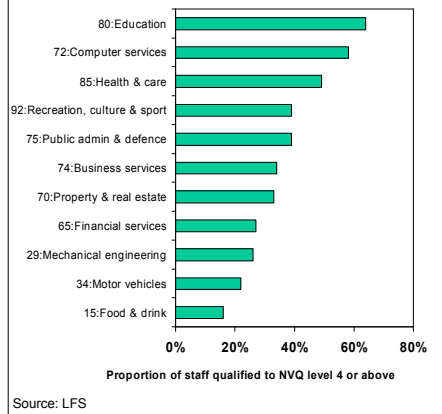
Key Fact:
More than 50,000 employees in the sector have low or no qualifications

Knowledge intensity in the Region's Health & Social Care sector

Employment of highly qualified staff by sector: West Midlands 2005



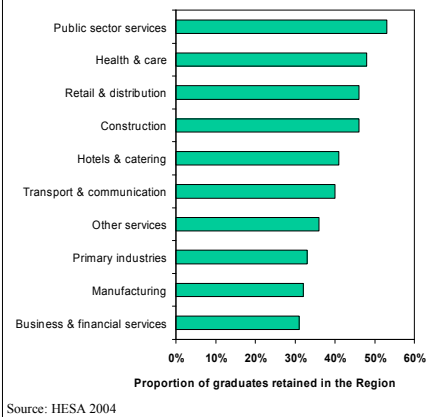
Knowledge intensity in the 5 largest public sectors: 2005



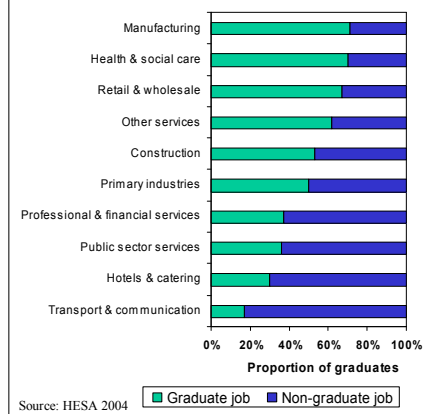
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Graduate retention and utilisation in the Region's Health & Social Care sector

Proportion of West Midlands graduates that subsequently found work in the Region

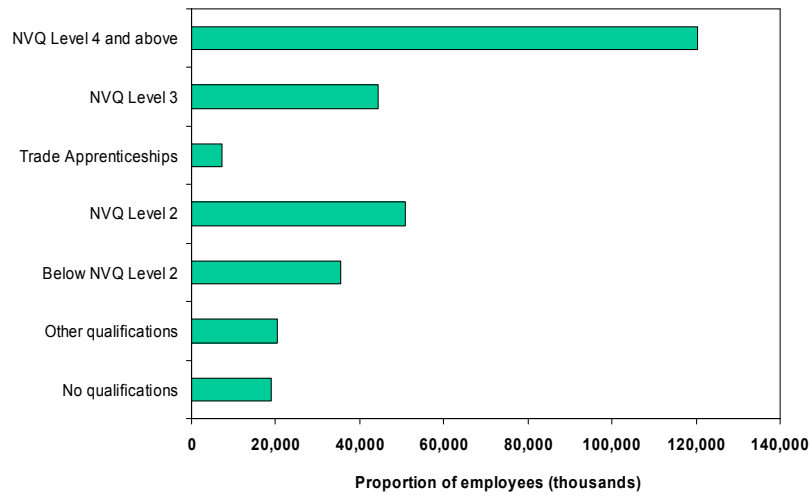


Occupations of the Region's graduate workforce



26

Qualification attainment levels in the West Midlands Health & Social Care sector – absolute numbers



Source: LFS Spring 2006

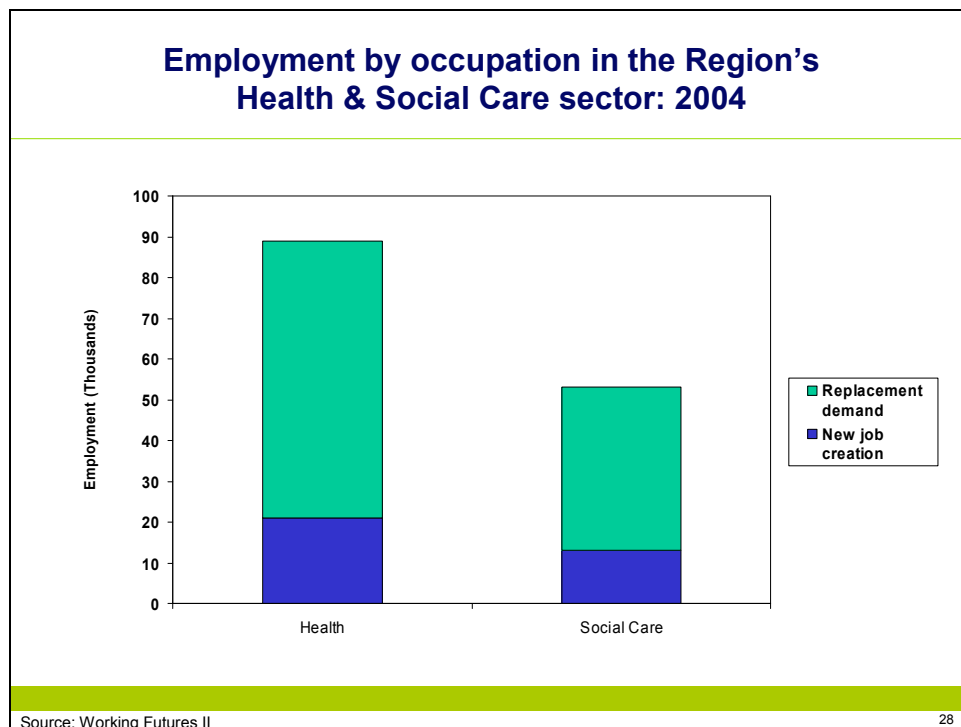
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3 Demand Issues

3.1 Employment change 2004-2014

Although budgetary issues with the health sector may reduce growth and in some cases can lead to decreases in employment in the short term, in the longer term the sector is forecast to continue to expand, principally driven by ‘replacement demand’ created by retirements and job moves, albeit with a requirement for different skill sets, as the demand for it’s services continues to rise due to the ageing of the Regions population:

- Overall more than 140,000 job opportunities are expected to arise in the sector
- 34,000 are new job opportunities created as the sector expands and just under 110,00 are opportunities due to retirements and career moves
- 90,000 job opportunities will be in health and 50,000 will be in social care



Key Fact:

There will be 90,000 jobs in health and more than 50,000 jobs in care on offer over the next decade

- There will be 45,000 job opportunities in personal service occupations (34,000 in health and 21,000 in social care)
- There will be nearly 40,000 job opportunities in associate professional & technical occupations (25,000 in health 14,000 in social care)

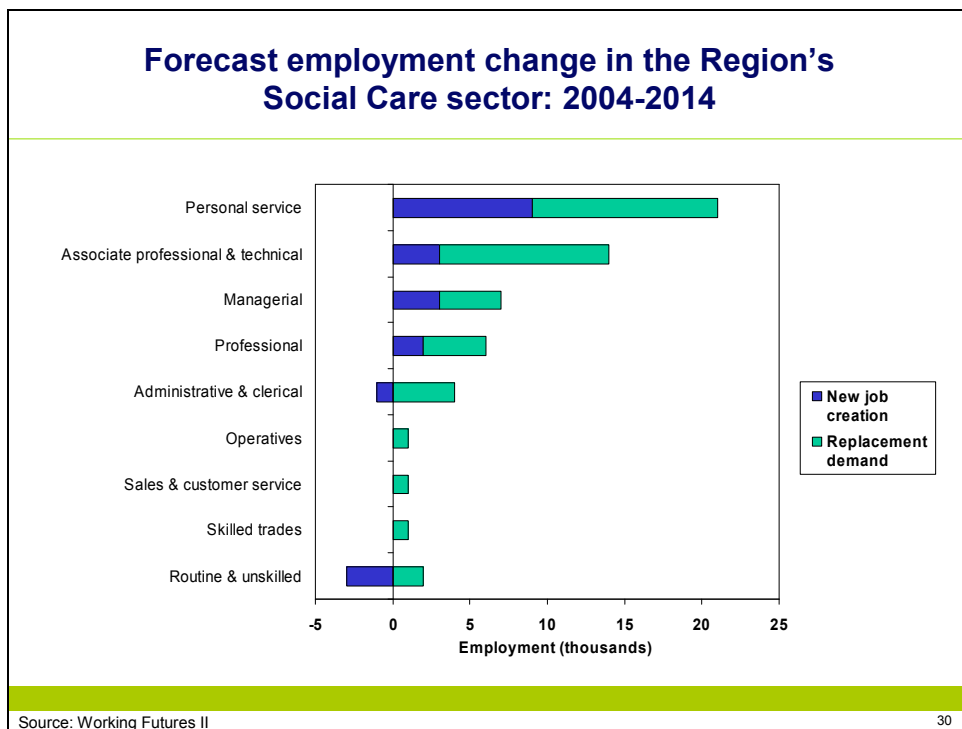
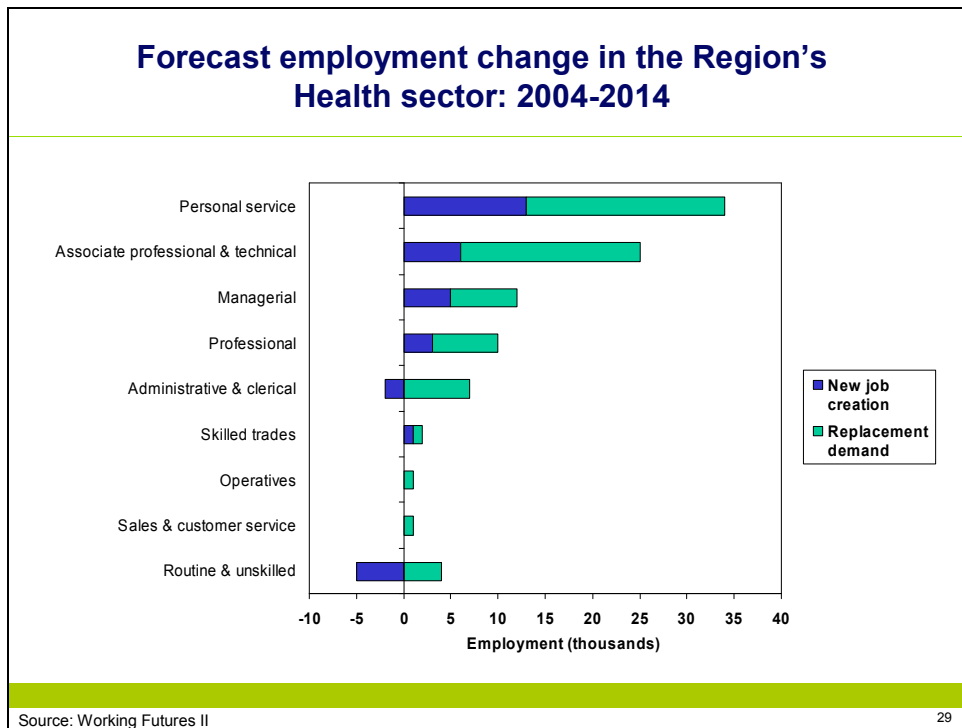


Table 1 – Projected Employment Change 2004-2014 by Sub-Region

(Results in 000s)	2004	2014	Change 2004-2014	Replacement demand	Net requirement
Birmingham & Solihull	661	683	22	240	262
Black Country	505	509	4	182	186
Coventry & Warwickshire	411	433	22	149	171
Herefordshire & Worcestershire	338	350	12	122	134
Shropshire	205	214	9	74	83
Staffordshire	480	500	20	173	194
West Midlands	2,599	2,689	90	940	1,030

Source: LSC/SSDA Working Futures Projections 2005

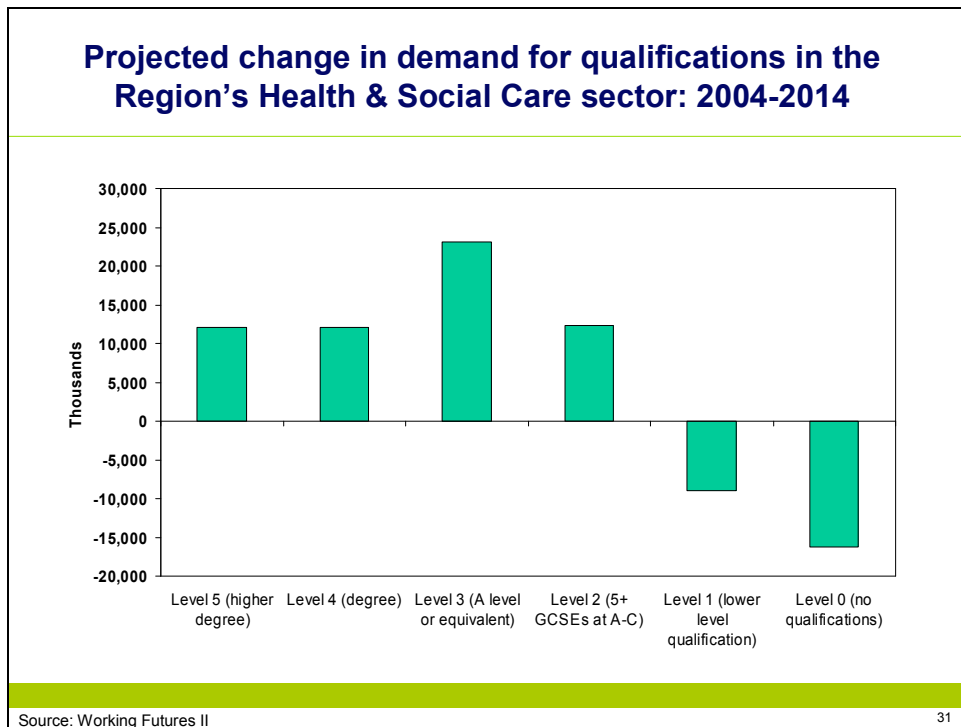
3.2 Emerging skill needs

In health the growth in the overall demand for labour is being paralleled by a requirement for higher levels of qualifications. Over the last 5 years there has been a 35% increase in staff with degrees together with large increases in numbers of people holding vocational qualifications at level 3 and level 4 such as NVQs, HNCs and HNDs.

Indeed across the sector the demand for skills from employers is forecast to continue to change significantly over the next decade:

- The Region's health and social care employers are forecast to require 12,000 more staff qualified to NVQ level 4 (degree or higher degree level) over the next decade, 23,000 more staff qualified to NVQ level 3 (A-level or equivalent) and nearly 15,000 more staff qualified to NVQ level 2
- But the requirement for people with low or no qualifications is forecast to shrink by 25,000

Sector employers are increasingly encouraging staff to progress from a level 1 or 2 qualification to level 3 and level 4, rather than directly recruiting higher qualified people. This is a key issue that needs to be communicated to the FE and HE sectors.



3.3 Drivers for change

As well as a better qualified workforce there is a growing demand for a more flexible workforce with a range of 'softer' generic skills¹²:

- The policy agenda, and the NHS 'Agenda for Change' in particular, is placing an increasing emphasis on a patient-centred approach to health care service delivery at the front line, particularly at the first point of contact with the patient
- Technological change and advances in medical science will help meet this challenge but they will need to be accompanied by an ability within the workforce to apply these effectively and efficiently
- The traditional roles of nurses and healthcare assistants are changing in response to pressure for improved health service delivery with an increasing demand for generic and basic skills as well as specialist skills

In social care new standards and occupational competency requirements mean that attainment of a level 2 qualification is now a minimum requirement. A further key challenge is the modernising agenda and the need for the skills to manage cross service boundaries with health, education and housing, new service standards and new

¹² Skills for Health Sector Skills Council: Sector Skills Agreement 2006

inspection and regulation structures. Social care services are being delivered in ever more diverse settings, partnership arrangements and models of delivery including¹³:

- In adult and children's services
- In health and housing
- In large and small organisations
- With private, voluntary and public employers
- On a self employed basis

These developments, together the need to make services more 'person centred', are contributing to the evolution of a range of new types of social care workers, for example¹⁴:

- Hybrid roles that draw on the strengths of more than one professional discipline and involve cross boundary working in health, education, housing and leisure
- 'Ordinary life' roles that place the individual at the centre of the service, often in a community based setting
- Service user or carer led roles where the rules are changed to put them in charge
- Community enablement bridging roles which seek to connect together various forms of service provision while putting the person using the service at the centre

In both health & social care a need to train and up-skill the influx of migrant workers, and to develop a system that recognises qualifications gained overseas, is a further key issue.

3.4 Recruitment problems

Many of the Region's health and social care organisations are struggling to address their growing skill needs via recruitment from the labour market. Some 42% of vacancies in health and care are identified as hard to fill, which is above the average for all sectors of 39%.

¹³ Skills for Care Sector Skills Council: Leadership and Management – a Strategy for the Social Care Workforce 2006

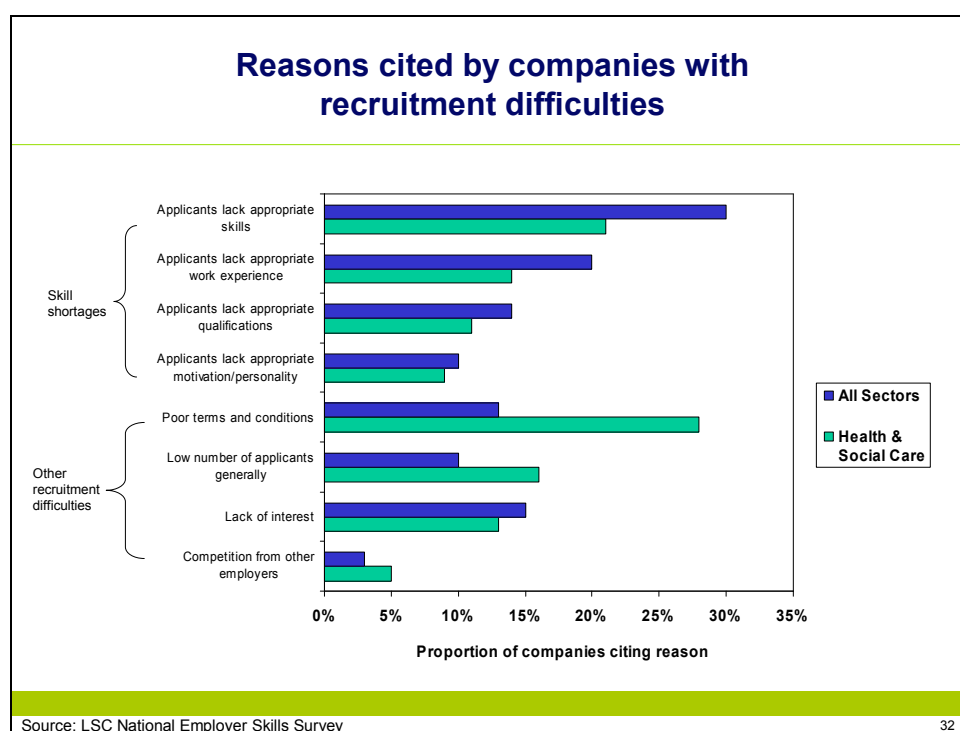
¹⁴ Skills for Care Sector Skills Council: New Types of Worker Project 2006

The principal cause of recruitment difficulties, however, is less likely to be skill shortages and more likely to be for other reasons. In particular, perceptions that job opportunities in certain occupations (for example personal services staff in the care sector) may be associated with poor terms and conditions is leading to a lack of interest in working in the sector.

Table 2 – Density of Recruitment Problems

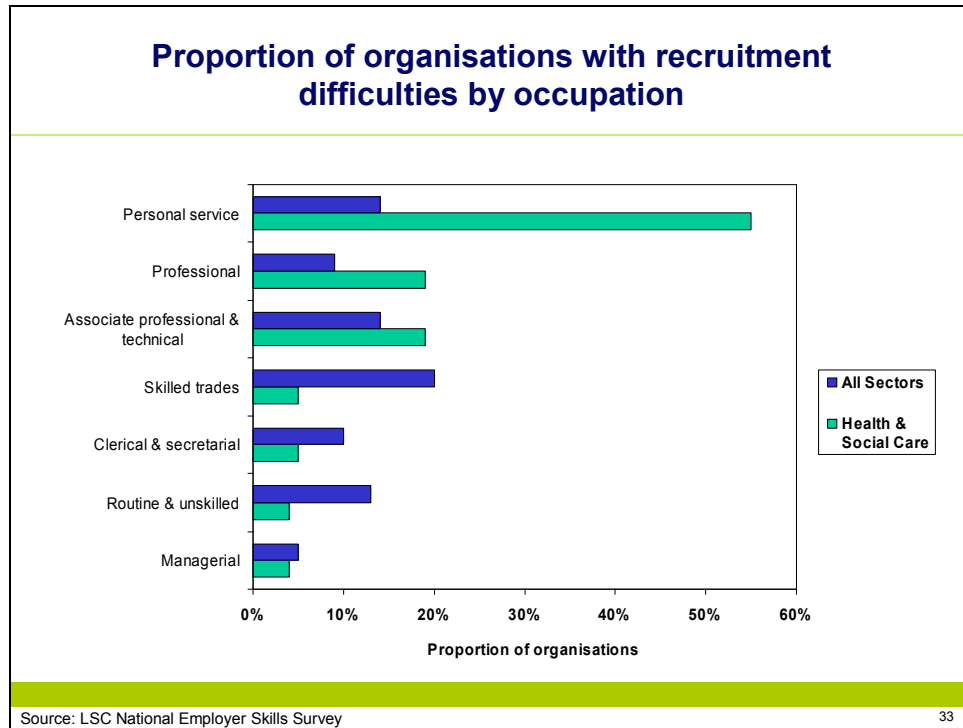
	Number of Vacancies	Vacancies as a % of employment	HtFVs as a % of vacancies	SSVs as a % of vacancies
Birmingham & Solihull	2,428	4%	47%	42%
Black Country	1,186	3%	43%	39%
Coventry & Warwickshire	1,220	4%	36%	25%
Herefordshire & Worcestershire	1,346	4%	27%	10%
Shropshire	294	2%	53%	22%
Staffordshire	1,796	4%	57%	39%
West Midlands	8,270	3%	44%	32%
All industries (WMs)	61,187	3%	41%	33%

Source: LSC, National Employers Skills Survey 2005



Recruitment difficulties are particularly apparent in personal service occupations (such as nursing auxiliaries and assistants, ambulance staff, dental assistants,

residential wardens, care assistants, nursery nurses, childminders, playgroup leaders and educational assistants). Some 55% of the Region’s health and social care organisations identify recruitment difficulties relating to personal service occupations which compares with an average of 14% for all sectors.



Where skill shortages do exist they relate to both job specific technical and ‘softer’ generic skills:

- Half of the Region’s health and social care organisations looking to recruit cite problems with the technical and practical skills of job applicants
- A similar proportion cite problems with written communication, team working and customer handling

Key Fact:
Skills gaps are most common in operative and personal service occupations

3.5 Skill gaps in the workforce

Skill gaps and deficiencies in the workforce can potentially inhibit organisational growth and development. Only 4% of the Region’s health and social care staff are deemed to have skill deficiencies by their employers, which is below the average for all sectors, this rises to:

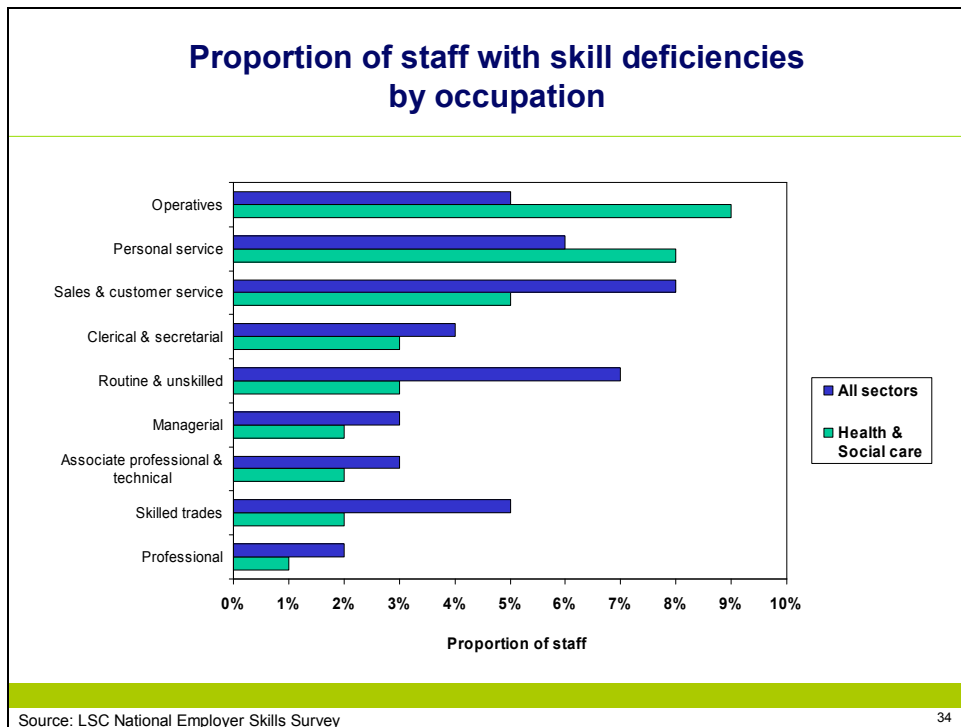
- 9% for operatives
- 8% for personal service occupations, which as mentioned in section 2.2 is the largest occupation in the sector in terms of employment and as mentioned in section 3.1 will see the most significant expansion in employment in the future in absolute terms. Of the 82,000 staff currently employed in the Region nearly 6,400 are not fully proficient in their role
- The proportion of managers and leaders in the Region’s health & social care sector with skill deficiencies is also well above the national average. There are particular deficits in the area of planning and strategy and people management¹⁵.

Table 3 – Skills Gaps

	Staff with a skills gap	% employers reporting a skills gap	Skills gaps as a % of employment
Birmingham & Solihull	1,352	17%	2%
Black Country	1,407	18%	3%
Coventry & Warwickshire	3,106	25%	9%
Herefordshire & Worcestershire	2,863	23%	8%
Shropshire	201	10%	1%
Staffordshire	3,477	18%	7%
West Midlands	12,407	19%	5%
All industries (WMs)	115,927	17%	5%

Source: LSC, National Employers Skills Survey 2005

¹⁵ For further details see West Midlands Regional Observatory’s Cross-cutting Issues report on [Management & Leadership](#)

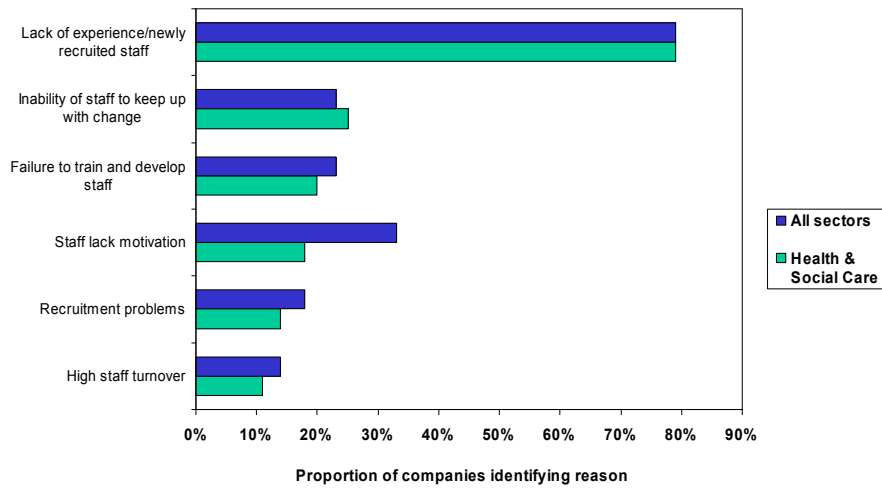


The single most important cause of skill deficiencies is a lack of experience among newly recruited staff and skill gaps are likely to worsen in the future as more and more older, more experienced staff retire. Deficiencies relate to both job specific technical and ‘softer’ generic skills:

- Nearly two thirds of the Region’s health and social care organisations with skill gaps highlight deficiencies in technical and practical skills
- Around half cite deficiencies in team working and problem solving
- Around 40% cite deficiencies in customer handling, IT and oral and written communication skills

Key Fact:
Skill gaps are most prevalent in new and inexperienced staff, which will be exacerbated in the future as older employees in the workforce retire

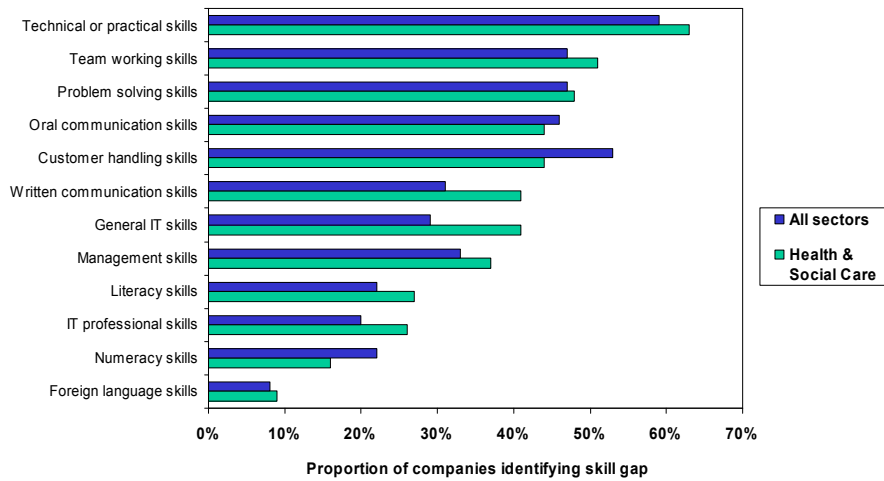
Reasons cited by companies with skill gaps



Source: LSC National Employer Skills Survey

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Skill gaps by type



Source: LSC National Employer Skills Survey

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3.6 Training Issues

Given the significant emerging skill needs in the sector, skill gaps and deficiencies in the workforce and the recruitment difficulties many organisations are facing, investment in training and workforce development is vital. Encouragingly, investment

in training and workforce development in the sector is well above the average for all sectors in the Region and also above the national average, with a high proportion of staff being given the opportunity to develop and refresh skills:

- Nearly three quarters of health and social care organisations have arranged training for staff over the last 12 months which compares with half of all organisations in the Region¹⁶
- Nearly two thirds of health and social care organisations have a designated training budget which compares with just a third of all organisations in the Region
- 70% of health and social care organisations have a training plan which compares with less than half of all organisations in the Region
- 70% of health and social care organisations have an overall business plan which compares with 55% of all organisations in the Region

Table 4 – Training activity

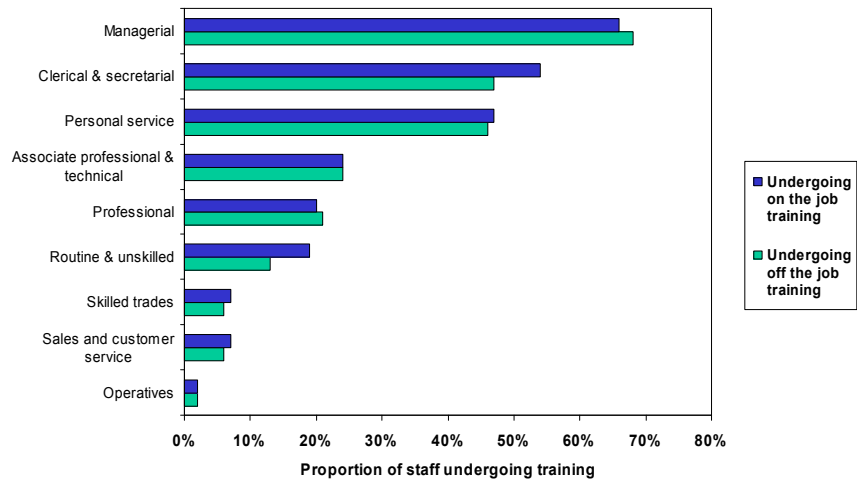
	Establishments with a training plan	Establishments with a training budget	Establishments who have funded or arranged training for staff
Birmingham & Solihull	59%	47%	49%
Black Country	80%	66%	62%
Coventry & Warwickshire	67%	62%	54%
Herefordshire & Worcestershire	78%	72%	65%
Shropshire	66%	64%	63%
Staffordshire	70%	62%	59%
West Midlands	69%	61%	57%
All industries (WMs)	50%	36%	35%

Source: LSC, National Employers Skills Survey 2003

However the proportion of staff receiving training varies significantly by occupation. While a particularly high proportion of managers and senior officials receive training, the proportion is much lower for personal service occupations, within which as already mentioned skill deficiencies are particularly significant and is even lower for key professional and associate professional occupations.

¹⁶ Anecdotal evidence from employers suggests that investment in formal training is much lower in social care. Investment in informal and work based training, however, is much higher

Health & Social Care staff undergoing training in the last 12 months by occupation



Source: LSC National Employer Skills Survey 2005

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Key Fact:

A higher proportion of managers receive training than other occupations

Appendix One:

Standard Occupational Classification for health and care

Major group	Sub-major group	Minor group	Unit group
1 Managers and senior officials	11 Corporate managers	118 Health & social services managers	1181 Hospital and health service managers 1182 Pharmacy managers 1183 Healthcare practice managers 1184 Social services managers 1185 Residential and day care managers
2 Professional occupations	21 Science and technology professionals	211 Science professionals	2111 Chemists 2112 Biological scientists and biochemists
	22 Health professionals	221 Health professionals	2211 Medical practitioners 2212 Psychologists 2213 Pharmacists/pharmacologists 2214 Ophthalmic opticians 2215 Dentists 2216 veterinarians
	24 Business and public service professionals	244 Public service professionals	2442 Social workers 2443 Probation officers
3 Associate professional occupations	32 Health and social welfare associate professionals	321 Health associate professionals	3211 Nurses 3212 Midwives 3213 Paramedics 3214 Medical radiographers 3215 Chiropodists 3216 Dispensing opticians 3217 Pharmaceutical dispensers 3218 Medical and dental technicians
		322 Therapists	3221 Physiotherapists 3222 Occupational therapists 3223 Speech and language therapists 3224 Other therapists
		323 Social welfare associate professionals	3231 Youth and community officers 3232 Housing and welfare officers
6 Personal service occupations	61 Caring personal service occupations	611 Healthcare and related personal services	6111 Nursing auxiliaries and assistants 6112 Ambulance staff 6113 Dental nurses 6114 House parents and residential wardens 6115 Care assistants and home carers
		612 Childcare and related personal services	6121 Nursery nurses 6122 Childminders 6123 Playgroup leaders 6124 Educational assistants

**Appendix Two:
Black and Minority Ethnic Groups**

Major Group	Sub Group
Asian Other	
Black African & Black Other;	Black African
	Black Other
Black Caribbean	
Chinese	
Indian	
Mixed Parentage;	White & Asian
	White & Black African
	White & Black Caribbean
	Other Mixed
Pakistani & Bangladeshi;	Pakistani
	Bangladeshi
Other	
White Other	

Appendix Three:
**Indexes to the UK Standard Industrial Classification of
Economic Activities 2003 – SIC 85: Health & Social Work**

SIC code	Descriptor
85.11/1	<p>Public sector hospital activities including NHS Trusts</p> <p>9510 Accident and emergency service (public sector)</p> <p>9510 Anaesthetist (public sector)</p> <p>9510 Asylums (public sector)</p> <p>9510 Broadmoor Hospital</p> <p>9510 Central sterile supply department (public sector)</p> <p>9510 Children’s hospital (public sector)</p> <p>9510 Chronic sick hospital (public sector)</p> <p>9510 Convalescent home (public sector providing medical care)</p> <p>9510 Dental hospital (public sector)</p> <p>9510 Ear, nose and throat hospital (public sector)</p> <p>9510 Ear, nose and throat specialist (public sector)</p> <p>9510 Eye hospital (public sector)</p> <p>9510 Eye specialist (public sector)</p> <p>9510 General hospital (public sector)</p> <p>9510 General hospital psychiatric unit (public sector)</p> <p>9510 General medical consultant (public sector)</p> <p>9510 Genito-urinary specialist (public sector)</p> <p>9510 Geriatric hospital (public sector)</p> <p>9510 Geriatrician (public sector)</p> <p>9510 Gynaecologist (public sector)</p> <p>9510 Haematologist (public sector)</p> <p>9510 Health institutions activities (public sector)</p> <p>9510 Hospice (public sector)</p> <p>9510 Hospital activities (public sector)</p> <p>9510 Infectious disease hospital (public sector)</p> <p>9510 Infectious disease specialist (public sector)</p> <p>9510 Infirmary (public sector)</p> <p>9510 Isolation hospital (public sector)</p> <p>9510 Leprosaria (public sector)</p> <p>9510 Maternity hospital (public sector)</p> <p>9510 Medical consultant (public sector)</p> <p>9510 Mental handicap hospital (public sector)</p> <p>9510 Mental health specialist (public sector)</p> <p>9510 Mental hospital (public sector)</p> <p>9510 Military base hospitals</p> <p>9150 Military hospital (public sector)</p> <p>9510 Morbid anatomy specialist (public sector)</p> <p>9510 Ophthalmic hospital (public sector)</p> <p>9510 Orthopaedic hospital (public sector)</p> <p>9510 Pre-convalescent hospital (public sector)</p> <p>9510 Preventoria (public sector)</p> <p>9510 Prison hospitals</p> <p>9510 Radiologist (public sector)</p> <p>9510 Radiotherapist (public sector)</p> <p>9510 Rampton Hospital</p> <p>9510 Rehabilitation health centres (public sector)</p> <p>9510 Rehabilitation hospital (public sector)</p> <p>9510 Sanatoria (public sector)</p> <p>9510 Smallpox hospital (public sector)</p> <p>9510 Social medicine specialist (public sector)</p> <p>9510 Special hospital (public sector)</p>

	<p>9510 Surgeon (public sector) 9510 Tuberculosis sanatorium or hospital (public sector) 9510 Urologist (public sector)</p>
85.11/2	<p>Private sector hospital activities 9511 Accident and emergency service (private sector) 9511 Asylums (private sector) 9510 Central sterile supply department (private sector) 9510 Children's hospital (private sector) 9510 Chronic sick hospital (private sector) 9510 Convalescent home (private sector providing medical care) 9510 Dental hospital (private sector) 9510 Ear, nose and throat hospital (private sector) 9510 Eye hospital (private sector) 9510 General medicine consultant (private sector) 9510 Geriatric hospital (private sector) 9510 Health institutions (private sector) 9510 Hospice (private sector) 9510 Hospital activities (private sector) 9510 Infirmary (private sector) 9510 Maternity hospital (private sector) 9510 Mental hospital (private sector) 9510 Nuffield Hospital Trust 9510 Ophthalmic hospital (private sector) 9510 Orthopaedic hospital (private sector) 9510 Pre-convalescent hospital (private sector) 9510 Private hospital 9510 Psychiatric unit (private sector) 9510 Rehabilitation centres (private sector) 9510 Sanatoria (private sector) 9511 Special hospital (private sector)</p>
85.11/3	<p>Medical nursing home activities 9510 Nursing home with medical care</p>
85.12	<p>Medical practice activities 9111 District community physician 9530 Doctor (unspecified) 9530 Doctors receptionist 9530 Ear, nose and throat specialist (private practice) 9530 Eye specialist (private practice) 9530 Family Doctor Service 9530 General medical consultant (private practice) 9530 General medical practitioner 9530 Genito-urinary specialist (private practice) 9530 Gynaecologist (private practice) 9530 Homeopath (registered medical practitioner) 9530 Infectious disease specialist (private practice) 9530 Medical consultant (private practice) 9530 Medical consultation and treatment 9530 Medical group practice 9530 Mental health specialist (private practice) 9530 Morbid anatomy specialist (private practice) 9530 Osteopath (registered medical practitioner) 9530 Physician and surgeon 9530 Physiologist 9520 Private consultants clinics 9530 Psychiatrist (private practice) 9112 School medical officer 9530 Social medicine specialist (private practice) 9530 Specialist (not employed full time by a hospital) 9530 Surgeon (private practice)</p>

	9530 Surgery (doctor's) 9530 Urologist (private practice)
85.13	Dental practice activities 9540 Community dental service clinics 9540 Dental clinic 9540 Dental clinic (Health Service) 9540 Dental practice activities 9540 Dental receptionist 9540 Dental surgeon (not employed full time by a hospital) 9540 Dentist 9540 Orthodontic activities
85.14	Other human health activities 9520 Ambulance service 9520 Artificial kidney unit 9520 Artificial limb and appliance centre 9520 Blood banks 9520 Blood transfusion service 9520 Chiropodist (NHS) 9550 Chiropodist (private) 9550 Chiropractor clinic (own account) 9520 Clinic (Health Service) 9520 Collection of female human urine for hormone extraction 9520 Community health service 9520 Community medical service clinics 9520 Community psychiatric nurse (NHS) 3720 Disablement services centres 9520 District nurse 9520 Family Planning Association clinics 9520 Foot clinic 9550 Foot clinic (private) 9520 Health centre 9520 Health visitor 9520 Home nurse (NHS) 9550 Homeopath (not registered medical practitioner) 9520 Human health activities 9520 Limb fitting centre 9520 Mass radiography service 9520 Maternity and child welfare services 9520 Maternity clinic 9520 Medical laboratories 9520 Midwife (NHS) 9550 Midwife (private) 9550 Neuropath 9550 Nurse (private) 9550 Nursing co-operative 9550 Occupational therapist (private) 9520 Ophthalmic clinic 9550 Osteopath (not registered medical practitioner) 9520 Para-medical practitioner activities 9520 Pathological laboratory 9550 Physiotherapist (private) 9520 Physiotherapy clinic 9520 Psychiatric clinic 9520 Psychiatric day hospital 9520 Psychologist 9520 Public Health Laboratory 9550 Radiographer (private) 9520 School health service 9520 School medical clinic 9520 Scottish Ambulance Service

	<p>9520 Speech therapist (NHS) 9550 Speech therapist (own account) 9520 Sperm banks 9520 St Andrew's Ambulance Brigade 9520 St John's Ambulance Brigade 9520 Transplant organ banks</p>
85.31/1	<p>Charitable social work activities with accommodation 9611 Children's boarding homes and hostels (charitable) 9611 Children's home (charitable) 9611 Community homes for children (charitable) 6670 Convalescent home without medical care (charitable) 9611 Discharged prisoners' hostel (charitable) 9611 Home for epileptics (charitable) 9611 Home for handicapped children (charitable) 9611 Home for the blind (charitable) 9611 Home for the disabled (charitable) 9611 Home for the elderly (charitable) 9611 Home for the mentally handicapped (charitable) 9611 Home for the mentally ill (charitable) 9611 Hostel for the homeless (charitable) 9611 Old people's sheltered housing (charitable) 9611 Old persons' warden assisted dwellings (charitable) 9611 Orphanages (charitable) 9611 Residential nurseries (charitable) 9611 Salvation Army shelter (charitable) 9611 Shelter (the charity) 9611 Social work activities with accommodation (charitable) 9611 Temporary accommodation for the homeless (charitable)</p>
85.31/2	<p>Non-charitable social work activities with accommodation 9611 Children's boarding homes and hostels (non-charitable) 9611 Children's home (non-charitable) 9611 Community homes for children (non-charitable) 9611 Convalescent homes without medical care (non-charitable) 9611 Discharged prisoners' hostel (non-charitable) 9611 Home for epileptics (non-charitable) 9611 Home for handicapped children (non-charitable) 9611 Home for the blind (non-charitable) 9611 Home for the disabled (non-charitable) 9611 Home for the elderly (non-charitable) 9611 Home for the mentally handicapped (non-charitable) 9611 Home for the mentally ill (non-charitable) 9611 Hostel for the homeless (non-charitable) 9611 Local authority community homes (children) 9611 Local authority homes for children, the disabled and the elderly 9611 Local authority lodging houses 9611 Local authority social or residential home 9611 Local authority warden controlled housing 9611 Local authority welfare services (including homes for children, the disabled and the elderly) 9611 Lodging house (local authority) 9611 Old peoples' sheltered housing (non-charitable) 9611 Old persons' home (local authority) 9611 Old persons' warden assisted dwellings (non-charitable) 9611 Residential nurseries (non-charitable) 9611 Social work activities with accommodation (non-charitable) 9611 Temporary accommodation for the homeless (non-charitable)</p>
85.32/1	<p>Charitable social work activities without accommodation 9611 Adoption activities (charitable) 9611 Benevolent Society (charitable services) 9611 Charity administration</p>

	<p>9611 Child day-care activities (charitable) 9611 Child guidance centre (charitable) 9611 Citizens Advice Bureau 9611 Community and neighbourhood activities (charitable) 9611 Creche (charitable) 9611 Day centres for the elderly, the physically or the mentally ill (charitable) 9611 Day nursery (charitable) 9111 Employment rehabilitation centre (charitable) 9611 Family planning associations (not clinics) 9611 Family Welfare Association 9611 Home help service (charitable) 9611 Jewish Board of Guardians 9611 Marriage and family guidance (charitable) 9611 National Society for the Prevention of Cruelty to Children 9611 Occupation and training centres for the mentally disordered (charitable) 9611 Old age and sick visiting (charitable) 9611 Oxfam (not shops) 9611 Playgroup (charitable) 9611 Red Cross Society 9611 Refugee camp (charitable) 9611 Royal Masonic Benevolent Institute 9611 Social welfare society (charitable) 9611 Social work activities without accommodation (charitable) 9611 Social worker (charitable) 9611 St Bride's Institute 9611 Temperance Association 9611 Vocational rehabilitation (charitable) 9611 Welfare and guidance activities for children and adolescents (charitable) 9611 Welfare service (charitable) 9611 Women's Royal Voluntary Service</p>
85.32/2	<p>Non-charitable social work activities without accommodation 9611 Adoption activities (non-charitable) 9611 Child day-care activities (non-charitable) 9611 Child guidance centre (non-charitable) 9611 Community and neighbourhood activities (non-charitable) 9611 Creche (non-charitable) 9611 Day centres for the elderly, the physically or the mentally ill (non-charitable) 9611 Day nursery (non-charitable) 9611 Employment rehabilitation centre (non-charitable) 9611 Home help service (non-charitable) 9611 Local authority Citizen's Advice Bureau 9611 Local authority home help service 9611 Local authority probation service 9611 Local authority social services department 9611 Marriage and family guidance (non-charitable) 9611 Occupation and training centre for the mentally disordered (non-charitable) 9611 Old age and sick visiting (non-charitable) 9611 Playgroup (non-charitable) 9611 Police Court Mission 9611 Probation and after care service 9611 Refugee camp (non-charitable) 9611 Social Services Department 9611 Social work activities without accommodation (non-charitable) 9611 Social worker (non-charitable) 9611 Vocational rehabilitation (non-charitable) 9611 Welfare and guidance activities for children and adolescents (non-charitable) 9611 Welfare service (non-charitable)</p>

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Title:	Skills Balance Sheet: Health & Social Care 2006
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Publisher:	West Midlands Regional Observatory Level L1, Millennium Point, Curzon Street, Birmingham, B4 7XG Tel. 0121 202 3250 Fax. 0121 202 3240 E-mail: enquiries@wmro.org Web: http://www.wmro.org
Contributor:	
Addressee:	Regional Skills Partnership
Date created:	2006-08-07
Date available:	
Date valid:	
Next version due:	
Status:	Version 1.0
Subject category:	
Subject keywords:	
Description:	
Coverage, Geographical:	
Coverage, Time period:	
Source:	
Relation:	
Type:	Report
Format:	Text, PDF, Internet
Rights:	Copyright 2006 West Midlands Regional Observatory
Cost:	
Access restrictions:	
Language:	
Identifier:	
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